Best Practice Guidance for Suicide Prevention Services: Findings of a Survey

Connecting for Life (C*f*L) is Ireland's national, coordinated, multifaceted strategy to reduce deaths by suicide 2015-2020. Strategic Goal 5 of this strategy seeks to ensure safe and high quality services for people vulnerable to suicide. A key Action (5.1.1) under this goal is to 'Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations, and implement the standards through an appropriate structure'.

C*f*L currently has approximately twenty-three funded non-governmental partner organisations (NGOs) and projects. Between December 2017 and January 2018, the Monitoring and Evaluation (M&E) team in the HSE National Office for Suicide Prevention (NOSP) conducted a survey with these funded partners and other non-funded organisations working in the area of suicide prevention. The survey sought to assess respondents' current understanding, perceptions towards, and readiness to engage with the implementation of the Best Practice Guidance (BPG) for Suicide Prevention Services and other Governance Frameworks. This document summarises the key findings from this survey.

Key points:

- The survey in relation to the implementation of the Best Practice Guidance (BPG) for Suicide Prevention Services was administered between December 2017 and January 2018, which resulted in **91% (21 out of 23) of the NGO partner organisations and projects** being represented, with over half of those (54% (n=27)) invited to complete the survey doing so.
- The majority of survey respondents were senior members of staff in their respective organisations. This is evidenced by the findings that almost half of survey respondents (48%) reported that they are the Manager in their organisation, 22% reported that they are the CEO, and 11% reported that they are a Staff Member.
- The work of the funded NGO partner organisations and projects, and the non-funded organisations working in the field of suicide prevention typically falls under three categories, as follows: The majority of respondents reported that they worked in the area of Suicide Prevention (41%), followed by those working in Suicide Intervention (34%) and Suicide Postvention (25%).
- The scope and scale of the different NGO organisations, partners and non-funded organisations was evidenced by the large variation in the number of paid staff in organisations, which ranged between 1 and 262.
- All NGO partner organisations, projects and non-funded organisations reported current involvement with one or more governance structures. The top Governance Framework that those surveyed stated they are currently engaged with is the Code of Governance (96%), followed by the Charity Regulator (89%).
- Survey respondents reported that *'Training and commitment of board members and staff', 'Support, training and resources from the Wheel',* and *'Time and additional resources'* have helped them to implement their current Governance Frameworks.
- In relation to the implementation of the BPG for Suicide Prevention Services, findings revealed that the majority of respondents were in agreement about the *'Need', 'Fit',* and *'Organisational and Leadership Support'* available for the implementation of these guidance. There was slightly less agreement around the availability of *'Resources'.*

A key objective of C*f*L is the development and implementation of guidance for suicide prevention services governing service quality. More specifically, **Goal 5** of the strategy aims to ensure safe and high quality services for people vulnerable to suicide and Action 5.1.1 specifies the need to *"Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations, and implement the standards through an appropriate structure'.*

To this end, in 2015, the NOSP began this work through a multidisciplinary working group. However, progress on this project was delayed due to a number of issues identified by the NOSP management team in relation to their implementation, scope and timing. At the same time, HSE funded services were aligning with the Health Information and Quality Authority (HIQA) Safer Better Healthcare Standards and the climate demanded robust provision pertaining to governance.

In order to progress this work, a researcher was contracted by the NOSP in 2016 to align the draft guidance from the working group with the HIQA Standards and also with the 5 themes in the BPG for Mental Health (MH) Services which were launched in April 2017. The NOSP have adopted a collaborative approach in the development of the BPG for approximately twenty-three NGO organisations and projects to whom the NOSP and HSE provide funding for the provision of services on behalf of the HSE.

The 5 themes of the BPG for Suicide Prevention Services include the following: *Recovery Oriented Care and Support, Effective Care and Support, Safe Care and Support, Leadership, Governance and Management, and Workforce.* At the time of the survey, two of the five themes *(Effective Care and Support and Leadership, Governance and Management)* of the BPG had been reviewed with feedback at the Engagement event on December 13th and so findings are reported on this basis.

Method

All stakeholders (NGO partner organisations and projects and non-funded organisations) who attended or were invited to attend an engagement event in relation to the BPG for Suicide Prevention Services in December 2017 were invited to complete a survey which looked at their current understanding and perceptions towards the implementation of the BPG for Suicide Prevention Services. This resulted in 50 individuals being invited to take part in the survey, with 91% (21 out of 23) of the NGO partner organisations and projects being represented. **Note.** It was possible that more than one individual from each organisation was invited to complete the survey to ensure maximum representation. This resulted in a response rate of 54% (n = 27) completing, or partially completing the survey, which was designed by the M&E team in the NOSP in conjunction with the Project Manager for the BPG for Suicide Prevention Services Project, the Implementation Support Manager, and the National Lead for Strategy Coordination, Education and Quality.

