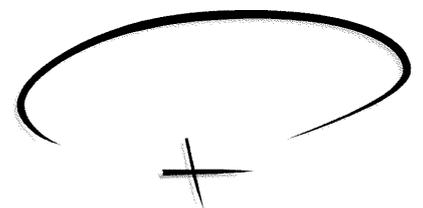


Evaluation of the Suicide Prevention Gatekeeper Training Programmes



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Executive summary

Background to the evaluation

Suicide prevention strategy in New Zealand

The purposes of the *New Zealand Suicide Prevention Strategy 2006–2016* (NZSPS) are to reduce the rate of suicide and suicidal behaviour, the harmful impacts associated with suicide, and inequalities in suicide and suicidal behaviour. The *New Zealand Suicide Prevention Action Plan 2013–2016* (NZSPAP) outlines a programme of actions for government implementation. Through Action 3.1, the Ministry of Health (the Ministry) is funding both the *ASIST* programme and a pilot of the *QPR Online* training programme to contribute to preventing suicide by improving the knowledge of community members so they can identify and support individuals at-risk of suicide and refer them to appropriate services. Māori, Pacific and whānau/families have been prioritised for participation in both the *ASIST* and *QPR Online* programmes.

The *ASIST* and *QPR Online* 'suicide first aid' training programmes

ASIST

ASIST is a facilitated workshop programme, delivered to trainees in person; learning methods are primarily:

- Co-facilitation of the workshop
- The *ASIST* workbook (in English and te reo Māori)
- Audio/visual presentations
- Group discussions
- Role plays, skills simulation and practice.

The Ministry has funded training placements on *ASIST* workshops for a number of years. Priority audiences are Māori families and whānau of those in high risk communities, together with community health and social support services staff of Māori and Pacific organisations, particularly those working with youth.

QPR Online

QPR Online is a foundational level, online, multi-media adult learning programme¹ that aims to equip trainees with the skills to (1) recognise that a person may be contemplating suicide, (2) ask them appropriately about suicide risk, and (3) then refer them to appropriate services, using the 'Question/Persuade/Refer' model. Key features of the programme are:

- Online medium
- Provider support available by phone or email
- A pre-test to alert trainees to their existing knowledge
- Audio/visual presentations
- Role play for skills simulation
- A post-test (repeatable) to demonstrate skills acquisition
- A certificate of achievement.

¹ QPR also has an advanced eight-hour programme in online format; the name '*QPR Online*' in this report refers to the short programme.

In mid-2014 the Ministry purchased 2,500 individual *QPR Online* licences from QPR New Zealand Ltd. (QPR NZ). The purchase was a pilot that aimed to assist District Health Boards (DHBs) to deliver on their suicide prevention responsibilities in 2014/15.

Evaluation scope and purposes

Evaluation scope

The evaluation sought feedback on the two programmes for different periods and duration, as follows:

- *ASIST* from 1 July 2012 to 31 December 2014
- *QPR Online* from 1 September 2014 to 31 March 2015.

Purposes of the evaluation

To be better informed about the suicide prevention ‘gatekeeper’ training programmes, the Ministry sought an investigation that evaluated their effectiveness, with a key focus on:

Effectiveness of programme delivery

- What is currently being delivered by the training programmes? How effective and appropriate are the training approaches?

Impact/outcomes

- What impacts/outcomes has the training had for trainees, organisations and communities?

Cultural competencies

- Whether the training has appropriate cultural competencies for different ethnic groups, in particular Māori and Pacific.

Programme improvement and recommendations for future programme delivery

- What improvements could be made to delivery of suicide gatekeeper training? What are the particular advantages and disadvantages of each programme?

These focus areas were expanded into a set of evaluation areas of inquiry that informed the evaluation design and data collection methods.

Evaluation approach

A mixed method approach was used to ensure robust triangulation of data. Detail of each method is provided in **Appendix 1**.

Method	Focus
<i>Rapid evidence review</i>	<ul style="list-style-type: none"> • Reviewing the evidence base for effective suicide prevention training programmes internationally
<i>Documentation review</i>	<ul style="list-style-type: none"> • Reviewing core programme documents, strategic and operational, for information relevant to the evaluation objectives
<i>Programme logic models for each programme</i>	<ul style="list-style-type: none"> • Clarifying the intended outcomes of each programme and their fit with the Ministry’s suicide prevention goals • Mapping the causal pathways and attribution validity between programme methods and intended outcomes (short- and long-term)

Method	Focus
<i>Stakeholder interviews (n=100)</i>	<ul style="list-style-type: none"> To obtain detailed insight into programme features (content and delivery), implementation, effectiveness and outcomes/impacts To inform the survey development, and supplement and clarify quantitative data
<i>Survey of trainees (n=506)</i>	<ul style="list-style-type: none"> Online survey of trainees in both programmes, to gather their perspectives on programme content and delivery and trainee outcomes
<i>Participant observation</i>	<ul style="list-style-type: none"> Assessing aspects of the programmes' content and delivery through evaluator participation in core aspects of each programme
<i>Secondary data analysis</i>	<ul style="list-style-type: none"> Review of the programmes' data on trainee enrolment, retention, completion, progress, achievements and gains, including pre- and post-training assessments (where those exist)

Comparison of **ASIST** and **QPR Online** trainee outcomes

Trainees' skills acquisition

Table A shows that trainees' skills acquisition was rated significantly higher across all parameters² for *ASIST* trainees than for *QPR Online* trainees. However several points should be noted in making a comparison:

- The ratings could only be compared between trainees who had done either *ASIST* or *QPR Online* (not both programmes, because the cell numbers were too small).
- As DHB personnel and NGO managers who had undertaken both programmes commented, the outcomes from these two programmes cannot be compared in any meaningful way, because the programmes differ so radically in scope and format.
- The lower ratings for *QPR Online* outcomes are to be expected given that the online programme by itself³ requires only 2-3 hours of learning, compared with two days for *ASIST*, does not include the face-to-face encouragement from both facilitators and co-trainees, and involves almost no opportunity for discussion or checking one's interpretations and ideas, and limited required opportunity for skills rehearsal.

Table A: Comparison of <i>ASIST</i> and <i>QPR Online</i> trainees' skills acquisition ratings		
Skills area	<i>ASIST</i> trainees⁴	<i>QPR Online</i> trainees
1. Knowledge about suicide risk in the community generally	4.1	3.6
2. Understanding the impacts of your own values on intervening with people at risk of suicide	4.1	3.5
3. How to detect signs of suicide risk in someone	4.3	3.6
4. Skills to intervene safely and constructively with someone at risk	4.4	3.7
5. Confidence and willingness to intervene with someone at risk of suicide	4.3	3.8

² Statistically significant at the 95% confidence level.

³ That is, without a supplementary workshop.

⁴ It should be noted that Lifeline personnel, who made up 21% of the *ASIST* survey respondents, gave outcomes ratings that overall were slightly higher than those of other respondents; those differences were not statistically significant.

Skills area	ASIST trainees ⁵	QPR Online trainees
6. Ability to make a safety plan with someone at risk	4.3	3.6
7. Knowledge of the national, regional and local services that are available to support people at risk of suicide	3.9	3.5
8. Useful and relevant networks with other agencies	3.9	3.4

Application of the training

Table B illustrates the differences in rates of reported use of the training in an intervention with an at-risk person. The usage by *ASIST* trainees has been separated into those who work/ed for Lifeline (since three quarters of those were apparently telephone volunteers whose role is specifically focused on supporting people in crisis who call in to Lifeline) and all other *ASIST* trainees.

Use of the training	ASIST Trainees		% QPR Online trainees
	% Lifeline personnel	% All ASIST trainees other	
1-2 times	48	38	31
3-5 times	12	14	9
More than 5 times	27	12	7
Not yet	13	36	53

These differences in ratings between *QPR Online* and 'other' *ASIST* trainees are also statistically significant (at the 95% confidence level). However the following points should be noted in making this comparison:

- The *QPR Online* trainees had completed the training only in the past six months or less, as compared with up to three years for *ASIST* trainees. The *ASIST* data demonstrate that trainees use their training more over time⁶. Nonetheless, nearly half of the *QPR Online* trainees had applied the training in the intended contexts, and one sixth had done so three times or more. In addition, *QPR Online* trainees were using the training in other ways, as were *ASIST* trainees.
- The *QPR Online* programme by itself provides only one required roleplay practice by trainees; in contrast, the *ASIST* programme includes four roleplay exercises requiring trainee participation, plus an opportunity for trainees to observe 8-9 further paired roleplays by their cohort.

Programme effectiveness relevant to the Ministry's objectives

Table C summarises the relative effectiveness of the *ASIST* and *QPR* programmes. Note that,

⁵ It should be noted that Lifeline personnel, who made up 21% of the *ASIST* survey respondents, gave outcomes ratings that overall were slightly higher than those of other respondents; those differences were not statistically significant.

⁶ Statistically significant at the 95% confidence level.

for a meaningful comparison between programmes, *ASIST* is compared here with both *QPR Online* alone and *QPR Online* plus a supplementary half-day workshop (based on the comments from the 21 evaluation participants who had undertaken *QPR* half-day workshop programmes in addition to the online module; see footnote 23).

Table C: Pros and cons of ASIST and QPR programmes	
ASIST	QPR
Equal effectiveness	
<ul style="list-style-type: none"> • Both programmes are evidence-based and cover the essential components of suicide first aid • Similar perceived level of suitability across cultures • Limited suitability for experienced mental health professionals • Participants viewed the <i>ASIST</i> workshop course as high quality and valuable • Workshops provided in identified high-risk locations • Workshop content can be aligned to audience attributes (e.g. culture/s; service sector) • Good supplementary resources (e.g. workbook; wallet card; eBook) 	<ul style="list-style-type: none"> • Participants viewed <i>QPR</i> workshop courses as high quality and valuable • Workshops provided in locations chosen by the purchasers • Workshops customised to each group of trainees (e.g. culture/s; service sector; level of prior experience) • Good supplementary resources (e.g. downloadable course content and additional reading relevant to particular at-risk groups)
Pros	Cons
<ul style="list-style-type: none"> • Higher trainee outcomes ratings than for <i>QPR Online</i> alone, which are likely to be attributable to the multiple practice opportunities provided for trainees over two days in a group context 	<ul style="list-style-type: none"> • Online module alone results in trainee outcomes ratings that are lower than for <i>ASIST</i>, though still satisfactory for many
Cons	Pros
<ul style="list-style-type: none"> • Two days attendance seen as a major commitment and not feasible for many people. • Only one programme format option available • Barriers to significant modification for NZ audiences and needs; facilitators required to adhere closely to the standardised format • 14% of trainees perceived safety issues in the workshops; mostly related to facilitation and some required programme components • Significant perceived issues with cultural relevance of the programme • Perceived lack of coverage of application across cultures • Lack of trainee competence assessment • Programme seen as not suited to teens 	<ul style="list-style-type: none"> • Online course short and accessible; workshops either half- or full-day • Multiple programme format options available, including: online module alone; online plus half-day workshop; full-day workshop with or without online module • Fewer barriers to modification for NZ audiences and needs • Only 3% of trainees perceived safety issues in the online module; mostly related to undertaking the course alone and/or insufficient up-front safety advice • Fewer perceived cultural issues • Perceived lack of coverage of application across cultures; but may be addressed through supplementary workshops • Trainee competence tested; test may need to be adjusted • Online module seen as suited to teens if supplemented by an invitation to discuss with an appropriately skilled adult

Table C: Pros and cons of ASIST and QPR programmes (cont)	
ASIST	QPR
Cons	Pros
<ul style="list-style-type: none"> • Facilitators not clinically trained; not all have frontline mental health services experience • Workshops cannot be co-facilitated by people other than <i>ASIST</i> registered facilitators • Seen as unaffordable for significant numbers of staff in most organisations unless largely subsidised by the Ministry 	<ul style="list-style-type: none"> • Facilitators clinically trained; all have frontline mental health services experience • Workshops can be co-facilitated with local experts • Online module inexpensive • Online module plus half-day or full-day workshop also significantly cheaper than <i>ASIST</i>

Perspectives of people who have undertaken both programmes

Respondents' and interviewees' comparative perspectives on the relative value of the *ASIST* and QPR programmes were as follows, in summary:

- *QPR Online* alone was seen by some as sufficient, but by most as either a good introduction or a good refresher to suicide first aid skills; however *QPR Advanced*, or *QPR Online* plus a supplementary workshop, were seen as at least equal in value and outcomes to *ASIST*, and as much better value for money. This approach was used in the *MISP-NZ* pilot and rated in the evaluation of that programme as very effective.
- To build confidence and support application of the learning, *ASIST* was seen as better, but only because it is delivered face-to-face and not only allows for but requires both in-depth discussion and repeated practice and observation of the skills learned. The disadvantages are its prescriptiveness, duration, safety issues where facilitation is not sufficiently skilled, the lack of trainee competence assessment, and the costs.
- *MH101* was seen as valuable because (1) the 20-minute segment on suicide first aid was presented in the context of a sound coverage of the suicide risk contexts and (2) the whole programme is designed and presented from a New Zealand/Aotearoa cultural perspective; however it does not provide suicide first aid skills as such.
- The purchase of a particular programme needs to be targeted to the particular needs of diverse audiences, and in this sense there may be a place for all of the programmes available; however this can only be determined if each DHB first has a strategy that is designed on the basis of an accurate needs assessment of their catchment.

Value for money

It is difficult to make valid comparisons of value for money in the absence of detailed costings for QPR workshops, including costs of venue and travel, and of trainee recruitment if that were QPR NZ's responsibility. However based on the costing information provided for QPR workshop programmes, the per capita cost of *QPR Online* plus a half-day workshop appears likely to be significantly less than the per capita cost for the two-day *ASIST* programme.

⁷ *Multi-level Intervention for Suicide Prevention in New Zealand*; see the Process Evaluation report, 2012.

Conclusions and future direction

Summary

In summary, the evaluation findings indicate that:

- *QPR Online* by itself provides satisfactory basic suicide first aid training with good outcomes in terms of skills acquisition, confidence, and readiness to apply the learning. As such, it meets the needs of many amongst the Ministries priority audiences for suicide first aid training. The value from undertaking the online module, including the likelihood of intervention and confidence levels, appears from trainee feedback⁸ to be enhanced significantly by a half-day workshop run locally that provides opportunities for trainees to rehearse using *QPR* and to build useful local networks for collaboration.
- In terms of trainee outcomes within the workshop experience, *ASIST* was reported to be superior to *QPR Online* alone, because of the enhanced practice and discussion opportunities. However *ASIST* is costly and there are evident problems with trainee safety and the prescriptiveness of the programme.
- Neither *ASIST* nor *QPR Online* by itself provide sufficient coverage of application across cultures. However some limited data⁹ indicate that such coverage may be provided by the *QPR* workshop programmes but further investigation of this would be required to draw a definitive conclusion.
- Feedback indicates room for improvement to both programmes in enhancement of participant safety measures, changes to visual and other materials, enhanced coverage of application across cultures, improvement to recruitment procedures, including the availability of course information at the point of recruitment, and post-training competency testing.
- A few evaluation participants felt that the ideal would be a suicide first aid programme that was designed specifically for the New Zealand cultural and social context. However the cost of developing such a programme would be at least similar to the cost of developing *MHI01* and possibly greater if it were to include an online module, which this evaluation suggests was a desirable option for many trainees.
- One cost-effective option might be to make *QPR Online* licences available to people who undertake broader suicide prevention or mental health support training programmes, such *MHI01* or the programmes tailored specifically for Māori and Pasifika audiences, either as a precursor or supplementary suicide first aid skills training, and/or as a ‘refresher’ programme.
- DHB personnel and other people working in suicide prevention identified a need for a better segmentation of the market for suicide first aid programmes and targeting audiences more appropriately based on culture and on their roles and needs for differing levels of skill. Both Lifeline and *QPR NZ* also saw benefits in this approach. The Ministry needs to clarify the scope of the family/whānau target audience.

Next steps

The following steps are suggested as a strategic response to meeting the Ministry’s suicide first aid needs:

1. Establish a Working Group to determine the Ministry’s best purchase options and strategy

⁸ See footnote 23; this was a robust sample of viewpoints.

⁹ Interview and survey feedback from 21 evaluation participants, including some Suicide Prevention Coordinators; it was outside of the scope of this evaluation to fully evaluate the effectiveness of the *QPR* workshops.

- for the future; ideally this group would include, in addition to Ministry personnel, some experienced Suicide Prevention Coordinators (e.g. South Canterbury, Counties Manukau DHBs), Māori and Pasifika representatives, and community mental health expertise
2. Clarify and define the Ministry's priority target audiences against the NZSPAP objectives
 3. Develop a segmentation of the priority target audiences, to understand the differences in their needs for suicide first aid training (and other suicide prevention training)
 4. Review the suicide first aid options available, including the suite of QPR programmes, as to suitability for each segment, and identify any gaps in the options currently available (e.g. possibly cultural needs)
 5. Determine ways in which suicide first aid training might be contextualised for the audiences (e.g. local workshops to supplement *QPR Online*; better safety and contextualisation of *ASIST* by having additional local facilitators support the existing co-facilitation)
 6. Determine the best purchase combinations to suit diverse audiences, for at least the short term (2-3 years)
 7. Decide whether the development of a 'home-grown' programme is cost-effective in the longer term, considering multiple feasible options (e.g. a Blueprint product along the lines of *MH101*; customising of QPR products to the Ministry's priority target groups; improved training or co-facilitation arrangements for *ASIST* facilitators)
 8. Collaborate with the DHBs to align the Ministry's purchases with each DHB's suicide prevention strategy. Where DHBs lack a strategy for suicide prevention, it would be valuable for the Ministry to support collaboration across DHBs to help with that development, including a communications strategy to support that collaboration.

It is also recommended that the internal evaluation processes for any suicide first aid programmes that the Ministry purchases be improved, so that more robust process and outcomes information can be provided as a regular component of programme reporting to the Ministry, to demonstrate the extent of programme effectiveness for the priority audiences, for programme development, and to inform the Ministry's on-going purchasing decisions.

Section A. Evaluation rationale and approach

1. Background to the evaluation

Suicide prevention strategy in New Zealand

The purposes of the *New Zealand Suicide Prevention Strategy 2006–2016* (NZSPS) are to reduce the rate of suicide and suicidal behaviour, the harmful impacts associated with suicide, and inequalities in suicide and suicidal behaviour. The *New Zealand Suicide Prevention Action Plan 2013–2016* (NZSPAP) outlines a programme of actions for government implementation. Through Action 3.1, the Ministry is funding both the *ASIST* programme and a pilot of the *QPR Online* training programme to contribute to preventing suicide by improving the knowledge of community members so they can identify and support individuals at-risk of suicide and refer them to appropriate services. Māori, Pacific and whānau/families have been prioritised for participation in both the *ASIST* and *QPR Online* programmes.

The *ASIST* and *QPR Online* 'suicide first aid' training programmes

ASIST

ASIST is a facilitated workshop programme, delivered to trainees in person; learning methods are primarily:

- Co-facilitation of the workshop
- The *ASIST* workbook (in English and te reo Māori)
- Audio/visual presentations
- Group discussions
- Role plays, skills simulation and practice.

Trainees who complete the programme receive a Certificate of Achievement. The Ministry has funded training placements on *ASIST* workshops for a number of years. Priority audiences are Māori families and whānau of those in high risk¹⁰ communities, together with community health and social support services staff of Māori and Pacific organisations, particularly those working with youth. For 2014/15 and 2015/16, the Ministry has purchased more *ASIST* placements. As part of its contractual requirements, the *ASIST* provider (Lifeline NZ) submits a list of suggested locations annually for Ministry approval. The list targets priority groups/individuals or areas (e.g. an area which may have recently experienced a suicide cluster).

QPR Online

QPR Online is a foundational level, online, multi-media adult learning programme¹¹ that aims to equip trainees with the skills to (1) recognise that a person may be contemplating suicide, (2) ask them appropriately about suicide risk, and (3) then refer them to appropriate services, using the 'Question/Persuade/Refer' model. Key features of the programme are:

- Online medium
- Provider support available by phone or email

¹⁰ Use of the word 'risk' in this report refers to risk of suicide.

¹¹ *QPR* also has an advanced eight-hour programme in online format; the name '*QPR Online*' in this report refers to the short programme.

- A pre-test to alert trainees to their existing knowledge
- Audio/visual presentations
- Role play for skills simulation
- A post-test (repeatable) to demonstrate skills acquisition
- A certificate of achievement.

In mid-2014 the Ministry purchased 2,500 individual *QPR Online* licences from QPR New Zealand Ltd. (QPR NZ). The purchase was a pilot that aims to assist District Health Boards (DHBs) to deliver on their suicide prevention responsibilities in 2014/15. Recruitment for the programme pilot began in all DHB regions from August 2014. DHB key contact personnel each used a locally relevant approach to work through NGO providers and others to recruit participants, with a focus on Māori, whānau, iwi, hapū, and Pacific community members. The Ministry liaised with the DHBs to identify priority groups and individuals to refer to the pilot. The QPR provider then distributed the licences individually via email to registered trainees from August 2014 onwards.

Evaluation scope and purposes

Evaluation scope

The evaluation sought feedback on the two programmes for different periods and duration, as follows:

- *ASIST* from 1 July 2012 to 31 December 2014
- *QPR Online* from 1 September 2014 to 31 March 2015.

Although both *ASIST* and *QPR Online* training are purchased by a range of agencies and organisations, the scope of this investigation extended only to the Ministry-funded component of the training programmes.

Purposes of the evaluation

To be better informed about the suicide prevention ‘gatekeeper’ training programmes, the Ministry sought an investigation that evaluated their effectiveness, with a key focus on:

Current programme delivery

- What is currently being delivered by the training programmes? This includes how training is designed, planned and delivered, and describing how the training programme’s infrastructure ensures that training is effective for participants.

Impact/outcomes

- What impacts/outcomes has the training had? This includes short-term changes in participants’ knowledge and attitudes, medium-term changes in participant’s behaviours, and for how long any changes are sustained.

Cultural competencies

- Whether the training has appropriate cultural competencies for different ethnic groups, in particular Māori and Pacific. This includes describing how tikanga Māori principles and practices and Te Ao Māori concepts have been incorporated into the training, and whether Māori- and Pacific-specific information meets the needs of participants.

Programme improvement and recommendations for future programme delivery

- What improvements could be made to delivery of suicide gatekeeper training? This includes assessing the suicide training needs of priority groups and to what extent these

needs are met by the Ministry-funded *ASIST* and *QPR Online*. It also includes providing recommendations of whether these training programmes meet the needs of participants or whether a new training programme needs to be developed that better meets the needs of participants.

These focus areas were expanded into a set of evaluation areas of inquiry that informed the evaluation design and comprised the basis of the evaluation tools (see below).

Evaluation approach

Table 1 summarises the evaluation design and methods. Detail on the evaluation methods is set out in **Appendix 1**.

Table 1: Summary of evaluation data collection methods	
Method	Focus
<i>Rapid evidence review</i>	<ul style="list-style-type: none"> Reviewing the evidence base for effective suicide prevention training programmes internationally
<i>Documentation review</i>	<ul style="list-style-type: none"> Reviewing core programme documents, strategic and operational, for information relevant to the evaluation objectives
<i>Programme logic models for each programme</i>	<ul style="list-style-type: none"> Clarifying the intended outcomes of each programme and their fit with the Ministry's suicide prevention goals Mapping the causal pathways and attribution validity between programme methods and intended outcomes (short- and long-term)
<i>Stakeholder interviews (n=100¹²)</i>	<ul style="list-style-type: none"> To obtain detailed insight into programme features (content and delivery), implementation, effectiveness and outcomes/impacts To inform the survey development, and supplement and clarify quantitative data
<i>Survey of trainees (n=506¹³)</i>	<ul style="list-style-type: none"> Online survey of trainees in both programmes, to gather their perspectives on programme content and delivery and trainee outcomes
<i>Participant observation</i>	<ul style="list-style-type: none"> Assessing aspects of the programmes' content and delivery through evaluator participation in core aspects of each programme
<i>Secondary data analysis</i>	<ul style="list-style-type: none"> Review of the programmes' data on trainee enrolment, retention, completion, progress, achievements and gains, including pre- and post-training assessments (where those exist)

Report structure and features

Structure

Because this evaluation compares two programmes that are structured differently, this document reports first on each programme separately, and then provides a comparison based on key features relevant to the Ministry's requirements and goals for a suicide first aid programme.

¹² Broad range of stakeholders; see **Appendix 1**.

¹³ See **Appendix 1**.

Terminology

Indicating numbers of participants holding a particular view

Qualitative evaluation terminology referring to numbers of participants representing a particular view or experience is as follows: ‘some’ refers to 3-4 people; ‘several’ refers to 5-7 people; ‘many’ refers to 10 or more people; a ‘significant minority’ refers to between 15% and 50%; larger numbers are described as a proportion of the stakeholder group (e.g. ‘one third’, ‘the majority’, ‘more than half’).

Other terms

For the avoidance of confusion:

- ‘Evaluation participant’ refers to all those who took part in the evaluation
- ‘Trainee’ refers to people who participated in the programmes
- ‘Stakeholders’ refers to all stakeholder groups collectively, unless otherwise indicated
- ‘... personnel’ refers to the staff of a particular agency
- The two programmes are referred to collectively as ‘suicide first aid’ programmes, because the term ‘gatekeeper’ is seen as having a different meaning in the New Zealand context, and ‘suicide first aid’ is the term used most commonly in the literature to refer to programmes that provide specifically basic skills for intervening with an at-risk person (as distinct from the broader range of suicide prevention programmes).¹⁴

Use of quotes

Quotes have been selected to be representative of the stakeholder group named. Where stakeholders may be easily identifiable (e.g. provider teams, DHB staff), most verbatim quotes are attributed to a stakeholder or respondent group (e.g. survey respondent; DHB personnel) without further description. Where additional description of the speaker is added, it is to indicate that the quote is representative of the views of a particular sub-group (e.g. ‘Māori trainee’). Survey respondents’ grammar and spelling are as written by them.

Apparent repetition

Because this evaluation compared two programmes with very similar goals on essentially the same parameters, the same questions were asked of stakeholders in both programmes. In a few places where the findings on a particular parameter are very similar across both programmes, those sections may appear repetitive across the two programmes. Please be aware that such repetition is not in error – it reflects virtually identical stakeholder views and responses across the two programmes.

Authorship of the report

All members of the evaluation team have been involved in the writing of this report, and its contents reflect their understanding of the collective views of evaluation participants.