The survey aimed to explore respondents' experience with current governance frameworks and their readiness to engage with, and implement the BPG for Suicide Prevention Services. Information was gathered on the following:

- Respondents' organisational background (e.g., their role, length of time in role, their functions in the organisation, the organisation's governance code)
- the proportion of the organisation's service dedicated to suicide prevention, suicide intervention, or suicide postvention
- their organisation's current level of engagement with governance frameworks, and
- their organisation's readiness to engage with the BPG for Suicide Prevention Services.

The survey was distributed by the M&E team via Qualtrics ©, an online survey package. An email to complete the survey was sent mid-December, and again in early January as a number of respondents were on annual leave the first time the email was sent.

Key Findings

The Best Practice Guidance for Suicide Prevention Services was in the draft and development stage when the current survey was conducted (December 2017-January 2018).

Organisational Background

- Work within the area of suicide prevention typically falls under three categories: *Suicide Prevention* (education and awareness raising activities, health

promotion, mental health promotion), *Suicide Intervention* (early intervention and crisis intervention including counselling, psycho educational programmes etc.), and *Suicide Postvention* (bereavement supports and critical incidence management supports). The majority of survey respondents reported that they worked in the area of Suicide Prevention (41%), followed by those working in Suicide Intervention (34%) and Suicide Postvention (25%).

- Organisations in the NGO sector can be classified based on one of three different Governance codes: *Type A* (run by volunteers and does not employ staff), *Type B* (employs a small number of staff and may have a single member of staff), and *Type C* (employs any number of staff and people who sit on the board focus solely on their governance/oversight role). In the current survey, the majority (85%) of respondents reported that the governance framework of their organisation is Type C, 15% said that their organisation is Type B. No respondent reported that their organisation was Type A.
- The majority of survey respondents were senior members of staff in their respective organisations. Almost half of survey respondents (48%) reported that they are the Manager in their organisation, 22% reported that they are the CEO, and 11% reported that they are a Staff Member.
- Similarly, the majority of survey respondents were in their role for more than 5 years. Just over two-fifths (41%) of respondents reported that they are in their role for more than 5 years, 26% said they are in their role between 2 and 5 years, and 15% are in their role between 1 and 2 years.
- Organisations often consist of a number of different departments, leading to a variety of roles and functions for staff members. When asked about this in the current survey, almost two-fifths (38%) of respondents reported that their work in the organisation fell within the Service Delivery/Operations Function, 23% reported that their work fell within the Governance Function, and 8% reported that their work fell within the Education and Training or Quality Function.
- The NGO organisations (and projects) and non-funded organisations surveyed in the current study vary in terms of size and the number of staff employed. In the current survey, the mean number of paid staff (full- and part-time) reported to be working across the different organisations was 44.82 (Sd = 65.80). However, this number does not reveal the variation across organisations, with one organisation reporting having only one paid staff member and another reporting having the highest with 262 paid staff members.
- Across all twenty-two priority groups listed in C*f*L, survey respondents reported that they worked with a wide range of these groups.

Current engagement with Governance Frameworks

Governance Frameworks are an important component of many organisations. In the NGO sector, organisations are expected to adhere to a high level of accountability to the community around them[1]. An organisation will demonstrate good governance when it has designed and implemented an internal system of checks, policies and procedures that ensures the public interest is served, and that the organisation runs effectively. In the current survey, individuals from the NGO sector and those working in the field of suicide prevention were asked about their current engagement with Governance Frameworks, and findings were as follows:

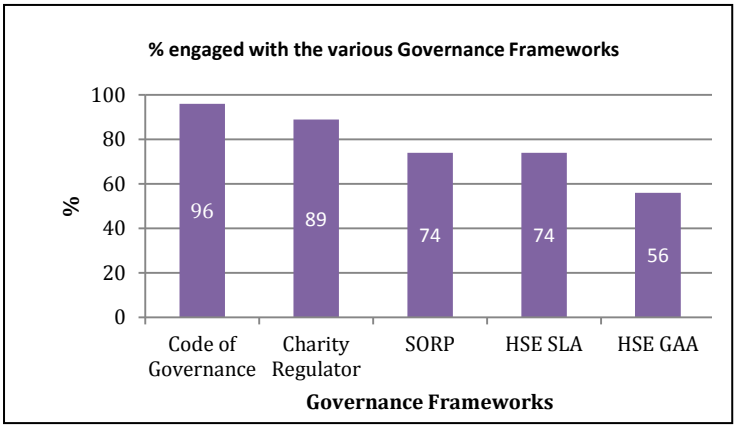
- All organisations reported involvement with one or more Governance Framework. The Governance Frameworks that the NGO organisations surveyed stated they are engaged with are the Code of Governance (96%), the Charity Regulator (89%), the Statement of Recommended Practice (SORP) (74%) and the Health Service Executive (HSE) Service Level Agreement (SLA) (74%), and the HSE Grant Aid Agreement (56%) (See Figure 1).
- A combined total of 87% of respondents were 'Satisfied' or 'Very Satisfied' with the process of implementing the Code of Governance. The corresponding 'Satisfaction' ratings for the SORP and the

[1] Wyatt, M. (2004). *A Handbook for NGO Governance.* European Center for Not-For-Profit Law: Budapest, Hungary.

Charity Regulator were 76% and 73%, respectively.

- When asked what has helped your organisation to implement its current framework, the top three responses were as follows: *'Training and commitment of board members and staff'*, *'Support, training and resources from the Wheel'*, and *'Time and additional resources'.*

Figure 1. Proportion (%) engaged with the various Governance Frameworks



- Survey respondents were also asked to outline any benefits that they have experienced in relation to the implementation of Governance Frameworks. Some of the key themes identified were in relation to *'Transparency'*, *'Achieving deadlines and improved focus and recognition'*, and *'Enhancing the board'.* A more detailed breakdown of these themes with examples can be seen in Table 1.
- When asked about the challenges they faced when trying to implement their current Governance Frameworks, survey respondents identified *'Time and Resources'* and *'Competition, Demands and Paperwork'* as key themes (see Table 1 for examples in relation to these themes).

Readiness to engage with the Best Practice Guidance for Suicide Prevention Services

Implementing new guidance or changes in an organisation can be challenging. These changes may create uncertainty due to current organisational culture or resource availability[2].

As such, it is important to gather information prior to the implementation of change to identify any barriers, but also any benefits within an organisation which may facilitate change.

In the current survey, respondents were asked to indicate the extent to which they agreed or disagreed with a number of statements in relation to the *'Need'*, *'Fit'*, *'Organisational Support'*, *'Resources'*, and *'Leadership Support'* in their organisation for the BPG for Suicide Prevention Services.

- In general, there was a high net agreement in relation to the *'Need'* (89%-100%), *'Fit'* (79%-90%) and *'Organisational Support'* (64%-95%) within organisations for the BPG for Suicide Prevention Services (see Figure 2).
- There was a slightly more varied response in relation to *'Resources'* needed. For example, between 26% and 42% of respondents were undecided about the availability and required level of (human) resources in their organisation. Between 5% and 16% of respondents disagreed about the availability of *'Resources'*, with 5% strongly disagreeing (see Figure 2).
- Finally, there was a high net agreement that there is *'Leadership Support'* (84%-95%) within the organisation for the BPG (see Figure 2).

Summary

At the time of this survey, the Best Practice Guidance for Suicide Prevention Services, were in the development phase. Findings from this survey revealed that the majority of respondents were in agreement about the 'Need', 'Fit' and 'Organisational and Leadership Support' available for the implementation of these guidance. There was slightly less agreement around the availability of 'Resources', which was highlighted in two parts of this survey.

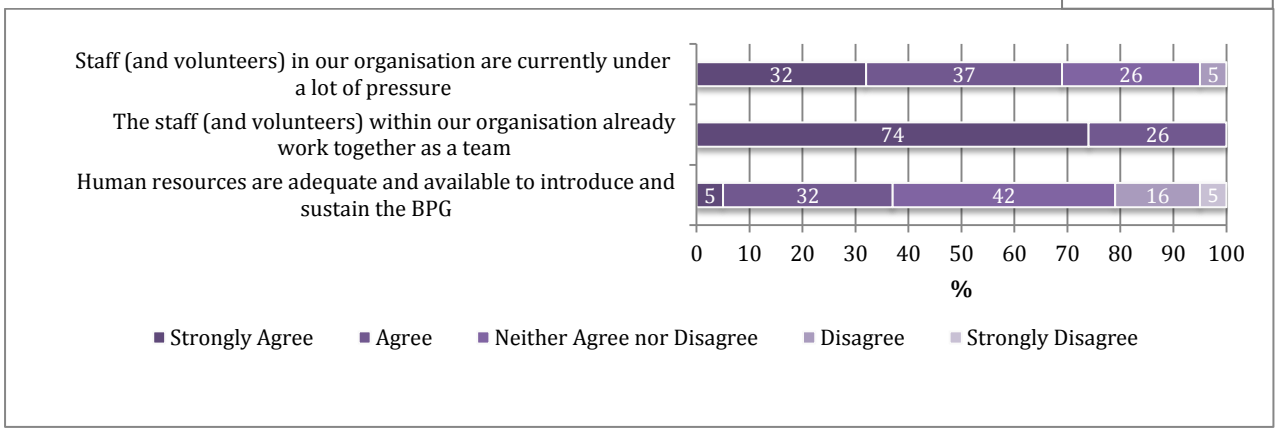
[2] Hamilton, S., McLaren, S., & Mulhall, A. (2007). Assessing organisational readiness for change: use of diagnostic analysis prior to the implementation of a multidisciplinary assessment for accurate stroke care. *Implementation Science,* 2:21.