¹⁴ QPR NZ notes that the QPR programmes are branded ‘Gatekeeper’ programmes, and that the term ‘suicide first aid’ has been more commonly associated with the *ASIST* programme. However its use in this report is as a generic term that describes the goal of both programmes to provide an initial intervention before referral to specialist mental health services.

Section B. Evaluation of *ASIST*

1. Programme description

Programme goals

ASIST's goals, as set out in the programme logic (developed in collaboration with Lifeline) are:

Short-term goals

- Increase the number of people in the community with skills to intervene with people at risk of suicide:
 - ✧ Priority focus on members of high-risk communities (e.g. Māori, Pacific, rural, youth, LGBTI), including:
 - Agency workers (e.g. primary care; Māori and Pacific agencies; other agencies with 'gatekeeper' roles)
 - Family and general community
- Increase trainees':
 - ✧ Accurate knowledge about suicide warning signs and factors affecting current risk
 - ✧ Understanding of what will increase the immediate safety of a person at risk
 - ✧ Self-awareness of impact of personal attitudes on helping people seen as at risk of suicide
 - ✧ Ability to detect suicide ideation and risk
 - ✧ Skills/competence to respond appropriately to perceived suicide risk in an individual
 - Detection skills for suicide warning signs
 - Willingness to ask people perceived to be at risk about suicide in a direct and empathetic way
 - Ability to apply the *ASIST* model in all relevant situations
 - Ability to work with a person at-risk and provide appropriate safety options including whānau/family, friends, significant others and community connections, including asking openly and directly about suicide
 - Ability to work with the person to develop a safe plan to reduce the immediate risk of suicide
 - Knowledge of referral options and other safety resources
 - ✧ Confidence to intervene proactively and collaboratively using the *ASIST* approach
 - ✧ *Pro-active* use of the intervention
- Increase the number and range of people in the community pro-actively using *ASIST* skills – identifying and intervening appropriately with people at risk of suicide
- Improve networks for referral of people at risk of suicide

Long-term goals

- Increased number and range of people in the community *pro-actively* using *ASIST* – (1) identifying and (2) intervening with first aid for people at risk of suicide
- Improved networks for referral of people at risk of suicide
- Increased referrals of people at risk of suicide to appropriate professional help
- Active contribution towards decreasing suicide attempts and increasing help-seeking.

Programme structure and delivery

ASIST is a facilitated two-day workshop programme, delivered to groups of approximately 20 trainees. The *ASIST* programme is franchised in New Zealand exclusively to Lifeline New

Zealand from its owners, Living Works (Canada). Trainees are taught the *ASIST* model of intervention with a person perceived as being at risk of suicide. The model is based on international evidence of effective approaches to intervening with people considered by other/s to be at risk of suicide. The *ASIST* model comprises key actions: identification of risk, asking if the person is potentially suicidal, intervening to help an at-risk person make a 'safe plan', and then following through in the next 24 hours to ensure that the person is referred to an appropriate service. Programme delivery closely follows an extensive manual, developed in Canada, that details the required facilitation approach that facilitators are expected to adhere to. To ensure cultural relevance in New Zealand, facilitators are trained to deliver the programme so that the content and delivery are relevant to Māori, and the *ASIST* workbook was developed in a bicultural format following an extensive consultation with Māori over a period of 2-3 years. Tailoring the programme for Pasifika audiences is intended to occur through content that is introduced by the facilitators (e.g. the examples, stories and role plays that they introduce). At the end of 2014, *ASIST* implemented Version XI of the programme in New Zealand, with the main changes being a philosophical move to emphasising a strengths focus, for example, 'promoting safety' rather than 'managing risk', and various modifications to some of the group exercises, including a story-telling approach in response to feedback on the programme from indigenous groups.

Service specifications

The Ministry has funded training placements on *ASIST* courses for several years. The current service specifications fund the providers, Lifeline New Zealand, to:

- Provide an agreed number of places in *ASIST* workshops annually, each with a minimum of 20 participants
- Advise the Ministry as to appropriate locations for the workshops, based on identified community risk
- Provide both fully and partially subsidised places for specified 'priority' audiences (Māori, iwi, hapū, whānau and Pasifika)
- Recruit and train *ASIST* trainers representing those priority target groups
- Provide six-monthly monitoring reports.

Audiences

Priority audiences are Māori families and whānau of those in high-risk communities, together with community health and social support services staff of Māori and Pacific organisations, particularly those working with youth. As part of its contractual requirements, the *ASIST* provider submits a list of suggested locations annually for Ministry approval that targets priority areas (e.g. locations where a cluster or contagion potential have been identified recently).

Programme management and personnel

Personnel allocated to delivering the *ASIST* programme are:

- A Programme Manager .75 FTE, who is responsible for all aspects of programme delivery, including recruitment of participants, scheduling, decisions around workshop locations, liaison with the Ministry, programme reporting, and managing administration; staff meetings are held weekly. The Programme Manager reports to the Lifeline's Head of Sustainability and Development, and reporting meetings are held monthly.
- The Head of Sustainability and Development is responsible for the contract relationships,

reporting to the Ministry, and liaison with Living Works.

- An Administrator .5 FTE, who is responsible for accepting bookings, workshop arrangements (e.g. booking venues, catering), receiving the workshop feedback forms, some aspects of invoicing, and a significant proportion of the promotion, including dealing with inquiries.
- The programme's kaumātua attends the introduction section of all *ASIST* workshops, to facilitate the mihi whakatau and to undertake kaumātua and whaikorero functions when workshops are held on marae. He also provides cultural advice to the programme, as required, attends the programme meetings, and undertakes some other administrative tasks as needed (e.g. collecting catering for the workshops). Additionally he liaises with local iwi and hapū as part of the promotion and relationship-building for the *ASIST* programme.
- A team of approximately 14 registered programme facilitators, who are employed on a casual basis as needed. Facilitators receive comprehensive induction training over five days in how to deliver the programme. They then undertake a further 64-80 hours of training as they work initially as a 'provisional' facilitator while they acquire experience in the detail of programme facilitation before they become registered facilitators. They have varied background experience and typically have flexible employment that allows them to undertake *ASIST* work on a casual basis. They receive training updates approximately twice per year. Facilitator recruitment and allocation focuses on matching facilitators to the Ministry's priority audiences, especially Māori and Pasifika. Because facilitators are not considered 'employees' of Lifeline, they do not undergo any performance appraisal; instead their performance is reviewed based on trainee feedback for each workshop, and through spot attendance at facilitator training by a supervisor, together with the Living Works team.

Tools and activities

Key tools for delivering the *ASIST* programme are:

- The training manual for facilitators (approximately 300 pages long)
- The *ASIST* workbook, which presents the *ASIST* intervention model (in text and diagrams) and protocols, in English and te reo Māori
- Audiovisual presentations, including PowerPoint slides, and video simulations of (1) suicide risk encounters and (2) effective *ASIST* intervention
- Group discussions and exercises
- Role plays, including both facilitator and trainee roleplaying
- Skills simulation and practice, both in pairs/small groups and in plenary groups.

Additional resources include a wallet card with prompts for using the *ASIST* model, and a CD copy of a 'Suicide Intervention Handbook' with extensive information on suicide prevention generally. Trainees complete a feedback form on the workshop prior to leaving it, and they also receive a Certificate of Achievement.

Programme promotion and recruitment

The programme is promoted by advertising through Lifeline's extensive regional data bases for relevant agencies and individuals, on the Lifeline website, through social media, such as Twitter and Facebook, and through direct contact by *ASIST* personnel with potentially interested agencies and individuals referred by word-of-mouth. Audiences targeted by

Lifeline include mental health practitioners¹⁵, other relevant community roles (e.g. primary health care, education system, various community services agencies¹⁶), in particular Maori and Pasifika, and family/whānau affected by suicide risk. Typically trainees were recruited either directly via email invitations from their managers, through indirect 'snowball' recruitment via the local DHB (as part of the Lifeline database), Le Va and Kia Piki o te Ora (KPTO), or by word-of-mouth amongst families and communities. Since the beginning of 2015, Lifeline is working more widely through its networks to identify suitable training candidates. None of trainees interviewed had been offered a choice of programme. A few trainees had been required to undertake *ASIST* training as part of their team's professional development.

Programme evaluation and reporting

Each workshop is evaluated through a trainee feedback form, which participants are asked to complete before they leave the workshop. In addition, the facilitators complete a report on each workshop. The completed forms for each workshop, together with the facilitators' report, are sent to a 'Reader' in Australia who has responsibility for collating the information and identifying any issues that may need to be followed up. Summary feedback is provided through Lifeline to the facilitators on what went well and areas for development. Facilitators do not have any formal performance appraisal as such; their performance is reviewed based on trainee feedback and spot attendance at training by a supervisor.

Trainee feedback is not collated specifically across the New Zealand workshops; instead it is collated across *ASIST* delivery internationally, so that collated New Zealand-specific evaluation data are not available. However Lifeline is now undertaking some analysis of trainee feedback forms and the most recent six-monthly monitoring report to the Ministry does provide some quantitative trainee feedback data.

Under the current contract, Lifeline is reporting on *ASIST* every six months to the Ministry. The contract specifications set out the reporting requirements, but do not specify a report structure.

2. Programme outcomes

Trainee outcomes

Trainees were asked both in interviews and via the survey to assess their skills acquisition, based on the programme goals, together with other gains from attending the programme, and also to report on their actual use of the skills acquired through the programme.

Skills acquisition

Table 2 demonstrates that a majority of *ASIST* trainees who answered the outcomes questions (n=240) rated their skills acquisition from the programme as high on most parameters relevant to the programme goals¹⁷. Aspects of the learning that had made strong impacts for trainees

¹⁵ The *ASIST* contract specifications do not explicitly include the mental health workforce as a target group.

¹⁶ For example, people working in sports, fire services, school and community transport, social workers, kaiawhina, migrant services, disability support, elder care, addiction services, kaupapa Māori agencies, youth workers.

¹⁷ Note that the phrasing of these items in the survey varies slightly from the goals statements in the *ASIST* and *QPR Online*

were as follows:

- More awareness of behaviour that can be a possible sign of suicidality
- Greater ability to talk openly about suicide and ask questions that they would previously have felt were intrusive
- Reminded of the need to listen and observe when responding to at-risk people
- Feeling more confident about their ability to intervene even if they don't have much experience of personal hardship or in mental health.

Skills area	Mean¹⁸
1. Knowledge about suicide risk in the community generally	4.1
2. Understanding the impacts of your own values on intervening with people at risk of suicide	4.1
3. How to detect signs of suicide risk in someone	4.3
4. Skills to intervene safely and constructively with someone at risk	4.4
5. Confidence and willingness to intervene with someone at risk of suicide	4.3
6. Ability to make a 'safe plan' with someone at risk	4.3
7. Knowledge of the national, regional and local services that are available to support people at risk of suicide	3.9
8. Useful and relevant networks with other agencies	3.9

Typical comments from trainees on what they had gained were that the training:

- Had taken the anxiety and fear of negative consequences out of raising suicidality with people perceived as at risk
- Removed the emotional complexity of talking about suicide
- Provided a simple and easy-to-apply framework for discussing suicide risk
- Gave trainees confidence to raise the topic
- Integrated previously fragmented knowledge about effective ways to approach suicide risk with clients
- Provided good risk detection skills together with confidence to use them resulting in a greater likelihood of intervention with at-risk people.

"It was beyond my expectations, I mean, I didn't have too much information on the programme to start with, but I was really pleased that after two days I had a way of working and dealing with suicide." Community health provider

"If I hadn't done the course I would have danced around the question. I understand now the need to be confident so others put their confidence in you." Kaupapa Māori provider

The following points further clarify the survey findings:

- Ratings given by Lifeline staff and volunteers (who undertake the programme on a mandatory basis) were slightly higher than the ratings for all other survey respondents on

programme logic models, so that the same phrasing could be used in the survey to assess learning from both programmes.

¹⁸ On a scale of 1-5 where 1=strongly negative and 5=strongly positive; this scale applies to all survey data.

the skills acquisition and programme satisfaction items; they also differed in the data on number of times that trainees have applied their learning in real situations (see **Table 4**). Since Lifeline personnel made up 21% of the *ASIST* survey respondents, their responses have skewed the outcomes ratings slightly in a positive direction; however those differences are not statistically significant.

- Trainees’ ratings varied across culture, with Pasifika giving slightly higher ratings in general, and Asian giving slightly lower ratings on items 3-8.
- Ratings were somewhat higher on the ‘core’ skills (items 3-6 above) that trainees thought received the strongest focus in the training.
- The slightly lower ratings for the items relating to establishing networks and acquiring knowledge of suicide support services may be attributable to many trainees already have that knowledge and good networks because the workshops are undertaken mostly with trainees from the same general area.
- Ratings of limited trainee benefit were positively correlated with a perception that the workshop facilitation was poor (see also **Issues related to facilitation**, p 21).

Trainees ratings of general gain and satisfaction with the programme, and the sustainability of the training (**Table 3**) show that the majority of trainees felt that they received major benefits from the programme that met their needs and expectations.

Table 3: Trainee satisfaction and gain	
Area of gain	Mean
In general, how much did you get out of the course?	4.6
How much did the course meet your needs and expectations?	4.5
How much do you remember of what was included in the training?	4.1

Several trainees commented that they didn’t have any particular expectations of the training because they had little information about it before they started, but that they were happy with the training received. Some trainees were especially appreciative of the training because it gave them a strategy and an understanding of boundaries when helping people at risk. They were able to identify the appropriateness and importance of referring at-risk people to relevant agencies, rather than trying to “*fix things*”. For example, a Family Start worker commented that she now felt “*emotionally safe, because I can call services to visit clients – and I am not worried about whether I could do more, because I feel like I have done the best I can*” by referring to professional services. Some trainees commented that they were now able to recommend that *ASIST* approach to colleagues, for example in school contexts, for responding effectively to suicide risk. One Pasifika trainee working in a school context commented that dealing with suicide risk was now quicker than previously, because she had an approach that was effective.

Trainees’ managers and supervisors interviewed thought that the training had filled a gap in their teams’ previous professional development, which often touched on suicide prevention superficially but had not provided specific skills. It was seen as especially valuable in agencies whose personnel did not include mental health professionals, and managers of these agencies would send more staff to the programme if it were more affordable or if more free or subsidised places were available. A SWIS¹⁹ Manager had implemented change processes to their service as a result of the *ASIST* training, with positive results for their team and their

¹⁹ Social Workers in Schools.

interagency colleagues.

“Before the ASIST programme, schools would ‘red flag’ students and dump them on SWIS. Now the SWIS can go back to the schools and ask them if they have made contact with the parents, checked medical records for prior incidents, and so forth.” SWIS Manager

Trainees who felt they did not gain much from the programme fell into three main groups, and their issues are discussed in subsequent sections of the report:

- Those who experienced significant distress and were unable to focus on the learning (see **Issues with trainee safety**, p 25)
- Those who felt that the training was not sufficiently relevant to their culture/s (see **Issues with cultural relevance**, p 27)
- People who already had extensive experience with suicidal clients (see **Issues with content**, p 18).

Several trainees also commented that the training did not equip them for working with LGBTI²⁰ clients (see p 20).

Sustainability of the training

Recall of programme content was rated only moderately high (**Table 3**), although this is not surprising given that just over a third of the survey respondents had undertaken the programme more than a year previously. However even recent trainees interviewed could rarely recall detail of the training exercises or workbook, or detail of the *ASIST* model as such. While only a few trainees could remember the cornerstones of the model (‘connecting, understanding, assisting’), what mattered to them was that they could remember “*the basics*” - to ask about suicide explicitly, to make a safe plan for the next 24 hours, and to follow up - and almost all trainees thought that those key elements were well embedded in their knowledge. Many trainees commented that they would like short ‘refresher’ courses periodically. Those who had done both *ASIST* and *QPR Online* thought that *QPR Online* would provide a good refresher opportunity.

Additional trainee outcomes

ASIST trainees also identified the following additional outcomes from attending the programme:

- Greater awareness of suicide risk in their communities – applying the training to everyday situations and trainees’ own families and communities
- Increased awareness of the local community and people’s needs as they networked through the workshops
- Learning to use the knowledge proactively, raising the topic of suicide deliberately, in particular with family/whānau members
- Having the confidence to “break a taboo” and raise the topic of suicide
- Continuing the networking with others met at or through attending the programme; in two instances trainees had established support or advocacy groups with those trainees, and others had additional resources for client referrals and support

²⁰ Lesbian, gay male, bisexual, transgender, intersex.

- Passing the learning on to others and encouraging them to be proactive in dealing with signs of suicide risk.

Application of the training

Table 4 shows how often *ASIST* survey respondents had actually used the training to intervene with an at-risk person; these numbers were closely mirrored by trainees interviewed. Not surprisingly, use of the training was more frequent amongst people who completed the training before 2014, and by Lifeline volunteers and staff who deal regularly with calls from at-risk people. Lifeline personnel were much more likely to have used the learning more than five times, and much less likely to have not used it at all. Māori and Asian trainees were more likely than trainees of other cultures to have not used the training as yet to intervene. People who had undertaken the training in 2014 were significantly less likely to have applied the training than those who had done it before then²¹.

Table 4: Application of the training		
Use of the training	% Lifeline personnel	% All others
1-2 times	41	38
3-5 times	12	14
More than 5 times	25	12
Not yet	22	36

Where trainees had applied the training to intervene, they gave moderately to high ratings for their confidence in doing so (mean=4.1), the perceived effectiveness of the model (mean=4.4), and their perceptions of the value to the person they helped (mean=4.3). These ratings were similar across cultures.

Interviews with trainees indicated that usage varied with the extent to which trainees worked in jobs or were in personal contexts where they came into contact with at-risk people. Some trainees who worked in jobs with high risk clients had found the training especially valuable in their work. For example, one SWIS worker who had had eight student clients students self-harm in a single afternoon was very appreciative of the training. Trainees felt more confident having the wallet card to use with clients, sometimes going through the steps on the card with the client.

A majority of trainees thought that the *ASIST* approach could be used across diverse cultures, and many Māori trainees described using *ASIST* skills to monitor whānau members, especially rangatahi at risk of being bullied by social media. However many also commented that the training had not covered that aspect sufficiently, or at all (see p 27-28), that they had had to use their own often limited cultural knowledge to apply the training in culturally appropriate ways. Some trainees commented that it would be valuable for the training to point out that sometimes the helper needs to ask the at-risk person repeatedly about their suicidality. One trainee who was using the approach with a family member at the time of being interviewed commented that *“it’s not a one time question or thing you do, you have to be there checking, asking, supporting.”*

²¹ Statistically significant at the 95% confidence level.

No trainees identified any negative experience from applying their training.

Negative impacts and other issues

The only negative impacts of the training reported by evaluation participants related to the training process, in particular trainee safety and the cultural relevance of the programme (see following sections), not to trainees' attempts to use the training.

A major issue raised by many trainees, and their managers, was the lack of availability of effective services for supporting people at risk of suicide. A common comment was that, while suicide first aid programmes are highly useful *as* first aid, their ultimate value rests on there being effective and available services to refer people to, and the perception was that those services are currently insufficient. This issue is not within the control of Lifeline.

Delivery on service specifications

ASIST had largely delivered on its service specifications to the satisfaction of the Ministry over a number of years. The Ministry has continued the contract and at times expanded the number of trainee places that it has purchased. In the past three years the Ministry has modified the service specifications to fine-tune delivery of the programme to more clearly defined priority audiences and respond to their particular needs. Lifeline appears on track to meet the current contract targets for Māori and Pasifika trainees and for fully subsidised places to both of those groups; Pasifika targets will need to be monitored. The contract relationship as such between Lifeline and the Ministry is considered satisfactory by both parties.

Areas where delivery has fallen short have been as follows:

- Recruiting and retaining sufficient Māori and Pasifika facilitators – while recruitment and training targets for Māori facilitators have been met, three additional Pasifika facilitators are needed by mid-2015, and not all registered facilitators have as yet undertaken the bicultural training
- The most recent monitoring report on *ASIST* notes that the Cultural Reference Group of Māori and Pacific suicide prevention experts has not met as scheduled, resulting in no meeting of that group for a year by the time it meets again; the membership of the group is being reviewed currently.

Lifeline is working to address each of these issues.

Other areas needing attention, from the Ministry's perspective, were as follows:

- It is unclear from the monitoring reports in what ways Lifeline's reported engagement with Le Va and KPTO, as specified in the contract specifications, results in structured and strategic promotion of the *ASIST* programme and aids actual recruitment of the target audiences.
- The Ministry is unclear about the process that Lifeline uses to determine best locations for the workshops, in particular, how Lifeline assesses 'high risk' in relation to communities, other than through Ministry recommendations²².
- It is unclear in what ways Lifeline maintains currency with international best practice

²² The Ministry provides information on locations experiencing suicide clusters or contagion as identified by the Community Postvention Response Service, with the expectation that these locations will be prioritised when determining the roster of workshop locations.

- around suicide first aid training (as distinct from suicide prevention in general).
- The ‘*Updated SPE Operations and Marketing Plan 2014 & 2015*’ in the most recent monitoring report (Appendix A) doesn’t appear to include a marketing strategy to ensure that ASIST can continue to be sustainable if there is a change in Ministry funding (due 20 September 2014).
 - It remains unclear to the Ministry how the Ministry funding is allocated to the various components of the ASIST programme (e.g. facilitator training, programme management, administration, delivery, etc.), making it difficult to assess its cost-effectiveness.

3. Programme effectiveness, issues and suggestions for improvement²³

Programme management

Enablers²⁴

Aspects of the programme’s management that support good management of the programme are as follows:

- The ASIST Programme Manager has previous experience in social services delivery, is a qualified ASIST facilitator and will become qualified in 2015 to undertake ASIST ‘T4T’ facilitator training. The programme Administrator has also undertaken the facilitator training.
- The ASIST management team meets weekly, so that issues in delivery can be identified and managed early.
- The ASIST Programme Manager has monthly meetings with her manager to ensure that guidance and support are available and any issues are dealt with as they arise.
- The ASIST Programme Manager identifies as Māori and Pasifika (Cook Islands, Niue), and the Administrator is Māori, which facilitates access to Māori and Pasifika agencies and communities for promotion and recruitment purposes.
- The kaumātua is an integral part of the ASIST management team, which makes his expertise available to ongoing decision-making about the programme.

Issues in programme management

- The job descriptions for both management and administration of ASIST are large, and both incumbents appear challenged to undertake all essential tasks well within the hours available. The Manager’s broader role as Lifeline’s Community Relationships and Suicide Prevention Manager incorporates several other duties. In addition to managing the ASIST programme, she facilitates three ASIST workshops per year, as well as undertaking the training of ASIST facilitators. The range of functions required for her role overall appear to make the job somewhat fragmented. Both the Manager and the Administrator noted that it is not possible to undertake all administration tasks as effectively as wished within the currently allocated 20 hours per week for that role. Senior management acknowledged that both roles are large and are exploring ways to reduce the Administrator’s workload (e.g. by moving to automated invoicing).

²³ Note that the suggestions for improvement have been made by evaluation participants, not the evaluation team, unless otherwise stated.

²⁴ ‘Enablers’ are the aspects or features of the programme that facilitate the intended outcomes or other positive outcomes.

Suggestions for improvement

It may be useful for Lifeline to explore the functionality of the current management and administration structure.

Programme promotion and recruitment

Enablers

- Because *ASIST* has been delivered by Lifeline to Ministry priority targets for many years, the promotion and recruitment processes have been refined over time so that Lifeline has extensive databases of both agencies and individuals who may be interested in *ASIST* training. There is an assumption that agencies who have sent staff to *ASIST* training previously will remain part of the market because of natural staff turnover and/or expansion. New agencies are added to the database as Lifeline finds out about them and individuals are added as they make inquiries.
- A majority of recruitment is done through agency managers or team leaders, who negotiate with Lifeline for partly or fully subsidised places as available and are invited to buy places if they wish.
- Because recruitment is typically arranged by agency managers, the process was easy for trainees. The managers also found the process straightforward and efficient.
- Trainees typically found out about the programme through an invitation or an instruction from their management to undertake the training. Usually these invitations were accompanied by only brief information about the programme, but the people invited were generally highly motivated to undertake the training, making recruitment easier.
- The majority of survey respondent (92%) were “*really keen*” to attend the training.
- Most trainees were motivated to undertake the programme for multiple reasons, including one or more of the following (in roughly the following order):
 - ✧ They had been affected by completed or attempted suicide amongst family, friends or in their near community, so they were aware of the flow-on impacts and risks to others and wanted to have skills to deal with those
 - ✧ They saw suicide risk as an increasing problem relevant to their work or family
 - ✧ They had some skills but were keen to enhance those or have a ‘refresher’
 - ✧ They saw it as valuable to their work role
 - ✧ They were instructed to do it as part of their professional development
 - ✧ Their employers had deemed suicide first aid a core set of skills for their workers
 - ✧ It was either free or subsidised for a majority of people
 - ✧ The programme was endorsed by the Ministry, so it could be assumed to be of good quality
 - ✧ They felt they currently lacked suicide first aid skills.
- Agency managers normally finalised registrations for their staff, so that process was simple and efficient.

Issues in promotion and recruitment

- Trainees typically had received minimal information about the programme prior to commencing it, other than information about the date and requirement for two days of training, so were unaware of the strong emphasis on roleplay, active participation in group discussions, and the likelihood of personal disclosure. A quarter of survey respondents rated the availability of programme information at this point as insufficient to make an informed decision about whether they wanted to attend.

- Neither the *ASIST* providers nor the Ministry, DHBs or NGOs involved in recruitment developed any formal criteria or caveats in relation to undertaking the programme. Nor did the recruitment invitations suggest to those invited that the programme might be emotionally challenging for people recently or severely impacted by a suicide, and that possibility was only addressed in the introduction to the workshop, when trainees had already committed to attending.
- Some trainees noted that, on considering undertaking the training, they knew it could be emotionally difficult for them. Others did not discover this issue until they had commenced the programme, and experienced considerable distress as a result (see p 26).
- The main barrier to recruitment and uptake is the cost of the programme where it is not fully subsidised; most NGOs cannot afford to send all staff to *ASIST* training even where it is partly subsidised, although they would like to.

A significant issue raised by some DHB personnel is the limitations on *ASIST*'s accessibility to some of the Ministry's priority target groups, in particular family/whānau. Because the training is run only Mondays-Fridays, it remains unavailable to people who cannot take two full consecutive days off work to attend. It is also unclear what Lifeline's strategy is for recruiting 'family/whānau' members, though this is partly because it is unclear how that group is to be defined for the Ministry's purposes.

Suggestions for improvement²⁵

- Promotion of the programme could valuably include a caveat that the training may not be suitable for people recently or severely impacted by a suicide or those currently experiencing suicidal thoughts, and also include a freephone number for support for those people. Purchasers and recruiters could be asked to screen candidates for eligibility on this basis.
- The short questionnaire currently used by *ASIST* with trainees on whether they have had suicidal thoughts 'never..?/some time..?/within the last year?/within the last week' could be used to screen recruitment and help people self-select out at that point.
- It would be useful for trainees to know at the point of recruitment that the programme is highly participatory and encourages personal disclosure around trainees' experiences related to suicide. This advice is especially important if the trainee is being required to undertake the programme as part of professional development.
- Working with agency managers to seek other sponsorship to make attendance more affordable for larger numbers of staff, so whole work teams can attend.
- There needs to be (1) a clarification of how the Ministry defines 'family/whānau' for the purposes of recruitment and (2) determination of how that population might be recruited safely.

Programme content and delivery

Programme content

Enablers

- In general trainees found the programme content – information, key messages, focus – highly relevant and extremely useful to both their work roles and their extended or immediate families and communities.

²⁵ Note that the suggestions for improvement have been made by evaluation participants, not the evaluation team, unless otherwise stated.

- Trainees appreciated that the content focused on normalising the incidence of suicidal ideation and the need to identify it in all demographics – “*It just increases the awareness of suicide; just the fact that it’s being talked about that gives confidence to bring up the subject, makes it normal*” (Mental health worker)
- Programme content was seen as a valuable adjunct to previous professional studies (e.g. nursing, youth work, counselling) where suicide had been touched on but no specific skills imparted.
- Many trainees commented that if they had the knowledge earlier they may have been able to better help family, friends or clients who had completed or attempted suicide – “*There are a lot of signs in the community... I realised if I knew then what I had learnt maybe I could have helped more, just asking the right questions*” (Youth worker)
- The content was widely seen as relevant across a range of sectors (cf mental health; see below) and the concepts accessible to most people.
- The programme covered all of the important information for a ‘first aid’ intervention, including the importance of following up with the at-risk person.

Issues with content

- A few trainees voiced a concern, based on their perception of one or two other trainees in their group, that some people using the *ASIST* model might not be clear about the boundaries on what the training had equipped them to do.
- Several trainees with significant experience and/or university qualifications in mental health, especially those working with Māori, found the content somewhat too “*basic*” for them, and suggested that people in these categories receive a modified workshop that took into account their existing level of expertise, so that they could focus on advanced skills.
- Some trainees thought that significant time had been wasted in explaining basic concepts where the group members had different starting levels of knowledge.

Suggestions for improvement

- Specific coverage of *ASIST* jargon at the outset of the programme
- Consider dividing the group on the basis of level or prior experience in mental health, so that trainees within each group can move at the same learning pace
- To manage trainee expectations, clarify at the point of recruitment that people with significant experience in suicide prevention or mental health might already have the *ASIST* skills. (Note that the mental health workforce is not a priority Ministry target group.)

The ASIST model

Enablers

The majority of trainees rated the *ASIST* model as both easy to understand and relevant to the people they worked with or came into contact with (mean=4.5²⁶). Aspects of the model that trainees appreciated were:

- The core principle that it’s valuable, important and acceptable to ask people directly about suicide intent
- The simplicity of the abbreviated model as ‘connecting, understanding, assisting’, which gave trainees a way to remember the intervention model and not get lost in the detail; this

²⁶ On a scale of 1-5 where 1=strongly negative and 5=strongly positive.

was especially valued by Pasifika and Asian trainees and family/whānau members

- Learning what to watch and listen for as signs of suicidality
- Learning not to try to ‘fix’ things for the person
- Conceptualising the process as ‘suicide first aid’, to understand the limitations of the role.

Issues with the model

- Several trainees experienced difficulty absorbing all of the detail in the model, which they felt was over-complicated in the workbook diagrams, which were not always explained well by the facilitators.
- Several trainees commented that the model was not sufficiently aligned with LGBTI culture/s, given that they are a known high-risk demographic.
- Asian trainees found the model slightly less relevant and less easy to understand than others, and attributed this to both cultural factors and their ability to understand English in the context of the workshops.

Suggestions for improvement

- Clearer explanation of the diagrams in the workbook (see below)
- Better alignment of the model with LGBTI culture/s, or at least some acknowledgement of application to that sector in programme delivery.

ASIST workbook and wallet card

Enablers

- Aspects of the workbook that trainees liked were:
 - ✧ The colourful presentation
 - ✧ Use of diagrams and lists to organise the material
 - ✧ Relatively simple terminology
 - ✧ It contains some useful lists and protocols to refer back to (e.g. the list of ‘Invitations’ [p 7]; the ‘Review Risk’ protocol [p 10]; ‘Develop Safe Plan’ [p 11])
 - ✧ Several Māori trainees appreciated that the workbook was in te reo as well as English, as an acknowledgement of tangata whenua, but only 3-4 of those interviewed had sufficient reo to use that component.
- The wallet card to prompt the ASIST model was seen as highly useful, with many trainees commenting on using it as a handy reference during interventions, to explain the ASIST approach to others, and as a check after an intervention to reassure themselves that they had followed the correct process. Some trainees found it useful to use during the training roleplays, but others had not received it until the completion of the course.

Issues with the workbook

Issues with the workbook were as follows:

- It contains no reference to Pasifika or Asian cultures (e.g. a welcome or acknowledgement that it will be used by those cultures).
- Some trainees had difficulty with some of the jargon used (e.g. ‘disclosure’; ‘intervention’; ‘ambivalence’; ‘discourages a positive response’; and the idiosyncratic use of the word ‘invitation’) and did not always feel they were taken seriously when they asked for clarification of terms.
- Some trainees found the multiplicity of arrows in the diagrams and the repetition of the

model diagrams confusing.

- Several trainees commented that they would be unlikely to use the workbook as a reference because of the complexity of the diagrams. Few of the trainees interviewed had referred back to the workbook since completing the training.

Suggestions for improvement

- Include Pasifika, Chinese and Indian language welcomes, as a gesture of inclusiveness and acknowledgement of New Zealand's multicultural make-up
- Specific coverage of *ASIST* jargon at the outset of the programme
- Provision of the wallet card at the outset of day 2 of the programme and encouragement to trainees to use it during their roleplays.

Programme facilitation²⁷

Enablers

Almost all trainees appreciated the face-to-face delivery format, because of the sensitivity of the topic, the opportunity to hear from others and learn from their experiences, the space to ask questions and discuss approaches, and in particular the practice opportunities. They also appreciated the structure of the programme over the two days.

“It [programme format] was well thought out ... The first day was like the theory and the second day was role-playing and practising the skills. It was a natural flow – you can't practice something you don't know.” Community provider

The following factors demonstrate a good level of effectiveness of facilitation overall:

Programme facilitation

- The majority of survey respondents rated the facilitators highly (mean=4.4-4.8) in terms of: their knowledge of course content; explanation of the course material; satisfactory responding to trainees' questions; and protections for emotional safety.
- Māori trainees, and some Pākehā and Pasifika trainees, appreciated it when the workshops were presented on marae.
- Training over two days was seen as a good duration to allow for practice and discussion.
- Presentation of the workshops in trainees' localities avoided having to travel to attend.
- Attempts are made to match facilitator culture to the cultures represented in each workshop.
- Debriefing both during and following workshop delivery is emphasised, for the safety of both the audiences and the facilitators.
- Facilitator reporting on each workshop encourages accountability and self-reflection, and contributes to monitoring of programme effectiveness by both Lifeline New Zealand and Living Works.
- Personal disclosure by the facilitators encouraged trainees to also open up.
- The facilitators were viewed by a majority of trainees as either excellent or competent. Facilitators were particularly valued by trainees where they had worked in the mental health sector or in suicide specifically so that they could facilitate discussion at an advanced level, and where they encouraged opportunities for trainees to share their

²⁷ It should be noted that the *ASIST* facilitators were only available for interview in the presence of the *ASIST* Manager and her manager.

relevant experiences and views, including differences in viewpoint and experience that enriched the training experience.

Facilitator employment - training and conditions

- The current facilitators, who have been working with *ASIST* for 3-11 years, include both sexes and Māori and Pacific facilitators as well as Pākehā. Facilitator retention is generally high.
- Recruitment of facilitators seeks people who preferably already have some of the required skills (e.g. a background in teaching, training, group facilitation and/or social services delivery).
- Recent facilitator recruitment has focused on increasing the numbers of Māori and Pasifika personnel.
- Lifeline is making efforts to have more regional facilitators available, both to reduce programme costs and to enhance the local knowledge of facilitators.
- In general recruitment focuses on attracting facilitators who have appropriate sector experience and the personal attributes appropriate to the sensitivity of the *ASIST* role.
- Facilitator training updates focus on: developments in knowledge in the sector generally; information relevant to the ongoing development of the *ASIST* model; how to tailor the workshop material for priority target groups (e.g. by culture or role); sharing information amongst facilitators about effective delivery approaches or issues in facilitation.
- Lifeline is exploring opportunities to recruit LGBTI facilitators, given the identified risk for those groups.

Issues relating to facilitation

Programme facilitation

- Many Māori trainees commented that they would have preferred a Māori facilitator (see **Cultural relevance**, p 27).
- A few survey respondents commented that the facilitators were not prompt at starting sessions, resulting in trainees' time being wasted.
- Many survey respondents commented that the venues used were not conducive to learning (e.g. too cold, run down, uncomfortable chairs, outside noise, lack of privacy).
- Many of the survey respondents commented on what they saw as poor facilitation of either the group discussions or the roleplays, resulting in those exercises being less valuable or affecting trainee safety (see p 25).

Facilitator employment – training and conditions

- All facilitation work is casual and there is no guarantee of a minimum income from the role. That arrangement can be a challenge for facilitators, some of whom can find it difficult to be available for *ASIST* facilitation when only casual work is available.
- There appears to be a lower retention rate for Māori and Pasifika facilitators, and particular difficulty in attracting Pasifika facilitators, which is problematic when these cultures are the priority programme audiences.
- It may be that one factor in the lower retention rates for Māori and Pasifika facilitator trainees is the combination of a low rate of pay for *ASIST* facilitation, together with no guaranteed income and an expectation that some of the required tasks will be undertaken gratis (e.g. debriefing; reading prior to training; extended training hours when held on marae).
- Facilitators must undertake at least three workshops per year to retain their registration; this can be difficult when facilitators have to juggle various employments to ensure that

- they receive a reliable income.
- Currently facilitators do not receive a regular performance appraisal.

Suggestions for improvement

- Improved matching of facilitator to audience culture
- Use of venues that are fully conducive to learning and to the sensitivity of the topic and trainee participation
- Several trainees suggested running the programme over four half-days, partly to soften the intensity of the experience and also to allow for learning to be absorbed better
- Improved contractual arrangements with facilitators aligned with the value of the work undertaken.

The evaluation team also recommends that facilitators have a regular performance appraisal, including observation of their facilitation by a professional supervisor with *ASIST* experience.

Audiovisual materials

Features of the audiovisual materials that trainees found effective were as follows:

- Seeing everyday scenarios where professionals missed signs that people might be suicidal or held attitudes counterproductive to help people at risk
- Seeing effective use of the *ASIST* approach in action.

Issues with the audiovisual materials

Trainees identified the following issues with the audiovisual materials:

- The video simulation scenarios were widely seen as somewhat repetitive and also outdated, featuring language, situations and issues that are not current to the 2010s; many trainees also commented that the acting was not very credible.
- The videos appear to have been made in Australia, which distanced many trainees from the actors and situations.
- The scenarios lacked relevance to Māori and Pasifika, in that there was an absence of Māori or Pasifika faces, and the situations portrayed generally did not reflect the kinds of suicide risk contexts common to Māori and Pasifika (e.g. family violence; ethnic identity; poverty; generational mental health and addiction problems; isolation of elders; high unemployment).

Suggestions for improvement

- Updating the video simulations to be more relevant both to the contemporary New Zealand social and cultural context and especially to the suicide trends and contexts relevant to Māori, Pasifika and other priority target groups (e.g. older rural males).

Group exercises and roleplays

Enablers

Trainees commented on the following exercises and opportunities as being of most value to them:

- Hearing other people's experiences to learn about the diversity of suicide risk and how it manifests, as well as effective ways that other trainees have used to respond to it

- Roleplays in small groups or pairs, rather than in plenary groups were trainees felt intimidated and less able to participate
- Having opportunities to hear other trainees' role plays and examples of what to say and how to say it
- Practice opportunities that built confidence to ask difficult questions without fearing negative consequences and to work out best ways to work with trainees' particular client groups or at-risk populations
- Practising making a 'safe plan', so that the process and steps were well rehearsed before leaving the workshop
- Experiencing the emotional intensity of discussing suicide with an at-risk person and learning how to manage that
- The facilitator reviewing the protocols for intervention, to clarify the rationale for the steps occurring in a particular order
- Compiling the list of local agencies providing relevant services for referral
- The informal opportunities at breaks to talk with other trainees and establish valuable networks.

Many trainees commented that the roleplays in larger groups made them feel very uncomfortable, though they appreciated the value of the exercises later.

Issues with the group exercises

- Some trainees from small communities noted that they were reluctant to divulge personal experiences because the workshop was attended by others from their community, but they felt some pressure to do so in the group context. They would have liked the impacts of being part of a small community to have been acknowledged by the facilitators and confidentiality covered more explicitly at the outset of the programme.
- Although trainees realised that the roleplays were valuable, many found them awkward and difficult. In particular, many trainees felt intimidated in the required final roleplay in front of the plenary group and unable to do their best because of their anxiety "*in front of a crowd*", which some commented was not a realistic context. Two more confident trainees commented that feedback from the larger group was 'token' and not valuable for them because it didn't include genuine critique. A majority of trainees would have preferred extended opportunities for roleplays within small groups, with trainees rotating the roles of helper, helpee and observer, and occasional input from the facilitator.
- Many trainees also commented that it would have been helpful if the facilitators had called trainees' attention to the relevant page/s in the workbook during roleplays, so that trainees could have referred to the 'checklists' on those pages to assist with the task, rather than "*feeling like a failure*" when they didn't manage the correct steps.
- Many trainees interviewed had not understood the goal of the 'values' exercise, with at least three people feeling that it had been intended to show them where their own particular attitudes were not appropriate, while some others simply didn't understand the point of the exercise at all.
- The opportunities for networking and learning about effective services to refer people to was sometimes rushed and not sufficiently structured, so that opportunities for getting to know other people were lost.
- Several trainees thought that the workshop generally was too structured, with too many exercises that were not sufficiently linked up by the facilitators, so trainees "*got a bit lost*" on the programme direction.

- Many trainees wanted more opportunities to role play in smaller, less intimidating groups, which would also allow each person to practise several times.

Other issues related to trainee safety and comfort are described below.

Suggestions for improvement

- More opportunities to roleplay in small groups or pairs, with ‘roaming’ input from the facilitator/s, rather than paired roleplays in front of the plenary group
- Better use of the workbook by facilitators
- Clearer explanation of the purpose of the ‘values’ exercise
- A genuine option for trainees to not participate in personal disclosure and the final roleplay in front of the plenary group.

Trainee safety

Enablers

Factors facilitating trainee safety were as follows:

- In the introduction to the workshops, the facilitators acknowledged that trainees may have a personal connection with suicide, that the workshop process can cause emotionally stressful reactions, that trainees should monitor themselves for those reactions, and that trainees were welcome to approach the facilitators during breaks if they were feeling vulnerable or upset.
- Facilitators provided some safety mechanisms, such as asking trainees to approach them in breaks if they are experiencing distress, and to indicate by ‘thumbs-up’ if they are ‘OK’ when they leave to use the toilet.
- Facilitators monitored trainee reactions throughout the two days and checked variously with trainees concerning their well-being during breaks.
- Some facilitators gave their mobile numbers so trainees could contact them outside the programme if they required additional support or were feeling vulnerable.
- There is a freephone number (0508 TAUTOKO)²⁸ made available to trainees in case they wish to debrief following programme completion.
- Lifeline normally send a follow-up group email to trainees after the workshop checking on their well-being and reminding them of the follow-up resources available.

Issues with trainee safety

- Even though a majority of both survey respondents and those interviewed rated the facilitation as generally safe, a considerable number of *ASIST* trainees (44; [14%]²⁹), including trainees across all cultures, identified significant safety issues with the delivery of the programme; the main issues identified were:
 - ✧ A sense of pressure to disclose personal suicide issues and experiences in the large group context
 - ✧ Inappropriate use of data from the present audience to demonstrate the commonness of suicidal ideation, resulting in trainees feeling uncomfortable that there were other trainees present who had recently considered suicide; some trainees felt that such participants should be screened out during the recruitment phase

²⁸ The freephone service is not funded by the Ministry of Health.

²⁹ Equal percentages of both survey respondents and interviewees.

- ✧ Insufficient acknowledgement by the facilitators that members of the group might be dealing currently with suicidal clients or family/community members
- ✧ Failure of facilitators to deal effectively with trainees experiencing evident distress during the workshop and a perception by some trainees that the facilitators were not sufficiently skilled to deal with trainee distress; this was seen as ironic given the focus of the course
- ✧ A lack of opportunities for sufficient debriefing following exercises that involved personal disclosure
- ✧ Insufficient processing of trainees' emotional reactions following workshop exercises
- ✧ A perception that the facilitator/s were not always competent to manage emotional safety and other issues, for example:
 - A failure of the facilitators to recognise when trainees were upset emotionally, or to respond appropriately when a trainee was dominating the discussion or when trainees were disruptive (e.g. taking phone calls, chatting with one another during group discussions)
 - Difficulties for the facilitators in having a dual role in leading roleplays and simultaneously monitoring trainee safety
 - Much of the facilitation is undertaken by the two facilitators with separate groups, resulting in solo facilitation
- ✧ Perceived inadequacies in facilitator skills to deal with some emotional issues that arose (e.g. trainees crying when facilitator was leading a roleplay)
- ✧ Perceived pressure to disclose distressing experiences in a large group context, because the facilitator had done so first
- ✧ Perceptions of feeling "*judged*" in the exercise on personal values
- ✧ The presentation of data on the suicidality level of the trainees present that potentially identified at-risk people in the group; the discomfort was exacerbated where trainees attended with co-workers
- Asian trainees in particular experienced major issues with perceived safety
- The impacts of the above issues described by some trainees were variously that they:
 - ✧ Felt unable to express their concerns safely to the facilitators
 - ✧ Felt unable to attend or participate fully in the workshops, thus obtaining limited value from the experience
 - ✧ Felt continuing anxiety through their two-day experience, but nonetheless felt obliged to continue attending (e.g. attendance required by their employer)
 - ✧ Found it difficult to fully accept the credibility of the model being promoted (e.g. for cultural reasons)
 - ✧ Left after the two days with unresolved concerns
- The *ASIST* manual has limited information on monitoring trainee safety, and the only clear guidance appeared to be for the situation where a trainee actually suggests that they are currently suicidal, rather than for proactively processing feelings at the end of each group exercise
- Some trainees had left the workshop at points so they could take personal time to process their own reactions, but preferred not to tell that to the facilitator
- Some trainees had advised their facilitator that they were feeling unsafe but felt that that concern was not sufficiently addressed
- Two trainees described workshops where a trainee disclosed current suicide ideation, which affected their and other trainees ability to focus on the training.

Other safety issues concerned cultural relevance (see below).

Suggestions for improvement

Potential trainee distress could be addressed or avoided in one or more of the following ways:

- By *ASIST* advising at the point of recruitment that the workshop is emotionally challenging
- By developing some safety criteria for recruitment to identify people who may experience distress
- By providing the *ASIST* workbooks to trainees before they arrive at the workshop
- A briefing for trainees before the training to allow anxieties to be voiced
- Either not gathering, or not showing, the data on trainee suicidality, or showing population data for all *ASIST* trainees to date instead
- Clearer and repeated advice from the facilitators that personal disclosure is not required
- Better care options for trainees who experience distress or disclose current suicide ideation during the training
- Better debriefing at various points in the training, including following disclosures, whenever a trainee expressed distress, and in small groups exercises, as well as following programme completion, through a follow-up phone contact.

Cultural relevance

Enablers

- A majority of Pasifika and Pākehā trainees were generally satisfied with the cultural relevance of the programme model, materials and delivery.
- The programme has undergone a comprehensive adjustment from the basic Canadian model to make it more reflective of and relevant to Māori culture. The workbook is presented in both English and te reo. Tikanga Māori concepts may be included in the programme's delivery; this appeared much more likely to occur where the facilitator was Māori.
- Some workshops with significant numbers of Māori trainees had a Māori facilitator and some were held on marae; in general trainees in these contexts were satisfied with the programme's cultural relevance.

Issues with cultural relevance

The main perceived shortcomings in cultural relevance were as follows:

- Most trainees interviewed felt that the model largely reflected a 'European' or 'mainstream' culture. The trainer manual does not include concepts relevant to diverse cultures, and their inclusion relies on the familiarity of the individual facilitator with those concepts and frameworks.
- Many Māori survey respondents and several of those interviewed, in particular those whose facilitator had not been Māori, felt that the programme lacked relevance to their cultures. In particular many Māori and Pasifika trainees commented that cultural health models and concepts relevant to death and suicide were not presented or discussed at all in the programme, except where they were raised by trainees.
- Two non-Māori undertaking the programme where the majority of trainees were Māori and some facilitation was in te reo commented that they felt excluded from some important aspects of the discussion.
- Some aspects of workshop delivery were perceived as either tokenism or culturally

inappropriate, for example:

- ✧ Commencing the workshop with a karakia but not concluding the session with one
 - ✧ Delaying the mihi mihi, which felt “*back to front*” and a breach of kawa to some Māori trainees
 - ✧ Inaccurate pronunciation of te reo by some facilitators
 - ✧ Incorrect representation of ‘whare tapa whā’ by a non-Māori facilitator
 - ✧ Delegating the kaumātua to fetching the morning tea
 - ✧ Opening with a mihi whakatau and karakia when there were no Māori trainees
 - ✧ Presenting one marae-based workshop where the *ASIST* team had no kaumātua.
- Many trainees across cultures felt that the programme as delivered did not sufficiently cover the application of the *ASIST* model to diverse cultures. They commented that there was insufficient discussion of how the *ASIST* model can or should be adjusted or applied with Māori, various Pasifika cultures, given their diverse understandings of death and suicide, and with other migrant cultures whose numbers are growing in New Zealand and who experience suicide risk factors of various kinds.
 - The video simulations were seen as lacking New Zealand accents, Māori and Pasifika faces, and relevance to the risk factors and contexts affecting Māori, Pasifika and migrant cultures.
 - Asian trainees rated the cultural relevance of the programme model course content and delivery as relatively low (mean 2.7-3.3³⁰).
 - Some trainees commented on feeling uncomfortable due to the factors described above.

The *ASIST* programme asserts that the model itself has relevance across cultures, and in general trainees agreed with that.

“The signs [of risk] aren’t just for Māori or one culture, they are the same.” Kaupapa Māori provider

The intent of the programme is that cultural applicability is incorporated into the facilitation, through either material provided by the facilitators (e.g. stories, examples) or through the facilitators drawing cultural application from the trainees. However the common feedback from trainees was that the latter opportunities were not taken up by facilitators, either because they did not appear to recognise them or because the programme is so highly structured that there was not enough time for debriefing on group exercises (see **Trainee safety**, p 25). Several trainees, in particular Maori, had offered examples of cultural perspectives and models of suicide and mental health which they felt had been ignored by the facilitators when it would have been valuable to discuss them given the composition of the trainee group. In some groups trainees lost interest due to lack of cultural relevance.

“Twice I offered a tikanga Māori interpretation of the model, but she [Pākehā facilitator] didn’t pick up on it either time... At lunchtime some people came and asked me about it...” Māori trainee

Suggestions for improvement

- Ideally, all workshops with significant numbers of Māori trainees will be facilitated by Māori, and likewise for Pasifika

³⁰ On a scale of 1-5 where 1=strongly negative and 5=strongly positive.

- Greater focus on how to apply the *ASIST* model appropriately with diverse cultures
- A more evident inclusion of tangata whenua and other cultures in the video simulations
- Use of scenarios in the video simulations and the roleplays that are more relevant to contemporary Māori and Pasifika risk contexts
- Improved cultural training for facilitators, to be able to facilitate discussion and roleplays relevant to diverse cultures, and to elicit culturally useful material from trainees.

Trainee competence assessment

Enablers

- The *ASIST* programme does not assess trainee competence as such; rather, it encourages trainees to refer back to the *ASIST* workbook periodically as a ‘refresher’ for their skills.
- Some types of trainees (e.g. midwives) do receive credits towards their professional development requirements, and *ASIST* management is keen to secure similar benefits for people in other relevant professions (e.g. teachers, nurses, social workers).

Issues in competency assessment

- Trainees have only one required opportunity to demonstrate their learning and skills within the workshop, in a roleplay in the final half-day of the course; however even in this exercise, only one trainee in each pair undertakes the role of the helper, while the second person roleplays only the person at risk, and several trainees commented that they had deliberately chosen the role of the helpee because they didn’t feel confident to undertake the helper role. Moreover many trainees felt intimidated in this exercise and unable to act as they would in a real context.

Suggestions for improvement

- Many trainees and managers felt that there should be some kind of competency assessment within the *ASIST* programme, for several reasons: to reassure trainees that they are safe to implement the training; to support trainees who still lack confidence to undertake some further learning or practice; and to demonstrate to trainees’ managers that (1) trainees do have the competence to be using a suicide first aid intervention safely with at-risk clients and (2) the programme has in fact added to their skills.

Programme evaluation and reporting

Enablers

- The *ASIST* programme is reviewed by Living Works on an on-going basis, and updates made to the programme every few years. In 2013 Living Works introduced Version XI and this version was introduced in New Zealand at the end of 2014, with training for facilitators in how to implement the key changes.
- Lifeline has commenced local analysis of trainee feedback.

Issues

- Trainees’ only formal opportunity to provide anonymous feedback on the programme is in a very short time at the completion of day 2 of the programme, which is far from ideal in terms of providing *considered* perspectives, especially given the anxiety experienced by many trainees in the final roleplay exercise.
- The current workshop evaluation form does not provide any opportunity for trainees to:

- ✧ Identify their cultural affiliation or ethnicity, or their sexual orientation
- ✧ Choose multiple 'main' reasons for attending
- ✧ Identify their level of experience (versus formal training) in dealing with people at risk of suicide
- ✧ Comment specifically on the emotional safety of the programme and effectiveness of the support for that.
- It is unclear whether the 'Reader' in Australia who reviews trainees' workshop feedback has an understanding of tikanga Māori or the values and practices of Pasifika cultures. However the programme manager and kaumātua also read the trainee feedback for each workshop so that cultural advice can be provided where indicated. Lifeline is now negotiating with Living Works about where the Reader's responsibility lies in this regard.
- Issues relating to facilitator performance appraisal are described on p 22.
- The information provided in the monitoring reports does not meet all of the Ministry's needs in terms of clarity and comprehensiveness. For example, the reports lack an analysis (as distinct from verbatim lists) of trainees' comments on ways for improving the programme, nor any response from Lifeline management as to how they plan to address the issues raised by trainees; many of the same issues listed in the most recent monitoring report appear to have been raised by trainees since 2012. In addition, the reporting on specifications is somewhat confusing and appears to include detail on Lifeline activity without clarifying how it relates to delivery of *ASIST*.

*Suggestions for improvement*³¹

- Improved systems for performance appraisal of the facilitators
- Clarification of the Australasian Reader's understanding of tikanga Māori and suicide-related values and practices of Pasifika cultures attending *ASIST* workshops in New Zealand, since Lifeline does not currently undertake its own systematic analysis of the trainees' comments on the workshop experience
- A formal opportunity for trainees to provide *considered* programme feedback, rather than having to provide it within the final training session; an opportunity could be provided via an email invitation to trainees to feed back through a live 'Survey Monkey'-type online evaluation survey, which could provide Lifeline with evaluative information in real time at any point
- Revision of the trainee feedback questions, to include opportunities to feed back specifically on the items identified above, and including demographic data (ethnicity; location/DHB area; work role; whānau member, employee or both; etc), so that the data can be analysed by demographics.
- Independent analysis of trainee evaluation data, to ensure objective analysis of the data
- Any future contract with the Ministry for *ASIST* could require evaluative feedback on parameters that reflect Ministry's objectives as well as the *ASIST* programme goals
- A comprehensive review of the information needed to meet the Ministry's information needs and an improved, better specified reporting framework to ensure clear and sufficient reporting.

³¹ These suggestions are made by the evaluation team.

Resourcing

Factors facilitating effective resourcing

- Recently Lifeline has focused on a range of measures to keep programme costs to a minimum. These include:
 - ✧ Recruiting facilitators outside of Auckland, thus reducing travel and accommodation costs
 - ✧ Bulk printing of the workbooks
 - ✧ It is planned that the *ASIST* Manager will become qualified to train *ASIST* facilitators, so that it is no longer necessary to bring a trainer from Australia.
- The change in programme management and in senior management (as of mid-2014) has resulted in new ideas and energy for programme refinement.

Issues in resourcing

- The programme was seen as prohibitively expensive if trainees or their employers would have to pay full price for it, especially for the Ministry's priority target audiences.
- Currently the Ministry funding for *ASIST* is essential for the continuance of the *ASIST* programme, since no other agencies fund the programme in significant quantities (as distinct from occasional purchases). This reliance on Ministry of Health funding puts the programme's sustainability at risk.
- Because the Ministry funding is intended only to subsidise places, workshops are not always filled with Ministry-subsidised participants and Lifeline must sell additional workshop places to make up the funding difference and cover programme costs. It was already struggling to fill places prior to 2014, due to cost-cutting across health and social services sectors, and potential trainees were asking to go on a waiting list for free or subsidised places rather than pay for training. Those issues have been exacerbated by the Ministry purchasing *QPR Online* licences in 2014 that have been actively marketed as free training to largely the same audiences.
- The viability of individual workshops can be compromised due to sudden attrition (e.g. if a tangi occurs, several participants can drop out at a day's notice). Lifeline attempts to mitigate this, with good success, by accepting candidates on a waiting list.
- It is difficult for *ASIST* to fill workshops in smaller centres or rural locations where there are smaller numbers of potential trainees, even though those locations may constitute the priority locations required by the funding contract. Although it would be ideal to offer *ASIST* to whole workgroups, this is not possible due to affordability for the employing agencies and the limits on places subsidised the Ministry funding.

Suggestions for improvement

- Lifeline senior management would like the service specifications to be revised to allow for whole workgroups to be subsidised and more flexible solutions that still allow *ASIST* to run viable workshops in rural locations.

4. Summary

Trainee and employer outcomes

- A majority of trainees rated their skills acquisition from the *ASIST* programme as high on most parameters relevant to the programme goals, and felt that they had gained valuable knowledge and skills that they could use to make a difference in the jobs, families and/or

communities. Trainees' skills acquisition ratings varied across culture, with Pasifika trainees giving slightly higher ratings in general, and Asian trainees giving lower ratings overall. (It should be noted that Lifeline personnel, who made up 21% of the *ASIST* survey respondents, gave outcomes ratings that overall were slightly higher than those of other respondents; however those differences were not statistically significant.)

- Application of the training to intervene with an at-risk person varied across trainees; 40% had used it 1-2 times, 30% more than three times, and 31% had not used it yet in a real situation. The *ASIST* data demonstrate that trainees are significantly more likely to use their training over time.
- A majority of trainees thought that the *ASIST* approach could be used across cultures; however many also commented that the training had not covered that aspect sufficiently, or at all, and that they had had to use their own cultural knowledge to apply the training in culturally appropriate ways.
- Trainees managers and supervisors interviewed thought that the training had filled a gap in their teams' professional development, which often touched on suicide prevention superficially but had not provided specific skills. It was seen as especially valuable in agencies whose personnel did not include mental health professionals.
- There had been valuable flow-on impacts from the training, including improved networking for suicide prevention and transfer of skills from the training
- Trainees who felt they did not gain much from the programme fell into three main groups:
 - ✧ Those who experienced significant distress and were unable to focus on the learning
 - ✧ Those who felt that the training was not sufficiently relevant to their culture/s
 - ✧ People who already had extensive experience with suicidal clients.
- Ratings of limited trainee benefit were positively correlated with a perception that the workshop facilitation was poor.

Effectiveness of programme content and delivery

A majority of trainees were in general happy with the training content and delivery as provided. Though a majority also found the roleplays challenging and often uncomfortable, they appreciated their value. Highlights of the training were:

- Learning from other trainees
- Excellent facilitation in many instances
- The *ASIST* model was seen as relevant, simple to remember in its short form, and fairly straightforward to apply
- The wallet card was seen as highly valuable
- A majority of trainees viewed the facilitation as either competent or very good.

In contrast, however, a considerable proportion of trainees (14%) had serious criticisms of the programme's content or delivery, and suggested ways in which those aspects could be avoided or managed better than at present. The main concerns were around trainee perceptions of:

- Poor programme facilitation and some aspects of the exercises, which trainees saw as resulting in trainee safety being compromised and in distress to significant numbers of trainees
- Limitations in the cultural relevance of both the model and some other aspects of programme content and delivery (e.g. the audiovisual scenarios and the facilitator-led roleplays), and some perceived tokenism

- The outdatedness and lack of New Zealand relevance of the audiovisual scenarios
- A lack of coverage of how to apply the training across cultures
- A lack of trainee competency assessment within the *ASIST* programme.

Suggestions for improvements

The suggestions for programme improvements made in this report are also reflected in the comments from recent trainees as reported in the most recent *ASIST* monitoring report to the Ministry. It is unclear to what extent those data are analysed internally for improvements to the programme, but they provide potentially valuable feedback for the *ASIST* management. It may be valuable for Lifeline to have the improvements comments analysed independently.

The *ASIST* model, and the other features of the programme generally, are owned by Living Works and franchised as a consistent product internationally. Accordingly, it can be difficult for Lifeline to effect changes to the model or programme features; for example it took nearly three years to make the adjustments for improved relevance to Māori. It appears to the evaluation team that most of the suggestions in this report for improvements to the programme might be implemented without breaching the integrity of the *ASIST* model or Lifeline's franchise with Living Works.

Value for money and financial sustainability

- *ASIST* was seen by both the government agencies and NGOs interviewed as expensive and largely unaffordable to them without the Ministry funding.
- Currently the Ministry funding for *ASIST* is essential for the continuance of the *ASIST* programme, since no other agencies purchase the programme in quantities sufficient to sustain its continuing delivery. This reliance on Ministry of Health funding puts the programme's sustainability at risk.
- Lifeline has experienced difficulties in providing the programme with the funding arrangement with the Ministry, and believes that it has made most of the cost-savings possible. Funding issues have been exacerbated by the Ministry purchasing *QPR Online* licences that have been actively marketed as free training to largely the same audiences.
- Lifeline is keen to review the contract specifications to see if they can be varied to make the programme more financially viable. For example, Lifeline suggested that it might be possible to increase uptake of *ASIST* by widening the priority target groups to include more people who are not themselves Māori or Pasifika but do work significantly with the Ministry's priority target groups, such as prison and aged care staff.
- Reducing the per capita delivery cost of *ASIST* as currently structured (two-day/face-to-face) was seen as difficult by *ASIST*'s management; nor is it possible to reduce the cost by reducing the time required to undertake the programme, since Living Works has set the structure of *ASIST* as a two-day programme.
- Lifeline management suggested that its half-day programme, *Safetalk*, may be a sufficient course for people not working in the mental health sector; however they do not view it as a 'suicide first aid' programme, and it does not appear to explore intervention skills in as much depth as *QPR Online*. While it might be possible to restructure *Safetalk* to make it into a short suicide first aid course, it does not have the flexibility of being able to be undertaken online. Per capita costs for *Safetalk* were not provided by Lifeline.

Section C. Evaluation of *QPR Online*

1. Programme description³²

Programme goals

QPR Online's goals, as set out in the programme logic (developed in collaboration with QPR NZ) are:

Short-term goals

- Increase the number of people in the community with capability to intervene with people at risk of suicide
 - ✧ Agency workers
 - ✧ Family and general community
 - ✧ Especially members of high-risk communities (e.g. Māori, Pacific, rural, youth, LGBTI)
- Increase trainees':
 - ✧ Accurate knowledge about suicide risks (e.g. common risk factors; debunking suicide myths)
 - ✧ Ability to detect suicide ideation and risk
 - ✧ Skills/competence to respond appropriately to perceived suicide risk in an individual
 - Detection skills for suicide risk factors and warning signs
 - Willingness to ask people perceived to be at risk about suicide
 - Ability to apply the QPR model in appropriate situations
 - Ability to provide appropriate options to an at-risk person
 - ✧ Confidence to intervene proactively using the QPR approach
 - ✧ *Pro-active* use of the intervention
- Increase the number and range of people in the community pro-actively using QPR – identifying and intervening appropriately with people at risk of suicide
- Improve networks for referral of people at risk of suicide (NB not *QPR Online*³³)

Long-term goals

- Increased number and range of people in the community *pro-actively* using QPR – (1) identifying and (2) intervening with people at risk of suicide
- Improved networks for referral of people at risk of suicide (NB not *QPR Online*)
- Increased referrals of people at risk of suicide to appropriate professional help
- Active contribution towards decreasing suicide attempts and increasing help-seeking.

Programme structure and delivery

QPR Online is a foundation-level, online, multi-media adult learning programme that is owned by The QPR Institute and was developed in the United States (US) based on evidence from research and practice in suicidology. It is franchised exclusively in New Zealand to Walker Psychology & Consulting Ltd. The programme aims to equip participants with the skills to (1) recognise that a person may be contemplating suicide, (2) ask them appropriately about suicide risk, and (3) then refer them to appropriate services, using the 'Question/Persuade/Refer' model. The model is based on evidence of effective approaches to

³² The description of *QPR Online* in this section reflects the programme as it is delivered to Ministry of Health-funded audiences.

³³ Note that establishing networks is *not* within the scope of *QPR Online*, but it is within the scope of the face-to-face QPR workshop products.

intervening with people considered by other/s to be at risk of suicide; in particular it draws an analogy between physical life-saving, through 'CPR' (cardiopulmonary resuscitation), and saving lives by preventing suicide. *QPR Online* training presents the steps to firstly 'Question' a person to determine if they have suicidal thoughts or plans, then 'Persuade' the person to consider preventive help, and then 'Refer' them to appropriate services for further assessment and/or treatment. The online module takes one to three hours to complete, depending on the preferred pace of the trainee, and may be undertaken individually or in groups. When training is undertaken in groups, each participant is required to hold an individual license that they retain for one year and can return to for review. QPR NZ's preferred and recommended approach to QPR training is to present the QPR model either (1) in a facilitated face-to-face half-day workshop format (*QPR Gatekeeper Training with expanded content*) or (2) in a facilitated face-to-face full-day *QPR Advanced* workshop. Alternatively, *QPR Online* can be supplemented with a half-day or one-day workshop to provide clarification of the programme model and content through question and answer, discussion of key concepts, and practice and networking opportunities for trainees.

Service specifications

The Ministry has funded QPR NZ to distribute programme licenses to 2,500 trainees from the beginning of August 2014. The contract specifications require the provider to:

- Liaise with DHB key contacts to undertake recruitment of trainees in identified priority groups and provide contact details to QPR NZ by 15 August 2014
- Distribute 2,500 *QPR Online* licences to trainees by 15 October 2014
- Provide Certificates of Course Completion as appropriate
- Provide online and phone support to trainees as requested
- Participate in the programme evaluation
- Performance measures on the contract were:
 - ✧ Numbers of licences distributed per DHB region in the time frames
 - ✧ Uptake, commencement and completion of training by licencees
 - ✧ Provision of statistical data on the above
 - ✧ Improvements in trainee pre- and post-test scores
 - ✧ Average trainee time to complete the training.

The providers were not required to undertake actual recruitment of trainees, nor was it their responsibility to prompt licencees to commence or complete the programme.

It needs to be noted that, when negotiating the contract for the pilot, QPR NZ advised the Ministry of its view that *QPR Online* has some limitations as a stand-alone programme and recommended that the Ministry purchase *QPR Online* in combination with a follow-up workshop facilitated by QPR Master Trainers, as this product has been found successful by other government agencies.³⁴ The Ministry chose to purchase *QPR Online* as a stand-alone programme with this knowledge.

Audiences

Priority audiences are Māori families and whānau of those in high-risk communities, together with community health and social support services staff of Māori and Pacific organisations,

³⁴ QPR NZ currently has contracts to deliver programme to Child Youth and Family, New Zealand Police, several DHBs, the Defence Force, and Victim Support.

particularly those working with youth. QPR NZ had little control over the actual selection of licencees, because it was not responsible for recruitment targets.

Programme management and personnel

Key features of the QPR programmes' management are as follows:

- QPR New Zealand is owned by Walker Psychology & Consulting Ltd and managed by two directors; no other management personnel are involved. Walker Psychology & Consulting specialises in workforce development in mental health and suicide prevention and postvention.
- Walker Psychology also provides other services, but focuses mainly on the provision of the QPR programmes, which are currently purchased by a range of government agencies and NGOs.
- The two directors work together closely, respectively undertaking management of: programme development, personnel management, training, research, and contract relationships; and the technical and business management aspects. Other aspects of management, such as programme marketing and reporting to clients, are shared.
- QPR NZ employs two other QPR Master Trainers, including one Māori, on a casual basis as needed to facilitate QPR workshop programmes; both of these trainers are qualified clinical psychologists with significant experience working in both the training of agency workers and intervention with the at-risk groups targeted by Ministry. One director also undertakes programme facilitation and is a registered clinical psychologist in New Zealand.³⁵

Tools and activities

Key tools for *QPR Online* are:

- The 'Question/Persuade/Refer' (QPR) model; this model is explicitly likened to the 'CPR' concept, as an analogy to suicide prevention as life-saving through providing people with the skills and the confidence to intervene; that is, they provide life-saving intervention and serve as models as trained and skilled lay-people
- The online module, comprising:
 - ✧ An introduction to the model and the course, featuring a young male presenter
 - ✧ PowerPoint slides outlining key aspects of the QPR model and factors influencing suicide risk and incidence
 - ✧ A pre-test for trainees prior to commencing the module, to alert trainees to their level of existing knowledge and gaps in that knowledge
 - ✧ Audiovisual presentations, including (1) simulated scenarios of both suicide risk encounters and effective QPR interventions, and (2) interviews with people who have been bereaved by suicide or attempted suicide
 - ✧ Skills simulation through a roleplay (mandatory, undertaken by trainees offline, but not externally confirmed as undertaken)

³⁵ While this evaluation did not extend to evaluating QPR workshop programmes, information about those programmes was obtained through both the evaluation interviews and survey from trainees, DHB personnel who had both undertaken and purchased QPR Online together with a follow-up workshop, and two other major purchasers of *QPR Online* plus a half-day workshop (total n=21) That feedback is included in this report to provide some balance to the comparison of ASIST and QPR Online, since the programmes are so different in medium and intended scope. We have included basic information on these personnel. More detailed information about the QPR workshops would be valuable to inform Ministry funding decisions, including information on workshop content and delivery (e.g. facilitator training and processes; customisation to particular cultural or sector audiences) and outcomes for trainees and the purchasing agencies.

- ✧ A post-test (unlimited opportunities to resit), to assess the comprehensiveness and accuracy of the trainee's learning from the module
- A Certificate of Course Completion, issued when the trainee passes the final test.

Additional resources include the following:

- The content of the PowerPoint slides can be downloaded for use by the trainee
- A downloadable script is available to support the roleplay
- The licence is current for 12 months, so that trainees can refresh their learning during that period
- A checklist of main point and steps in the QPR model
- A link to further resources, downloadable via PDF files:
 - ✧ A FAQ sheet
 - ✧ Older adults and suicide
 - ✧ Young people and suicide
 - ✧ Successful people and suicide
 - ✧ Substance abuse and suicide
 - ✧ A free e-book on suicide and suicide prevention.

Programme promotion and recruitment

The material in this section applies only to recruitment for the current *QPR Online* pilot funded by the Ministry. The recruitment process used for the pilot was as follows:

- The Ministry communicated via email and phone as needed with each of the DHBs across the country, advertising the availability of the programme free to priority target audiences in their communities, providing some limited information about the programme, and asking the contact person in each DHB to suggest the number of licences that they would like. The DHBs responded in a short time frame with a request for a number of licences.
- The DHB contact people disseminated invitations, mostly by email but in some areas also by phone call, to key agencies and contacts, inviting them to send in lists of names. Typically no upper limit was suggested, so uptake was on a 'first-in-first-served' basis and thus relied on the capacity, commitment and networks of the NGOs, and to some extent on the connectedness of suitable candidates to those NGOs.

Typically candidates were recruited via email invitations from their managers or directly from the local DHB, or by word-of-mouth amongst families and communities. No candidates were offered a choice of programme. A few trainees had been required to undertake the programme as part of their team's professional development.

Programme evaluation and reporting

Evaluation of the programme involves the following:

- Monitoring of programme commencement by trainees, as an indicator of motivation
- Monitoring of completion rates and time from commencing to completing the programme, as an indicator of issues in completing the programme
- Trainees complete a short course evaluation after they have passed the 'post-test' that assesses their learning.

These data are collated and analysed once every six months to inform programme development and adjustments where necessary (for example in relation to support requests).

In its contracts with other purchasers of QPR programmes, QPR NZ holds regular feedback meetings with the purchasers to discuss trainee and manager feedback and address any issues in service provision. That feedback feeds directly into programme development.

Under the current contract, QPR is reporting every six months to the Ministry³⁶. The contract specifications set out the reporting requirements, including some reporting of specific data, but do not specify a report structure. The majority of the ‘short-term outcomes’ set out in the specifications do not have performance standards attached to them. A clearer reporting framework and specification of performance standards is desirable so that it is clear to what extent the programme delivers on the Ministry’s objectives.

2. Programme outcomes

Trainee outcomes

Trainees were asked both in interviews and via the survey to assess their skills acquisition, based on the programme goals, together with other gains from attending the programme, and also to report on their actual use of the skills acquired through the programme.

Skills acquisition

Table 5 shows that a majority of *QPR Online* trainees who answered the outcomes questions (n=175) rated their skills acquisition from the programme as moderately high on all parameters relevant to the programme goals³⁷, in particular the ‘core’ skills of detecting and intervening.

Table 5: QPR Online trainees’ skills acquisition ratings	
Skills area	Mean
1. Knowledge about suicide risk in the community generally	3.6 ³⁸
2. Understanding the impacts of your own values on intervening with people at risk of suicide	3.5
3. How to detect signs of suicide risk in someone	3.6
4. Skills to intervene safely and constructively with someone at risk	3.7
5. Confidence and willingness to intervene with someone at risk of suicide	3.8
6. Ability to make a safety plan with someone at risk	3.6
7. Knowledge of the national, regional and local services that are available to support people at risk of suicide	3.5
8. Useful and relevant networks with other agencies	3.4

The following points should be noted in relation to these results:

- The *QPR Online* programme is undertaken online, is a short 2-3 hour module, includes

³⁶ Reporting was monthly during the rollout period.

³⁷ Note that the phrasing of these items in the survey varies slightly from the goals statements in the *ASIST* and *QPR Online* programme logic models, so that the same phrasing could be used in the survey to assess learning from both programmes.

³⁸ On a scale of 1-5 where 1=strongly negative and 5=strongly positive.

no opportunities for discussion and only one required roleplay practice opportunity, is not facilitated, and acknowledges its limitations without being supplemented by a facilitated workshop. Nonetheless the ratings on skills acquisition are moderately high.

- It is interesting to note that trainees rated their learning of skills to make a ‘safety plan’ with people at risk also moderately high, even though this skill is not an explicit component of the *QPR Online* programme.
- Confidence ratings are also moderately high.

Aspects of the training that had made particularly strong impacts for trainees were as follows:

- The statistics around suicide were a “*wake-up call*” to be more proactive and to start talking more about suicide risk in public settings
- That it’s important to actually ask people about suicidality, and how to do that “*without feeling shy or embarrassed – don’t be afraid to ask the question*”
- How to pay attention to people’s behaviour and look for early warning signs, and not underestimating subtle signs of suicidality
- The pivotal importance of taking action rather than wondering if you should
- Greater understanding of how people’s lives are impacted through suicide
- Taking away the fear of “*putting the idea in their heads*” or “*feeling useless*”
- Feelings of confidence to do something life-saving
- The ‘QPR’ acronym, which is memorable
- Having a clear framework to apply
- Best phrasing (e.g. not saying “you’re not thinking....”)
- The suitability of *QPR Online* training to young people, with appropriate support
- More willing to intervene with someone at risk
- Passing the test gave trainees confidence to apply QPR *safely*, especially Māori and Pasifika trainees.

Typical comments from trainees on what they had gained were as follows:

“I became a much better listener in all situations. I realised even more that we all go through stuff that is really tough.” Health provider

“I feel like I was given permission to intervene – you know, after personal experiences I would rather go in and be wrong than do nothing.” Education provider

Many trainees also appreciated that the programme was free and that they were invited to undertake it.

Trainees’ average ratings of general gain and satisfaction with the programme, and the sustainability of the training (**Table 6**), show that the majority of trainees felt that they received good benefits from the programme and that it met their needs and expectations. Most managers felt that the programme filled a gap in training for health professionals (e.g. nurses) and others, and provided staff and volunteers with basic steps to assessing a person at risk and taking the first important steps.

Table 6: Trainees’ satisfaction and gain	
Area of gain	Mean
In general, how much did you get out of the course?	3.9
How much did the course meet your needs and expectations?	3.9

How much do you remember of what was included in the training?	3.7
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Almost all managers would recommend the programme and would like more staff to do it. While some managers saw it as a valuable introduction to the basics, others saw it as a sound comprehensive guide to suicide first aid; however they all thought that it would be improved by a supplementary workshop for clarifying the ‘QPR’ steps and rehearsal for confidence-building. Some noted that QPR was also a good programme to help orientate staff to practice values (e.g. client comes first, holistic care, learn the client’s context). Though one felt that the course did not add to the skills set of people with extensive experience in mental health, she still thought the course provided good reinforcement of existing knowledge.

“I don’t expect staff to be specialists but there has to be more to what we do than customer service; we have to have some plan, some process to really help people who need it.”
Health provider

In contrast, two managers and some other trainees working in the mental health area, and some of those with extensive experience in working with at-risk families/whānau, felt that, while the programme was suitable to less experienced people, it was too basic for them and added little to their skills or knowledge. These participants commented that more information about the level at which the programme is pitched should be made available at recruitment. QPR NZ note that they were not involved in the initial recruitment by DHB personnel in consultation with the Ministry. However ideally the DHBs should have been advised that the *QPR Online* programme alone would not be well suited to people with significant existing mental health expertise, who would be better served by engaging in *QPR Advanced* Suicide Risk Management and Triage Training in either online or face-to-face format.

Several DHB contact people who coordinated the recruitment had received feedback from NGOs that they were pleased with the impacts of the programme, and none had received any negative feedback. KPTO personnel noted that Māori whānau had given them positive feedback on the programme, including some whānau who had undertaken the programme in a whānau group.

Sustainability of the training

The majority of trainees interviewed, except those who had done the training within the past month, commented that they did not recall the detail of the simulations and slides, but they all clearly recalled the ‘QPR’ acronym and what it stood for, and the importance of each step, rather than *“either ignoring the signs, or leaping in and doing more harm than good”*. Particularly memorable aspects of the training were the interview with a woman who had lost a family member to suicide, and the simulation involving a man intervening to help his mate, because it felt realistic to trainees.

“Sometimes I forget the ‘P’ – maybe ‘prevent’? But I do remember the steps and the listening and follow through...” Māori trainee

Several trainees felt that the programme material and messages would be even more memorable if there were better opportunities to practice the skills. Trainees who had also done the *ASIST* programme thought that *QPR Online* would be improved by making a wallet card available to trainees; QPR NZ notes that this resource is available in the US but not as yet in New Zealand.

Additional trainee outcomes

QPR Online trainees variously identified the following additional outcomes from attending the programme:

- Learning to identify suicide risk in groups of young people, including the links between suicide and other kinds of self-harm
- Greatly increased awareness of risk in some trainees' own whānau, and feeling less helpless to intervene
- Adding to some trainees' counselling skills
- Two trainees had joined a local suicide prevention group (CASPER) as volunteers
- One Māori whānau member had been inspired to train as a social worker
- Greater alertness to the signs of risk in people's everyday conversation
- Feeling more confident to open the conversation around suicide risk within their families and communities
- Being approached by others who know they've done the training for advice
- Recognising suicide risk amongst one's own family, friends and communities
- Useful for recognition of one's own suicidal ideation and applying the QPR process to oneself
- Additional qualifications.

"I have shared the information with my whānau, my clients and our teens in the whānau." Whānau member

"I have brought up the topic, which is normally a tabu one with friends and family, and had open discussions about people's feelings with suicide." Whānau member

Several trainees who had not as yet used the training to intervene nonetheless recognised a benefit in that they were now paying much closer attention to the potential for suicidality in their contacts with clients and others.

Application of the QPR model and training

Table 7 shows how often *QPR Online* survey respondents had actually used the training to intervene with an at-risk person; these numbers were closely mirrored by trainees interviewed. Māori trainees were more likely proportionally to have applied their learning and no Asian trainees had done so as yet.

Table 7: Application of the training	
Use of the training	%
1-2 times	31
3-5 times	9
More than 5 times	7
Not yet	53

Points to be noted in these results are:

- Not surprisingly, use of the training was limited for many trainees to date, as the *QPR Online* trainees had completed the training only in the past six months or less.
- The online training includes only one roleplay opportunity for skills rehearsal (though

some trainees who undertook the training in small groups made multiple opportunities).

No trainees identified any negative experience from applying their training. Typical feedback on usage were that trainees saw the training as both practical and applicable across a range of different contexts.

“I feel I can say the right thing now and talk more directly.” Health provider

“I just kept thinking, what if I had done nothing, it felt really good...” Kaupapa Māori provider

Where trainees had applied the training to intervene, they gave high ratings (mean=4.3) for their confidence in doing so, the perceived effectiveness of the model, and their perceptions of the value to the person they helped. These ratings were similar across cultures. Many survey respondents noted having used the QPR skills several times, in both professional and personal roles and contexts.

“I thought it [training] was good when I did it, but then when I actually had to put it into place with someone I was so pleased, because it worked.” Health provider

“I asked my brother every day for two weeks until I knew he was OK.” Whānau member

One youth worker was using the learning to speak more directly with youth, though not necessarily always asking if they are suicidal; it has helped her be more aware and talk openly in general about how the young people might be feeling – *“I feel I can say the right thing now and talk more directly.”*

Negative impacts and other issues

The only negative impacts of the training reported by evaluation participants related to the training process (see following sections), not to their attempts to use the training.

An issue raised by *QPR Online* trainees, that currently there is a lack of adequate services to provide effective follow-up support to at-risk people referred by suicide ‘first-aiders’, was a major frustration for people once they have completed the training. Many trainees commented that it was frustrating to undertake the programme while knowing that there is a major gap in services to which to refer at-risk people, and that using any kind of suicide first aid is potentially risky if there is no immediate follow-up support available to the person helped. This issue is not within the control of QPR NZ.

Delivery on service specifications

Achievement of recruitment targets

At 30 April 2015, recruitment outcomes were as follows:

Allocation	Names Received	Licenses Issued	Training Started	Percent Started	Training Completed	Percent Completed
2,500	2,067	1,979	690	34.9%	414	20.9%

Further clarification of these data is as follows:

- The discrepancy between the number of names received and the number of licences issued is due to incorrect email details being provided to QPR NZ, and the DHB people sending the contact details not responding to requests for correct details. In general, these issues are attributable to the significant additional workload for the DHB personnel involved within a time frame that was not reasonably achievable (see **Issues with recruitment**, p 49).
- There is considerable variance across DHBs in the uptake of the licences, and in rates of programme commencement and completion. It is not clear what that variance is due to, but it would be valuable to ascertain from the DHBs where uptake and completion have been both greatest (e.g. MidCentral and South Canterbury, where the DHB personnel were already familiar with the programme) and least (e.g. Tairāwhiti and Taranaki) what the reasons might be, to inform future recruitment and support for trainees.
- Rates and pace of recruitment were not within the control or responsibility of QPR NZ, and recruitment took considerably longer than anticipated by the contract specifications. No assessment was undertaken of the potential market for the programme prior to its purchase by the Ministry, which was already funding a competitor programme in significant numbers.
- QPR NZ note that apparently several DHBs thought that no further licences could be issued after the end of November 2014, and that misunderstanding needed to be corrected so that recruitment could resume in those areas.
- Recruitment is still continuing, though at a slow pace.
- Although 1,979 licences have been distributed by QPR NZ, only 690 (35%) have commenced the training, and even fewer (414; 21%) have completed it. While this is disappointing, it does not reflect on QPR NZ's performance, since it was not charged with recruitment and there is no requirement in the contract for follow-up with licencees who do not commence or complete.

Other specifications

QPR NZ appears to have delivered on all aspects of the contract specifications to the extent that those were within its control. The Ministry is satisfied with QPR NZ's delivery on the contract to date. The contract relationship as such between QPR NZ and the Ministry is considered satisfactory by both parties.

3. Programme effectiveness, issues and suggestions for improvement³⁹

Programme management

Enablers

- The management team comprises just two directors who are both committed close to full-time to managing the delivery of QPR programmes, and work in close collaboration. Collectively they share all of the skills needed to undertake management tasks to a high calibre. They buy in additional expertise as required (e.g. IT/website development support; marketing advice; additional trainer capability) to cover workload fluctuation.
- One director is a clinical psychologist and QPR Master Trainer who therefore also has the expertise to both deliver training and supervise the two other trainers employed casually.
- Because they share an office, the directors are in constant communication about the QPR programmes and can address any emergent issues quickly, including managing capacity and addressing trainee issues or occasional critical feedback on the programme.
- Because the management work is undertaken in consultation, there is good succession planning.

Issues in programme management

There did not appear to be any issues in programme management.

Programme promotion, recruitment and completion

Enablers

For recruiters

- Where DHB personnel were already familiar with the QPR programmes, in particular where they already purchased them, they were able to be strategic about how they approached recruitment, using NGO established databases to identify the Ministry's and their own priority targets and aligning the pilot licences with their existing suicide prevention work.
- Several highly motivated DHB personnel gave priority to recruitment, including extensive phone calling to encourage uptake of the programme; one Suicide Prevention Coordinator has offered to do the roleplay with the trainees recruited in their area, acknowledging that some trainees won't be able to find someone who's not vulnerable to do the roleplay with.
- QPR NZ offered all DHB key contact people the opportunity to undertake the *QPR Online* training gratis, to help with their understanding of the programme and engage them in recruitment; this was very effective in helping DHB personnel respond to queries from the agencies they contacted.
- DHB and NGO personnel found QPR NZ very accessible and extremely helpful in supporting the recruitment process, and they were consistently responsive to requests for information or help.
- Several DHB personnel had contacted KPTO for help with recruitment, and found them invariably very helpful. The KPTO Manager commented that it made sense for them to

³⁹ Note that the suggestions for improvement have been made by evaluation participants, not the evaluation team, unless otherwise stated. See also footnote 23 re the inclusion of evaluative information on the QPR workshop programmes.

help in this way, as they have done with recruitment for the *ASIST* programme.

For trainees

- Most trainees were motivated to undertake the programme for multiple reasons, including one or more of the following (in roughly the following order):
 - ✧ They had been affected by completed or attempted suicide amongst family, friends or in their near community, so they were aware of the flow-on impacts and risks to others and wanted to have skills to deal with those
 - ✧ They saw suicide risk as an increasing problem relevant to their work or family
 - ✧ They had some skills but were keen to enhance those or have a ‘refresher’
 - ✧ They saw it as valuable to their work role
 - ✧ They were instructed to do it as part of their professional development
 - ✧ Their employers had deemed suicide first aid a core set of skills for their workers
 - ✧ It was free
 - ✧ The programme was endorsed by the Ministry, so it could be assumed to be of good quality
 - ✧ They felt they currently lacked suicide first aid skills
- A significant motivator to undertake *QPR Online* for both employers/managers and individual trainees was that the programme was available online, did not require a major time commitment, and could be done at the trainee’s own pace, during working hours or evenings, at home if preferred (rather than in an open plan work space), without having to either travel or take significant time off work. It was also apparent to some trainees that it would be possible to undertake the programme as a whānau group or workgroup in a more relaxed time frame if wished.
- Agency managers normally finalised registrations for their staff, so that process was simple and efficient. The managers also found the process straightforward and efficient.
- Dissemination of the programme licences was very straightforward, with most trainees being sent the login details individually with sufficient information to log on. However there were some issues around computer access (see below).
- Most trainees had a computer with capability to manage the programme and rated their computer literacy sufficient to manage logging on to the website.
- Reminder emails are sent to licencees who have not commenced the programme one month after receiving it; this resulted in some recipients saying that they did not “notice” the initial email.
- 12% of trainees undertook the programme in pairs or a small group with co-workers or other family members, and valued that approach; undertaking the course in a group appeared to facilitate completion.
- Completion was also helped where the trainee’s manager arranged with them at recruitment to diary a time to undertake the programme.

Issues in promotion and recruitment

For trainees

Generally trainees thought that they had received relatively little information about the programme itself at the point of recruitment, and often not sufficient information to judge whether it would be of value, but were sufficiently motivated by the topic to sign up. In hindsight, more information about the level at which the programme is pitched would have been useful for people who already had significant experience at working in suicide prevention. Having said that, some people with expertise in that area still found the training

valuable.

For recruiters

There were some significant issues in recruitment for *QPR Online*, most of which emanated from the short notice at which the DHBs were asked to take responsibility for undertaking that function, together with a lack of coordination in recruitment processes used across the DHBs. The main issues were as follows:

- Recruitment was framed as urgent and there was no lead-in time for the DHBs or other agencies to think strategically or develop systems for recruitment. As a result, the DHBs' invitations to NGOs were also framed with short time lines (e.g. one week to provide trainee names and contact details). Several DHBs felt that this had probably resulted in the invitations being ignored by agencies with limited management capacity but possibly the greatest need for the training (e.g. small Māori and Pacific NGOs with constrained budgets and overworked staff), and also predicted that it would result in slow commencement of the programme once licences were distributed.
- The Ministry's request arrived in the middle of the year, when the DHB contact people were already heavily committed and capacity to implement pilot recruitment was limited. The Ministry's capacity to provide support to the DHBs was also constrained.
- DHB personnel had varying capacity and commitment to following up on initial invitations to agencies, depending on their particular role and workload. Many DHB personnel felt under pressure to take advantage of what was an excellent opportunity but did not have capacity at the time to undertake the role in a thorough and structured or strategic way.
- Insufficient guidance was made available to the DHBs as to how many licences were available, how they might calculate how many licences to request, or a suitable process for either advertising the programme or identifying agencies to help with recruitment. This resulted in some confusion for DHB contact people and a protracted process in some cases to determine allocations across DHBs.
- While some DHBs have a dedicated suicide prevention coordinator or similar role, others do not have a person with specialist expertise in such a role, so the size and accessibility of their networks varied significantly across DHBs.
- The lack of coordination of recruitment across DHBs meant that each DHB undertook recruitment idiosyncratically, resulting in differential achievement of the priority target groups.
- For the sake of efficiency, some DHBs that were already purchasing *QPR Online* added the Ministry-funded places into their existing recruitment strategy, which may have affected the target priorities somewhat, and also resulted sometimes in the pilot licencees being included in pre-planned workshops following on completion of the online module.
- Even though QPR NZ relied entirely on the DHBs to provide recruitment, it took some time to obtain contact details for all DHB key contacts, which was a barrier to resolving issues that arose (e.g. when the licencees' information sent by the DHBs was not always accurate), and became extremely time-consuming given the limited availability of those contact people. There was also a turnover of some of the DHB contact people.
- Where the DHB's contact person was not experienced in the suicide prevention sector, recruitment was extremely time-consuming and quite confusing, because they did not have existing networks or databases.
- There was some initial resistance from contact people in some DHBs, who preferred to have more control over what suicide prevention services to purchase. In a few cases this

resulted in a less than strategic approach to contacting NGOs; it also slowed up recruitment, because the cooperation of those people was essential to recruitment.

- In the absence of guidelines from the Ministry as to who was ‘eligible’ to take up the training, a few agencies contacted by the DHBs created their own, resulting in at least two trainees feeling that they had to justify the value to them in order to be accepted.
- Some target groups, especially schools and primary health care, were difficult to engage.
- No suggestions were provided by the Ministry as to how ‘family/whānau’ members might be defined, identified or contacted. This resulted in both logistical and ethical issues for the recruiters, who were unclear either (1) how to identify relevant family/whānau or (2) how to approach them without risking retraumatizing them. A few DHBs contacted suicide support agencies, including family support groups (e.g. CASPER), while others relied on the NGOs contacted to locate suitable family/whānau. However the NGOs encountered the same logistical and ethical barriers to recruiting family. All recruiters considered it inappropriate to offer the programme to recently bereaved families (but see p 52).
- No systems were provided to DHBs for reporting back to QPR NZ on recruitment, so each DHB had to develop its own system, which both added to people’s workloads and made interpreting the data sometimes difficult.
- Not all DHBs knew that QPR also offered a follow-up workshop, or that QPR’s own recommendation was for *QPR Online* to be supplemented by that (whether facilitated by QPR or by a local person), so that suggestion was not always made. It is apparent that, since DHBs were not always aware that QPR NZ offers advanced level training both online and face-to-face, *QPR Online* was inappropriately offered by some DHBs to some experienced mental health practitioners.

Issues in commencement and completion

Commencement

There were several issues with commencement. At the middle of April 2015 licences had been received by 1,979 trainees, but only 35% had commenced the training and only 21% had completed it (**Appendix 2**). Issues were as follows:

- The commencement data show that there are considerable numbers of people who have not commenced the programme, but there is no strategy or plan for the pilot⁴⁰ for addressing this issue (e.g. a prompt to determine future intention or lack of interest). As a result, licences in many DHBs have lain unused, while other DHBs have waiting lists of keen candidates.
- It may be that, due to the haste in recruitment, for some people who signed up to do the programme it was not a priority but a rapid response to an opportunity described as only open for a limited time.
- Some trainees commented that the second half of the year is always busier than the first half.
- Survey respondents identified the following barriers to commencing the programme:
 - ✧ Having to undertake the training in their own personal time (64%)
 - ✧ Other priorities (35%)
 - ✧ Technical issues with computers (e.g. having only an iPad [which can’t play the programme]; computer not wired for sound; insufficient broadband capacity; computer ‘freeze’; other computer obstacles) (29%)

⁴⁰ As distinct from plans within individual DHBs.

- ✧ Trying to arrange times with other people (14%)
- ✧ Emotional issues (6%)
- ✧ Other barriers, e.g.:
 - Some trainees without a home computer were sharing a workplace computer, with limited availability
 - Some trainees lacked sufficient computer literacy to understand how to navigate the website (e.g. understanding the icons for various functions).
- QPR NZ also acknowledges that there are barriers commencing the programme amongst people who are intimidated by computers, often including elders, people with general literacy problems, and people who do not have computer access. These groups may fall within the priority at-risk Ministry targets. They also commented that trainees can be embarrassed to ask for computer help, and attempt to address this by emphasising the availability of technical support.
- Some agencies told trainees they could undertake the programme as a group, while others didn't, and the online programme itself doesn't make this suggestion; as a result some trainees who would have appreciated this approach did not have the opportunity.

“I could only do it in bits and pieces around clients, and I had to put in a new password every time I went back to it – in the end I just gave up.” Social worker

Completion

- Survey respondents identified the following barriers to completing the programme once they had commenced it:
 - ✧ Lacking time within their workload (36% of those answering this question [n=55]⁴¹)
 - ✧ Other priorities (36%)
 - ✧ Time taken to arrange to do the training with others (20%)
 - ✧ Problems with getting online (mostly broadband limitations and computer-sharing) and other technical issues (computer stalling) (20%)
 - ✧ Difficulty with the final test (11%)
 - ✧ Having an initial emotional reaction to programme content, and deciding to wait until that had been resolved (6%)
 - ✧ Loss of confidence (6%)
- There was no prompt system to encourage trainees to complete the programme if they stopped part-way through the training.
- Neither the QPR providers nor the Ministry, DHBs or NGOs involved in recruitment developed any criteria or caveats in relation to undertaking the programme, such as suggesting to those invited that the programme might be emotionally challenging for people recently or severely impacted by a suicide; nor was there a dedicated contact for trainees wishing to discuss emotional rather than technical problems arising during the training.

Suggestions for improvement⁴²

Recruitment

If the Ministry intends to make free *QPR Online* places available in the future, then

⁴¹ Note, respondents could give multiple answers to this question.

⁴² Note that the suggestions for improvement have been made by evaluation participants, not the evaluation team, unless otherwise stated.

recruitment through the DHBs is desirable, to facilitate a strategic approach to upskilling for suicide prevention in each area. However the following steps are also necessary:

- Development by *each* DHB of a suicide prevention community training strategy that includes the training options donated by the Ministry and aligns with the other options already purchased or promoted by each DHB
- Development of comprehensive systems by the Ministry, in consultation with experienced Suicide Prevention Coordinators, for supporting effective recruitment, to resolve each of the recruitment issues outlined in the section above, in particular:
 - ✧ A much longer lead-in time for the DHBs to identify appropriate agencies to support recruitment and develop strategies to engage those most in need, especially rural and small providers
 - ✧ Encouragement for DHBs to each identify a suitably networked person to support recruitment in their region
 - ✧ Teleconference meetings for DHB recruiters to share strategies and effective systems
 - ✧ Set up a formal arrangement for recruiters with both KPTO and Le Va
 - ✧ Reference to the effective recruitment systems that QPR NZ has set up with other purchasers (see below)
- Clarification of how the Ministry defines ‘family/whānau’ for the purposes of recruitment and determination of how that population might be recruited safely
- Concerning the suitability of the programme to recently bereaved families, three Māori trainees who work with at-risk families in Northland thought that “*it can’t do any harm*” to offer it to bereaved whānau, and that it might in fact be empowering and healing for them, provided that the training was done with several whānau members in a wānanga context with the support of a facilitator familiar with the programme. The evaluation team suggests that it could be useful for the Ministry and/or DHBs to canvas the appropriateness of doing so with organisations such as Victim Support, Skylight, the Mental Health Foundation and CASPER members, and with some families currently using bereavement support services; it may be that offering a suicide first aid programme to particular family members is entirely appropriate in some circumstances, but that professionals are reluctant to do so for fear of exacerbating their situation.

“Probably you’d do it with the whole hapū if you could, at their marae, with their kuaia and koroua, to get them over the fear [of contagion], give them a sense that they can do something to stop the awful things happening to their tamariki.” Māori youth worker

Programme commencement

The following improvements were recommended by evaluation participants:

- Better information to licencees, and before that to their managers, about the technical limitations and potential issues with the programme (e.g. that it can’t be undertaken on an iPad)
- Development of a system to reclaim licences that trainees do not intend to take up after three months, so that they can be reallocated to people who are motivated to do the training
- Working with agency managers to make suicide first aid training a mandatory or priority part of professional development
- Since a lack of time and other priorities are clearly the greatest barrier to completing the

training, an automated email prompt from QPR NZ would be valuable two weeks after the trainee has commenced the programme but not completed it, asking if the trainee needs support to get started and encouraging contact with QPR NZ to resolve any issues, technical or emotional.

Completion

Suggestions were:

- Encouragement to licencees and their managers for people to undertake the online training in small groups, and at times scheduled by agreement, both to encourage early commencement and completion, and also to provide emotional and other support to one another
- Employers designating work time to undertake the programme, so trainees are not expected to do it in their own time, which was a major barrier to both commencing and completing the programme
- Providing some information at the point of recruitment on the potential emotionality of undertaking the programme, so candidates can self-select out or prepare themselves for personal reactions to the programme
- Providing clearer information about where trainees can go for emotional support if needed (ideally a freephone number, not an email address)
- An automated prompt to incentivise completion
- The DHBs would like data on who has undertaken the programme, so that they can identify coverage and continuing gaps in suicide first aid skills for future recruitment.

Effective recruitment for QPR Online

QPR NZ has established highly effective systems with two agencies⁴³ with whom it has contracts for *QPR Online* (with or without the facilitated workshop). The purchaser agency assigns one staff person to be responsible for recruitment, commencement and completion, and that person actually administers the licences (via their own QPR tracking web page). QPR NZ sets up the system for the agency and trains the person responsible, and is available for problem-solving as needed. In both of these agencies, the training is mandatory, so there is no issue with commencement and completion. Where it is not compulsory to undertake the training, QPR NZ recommends a system of regular scheduled prompts, undertaken internally, to:

- Encourage early commencement
- Encourage contact with QPR NZ if the trainee encounters issues (e.g. help needed with the test or roleplay)
- Incentivise completion (e.g. reminder of the Certificate of Course Completion).

Ideally, each person invited to register for the programme would be provided with an overview of the programme and its value at the point of recruitment. The fact that some DHBs in the current pilot managed high rates of recruitment demonstrates that that outcome is possible provided that suitable systems and sufficient capacity are available. However it is also vital that there are systems to facilitate commencement and completion, because some DHBs in the pilot achieved very high recruitment rates but poor rates of commencement (see **Appendix 2**). Several DHB personnel would prefer an internal system of distributing the

⁴³ Child Youth and Family (CYF), and Victim Support; the effectiveness was verified by CYF.

licences.

Programme content and delivery

The QPR model

Enablers

The majority of trainees rated the QPR model as both easy to understand (mean=4.5) and relevant to the people they worked with or came into contact with (mean=4.3). Aspects of the model that trainees appreciated were:

- The simplicity of the model and the steps involved in it
- The core principle that asking people directly about suicide intent is important, acceptable and can save lives
- The analogy to CPR, which was seen as highly valuable and meaningful for trainees in recalling the model, the steps involved in it, and the reasons for intervening as a lay-person

A common comment was that trainees found the model simple to pick up, easy to learn, practical, and easy to remember.

Issues with the model

The only issues reported with the model were:

- Some uncertainty about its cultural relevance and how to apply it across diverse cultures and with LGBTI (see p 58).

Suggestions for improvement

- Better tailoring of the programme for audiences with different levels of expertise. QPR NZ point out that this customising is already available through the *QPR Advanced* Suicide Risk Management and Triage programme and in their supplementary workshops for *QPR Online* (see p 63).

Audiovisual presentation, materials and programme content

Enablers

- The course material was seen by trainees as easy to understand and well presented (mean=4.5) with similar ratings across all cultures, including Asian.
- The content was seen as comprehensive and sufficient to provide trainees, including professionals working with at-risk groups, with the skills to intervene with an at-risk person.
- Trainees especially liked the simulations, because they gave valuable examples of good phrasing to use and useful body language for talking with the at-risk person.
- The complete audiovisual content, in a PDF labelled 'Enhanced Course Review', can be downloaded by trainees for their own use.

"I liked the role plays they did [simulations]. I actually wrote some of it down and I've practised it, and then I used that with my nephew only a few days after I'd done the training." DHB employee

Issues

- Some trainees with significant experience working in mental health, especially those working with Māori, found the content somewhat too “*basic*” for them.
- There is no check on whether trainees have done the roleplay.
- Trainees would have liked more information about best referral options for at-risk people in particular demographics, such as youth, elders, Pasifika, Māori and LGBTI. QPR NZ points out that it is beyond the scope of the short online programme to provide localised information of this kind, but that topic is covered in their supplementary workshops.

“I needed to know more about what I was signing up for. I have had several years experience talking to people who are at risk of suicide, establishing level of risk, and making decisions about what steps need to be taken. This training did not add anything to my existing knowledge.” Mental health professional

Suggestions for improvement

- To manage trainee expectations, clarify at the point of recruitment that people with significant experience in suicide prevention or mental health might already have the skills presented in *QPR Online*, or alternatively offer a package that includes a QPR workshop or the eight-hour online *QPR Advanced* Suicide Risk Management Training.
- The experiential value of the roleplay could be improved by the trainee having to answer some questions about their experience of the roleplay, which would also make the programme more interactive.
- See information on p 63 about QPR’s advanced and customised workshop programmes.

Resource materials

Enablers

- The online programme provides a range of up-to-date, evidence-based and easy-to-read resources in downloadable PDF format, which trainees can print and distribute as long as copyright is acknowledged.
- Where trainees were aware of these resources, they were impressed with the practical skills focus of the content as well as knowledge about suicide intervention. One trainee had forwarded some of the materials to colleagues for their use within her DHB.

Issues

- Only a handful of the trainees had referred to or downloaded the supplementary resources, and the majority were not aware that these existed. One commented that her workplace limited her ability to download large files from the internet, so she was only able to read them online.
- Only two survey respondents had downloaded the programme content (the ‘Enhanced Course Review’), though several more said that they would have liked to do so, so that they could make notes as they progressed through the training. None of those interviewed were aware that it was possible to download that material.

Suggestions for improvement

- A highly visible prompt at the beginning of the programme that draws trainees’ attention to the availability of the following material that follows in a downloadable and printable

form

- A more visible prompt at the completion of the training, but before the test, that draws trainees' attention to the supplementary resources.

Trainee safety

Enablers

- The programme can be undertaken either alone or in a group context with other licencees, and a majority of the trainees recruited for the pilot were referred together with work colleagues, in principle allowing trainees to either undertake or discuss their programme experience with others if they wished.
- Two trainees commented that the course material models an easily understandable process that people can follow personally if they experience distress.
- Several trainees noted that the course materials are presented in a straightforward, factual and honest way that helps trainees avoid upset, and trainees generally rated the programme as providing enough protections for trainee safety (mean=4.3).

Issues

Only eight trainees (two people interviewed and six survey respondents; 3% of total *QPR Online* evaluation participants) raised issues around safety, most of them relatively minor, as follows:

- At present there is insufficient advice to online trainees that the programme may cause distress for some people; given that there is always a potential for that, because of the topic, together with the issue of licencees individually and the implicit assumption that trainees will undertake the course alone, such an advice should be provided, together with a support option. Two trainees reported stopping the programme for some weeks because they needed to resolve their upset reactions before they could continue. These issues appeared more likely to occur for people undertaking the course alone rather than as part of a small group where trainees could obtain emotional support from one another. Where trainees identified emotional issues in undertaking the training, these typically related to their own previous experiences of suicide situations with clients or family. Some people commented that undertaking the training in a work or office environment was challenging for this reason.
- All trainees interpreted the availability of QPR NZ support as being for technical problems, not emotional or learning issues.
- Currently there is no suggestion or guidance provided for licencees that they might like to consider doing the programme together with others. Several trainees did this and found the experience rewarding. These trainees did the course over a series of sessions, pausing for discussion, consolidation of learning, and support where needed. When interviewees were asked whether they had done the course together with others, some of those who hadn't wished they had opted for that approach. Some other purchasers of QPR Online have encouraged this approach with their staff.
- Currently there is limited guidance on safety guidelines for undertaking the roleplay exercise (e.g. who it is and isn't appropriate to do it with; debriefing with the roleplay partner; reflection following the roleplay). One trainee regretted undertaking it with her teenage daughter. Three others stopped the course at this point, either because they avoid roleplays in general, because they couldn't immediately find someone appropriate to do it with (e.g. without potentially causing them upset), and/or because they were concerned

that they wouldn't be able to do it without getting upset themselves.

Typical comments from trainees about safety were as follows:

“Because of the content, it [the programme] showed you what you should do if you couldn't cope with it. What it was saying was that if you need help the course content showed you that you need to go and get help. I think that's adequate safety protection.” Trainee interviewed

Suggestions for improvement

It would be ideal for the online programme to have the following protections built into it:

- A clearly visible advice at the outset about the potential for emotional reaction, together with a range of support options for addressing that (e.g. taking a break in the programme; talking with a colleague or friend; undertaking the programme with a small group of people), including a freephone number (not email link) for a trainees to contact either a suitable QPR NZ person (e.g. one of the Master Trainers) or another agency (e.g. Youthline, Lifeline) for support. QPR NZ already has a suitable 'Informed consent' protocol that it uses in its workshop programmes that can be included in the initial email to *QPR Online* licencees.
- An advice to trainees in the initial email contact that they might consider undertaking the programme together with other licencees - family, friends or colleagues - as a valuable way to share the experience and learning, perhaps with some suggestions about how the collaborative learning might be organised.
- Improved guidance and encouragement for undertaking the roleplay, including suggestions around selecting an appropriate person and debriefing.

Cultural relevance

Enablers

- Since QPR NZ acquired the QPR franchise for New Zealand, the *QPR Online* course has been fully revised and customised for the New Zealand audience, based on research into local needs and preferences. Its development was informed by advice from cultural advisors, including senior Māori, Pasifika and Asian cultural advisors working in mental health and suicide prevention services in the Auckland region. As a result, the module has a presenter and roleplay actors who are clearly New Zealanders, including some who are apparently Māori or Pasifika.
- The majority of trainees felt that the QPR approach can be used across all cultures and genders/sexual orientation because *“suicide doesn't care what culture or gender people are”* and the questions and approach can be and should be used with any person at risk.

“I believe it can be used with anyone, it can help anyone. If you're looking at saving a life, if it's that serious, you don't consider culture, gender, you just see the need.”
Health provider

“If someone is having a heart attack and you go to do CPR, you're not thinking of culture, you're thinking of saving a life [and] stopping someone from suicide is the same thing.” Kaupapa Māori provider

Issues with cultural relevance

The criticisms in relation to cultural relevance that came from approximately 5% of trainees were that:

- The simulation scenarios do not represent risk situations typical of those common to Māori, Pasifika and migrants (e.g. family violence; ethnic identity; poverty; generational mental health, substance abuse, and addiction problems; high unemployment).
- There is little reference to Māori concepts, language, or contexts in which the QPR approach might have particular relevance, or those of cultures other than ‘mainstream’ New Zealand.
- The module does not provide guidance on how to apply the training across cultures
- One trainee noted the mispronunciation of ‘whānau’ in the online presentation.

“I don’t think the programme was explained in cultural terms and perhaps that’s its downfall. There are many other ways to refer to things of tapu and noa.” Mental health professional

Suggestions for improvement

Suggestions around making the programme content and presentation more relevant, credible and appealing to Māori and Pasifika were:

- Have a presenter in the video who is Māori/Pākehā; however some trainees thought the presenter was Māori/Pākehā
- Start the presentation with a multicultural greeting – ‘hello, kia ora, talofa lava’ and so on
- Provide more information about Māori and Pasifika concepts and beliefs relevant to death, mental health and suicide
- More information about how to apply the model appropriately with diverse cultures in NZ
- Having kuia and koroua involved in some of the discussion segments in the module coverage of how to use QPR effectively
- More discussion or examples of body language and cultural mannerisms relevant to Maori and Pasifika.

QPR NZ acknowledges that, ideally, there might be separate online programmes for diverse cultural audiences, and perhaps also for people with and without clinical skills, but the cost of producing them is prohibitive. While coverage of material relevant to Māori and Pasifika cultures could be included, to do so comprehensively would make the programme much longer, and add to the expense. However QPR NZ pointed out that their ‘package’ of *QPR Online* plus a facilitated half-day workshop provides specifically for tailoring the workshop to the attributes of the workshop audience, so that the material covered in the workshop, and the cultural aspects of delivery, can be suited. For example, the QPR Māori Master Trainer has run workshops for Māori audiences, co-facilitating with a small group of kaumātua, which was found highly effective by trainees. At present QPR NZ does not have a qualified Pasifika QPR Master Trainer, but training one is feasible were there to be sufficient Pasifika audience demand for the programme.

Trainee competence assessment

Enablers

- Having a test up-front and knowing that they would be tested again at the end made trainees take the programme seriously and focus on absorbing the information.
- Passing the post-test reassured trainees of having achieved a basic knowledge competence and of having improved their knowledge.
- No one identified the pre-test as a barrier to commencing or completing the course.
- Only six *QPR Online* trainees (2.5%) experienced the post-test as a barrier to completing the course.
- Several trainees said they would return periodically to the test questions to refresh their knowledge.

Issues in competency assessment

Several participants identified problems and frustrations with the post-test, mostly centering on the following aspects of the test:

- Some of the questions are poorly phrased, causing confusion.
- The questions tested rote learning rather than understanding.
- Several trainees of varying cultures challenged the 'correct' answers to some of the questions, in particular the question relating to involvement of kaumātua. These trainees felt that the question phrasing was poor and some of the 'correct' answers contained value judgments that they did not agree with. Two Māori trainees commented that a kaumātua was not always the best person to contact for support, that many urban youth would not have sufficient contact with their hapū or iwi to accept a kaumātua, and that the most appropriate person to contact would vary with the particular at-risk person's situation.
- Trainees were not aware that there was an option to view which answers they had got wrong, resulting in frustration for some trainees when they changed their previously correct answers when resitting the test.

Suggestions for improvement

- A review of the post-test, based on the comments above
- A prompt to take notes during the training, for learning as well as post-test purposes
- Calling the qualification a 'Certificate of Achievement', once the test is passed, and providing a 'Certificate of Course Completion' to trainees who complete all but the final test; this might also motivate trainees to complete the test
- An opportunity to print out both pre-test and post-test questions and answers, for learning purposes
- Several trainees suggested being sent a short follow-up questionnaire or self-administered test six months after completing the training, as a prompt to refreshing and consolidating learning.

The online medium

Enablers

- *QPR Online* is delivered by providing login details directly to each trainee.
- The licence is 'live' for 12 months, so trainees completing the programme can then refresh their learning at any time during that period.
- The programme takes as little as 1.5 hours to complete, and trainees can undertake the

programme in a single sitting or over time as suits their capacity. Trainees varied considerably in the amount of time they took, from two hours to several weeks, with an average time to completion of 15 days. However just over half of the trainees completed their training in one day, suggesting that trainees either do the course in a single sitting or take several weeks to complete. The time taken to completion did not appear to affect interviewees' perception of its value.

- Training can be undertaken by an individual alone or by two or more people in a group context; 12% of trainees, mostly Māori, undertook the training in pairs or small groups, and several of these commented that they preferred this approach to undertaking it alone, for one or more of the following reasons:
 - ✧ They realised that it would be emotionally challenging
 - ✧ They wanted a group with whom to discuss the information and share ideas and experience
 - ✧ That was their usual and preferred mode of learning and study.

However the majority of trainees of all cultures were entirely happy with the online medium for the course as presented. Many people, across all cultures, have already experienced learning through an online medium, and two trainees commented that googling for information on mobile phones is a type of online learning that is now common across cultures for most people other than over-70s.

“... the online option takes away some of the stress that some people may feel sitting in a room full of people.” Pākehā trainee

“I would like a refresher online course.” Māori trainee

“It was good doing it together – anyone [of the trainees] could stop the others any time and we’d talk about whatever, and sometimes we just had a bit of a laugh to lighten up a bit, because it brought up stuff for all of us, and we could look after each other.”
Māori trainee

Issues

The majority of trainee criticisms of the online medium were that:

- Undertaking it was “lonely”, in that it lacked an opportunity to discuss, share ideas, listen to others' experience (see also earlier comments on trainee safety)
- There were technical difficulties that were sufficient to deter people from either commencing or completing the programme; in total 21% of QPR survey respondents who had delayed completing the course (n=55) identified technical problems as a deterrent.
- Very few trainees were aware that they could return to the programme at any time in the next 12 months.
- Few trainees realised that the slide materials could be downloaded, and several had wanted to download the slide materials so that they could make notes as they undertook the training.
- While it is possible to ‘pause’ the slides, trainees who were not highly proficient in computer use did not pick up on that function.
- Several aspects of the online functions were not sufficiently visible for less computer-literate trainees to take advantage of the resources available (see also p 56).

“Our computers are really old, so it took absolutely ages...” Small provider

Typical comments on the limitations of the online medium are provided below.

“The online training should come with a compulsory workshop so you can practise saying the things you need to. There's no way of knowing if people have practised it or not, there is just the assumption that they will...” Māori trainee

“You need a chance to talk with other people about some different ways to ask the question, so that you can figure out a way that's best for you...” Māori trainee who had done both *QPR Online* and *ASIST*

Suggestions for improvement

The main suggestions from evaluation participants for improvement were to (1) provide a free workshop following the programme and to (2) provide the programme to whole work teams or communities, so that trainees would undertake the programme in a team or individual context, as preferred, within a time frame agreed by the team, and then have a facilitated workshop where they could discuss the learning and practise the skills, to build confidence, add to knowledge, consolidate learning and learn from other trainees (see also p 63).

“Just saying the word ‘suicide’ is still tapu for a lot of Māori, so you need to have that practice so people have to say it out loud, several times, so you don't pussyfoot around it when you actually need to use it.” Māori youth worker

“It's easy and informative online training that is useful within our everyday practice on in a home or community life situation. You definitely need a follow up and workshop experience.” Māori trainee

“Best would be a wananga with the whole team, so we could decide what would work with our clients...” Kaupapa Māori provider

Other common suggestions for better programme accessibility were for the programme providers to:

- Send more frequent invitations to trainees to contact QPR if they need support, and make the invitations strongly encouraging
- Check first with purchasing agencies about their computer systems, to avoid frustrations and time-wasting for trainees in trying to access the programme online
- Address the logistical issues with the programme software:
 - ✧ ‘Blocks’ in the software that froze the programme at particular points and prevented some trainees from completing the programme
 - ✧ An easier way to return to the point at which the trainee had left the programme temporarily, to avoid scrolling, time-wasting and frustration.

Many survey respondents also recommended that the programme be provided to a very broad range of the community.

“These could be offered free to farmers, marae committee, kaumātua, church elders,

school deans and budget advisory services, for example, to help reduce our unacceptable high suicide rate....” Māori trainee

Value of the QPR facilitated workshop

Seventeen *QPR Online* trainees and four DHB personnel had attended a half-day facilitated workshop in addition to the Ministry-funded online training⁴⁴. These workshops had been facilitated either by a Suicide Prevention Coordinator or by QPR NZ, or both, and focused on opportunities for discussion, skills practice and establishing local networks. All except one considered that it had added significant value to the online module. Trainees' reasons were that the workshop experience provided:

- Valuable additional information about suicide risks and other kinds of suicide prevention
- Opportunities to talk through best suicide first aid approaches for particular situations with other trainees, and pick up on the practical experience of the facilitator/s and other trainees with significant experience in suicide intervention
- More information about useful phrasing and other skills for effective intervention, some of that from other trainees
- An opportunity for trainees to have questions answered
- An opportunity to rehearse the skills and build confidence
- Reassurance that trainees had interpreted the training appropriately
- Better information about how to use the QPR model across cultures
- Consolidation of the online learning
- New connections and networks with providers in the local community
- Sharing ideas about applying the training collaboratively in their particular workplace or community
- Feeling supported and validated in their work as trainees shared experiences with others.

Only one person found the workshop “*upsetting*” and would have preferred not to have done it.

These views reinforce the frequent recommendation of *QPR Online* trainees that their learning would be enhanced and consolidated through a facilitated workshop, whether run by QPR NZ alone or co-facilitated with local person.

Trainees who had done these workshops also commented on the value of having the workshop customised to a particular sector, service or locality, and the high calibre facilitation by trainers with clinical experience and strong knowledge of suicide prevention strategy. They also commented on the value of having the workshops co-facilitated by a QPR trainer, for their expertise in suicide first aid and facilitation, and an appropriate local person, for their local knowledge.

The feedback from four evaluation participants who had undertaken the *QPR Advanced* Suicide Risk Management and Triage full-day training was that it was:

- More intense than the online module, and therefore less suited to a broad population
- Well suited to people with significant existing experience of working in the mental health sector, because it provided contextual information

⁴⁴ The survey did not ask whether the session was facilitated by QPR or by another person; the four DHB participants had attended workshops facilitated by QPR.

- Well facilitated by a combination of Māori and Pākehā facilitators
- Culturally relevant
- Effective in providing learning outcomes of value to the trainees.

Programme evaluation

Enablers

- QPR NZ measures commencement, retention and time to completion as indicators of the programme's suitability to trainees, and regularly analyses the trainee feedback data for indications of any need for programme adjustment. It also evaluates the facilitated workshops through which much of the QPR training is delivered in New Zealand.

Issues

The trainee evaluation can obtain only limited data in its current form. It asks only the following questions:

- How well did this training meet its objectives?
- How would you rate the multi-media presentation of this material?
- My overall evaluation of this training is: (numeric rating scale)
- Do you believe this training will help you in helping someone suicidal?
- I would recommend this training to other people
- May we contact you?

Only one of these questions asks trainees for feedback on the utility of the training, and only in a broad way. There is no request for trainees to suggest programme improvements, or to comment on the usefulness of the training for their work or its relevance to their demographic/s. No demographic data are captured to determine relevance and value across culture, work role, location or other factors relevant to the priority targets. Currently trainees who have not completed the post-test cannot provide evaluative feedback.

Suggestions for improvement

- Since the online programme is delivered to licencees via their email address, it would be simple, and desirable, to email trainees, both those who have completed and those who have not, an invitation to take part on a short online evaluation survey. This could be done at minimal expense using a 'Survey Monkey'-type online tool that would provide feedback on the programme in real time.
- The evaluation needs additional questions, both evaluative and demographic questions, designed by a professional evaluator and piloted, to ensure that both QPR and the programme's purchasers receive useful evaluative information on the programme's New Zealand suitability and effectiveness, the extent to which the programme meets the Ministry's objectives, and areas for programme development.
- Any future contract with the Ministry for *QPR Online* could require evaluative feedback on parameters that reflect the programme goals and the Ministry's objectives.
- Unlink the course evaluation from the requirement to first complete the post-test.

Resourcing

Enablers

There appear to be no issues in the resourcing of QPR programmes. The various programme

options are budgeted on a per capita basis and savings available for bulk purchase. Because QPR programmes are purchased currently by a range of other government agencies, their sustainability does not rely on funding from a single purchaser. Capacity to deliver QPR programme is sufficient currently; QPR NZ has three trainers qualified at QPR's Master Trainer level and is able to train more if required.

Issues and suggestions for improvement

A few trainees expressed reluctance to contact the support service via email or freephone around emotional (versus technical) issues in undertaking the programme. While QPR NZ should not be expected to provide a comprehensive counselling service, it could encourage greater commencement and completion of the online module if it were clearer that the emotional support is available from someone other than the contact for technical support. If there were greater demand for such a service than at present, that might affect both the QPR personnel resource and the cost of the programme.

4. Summary

Trainee and employer outcomes

- A majority of trainees rated their skills acquisition from the *QPR Online* programme as moderately high on all parameters relevant to the programme goals, in particular the 'core' skills of detecting and intervening. They felt that they had gained valuable knowledge and skills that they could use to make a difference in their work and with their families and/or communities. Trainees' skills acquisition ratings did not vary significantly across cultures, and LGBTI trainees also found the programme effective for them.
- Application of the training to intervene with an at-risk person was relatively high, given that the training had been undertaken only within the past six months; 31% had used it 1-2 times, and 16% more than three times. While 53% had not used it yet in a real situation, these trainees reported moderately high levels of confidence (mean=3.8) to use it when needed.
- A majority of trainees thought that the *QPR Online* approach could be used across cultures; however many also commented that the training had not covered that aspect sufficiently, or at all, and that they would like a follow-up workshop to obtain knowledge and skills in that area.
- Trainees' managers and supervisors thought that the training had filled a gap in their teams' professional development, which often touched on suicide prevention superficially but had not provided specific 'first aid' skills. It was seen as especially valuable in agencies whose personnel did not include mental health professionals.
- There had been valuable flow-on impacts from the training, including greatly increased awareness of suicide risk signs, willingness to raise suicide as a topic of conversation, transfer of skills from the training, and being able to apply the model to one's own suicide feelings.
- Trainees who felt they did not gain as much from the programme fell into two main groups:
 - ✧ A few Māori trainees who felt that the training was not sufficiently relevant to their culture
 - ✧ People who already had extensive experience with suicidal clients

- Retention of the training was rated as good, and retention of the model itself was rated very high, because of the analogy of the QPR approach to CPR.

Other agencies currently purchasing *QPR Online* are satisfied with the outcomes for their staff. At the time of interview with these agencies, evaluation of trainee outcomes had not been completed, but the informal feedback was highly positive. Those purchasers are available for further information if the Ministry wishes to contact them.

Effectiveness of programme content and delivery

The majority of trainee and employer perceptions of programme content and delivery were very positive. Highlights of the programme were that it:

- Was highly accessible in the online medium and could be undertaken to suit the trainee's schedule and location
- Could be undertaken either individually or in small groups
- Had a highly memorable conceptual model that was simple and easy to understand
- Had been supplemented for some trainees by a facilitated workshop, at relatively little extra time, effort and expense, which was valued because it enhanced and consolidated learning and built confidence.

The main problems identified with programme delivery related to recruitment and to commencement and completion of the programme. The issues with recruitment can all be attributed to the short time frame available for recruiting, and these problems can all be remedied (see p 52ff). QPR NZ has largely met the recruitment targets. The issues with commencement appear attributable to the recruitment problems, including the lack of a system for following up non-starters and reallocating licences. The low rates of commencement have resulted in low rates of programme completion. A range of suggestions for improving recruitment and programme commencement and completion have been set out in the foregoing sections. Making these improvements will require consultation between the Ministry, QPR NZ and the DHBs. QPR NZ has already established robust recruitment systems for several other agencies that have purchased large numbers of *QPR Online* licences, including CYF and some DHBs. QPR NZ keeps detailed data on the roles of *QPR Online* trainees (see **Appendix 3**) which could be tailored to check more specifically on the extent to which recruitment has achieved the Ministry's priority targets (e.g. data on culture, whether whānau member or employee, or both).

Other issues raised by evaluation participants focused on:

- Better tailoring of the programme for audiences with differing levels of expertise, and of diverse cultures. QPR NZ point out that this is difficult to provide in a short course within an online medium without creating several separate modules; however the QPR workshop and advanced online options already available apparently do cater for audience diversity⁴⁵
- Clearer indication to trainees of the additional resources available, and how to download the presentation slides for use during and after doing the course; QPR NZ advised that this can be provided in the introductory email to licencees

⁴⁵ The present evaluation did not extend to evaluating the QPR workshops, but some limited feedback on the supplementary QPR workshops is provided on p 63. Four evaluation participants had undertaken the *QPR Advanced* workshop course and all rated it highly, noting that the value was enhanced because the content was tailored specifically to their adolescent mental health work context.

- More visible advice to trainees of the potential for emotional reaction to the programme; QPR NZ has an ‘Informed consent’ protocol that can be used for this purpose
- Modifying the pre- and post-tests so that (1) they are focused more on assessing understanding than on rote learning and (2) it is clearer to trainees how they can see which of their answers are incorrect.

Suggestions for improvement

Trainees’ main suggestions for improvements were as follows:

- A follow-up workshop for more hands-on practice, discussion and opportunities for questions and answers, and to build confidence to use the skills; QPR NZ has two products that would meet this need, both of which were regarded as valuable by evaluation participants who had experienced them
- Encouraging purchasers to arrange opportunities for trainees to do the training in small groups, both for better learning and for emotional support
- Doing the training over a longer time, or ‘refreshing’ regularly, to consolidate learning
- Better tailoring of the programme for audiences with different levels of expertise and diverse cultures.

The majority of the above suggestions may be resolved by having *QPR Online* supplemented with a half-day workshop following the completion of the online component and/or undertaken by small groups of trainees, for example in workgroups or whānau groups. The effectiveness of those workshops would depend on tailoring workshop content to audiences and the availability of trained Māori and Pacific facilitators. Alternatively, guidelines might be provided with *QPR Online* to assist licencees to undertake the programme in small groups (whānau, workgroups, hapu/marae groups) to include the components otherwise provided through a workshop (e.g. skills practice, networking, discussion), or regional workshops might be made available once or twice annually in each DHB.

Most of the other suggestions for improvement to the online module itself are able to be addressed in a supplementary workshop. Some of the suggestions for changes to the online module are probably not easy to implement because it would require a costly revision of the audiovisual materials. However the QPR programmes are in continuous development. Although permission is required from the QPR Institute to make modifications to the QPR programmes where the integrity of the QPR model is concerned, QPR NZ does not see this as a significant barrier to making some operational changes, and the QPR Institute has been open previously to appropriate adaptation of the programme to the cultural and other preferences of local audiences.

A frequent recommendation from trainees was that the training be available free to a broad range of people in various community roles.

Value for money and financial sustainability

- *QPR Online* as a stand-alone module is highly affordable at \$32 + GST per person current cost to the Ministry. The addition of a half-day workshop to supplement the online module would cost approximately \$100 + GST per capita⁴⁶, including the cost of the online

⁴⁶ This cost does not include administration of the licenses which adds about \$3 per license. Bulk purchasers normally administer the licenses themselves.

licences and facilitation by a QPR NZ trainer⁴⁷ (with possible savings for bulk purchase; see **Appendix 4**). This cost was seen as good value for money by the other government and health agencies purchasing it currently.

- Because QPR programmes are purchased currently by a range of other government agencies, their sustainability does not rely on funding from a single purchaser.
- Capacity to deliver QPR programme is sufficient currently; QPR NZ has three trainers qualified at QPR's Master Trainer level and is able to train more if required.

⁴⁷ With the option of the workshop being co-facilitated by an appropriate local person, such as the DHB's Suicide Prevention Coordinator.

Section D. Comparison of *ASIST* and *QPR Online*

1. Comparison of trainee outcomes

Trainees' skills acquisition

Table 8 shows that trainees' skills acquisition was rated significantly higher across all parameters⁴⁸ for *ASIST* trainees than for *QPR Online* trainees. However several points should be noted in making a comparison:

- The ratings could only be compared between trainees who had done either *ASIST* or *QPR Online* (not both programmes, because the cell numbers were too small).
- As DHB personnel and NGO managers who had undertaken both programmes commented, the outcomes from these two programmes cannot be compared in any meaningful way, because the programmes differ so radically in scope and format.
- The lower ratings for *QPR Online* outcomes are to be expected given that the online programme by itself⁴⁹ requires only 2-3 hours of learning, compared with two days for *ASIST*, does not include the face-to-face encouragement from both facilitators and co-trainees, and involves almost no opportunity for discussion or checking one's interpretations and ideas, and limited required opportunity for skills rehearsal.

Skills area	ASIST trainees 50	QPR Online trainees
9. Knowledge about suicide risk in the community generally	4.1	3.6
10. Understanding the impacts of your own values on intervening with people at risk of suicide	4.1	3.5
11. How to detect signs of suicide risk in someone	4.3	3.6
12. Skills to intervene safely and constructively with someone at risk	4.4	3.7
13. Confidence and willingness to intervene with someone at risk of suicide	4.3	3.8
14. Ability to make a safety plan with someone at risk	4.3	3.6
15. Knowledge of the national, regional and local services that are available to support people at risk of suicide	3.9	3.5
16. Useful and relevant networks with other agencies	3.9	3.4

Application of the training

Table 9 illustrates the differences in rates of reported use of the training in an intervention with an at-risk person. The usage by *ASIST* trainees has been separated into those who work/ed for Lifeline (since three quarters of those were apparently telephone volunteers whose role is specifically focused on supporting people in crisis who call in to Lifeline) and all other *ASIST* trainees.

⁴⁸ Statistically significant at the 95% confidence level.

⁴⁹ That is, without a supplementary workshop.

⁵⁰ It should be noted that Lifeline personnel, who made up 21% of the *ASIST* survey respondents, gave outcomes ratings that overall were slightly higher than those of other respondents; those differences were not statistically significant.

Table 9: Application of the training across programmes			
Use of the training	ASIST Trainees		% QPR Online trainees
	% Lifeline personnel	% All ASIST trainees other	
1-2 times	48	38	31
3-5 times	12	14	9
More than 5 times	27	12	7
Not yet	13	36	53

These differences in ratings between *QPR Online* and ‘other’ *ASIST* trainees are also statistically significant (at the 95% confidence level). However several points should be noted in making this comparison:

- The *QPR Online* trainees had completed the training only in the past six months or less, as compared with up to three years for *ASIST* trainees.
- The *QPR Online* programme by itself provides only one required roleplay practice by trainees; in contrast, the *ASIST* programme includes four roleplay exercises requiring trainee participation, plus an opportunity for trainees to observe 8-9 further paired roleplays by their cohort.
- Nonetheless, nearly half of the *QPR Online* trainees had applied the training in the intended contexts, and one sixth had done so three times or more. In addition, *QPR Online* trainees were using the training in other ways, as were *ASIST* trainees (see **Additional trainee outcomes**, pp 13 and 44).

2. Programme effectiveness relevant to the Ministry’s objectives

Table 10 summarises the relative effectiveness of the *ASIST* and *QPR* programmes. Note that, for a meaningful comparison between programmes, *ASIST* is compared here with both *QPR Online* alone and *QPR Online* plus a supplementary half-day workshop (based on the comments from the 21 evaluation participants who had undertaken *QPR* half-day workshop programmes in addition to the online module; see footnote 23).

Table 10: Pros and cons of ASIST and QPR programmes	
ASIST	QPR
Equal effectiveness	
<ul style="list-style-type: none"> • Both programmes are evidence-based and cover the essential components of suicide first aid • Similar perceived level of suitability across cultures • Limited suitability for experienced mental health professionals • Participants viewed the <i>ASIST</i> workshop course as high quality and valuable • Workshops provided in identified high-risk locations 	<ul style="list-style-type: none"> • Participants viewed <i>QPR</i> workshop courses as high quality and valuable • Workshops provided in locations chosen by the purchasers

Table 10: Pros and cons of <i>ASIST</i> and QPR programmes	
<i>ASIST</i>	QPR
Equal effectiveness	
<ul style="list-style-type: none"> • Workshop content can be aligned to audience attributes (e.g. culture/s; service sector) • Good supplementary resources (e.g. workbook; wallet card; eBook) 	<ul style="list-style-type: none"> • Workshops customised to each group of trainees (e.g. culture/s; service sector; level of prior experience) • Good supplementary resources (e.g. downloadable course content and additional reading relevant to particular at-risk groups)
<p>Pros</p> <ul style="list-style-type: none"> • Higher trainee outcomes ratings than for <i>QPR Online</i> alone, which are likely to be attributable to the multiple practice opportunities provided for trainees over two days in a group context 	<p>Cons</p> <ul style="list-style-type: none"> • Online module alone results in trainee outcomes ratings that are lower than for <i>ASIST</i>, though still satisfactory for many
<p>Cons</p> <ul style="list-style-type: none"> • Two days attendance seen as a major commitment and not feasible for many people. • Only one programme format option available • Barriers to significant modification for NZ audiences and needs; facilitators required to adhere closely to the standardised format • 14% of trainees perceived safety issues in the workshops; mostly related to facilitation and some required programme components (see p 26) • Significant perceived issues with cultural relevance of the programme (see p 29) • Perceived lack of coverage of application across cultures • Lack of trainee competence assessment • Programme seen as not suited to teens • Facilitators not clinically trained; not all have frontline mental health services experience • Workshops cannot be co-facilitated by people other than <i>ASIST</i> registered facilitators • Seen as unaffordable for significant numbers of staff in most organisations unless largely subsidised by the Ministry 	<p>Pros</p> <ul style="list-style-type: none"> • Online course short and accessible; workshops either half- or full-day • Multiple programme format options available, including: online module alone; online plus half-day workshop; full-day workshop with or without online module • Fewer barriers to modification for NZ audiences and needs • Only 3% of trainees perceived safety issues in the online module; mostly related to undertaking the course alone and/or insufficient up-front safety advice (p 57) • Fewer perceived cultural issues (see p 59) • Perceived lack of coverage of application across cultures; but may be addressed through supplementary workshops • Trainee competence tested; test may need to be adjusted • Online module seen as suited to teens if supplemented by an invitation to discuss with an appropriately skilled adult • Facilitators clinically trained; all have frontline mental health services experience • Workshops can be co-facilitated with local experts • Online module inexpensive • Online module plus half-day or full-day workshop also significantly cheaper than <i>ASIST</i>

3. Comparative perspectives from users

Perceptions of people who have undertaken both programmes

The views of survey respondents who had undertaken both programmes were as follows:

- A greater percentage thought that they got more out of *ASIST* (50%) than *QPR Online* (30%); however 30% thought they got as much out of *QPR Online* as they did from *ASIST*
- 70% thought that there was a benefit to doing both programmes; some thought that *QPR Online* made a good introduction, to be consolidated with *ASIST* workshop training, while others saw *QPR Online* as a good ‘refresher’ to *ASIST* training
- More would recommend *ASIST* (35%) than *QPR Online* (15%), but nearly half (45%) would recommend both equally.

People who had undertaken both programmes generally liked them both, but for some different reasons; in summary these were:

- *ASIST* provides more embedded learning, because of the opportunities to discuss one’s own ideas, listen to the experiences of others, rehearse the learning through role plays, and make connections with others who can support the learning following the training. However its effectiveness relies on several factors, including: competent facilitation, including the ability and capacity to support trainees when they are vulnerable; a large Ministry subsidy; and the ability of people to dedicate two consecutive working days to the training.
- *QPR Online* by itself is both more affordable and more accessible, resulting in more people in the community with suicide first aid knowledge and skills. It provides good basic learning and skills. However it needs to be supplemented with a suitable local workshop or group session at no cost to trainees to consolidate learning and skills through discussion and rehearsal and discuss how to apply them to the local context. The limited information was obtained in this evaluation about the *QPR* workshops indicated a high level of trainee satisfaction; further detail is desirable.

The following quotes from DHB personnel and NGO managers who had undertaken both programmes illustrate the above views:

“I think QPR is well put together with videos and so on, and because it’s shorter and cheaper I think it has more reach and is as good.” NGO Manager

“Two days away from work [to attend ASIST] is a really big ask, especially for small providers who can’t afford to have half their staff off work...” Suicide Prevention Coordinator

“ASIST is better for professionals working in the area, because it focuses more on building the skills; but having said that, I haven’t done the QPR workshop.” Mental health professional

“We bought QPR [versus ASIST] because we liked it, it was affordable, and it would be enough for our staff [government agency] together with a local session to get some skills practice and also talk about how it would be relevant to our client base.” Suicide

Prevention Coordinator

Most participants who had undertaken both *ASIST* and *QPR Advanced* or *QPR Online* plus a workshop saw the QPR products as superior in terms of the Ministry's goals. Features that made QPR the preferred programme/s were:

- It covers the basics adequately, and most trainees feel confident to implement the knowledge and skills
- The affordability, so that whole work teams or several members of a family/whānau or at-risk community can undertake the online training and supplement it with a locally facilitated wānanga
- The online medium allows the training to be undertaken to suit the trainees' availability and learning styles
- The additional assurance of trainee competence by incorporating tests to check on learning
- The multiple QPR training options, including options that are suited to experienced mental health professionals
- The ability to customise the workshop programmes to particular work sectors or cultures
- The consistent high quality of the face-to-face training, by qualified and experienced clinical psychologists with high level facilitation skills⁵¹.

“The big advantage of QPR Online is its affordability – the more eyes there are out there picking up on risk the better, so it's well suited to areas where there's a high risk.” Suicide post-vention programme personnel

It was these features that prompted the Salvation Army in Australia to purchase *QPR Online* to provide as a free online programme for Australian communities.

Perspectives on other programmes

A considerable number of trainees across both programmes had undertaken one or more other suicide prevention programmes that they classified as 'suicide first aid': 13% (n=69) had undertaken a QPR workshop programme; 7% each (n=37) had undertaken Lifeline's *Safetalk* and/or Blueprint's *MH101*; 6% (n=33) had undertaken another training that they viewed as having a suicide first aid component. However *Safetalk* and *MH101* do not have any significant component of suicide first aid skills training, as distinct from suicide risk awareness, and most of the other programmes named by survey respondents were suicide prevention programmes, not first aid programmes⁵². In 2-3 DHB regions programmes are being developed for particular target groups in the region. Those programmes did not appear to be focused specifically on suicide first aid skills as such, but rather more broadly on suicide prevention, although they might usefully be supplemented by the *QPR Online* programme. Likewise, the culture-specific interventions being developed respectively by Le Va and Te Rau Matatini appear to be broader strategies with components that agencies can pick up and use as suits their needs, and do not appear to have a strong focus on suicide first aid *skills* acquisition. These programmes might also usefully incorporate *QPR Online* as an optional component, with guidelines for use with Maori or Pasifika audiences.

⁵¹ Note, this comment is based on feedback from the 17 trainees and four DHB personnel who had undertaken a QPR workshop.

⁵² Exceptions appeared to be Kimiora Trust's Tikanga Maori Suicide First Aid programme, named by two trainees, and the ASIST T4T trainer programme.

Summary

Respondents' and interviewees' comparative perspectives of the relative value of the various programmes were as follows, in summary:

- *QPR Online* alone was seen by some as sufficient, but by most as either a good introduction or a good refresher to suicide first aid skills; however *QPR Advanced*, or *QPR Online* plus a supplementary workshop, were seen as at least equal in value and outcomes to *ASIST*, and as much better value for money. This approach was used in the *MISP-NZ*⁵³ pilot and rated in the evaluation of that programme as very effective.
- To build confidence and support application of the learning, *ASIST* was seen as better, but only because it is delivered face-to-face and not only allows for but requires both in-depth discussion and repeated practice and observation of the skills learned. The disadvantages are its prescriptiveness, duration, safety issues where facilitation is not sufficiently skilled, the lack of trainee competence assessment, and the costs.
- *MH101* was seen as valuable because (1) the 20-minute segment on suicide first aid was presented in the context of a sound coverage of the suicide risk contexts and (2) the whole programme is designed and presented from a New Zealand/Aotearoa cultural perspective; however it does not provide suicide first aid skills as such.
- The purchase of a particular programme needs to be targeted to the particular needs of diverse audiences, and in this sense there may be a place for all of the programmes available; however this can only be determined if each DHB first has a strategy that is designed on the basis of an accurate needs assessment of their catchment.

4. Do the programmes target different audiences?

The views of the evaluation participants collectively as to the suitability of the programmes for various target audiences were inconsistent, as follows:

- All participants thought that both programmes were suited to the general community and to family/whānau members provided that they were not very recently bereaved.
- Some DHB personnel and some trainees with significant mental health expertise thought that *ASIST* was better suited to people working in the mental health sector; however others thought *ASIST* was still too basic for mental health professionals. The *QPR* workshop programmes were seen as suited to the broad range of audiences, including mental health professionals, because they can be customised more readily to a particular audience.
- Some participants thought that neither programme was sufficiently tailored to Māori; however the majority felt that both models as such could be implemented safely across cultures.
- Two people who work with at-risk youth and had done *QPR Online* felt that it was an appropriate course to give to teens aged 14 and over, provided that: they were not currently identified as at-risk themselves; undertaking the course was voluntary; it could be done online at the person's own pace; it was supported by an invitation to talk about the learning as a group afterwards and/or a suitable adult to contact for support if needed. In contrast, none of the evaluation participants would recommend *ASIST* for teens.
- Many trainees commented that they would like short 'refresher' courses periodically. Those who had done both *ASIST* and *QPR NZ* courses thought that *QPR Online* would

⁵³ *Multi-level Intervention for Suicide Prevention in New Zealand*; see the Process Evaluation report, 2012.

provide a sound and affordable refresher opportunity.

Several DHB personnel and others working in suicide prevention or post-vention commented that there is a need to segment the audiences for suicide first aid training, so that programmes can be purchased to suit the diverse audiences, tailoring programmes to specific work/family roles. In particular, several participants thought that the *ASIST* programme is not well suited to people with personal vulnerabilities and/or those who have limited experience of group work with a mixed audience. Similarly, *QPR Online* by itself would always be challenging for people with limited computer literacy and/or and who learned best through interaction with others, unless improved support systems are in place (e.g. encouraging a group approach to the online learning). A few evaluation participants specialising in suicide prevention were not sure that there was still a market for *ASIST*, given its prescriptiveness compared with the flexible options that the QPR programmes provide.

5. Cost-effectiveness

Per capita price

QPR Online products

QPR Online plus half-day workshop

The per capita cost to the Ministry of *QPR Online* as a stand-alone module under the current contract is \$32 + GST. The cost of a half-day workshop to supplement the online module would cost approximately \$100 + GST per capita, *including* the cost of the online licences and facilitation by a QPR NZ trainer⁵⁴, if held in Auckland (with possible savings for bulk purchase; see **Appendix 4**). Costs would be higher if the workshops were held ex-Auckland and/or if venues and catering are required. A price can be provided on request.

QPR Online plus full-day workshop

The per capita cost of the *QPR Advanced* (Suicide Risk Management Training) full-day workshop to supplement the online module would be approximately \$252 + GST, *including* the cost of the online licences and facilitation by a QPR NZ trainer⁵⁵, if held in Auckland (with possible savings for bulk purchase; see **Appendix 4**). The per capita cost of the full-day workshop *without* the online licences would be \$220 + GST. Costs for either option would be higher if the workshops were held ex-Auckland and/or if venues and catering are required. A price can be provided on request.

ASIST

For the primary current contract with Lifeline, the Ministry purchased a mix of fully and partially subsidised placements, costing \$561,550 for 220 partially subsidised placements (85% subsidy) plus 242 fully subsidised placements. Based on the Ministry's calculation, per capita costs are:

- 220@\$267,405; per capita = \$1033.15 (85% subsidy)

⁵⁴ With the option of the workshop being co-facilitated by an appropriate local person, such as the DHB's Suicide Prevention Coordinator.

⁵⁵ With the option of the workshop being co-facilitated by an appropriate local person, such as the DHB's Suicide Prevention Coordinator.

- 242 @\$294,145; per capita = \$1215.48 (100% subsidy).

The Ministry also purchased an additional 202 fully subsidised places for \$95,000 in early 2015. This represented a per capita cost of \$470.

Value for money

It is difficult to make valid comparisons of value for money in the absence of detailed costings for QPR workshops, including costs of venue and travel, and of trainee recruitment if that were QPR NZ's responsibility. However based on the costing information above, the per capita cost of *QPR Online* plus a half-day workshop appears likely to be significantly less than the per capita cost for the two-day *ASIST* programme.

Based on feedback from the *QPR Online* and *ASIST* trainees, together with input from people who have undertaken both programmes, the trainee outcomes from the *QPR Online* module together with a half-day workshop are likely to be very similar to *ASIST* trainee outcomes. The online module plus half-day workshop is probably more accessible for many of the Ministry's priority target groups.

6. Contract compliance

Although Lifeline is delivering on most contract specifications, there are some issues with its apparent ability to meet the Ministry's requirements in terms of both reporting and implementing some of the actions that are essential to establishing the necessary infrastructure for quality programme delivery. These may be related to the programme's management and administrative capacity. Lifeline's senior management are keen to explore ways that Lifeline can improve the programme's accessibility.

To date, QPR NZ has delivered on all aspects of the contract specifications. It appears that the considerable issues with pilot recruitment can be resolved by adopting a system similar to those already used by some DHBs and other agencies for QPR recruitment. However the contract requirements for the pilot were minimal compared with the requirements of delivering the *ASIST* programme. QPR NZ appears to have high calibre management capability and capacity, and its management are open to collaborating with the Ministry to develop the systems necessary to meet Ministry objectives and targets.

Section E. Conclusions and future direction

1. Conclusions and future direction

Summary

In summary, the evaluation findings indicate that:

- *QPR Online* by itself provides satisfactory basic suicide first aid training with good outcomes in terms of skills acquisition, confidence, and readiness to apply the learning. As such, it meets the needs of many amongst the Ministries priority audiences for suicide first aid training. The value from undertaking the online module, including the likelihood of intervention and confidence levels, appears from trainee feedback⁵⁶ to be enhanced significantly by a half-day workshop run locally that provides opportunities for trainees to rehearse using *QPR* and to build useful local networks for collaboration.
- In terms of trainee outcomes within the workshop experience, *ASIST* was reported to be superior to *QPR Online* alone, because of the enhanced practice and discussion opportunities. However *ASIST* is costly and there are evident problems with trainee safety and the prescriptiveness of the programme.
- Neither *ASIST* nor *QPR Online* by itself provide sufficient coverage of application across cultures. However limited data⁵⁷ indicate that such coverage may be provided by the *QPR* workshop programmes but further investigation of this would be required to draw a definitive conclusion.
- Feedback indicates room for improvement to both programmes in enhancement of participant safety measures, changes to visual and other materials, enhanced coverage of application across cultures, improvement to recruitment procedures, including the availability of course information at the point of recruitment, and post-training competency testing.
- A few evaluation participants felt that the ideal would be a suicide first aid programme that was designed specifically for the New Zealand cultural and social context. However the cost of developing such a programme would be at least similar to the cost of developing *MH101* and possibly greater if it were to include an online module, which this evaluation suggests was a desirable option for many trainees.
- One cost-effective option might be to make *QPR Online* licences available to people who undertake broader suicide prevention or mental health support training programmes, such as *MH101* or the programmes tailored specifically for Māori and Pasifika audiences, either as a precursor or supplementary suicide first aid skills training, and/or as a ‘refresher’ programme.
- DHB personnel and other people working in suicide prevention identified a need for a better segmentation of the market for suicide first aid programmes and targeting audiences more appropriately based on culture and on their roles and needs for differing levels of skill. Both Lifeline and *QPR NZ* also saw benefits in this approach. The Ministry needs to clarify the scope of the family/whānau target audience.

Next steps

A strategic approach

The following steps are suggested as a strategic response to meeting the Ministry’s suicide first aid needs:

⁵⁶ See footnote 23; this was a robust sample of viewpoints.

⁵⁷ It was outside of the scope of this evaluation to fully evaluate the effectiveness of the *QPR* workshops.

9. Establish a Working Group to determine the Ministry's best purchase options and strategy for the future; ideally this group would include, in addition to Ministry personnel, some experienced Suicide Prevention Coordinators (e.g. South Canterbury, Counties Manukau DHBs), Māori and Pasifika representatives, and community mental health expertise
10. Review the Ministry's priority target audiences against the NZSPAP objectives (see below)
11. Develop a segmentation of the priority target audiences, to understand the differences in their needs for suicide first aid training (and other suicide prevention training)
12. Review the suicide first aid options available, including the suite of QPR programmes, as to suitability for each segment, and identify any gaps in the options currently available (e.g. possibly cultural needs)
13. Determine ways in which suicide first aid training might be contextualised for the audiences (e.g. local workshops to supplement *QPR Online*; better safety and contextualisation of *ASIST* by having additional local facilitators support the existing co-facilitation)
14. Determine the best purchase combinations to suit diverse audiences, for at least the short term (2-3 years)
15. Decide whether the development of a 'home-grown' programme is cost-effective in the longer term, considering multiple feasible options (e.g. a Blueprint product along the lines of *MHI01*; customising of QPR products to the Ministry's priority target groups; improved training or co-facilitation arrangements for *ASIST* facilitators)
16. Collaborate with the DHBs to align the Ministry's purchases with each DHB's suicide prevention strategy. Where DHBs lack a strategy for suicide prevention, it would be valuable for the Ministry to support collaboration across DHBs to help with that development, including a communications strategy to support that collaboration.

Clarifying priority targets

There is a lack of clarity as to which people the Ministry should most usefully target for suicide first aid training, and how they should be defined for the purposes of recruitment. Some key questions to be addressed are:

- Which roles in the communities across New Zealand should be a priority focus? Why?
- How should those roles be defined? E.g.:
 - ✧ Who constitutes 'family' or 'whānau' in relation to suicide risk? Should that include recently bereaved people, if so how recently, and should it include teens?
 - ✧ Which roles amongst mental health practitioners might benefit from suicide first aid training?
- What is the best way to access and recruit people in those roles?
 - ✧ How should the training be promoted?
 - ✧ What course information should be provided to prospective trainees, and to their managers?
 - ✧ Should there be a focus on recruiting trainees in groups, for effective sharing of learning and supported use of the skills (e.g. whānau groups, marae teams, high school staff)?
- What information needs to be given to prospective trainees to help them to self-select out of suicide first aid training if it risks retraumatising them?

Evaluating programme effectiveness

It is also recommended that the internal evaluation processes for any suicide first aid programmes that the Ministry purchases be improved, so that more robust process and outcomes information can be provided as a regular component of programme reporting to the Ministry, to demonstrate the extent of programme effectiveness for the priority audiences, for programme development, and to inform the Ministry's on-going purchasing decisions.

Appendix 1: Evaluation methods

Table 11: Summary of evaluation data collection	
Method	Approach
<i>Rapid evidence review</i>	<ul style="list-style-type: none"> Information was reviewed from an internet and library search of gatekeeper-type suicide first aid training programmes run in the United States, Canada, the United Kingdom, New Zealand, Australia and Ireland, focusing in particular on success factors in such programmes. The information was collated into a separate report provided to the Ministry.
<i>Documentation review</i>	<ul style="list-style-type: none"> Core documents were reviewed for both programmes, including both strategic and operational documents.
<i>Programme logic models for each programme</i>	<ul style="list-style-type: none"> Logic models were developed for each programme that: <ul style="list-style-type: none"> ✧ Clarified the intended outcomes of each programme and their fit with the Ministry's suicide prevention goals ✧ Mapped the causal pathways and attribution validity between programme methods and intended outcomes ✧ Identified essential programme resourcing ✧ Described the programme's activities ✧ Identified actual and potential risks and barriers to programme effectiveness, and how those issues were being managed by each programme.
<i>Stakeholder interviews</i>	<ul style="list-style-type: none"> Interviews were held with 100 participants, representing a full range of stakeholders, including Ministry and provider personnel, programme trainees and their managers/supervisors, DHB personnel with responsibility for suicide prevention activity in each region, providers of other suicide prevention programmes, and overseas key informants with expertise in gatekeeper programme design and implementation – see the sample in Table 12 below. Trainees were sampled to include a range of age, gender, culture⁵⁸, sexual orientation, urban/rural residence, and trainees who had and had not completed the programmes, across five DHB regions; as a koha, they were all entered into a draw for four prizes of a \$50 donation to a charity of their choice. Interviews were with individuals or in small affinity groups in either workplaces, homes or another venue of the participant's choice; they followed stakeholder-specific semi-structured interview guides (Appendix 5) and lasted 60-90 minutes. All participants were given information about the purposes of the evaluation and their ethical protections as participants, and informed consent obtained.
<i>Participant observation</i>	<ul style="list-style-type: none"> Evaluation team members undertook both the <i>ASIST</i> programme (the Evaluation Manager) and the <i>QPR Online</i> programme (all four qualitative team members, including two Māori and one Pacific evaluator). Through this participant the Evaluation Manager was able to outline detail about the <i>ASIST</i> programme components to the three other team members, to inform their interviewing.

⁵⁸ Twenty-six Māori, six Pasifika and four from other migrant cultures.

Table 11: Summary of evaluation data collection (cont)	
Method	Approach
<i>Survey of trainees</i>	<ul style="list-style-type: none"> An invitation to take part in an online survey was disseminated to all trainees in both programmes⁵⁹ for the programme periods covered by the evaluation (see p 3), to gather their perspectives on programme content and delivery and trainee outcomes. The survey comprised approximately 35-40 questions⁶⁰ (see Appendix 6), the majority of which were multi-choice items, with a few open questions, and could be answered in 12-15 minutes. The questions covered identical parameters for both programme but were differently phrased where necessary to reflect the idiosyncratic features and goals of each programme. Respondents were incentivised with a prize draw of two \$100 donations to registered charities. The invitation was disseminated to approximately 2,500 <i>ASIST</i> trainees⁶¹ and 1,979 <i>QPR Online</i> trainees; only 113 of the <i>ASIST</i> trainees and eight <i>QPR Online</i> trainees emailed did not receive the email. The survey was completed by 278 <i>ASIST</i> trainees (11%); 36% of those had undertaken the course prior to 2014 and 64% during 2014. Of the <i>QPR Online</i> trainees (11.5%; n=228) completed the survey. The low response rates may be attributable to a range of factors, including: the length of time since trainees had under taken <i>ASIST</i> (up to 3 years); some non-current email contacts; the fact that only 35% of <i>QPR Online</i> licencees had commenced the programme, and the others may have felt there was little point in them undertaking the survey.
<i>Secondary data analysis</i>	<ul style="list-style-type: none"> Data were reviewed for both programmes on trainee enrolment, retention, completion, programme costs, and adaptation of the programmes for Māori and Pasifika. Some recent trainee outcomes information was available for <i>ASIST</i> (July-December 2014).

⁵⁹ Including those who had been interviewed for this evaluation.

⁶⁰ Depending on whether the respondent had undertaken only one programme or both *ASIST* and *QPR Online*.

⁶¹ 4.5% 'undeliverable'.

Table 12: Interview sample		
Stakeholders	N=	Interview medium
Ministry personnel	5	Face-to-face
DHB personnel (geographic spread)	13	Phone ⁶²
Key informants (NZ and overseas)	6	Phone
Providers		
Provider personnel (management, governance, administrative, trainers)	QPR=2 ASIST=6	Face-to-face
Trainees		
Trainees - completed	QPR=28 ASIST=26	Face-to-face or phone (rural trainees)
Trainees - withdrawn	QPR=4 ASIST=1	Phone
Trainees' managers or supervisors	QPR=4 ASIST=3	Face-to-face or phone (rural participants)
Other stakeholders		
Industry associations (United States)	2	Phone
Total interview participants	100	

⁶² This included one teleconference attended by personnel from nine DHB, as well as individual phone interviews; some of those interviewed individually also attended the teleconference.

Appendix 2: QPR Online recruitment outcomes at 20 April 2015

DHB	Allocation	Names Received	Licenses Issued	Percent issued	Licenses Remainin	Training Started	Percent Started	Training Complete	Percent Complete
Auckland & Waitemata	400	380	359	90%	41	130	36%	79	22%
Bay of Plenty	120	71	69	58%	51	33	48%	22	32%
Canterbury DHB	325	249	235	72%	90	67	29%	35	15%
Capital Coast, Wairarapa & Hutt Valley	325	282	258	79%	67	33	13%	16	6%
Counties Manukau	100	101	100	100%	0	37	37%	16	16%
Hawkes Bay	175	74	74	42%	74	25	34%	15	20%
Lakes	75	74	73	97%	2	32	44%	13	18%
Mid-Central	70	66	66	94%	4	47	71%	35	53%
Nelson Marlborough	50	36	35	70%	15	11	31%	3	9%
Northland	175	69	64	37%	111	30	47%	14	22%
South Canterbury	50	50	50	100%	0	29	58%	22	44%
Southern	150	151	147	98%	3	66	45%	42	29%
Tairāwhiti	100	79	77	77%	23	19	25%	12	16%
Taranaki	50	49	46	92%	4	9	20%	4	9%
Waikato	175	169	166	95%	9	73	44%	47	28%
West Coast	100	107	100	100%	0	28	28%	22	22%
Whanganui	60	60	60	100%	0	21	35%	17	28%
	2500	2067	1979	79%	494	690	34.9%	414	20.9%

Appendix 3: QPR Online data on trainee role

Role - Consolidated	Number
Academic	31
Community Support	72
Community Support - Māori	71
Community Support - MH	16
Community Support - Pacific Island	14
Counsellor	36
Cultural Support	8
Cultural Support - Māori	50
Cultural Support - Pacific Island	24
Dept of Corrections	12
Family Support	28
Family Support - Māori	18
Family Support - Pacific Island	7
GP	60
Manager/Administrator	23
Mental Health Support	46
NGO Manager/Administrator	61
Nurse	156
Occupational Therapist	10
Other	31
Not Specified	1049
Nurse	156
Occupational Therapist	10
Other	31
Peer Support	3
Police	26
Primary Care	8
Psychologist	16
Residential Support Worker	11
Social Worker	56
Support Worker	36
Support Worker - Mental Health	9
Youth Support Worker	53
Youth Support Worker - Maori	23
Youth Support Worker - Pacific Island	2
Total	2,067

Appendix 4: QPR workshops - estimated costs

1) QPR Online plus a half-day workshop facilitated by QPR

Pricing

The QPR facilitated follow-up workshop costs also vary depending on whether or not a sponsoring organisation is providing a venue and catering and whether or not that organisation is managing marketing and registrations. For workshops held in Auckland there are no associated travel or accommodation costs.

As a rough estimate, the per capita cost of a half-day workshop to supplement QPR Online, provided in Auckland for 25 participants, would be \$100 + GST, as follows:

25 QPR online licenses @ \$46.00pp	\$ 1,150.00
QPR facilitated workshop (4 hours)	<u>1,500.00</u>
	\$ 2,650.00 (GST exclusive)

For the same workshop ex-Auckland, there would be additional costs of facilitator travel (one facilitator), accommodation (if any), and venue and catering costs if those are not provided by the purchaser.

QPR will negotiate a lower fee for facilitated follow-up Gatekeeper workshop based on volumes. In order to provide a quote for the cost of online training followed by a half-day face-to-face workshop, QPR would need to know the total number of online licenses purchased.

QPR facilitated half-day follow-up workshops include the following:

- Review of key online training objectives – key concepts
- Q&A re: online training content
- Role-play practice
- Communication skills training and practice
- Content customised to the audience's work context/s
- Additional information on suicidal communication, mental health conditions, addictions and suicide
- Review of local resources and how to refer for care
- 32 page booklet covering all key QPR training points.
- Free e-book, supplemental resources and hand-outs
- Certificate of Completion

2) QPR Advanced full-day workshop facilitated by QPR in Auckland

Full day QPR face-to-face Advanced Training workshops are tailored to the skill level and needs of the particular trainees, that is, with a focus on mental health and addictions, youth suicide risk, suicide postvention and contagion, primary care, hospital ED and/or inpatient settings, residential care settings, corrections, police, other social services and/or community support focus. Core QPR Triage and Risk Management information and intervention strategies are included in all training sessions. QPR Advanced training workshops include skills development and practice via role-play and case studies. Advanced training topics include: evidence-based suicide risk assessment and management, suicidal communications, suicide capability and intent, lethality risk rating,

information specific to mental health conditions and addictions, and information regarding a range of at-risk populations.

Full-day *QPR Advanced* training workshops include:

- 8 hours instruction, role play and other skill development practice
- Content customised to the audience's work context/s
- DVD with additional lectures/information on suicide risk
- 73 page Course Workbook covering all key QPR training points
- Free e-book, supplemental resources and hand-outs
- Certificate of Completion
- Recommended maximum number of participants is 25

Price

- The cost of full-day QPR Suicide Risk Management Training is \$5,500.00 (GST exclusive) = \$220.00 + GST per capita (or less for purchase of three or more workshops)
- The above price does not include the cost of venue, catering, or facilitator travel and accommodation for workshops held out of Auckland.

Appendix 5: Sample interview guide⁶³

Gatekeeper trainees guide

Note: questions below will be asked as appropriate respectively to ASIST or QPR Online trainees.

Introduction

- Clarify purposes of the evaluation and the interview
- Confidentiality provisions
- Independence of the evaluation team
- *Clarify that the evaluation is of the programme, not the trainees*
- Intended uses of data, and feedback to evaluation participants

Background

- What agency do you work for, and in what role?

Programme experience

- First of all, have you done the ASIST training, or QPR Online, or both? If both, when did you do each programme?
- (If QPR) Have you done QPR Online only, or followed by a workshop, or as facilitated training? (*Record*)
- Have you ever done any other gatekeeper/suicide first aid type of training (e.g. Safetalk; other - *Record*)

Role and motivation

- Can you tell me why you wanted to do the ASIST/QPR training, and how it came about?
Probe: work/other role/s; personal experiences re suicide prevention and/or bereavement; registered personally; employer arranged it

Programme promotion and recruitment

- How did you find out about the programme? What information did you receive/find about the programme/s to help you decide if you wanted to do it?
- Why did you choose this particular programme?
- How easy was it for you to register for the course? Did you do that individually or through your organisation? Were there any difficulties with signing up for it?
- Were there any eligibility criteria or selection processes were used to decide whether you could do the programme (e.g. computer literacy; relevance or their role [paid or unpaid] to suicide prevention; whether suicide bereaved)? If yes, what were they?
- Was information about cultural relevance available to you when you first signed up for the programme. If so what was it and was it useful?
- Was there any delay for you in starting or completing the QPR programme? If yes, what caused the delay/s? *Probe:* Logistics of finding a suitable date; logistics of online set-up; not having time; wanting to arrange to do it together with others; other?

QPR only

- Was there any delay for you in starting or completing the QPR programme? If yes, what caused the delay/s? *Probe:* Logistics of online set-up; not having time; wanting to arrange

⁶³ Interview guides for other stakeholders covered the same core topics, with varying emphasis.

to do it together with others; other (e.g. aspects of the programme content)?

ASIST only

- How straightforward was it for you to get signed up for the programme? **Probe:** Change of dates; not being able to attend on the day (e.g. tangi/emergency work commitments); other?

Programme content and delivery

- What did you think of the programme content? **Probe:** general perceptions; relevance to trainee's context and motives;
- What did you think of the delivery format? **Probe:** online training as opposed to face-to-face learning? suited to trainees' learning styles and computer/general literacy; programme duration; training time and schedule; location and venue
- What safety protections were built into the programme's delivery? (e.g. for people bereaved or otherwise affected by actual attempted or completed suicide)
- (ASIST only) How did the facilitators ensure the emotional safety of trainees (e.g. briefing/debriefing; opportunities to raise emotional reactions)
- Was there anything in the way the programme's content or how it was delivered that made you feel uncomfortable or unsafe at all? If yes, what were those things, and how were they managed by the facilitators (ASIST) / within the training (QPR)?
- How suitable for you were the programme materials? How relevant and appropriate were they for you? **Probe:** handouts; workbook; online materials; supplementary materials
- As far as you know, does the training have a good reputation in the sector you work in?

Trainees who have done both ASIST and QPR

If the trainee has experienced both ASIST and QPR Online, or another gatekeeper/suicide first aid-type programme, ask about each programme – either sequentially, or comparatively as you ask each question – whatever suits the trainee best. Record answers clearly for each programme.

QPR facilitated workshop

If trainees received QPR in a facilitated, face-to-face format, either in addition to QPR Online or instead of it, ask:

- What did the workshop include?
- How long was it?
- Who facilitated it, and how well?
- What did the participant get out of it, over and above the online component?

Impact/outcomes evaluation questions

Gains for trainees

- To what extent did the training meet your needs and expectations?
- How much did the programme add to your skills and knowledge:
Probe
 - ✧ How to detect signs of suicide risk
 - ✧ Understanding the impacts of your values on people at risk of suicide
 - ✧ Skills to intervene safely with someone at risk
 - ✧ (ASIST only) Ability to make a 'safe plan' with someone at risk
 - ✧ Real confidence, sense of comfort and willingness to intervene with someone at risk
 - ✧ A good understanding of the national, regional and local services that are available to support at-risk individuals

- How much has the ASIST/QPR programme (vs existing skills) helped you to respond effectively to individuals at-risk of suicide:
 - ✧ In appropriate and effective ways?
 - ✧ Ability to use the approach across cultures – esp with Māori and Pacific peoples?
 - ✧ Ability to use the approach with LGBTI (lesbian, gay, bisexual, transgender, intersex people)?
- Have you actually used what you learned in the programme with anyone so far?
Probe (*Note: avoid long stories here about the person at risk – that detail is not relevant to the evaluation, and it's confidential*)
 - ✧ How many times?
 - ✧ How confident did they feel?
 - ✧ How effective was the intervention? What went well? What didn't go so well?
 - ✧ What were the outcomes – for the person thought to be at risk? For the trainee? For others?
- How much do you think what you got out of the programme will be/has been sustained?
Probe: Knowledge and skills; confidence to intervene

With trainees who have done both programmes, or other 'first aid' programmes

- Which programme – QPR or ASIST - do you think you got most out of? Why?
- What were the strengths and weaknesses of each programme?
- Is there a cumulative impact of having undertaken both ASIST and QPR programmes?
- Have you done any other suicide first aid training? If so, what was its value? How did it compare in value with QPR or ASIST?

Programme effectiveness, enablers and barriers

- What did you like most about the programme? Why?
- Was there anything difficult about the programme? Why?
- Was there anything that you didn't like about the programme? Why?
- Was there enough learning support available (e.g. difficult concepts and ideas)?
- Was there enough emotional support available?
- Were there any barriers for you to picking up the skills or getting value from the programme?
Probe:
 - ✧ Aspects of programme model and content
 - ✧ How the programme was delivered and presented?
- Were there any gaps in the training? What else is needed?
- Were there any negative impacts for you as a result of the training? If so, what were they, and how were they addressed by the providers?

Cultural relevance of programme content and delivery

- How relevant was the programme content to your culture/s? Do you feel that the cultural relevance of the model was covered sufficiently in the programme? Did you get enough opportunities to discuss how to use the model with different cultures?
- How relevant to you was the way that the programme was delivered?
Probe:
 - ✧ Online vs face-to-face
 - ✧ Use of Māori or Pacific cultural and health concepts and frameworks
 - ✧ Use of Māori or Pacific scenarios, role plays and examples

✧ Respect for cultural protocols and sensitivities

ASIST only

- ✧ Culture of the trainers
 - ✧ Trainer's knowledge of relevant cultural concepts and protocols
 - ✧ Did Māori trainees use the te reo version of the workbook?
 - ✧ Do Māori trainees think the model is appropriate to Māori at risk of suicide?
- Was information on Māori suicide statistics and other at-risk groups in the New Zealand context included in the training? If not, would that have been of value?
 - How culturally appropriate was the delivery of Māori- and Pacific-specific information?
 - Did that information clarify diversity amongst Pacific cultures (e.g. varying cultural beliefs and practices re death and burial)?
 - How relevant do you think the model and training are to the kinds of people that you work with or are likely to come into contact with? (*Note those demographics*)

Programme improvements

- Generally, how do you think the programme could have been improved for you?
Probe: Model; content; delivery; facilitation; other?
- Is there anything that you'd suggest the trainers do differently? Why would that have improved the programme for you or others?
- Does the cultural relevance of the programme material and delivery need to be improved in relation to Māori or Pacific peoples or other cultures?

Other comments

- Is there anything else that you'd like to say about the programme?

Appendix 6: Survey questions

Gatekeeper trainee survey questions

Introduction

This short survey of people who have undertaken either the *ASIST* or *QPR Online* Suicide Prevention Training programmes is being undertaken by the Ministry of Health. The purpose is to obtain information on how effective and suitable these programmes are in their current models. The evaluation will be used to make improvements to the programmes where appropriate and inform future funding decisions. ***We would value your feedback on these programmes. Your input through this survey will be anonymous. It will take around 15 minutes.*** Everyone completing the survey will be entered into a prize draw for two Warehouse vouchers to the value \$50.

If you would like more information about this survey, please feel welcome to contact either:

- Pam Oliver, Evaluation Manager 09 372 7749 / pamo@clear.net.nz
- Gavin Koroj, Portfolio Manager, Family and Whānau Health 09 580 9107/ 021 242 5150
Gavin_Koroj@moh.govt.nz

Experience of 'suicide first aid' programmes

1. Which of the following 'suicide first aid' courses have you undertaken between mid-2012 and the present? (Select all that apply)

[ASIST / QPR Online \(without any face-to-face workshop\) / QPR facilitated workshop programme / Safetalk / 'MH101' / Other \(please specify\)](#)

2. What were your main reasons for doing 'suicide first aid' training? (Select any that apply to you)

[My manager/supervisor suggested it / Required for my job / It was free / To help my whānau/family / To help my community or family/whānau when it was at risk of suicides / To add to my existing skills in mental health / Other \(please specify\)](#)

We would greatly value your input in relation to both QPR Online and ASIST; however we appreciate that your time is valuable and you might not be able to do so. Please click on one of the links below to answer first the questions about the programme that you feel you gained the most from. At the end of those questions, you will have an opportunity to answer the same questions for the other programme. Many thanks for your input.

Your views of the ASIST programme

Undertaking the course

3. The date that you undertook the ASIST course was: (Select one answer)

[First half of 2012 / Second half of 2012 / First half of 2013 / Second half of 2013 / First half of 2014 / Second half of 2014](#)

4. Your ASIST facilitators were: (Select any that apply to the course you did)

[Māori / Pacific / Pākehā / Not sure/other](#)

	Yes, definitely					No, not at all					D/K or N/A
	5	4	3	2	1	5	4	3	2	1	
5. Was information about the course easily available before you started it?	5	4	3	2	1						D/K or N/A
6. Were you given enough information about the course beforehand to decide whether it would be useful to you?	5	4	3	2	1						D/K or N/A
7. Were you really keen to do the course at the time that it was offered?	5	4	3	2	1						D/K or N/A
8. Was registering for the course easy?	5	4	3	2	1						D/K or N/A
9. Was there any difficulty for you in attending a course that took two full days?	5	4	3	2	1						D/K or N/A
10. Was there any delay for you in starting the course?	5	4	3	2	1						D/K or N/A

Course content

	Yes, definitely					No, not at all					D/K or N/A
	5	4	3	2	1	5	4	3	2	1	
11. Was the ASIST model easy to understand?	5	4	3	2	1						D/K or N/A
12. Do you think the ASIST model is relevant to the kinds of potentially at-risk people that you work with or are likely to come into contact with?	5	4	3	2	1						D/K or N/A
13. Were the course materials easy to understand?	5	4	3	2	1						D/K or N/A

Course delivery

	Yes, definitely					No, not at all					D/K or N/A
	5	4	3	2	1	5	4	3	2	1	
14. Were there enough protections for your emotional safety in how the course was delivered?	5	4	3	2	1						D/K or N/A
15. Was there anything in the way the course was delivered that made you feel unsafe or uncomfortable?	5	4	3	2	1						D/K or N/A
16. Did the facilitators have good knowledge of the course content?	5	4	3	2	1						D/K or N/A
17. Did the facilitators present and explain the material in a way that was easy to understand?	5	4	3	2	1						D/K or N/A
18. Did the facilitators answer trainees' questions and comments satisfactorily?	5	4	3	2	1						D/K or N/A
19. Did the course give you enough information and practice opportunities to use the ASIST model with confidence?	5	4	3	2	1						D/K or N/A

Cultural relevance

	Yes, definitely					No, not at all	D/K or N/A
	5	4	3	2	1		
20. Do you think the ASIST <i>model</i> , as it is presented, is relevant to people of your culture?	5	4	3	2	1	D/K or N/A	
21. Was the other <i>content</i> of the course relevant to your culture/s (e.g. video and roleplay examples; concepts and principles used; other information presented)?	5	4	3	2	1	D/K or N/A	
22. Was the way the course was <i>delivered</i> culturally relevant to you (e.g. online medium; use of slides and roleplays to present the information)?	5	4	3	2	1	D/K or N/A	
23. Did the facilitators sufficiently cover <i>cultural factors</i> in how to apply the QPR model with people of different cultures?	5	4	3	2	1	D/K or N/A	
24. Did you have enough opportunities to discuss how to use the model with people of different cultures?	5	4	3	2	1	D/K or N/A	

Programme improvements

25. What suggestions do you have for improving the ASIST programme *for people like you*?
Feel welcome to comment on any aspect of the service, including the programme model, programme content and delivery, and cultural appropriateness. (*Open response*)

Programme impacts

26. How much did the programme add to your existing skills and knowledge in the following areas:

	Lots					Very little	D/K or N/A
	5	4	3	2	1		
a. Knowledge about suicide risk in the community generally	5	4	3	2	1	D/K or N/A	
b. Understanding the impacts of your own values on people at risk of suicide	5	4	3	2	1	D/K or N/A	
c. How to detect signs of suicide risk in someone	5	4	3	2	1	D/K or N/A	
d. Skills to intervene <i>safely and constructively</i> with someone at risk	5	4	3	2	1	D/K or N/A	
e. Confidence <i>and</i> willingness to intervene with someone at risk of suicide	5	4	3	2	1	D/K or N/A	
f. Ability to make a 'safe plan' with someone at risk	5	4	3	2	1	D/K or N/A	
g. Knowledge of the national, regional and local services that are available to support people at risk of suicide	5	4	3	2	1	D/K or N/A	

h. Useful and relevant networks with other agencies	5	4	3	2	1	D/K or N/A
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27. In general, how much did you get out of the course?	5	4	3	2	1	D/K or N/A
28. How much did the course meet your needs and expectations?	5	4	3	2	1	D/K or N/A
29. How much do you remember of what was included in the training?	5	4	3	2	1	D/K or N/A

30. What was the *most* useful thing that you got out of the ASIST course? (*Open answer*)

Use of the training

31. How often have you actually used the *ASIST* training to intervene with someone you thought was at risk of suicide?

Not yet / 1-2 times / 3-5 times / More than 5 times

[If answer 'not yet', skip the following questions]

Your use of the ASIST model

	Very					Not at all	D/K or N/A
32. How confident have you felt using the model?	5	4	3	2	1	D/K or N/A	
33. How effective have you found the model when you've used it?	5	4	3	2	1	D/K or N/A	
34. Realistically, how valuable do you think your intervention was for the person/s at risk whom you've tried to help?	5	4	3	2	1	D/K or N/A	

35. Has the *ASIST* training been useful for you in any other ways? (*Open answer*)

36. Would you like to make any other comments about the *ASIST* programme? (*Open response*)

If you also undertook the QPR Online programme, and are happy to answer questions about that course, please [click here](#). If not, [click here](#) for the final questions.

Your views of the QPR Online programme

Undertaking the course

3. The date that you first received the QPR Online information for commencing the course was: (Select one answer)

July-September 2014 / October-December 2014 / January-February 2015 / I can't remember

	Yes, definitely		No, not at all			Don't know/Not applicable	
4. Was information about the course easily available before you started it?	5	4	3	2	1	D/K	or N/A
5. Were you given enough information about the course beforehand to decide whether it would be useful to you?	5	4	3	2	1	D/K	or N/A
6. Were you really keen to do the course at the time that it was offered?	5	4	3	2	1	D/K	or N/A
7. Was registering for the course easy?	5	4	3	2	1	D/K	or N/A
8. Did you have enough computer skills to do the course without difficulty?	5	4	3	2	1	D/K	or N/A
9. Did you have good access to a computer that had the capacity to use the QPR course?	5	4	3	2	1	D/K	or N/A
10. Was the QPR support service readily available and effective?	5	4	3	2	1	D/K	or N/A

Starting the QPR Online course

11. Have you started the QPR Online course yet?

Yes / No

If respondent ticked 'No', thank and close as follows: 'The remaining questions are for people who have completed the QPR programme. Many thanks for helping with this part of the survey.'

12. Did it take you more than one month to *start* the QPR Online course after you'd received the online registration details?

Yes / No

If no, skip to Q 13

12A. [If yes] What caused the delay in *starting*? (Select any that apply to you)

Problems with getting set-up online / Not having time to do it / Lack of computer skills / Lack of access to a computer or broadband / Trying to arrange to do it together with other people / Other priorities / Emotional issues in undertaking the course / Other (please specify)

Completing the QPR Online course

13. Did it take you more than one week to *complete* the QPR Online course once you'd started it?

Yes / No / I still haven't completed it

If no, skip to Q 14

13A. [If 'yes' or 'haven't yet completed'] What caused the delay in *completing*? (Select any that apply to you)

Problems with getting online / Not having time to finish it / Arranging to get together with others / Other priorities / Difficulty doing the roleplay / Difficulty doing the final test / Not interested in getting the certificate / Emotional issues in undertaking the course/ Other (please specify)

14. Did you do the QPR Online course by yourself or together with other/s? (Select one answer)

By myself / With one other person / With a group of people

15. Was the QPR Online course you did followed up by a group session or workshop? (Select one answer)

No / Yes / Not yet, but I've been advised that one is planned

Course content

	Yes, definitely			No, not at all		D/K or N/A
16. Was the QPR model easy to understand?	5	4	3	2	1	D/K or N/A
17. Do you think the QPR model is relevant to the kinds of potentially at-risk people that you work with or are likely to come into contact with?	5	4	3	2	1	D/K or N/A
18. Were the course materials easy to understand?	5	4	3	2	1	D/K or N/A

Course delivery

	Yes, definitely			No, not at all		D/K or N/A
19. Were there enough protections for your emotional safety in how the course was delivered?	5	4	3	2	1	D/K or N/A
20. Was the material presented and explained in a way that was easy to understand?	5	4	3	2	1	D/K or N/A
21. Was there anything in the way the course was delivered that made you feel unsafe or uncomfortable?	5	4	3	2	1	D/K or N/A
22. Did the course give you enough information and practice opportunities to use the QPR model with confidence?	5	4	3	2	1	D/K or N/A

Cultural relevance

	Yes, definitely			No, not at all		D/K or N/A
	5	4	3	2	1	
23. Do you think the QPR <i>model</i> , as it is presented, is relevant to people of your culture?	5	4	3	2	1	D/K or N/A
24. Was the other <i>content</i> of the course relevant to your culture/s (e.g. video and roleplay examples; concepts and principles used; other information presented)?	5	4	3	2	1	D/K or N/A
25. Was the <i>way the course was delivered</i> culturally relevant to you (e.g. online medium; use of slides and roleplays to present the information)?	5	4	3	2	1	D/K or N/A
26. Did the course sufficiently cover cultural factors in <i>how to apply</i> the QPR model with people of different cultures?	5	4	3	2	1	D/K or N/A

Programme improvements – QPR Online

27. What suggestions do you have for improving the QPR Online programme *for people like you*? Feel welcome to comment on any aspect of the service, including the programme model, programme content and delivery, and cultural appropriateness. (*Open response*)

Programme impacts

28. How much did the programme add to your existing skills and knowledge in the following areas:

	Lots			Very little		D/K or N/A
	5	4	3	2	1	
a. Knowledge about suicide risk in the community generally	5	4	3	2	1	D/K or N/A
b. Understanding the impacts of your own values on people at risk of suicide	5	4	3	2	1	D/K or N/A
c. How to detect signs of suicide risk in someone	5	4	3	2	1	D/K or N/A
d. Skills to intervene <i>safely and constructively</i> with someone at risk	5	4	3	2	1	D/K or N/A
e. Confidence <i>and</i> willingness to intervene with someone at risk of suicide	5	4	3	2	1	D/K or N/A
f. Ability to make a safety plan with someone at risk	5	4	3	2	1	D/K or N/A
g. Knowledge of the national, regional and local services that are available to support people at risk of suicide	5	4	3	2	1	D/K or N/A
h. Useful and relevant networks with other agencies	5	4	3	2	1	D/K or N/A

29. In general, how much did you get out of the course?	5	4	3	2	1	D/K or N/A
30. How much did the course meet your needs and expectations?	5	4	3	2	1	D/K or N/A
31. How much do you remember of what was included in the training?	5	4	3	2	1	D/K or N/A

32. What was the *most* useful thing that you got out of the QPR Online course? (*Open answer*)

Use of the training

33. How often have you actually used the QPR training to intervene with someone you thought was at risk of suicide?

Not yet / 1-2 times / 3-5 times / More than 5 times

[If answer 'not yet', skip the following questions]

Your use of the QPR model

	Very					Not at all	D/K or N/A
34. How confident have you felt using the model?	5	4	3	2	1	D/K or N/A	
35. How effective have you found the model when you've used it?	5	4	3	2	1	D/K or N/A	
36. Realistically, how valuable do you think your intervention was for the person/s at risk whom you've tried to help?	5	4	3	2	1	D/K or N/A	

37. Has the QPR Online training been useful for you in any other ways? (*Open answer*)

38. Would you like to make any other comments about the QPR Online programme? (*Open response*)

If you also undertook the ASIST programme, and are happy to answer questions about that course, please [click here](#). If not, [click here](#) for the final questions.

Comparing QPR Online and ASIST

THESE QUESTIONS OFFERED ONLY TO RESPONDENTS WHO HAVE DONE BOTH PROGRAMMES.

39. Which programme - QPR Online or ASIST - do you think you got *most* out of? (Select one answer)

Both about equally / The one I did first / QPR Online / ASIST

40. [If respondent answers 'The one I did first'] Which programme was that?

41. Was there any value for you in doing both QPR Online and ASIST?

No / Yes / maybe

42. Which programme would you recommend to others?

QPR Online / ASIST / Both about equally / Another 'suicide first aid' programme

43. What are the reasons for your recommendation? (*Open answer*)

About you

Please answer the following questions – remember, *your answers are anonymous*. You are welcome to omit any questions that you prefer not to answer.

Your gender is: (Select one)

Female / Male / Transgender

Your age group is: (Select one)

Under 25 / 26-35 / 36-45 / 46-55 / 56-65 / Over 65

Your cultural affiliation is: (Select any that apply to you)

Māori / Pākehā/NZ European / Pasifika / Asian / Other (please specify)

Your sexual orientation is: (Select one)

Heterosexual / LGBTI / Other (please specify)

The DHB area that you mostly lived in when you undertook the suicide first aid course/s is: (Select one)

Northland / Auckland / Waitemata / Counties Manukau / Waikato / Bay of Plenty / Lakes / Tairāwhiti / Taranaki / Hawke's Bay / Whanganui / MidCentral / Capital and Coast / Hutt Valley / Wairarapa / Nelson Marlborough / West Coast / Canterbury / South Canterbury / Southern

The agency who paid for you to do the programme is/was: (Select one)

Central government / Local government / Lifeline / DHB / PHO / NGO / I paid for it myself / I registered personally at no cost / Other (please describe)

Your work role in relation to undertaking the suicide first aid programme is/was: (Select the roles that were relevant to the reasons that you undertook the training)

Community/health worker (including volunteer, administrator or management) / Youth worker / Family member of person/s at risk of suicide / Primary or secondary health care (including hauora) / Mental health worker or manager / Teacher / Counsellor/therapist / Manager social services / Lifeline volunteer / Member of an at-risk community / Police/Corrections / Student / Trainer/educator / Minister/pastor / Other (please describe)

The reason/s you were interested to do the suicide first aid programme/s was: (Select all that apply)

Relevant to my work / Relevant to my family or friends / Relevant to my community / Improve skills I already have / Acquire new skills / Help with my personal feelings about suicide / Manager asked me to / Other (please describe)

Thank you for giving your valuable time and thoughts for this survey, it's greatly appreciated.

If you would like to be entered into the prize draw, please [click here](#) to provide your email address. (To ensure anonymity, it will be recorded separately from your survey responses.)

If undertaking this survey has caused you any discomfort and you would like to talk with someone about your feelings, you are welcome to contact Lifeline on 0800 543354 or the QPR support staff 0800 448909.