Table 1. The benefits and challenges to the implementation of Governance Frameworks

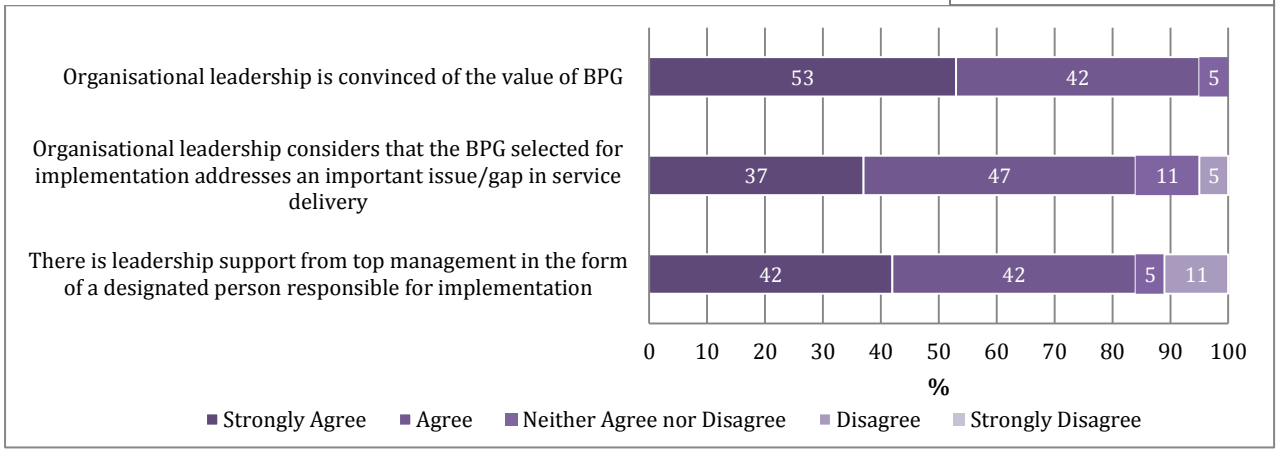
Benefits to the implementation of Governance Frameworks	
Transparency	'With a code of governance and all that involves it is very clear'
	'Implementing the governance framework ensures transparency and accountability'
	'Clear expectations, structures, systems and procedures to ensure that the majority of our time and energy can be spent on delivering practical and tangible work rather than feeling confused and anxious'
	'Greater clarity, focus and assurance when attracting Board and staff members'
	'It has formalised the practice and procedures in the organisation and provided clarity to all staff and volunteers'
Achieving deadlines & improved focus & recognition	'Improved recognition with public, media and corporate funders by having strong governance'
	'Meeting regulations. Operating according to best practice'
	'Made organisation reflect and evaluate, be critical and review'
	'It has increased the focus on governance, raised awareness of both the Board and staff to maintain compliance means that you keep a focus on it'
	'Implementing the governance frameworks has given us security as an organisation'
Enhancing the board	'A more connected board'
	'Improved decision making at board level'
Challenges to the implementation of Governance Frameworks	
Time & Resources	'The implementation of governance frameworks is challenged by limited capacity'
	'It takes time, it costs money but overall necessary'
	'Time'
	'Resources, all the additional requirements have consumed significant staff time diverting them from programmatic work and outputs'
	'Financial and time burden. Can distract from the importance of delivering the actual service'
	'Accessing resources (staff & knowledge)'
	'It is very time consuming and distracts attention away from the core work'
	'A small body with no/few staff and a small budget to manage does not have the physical resources to match what should be expected of a much larger body'
	'Implementing these governance frameworks has taken time and resources and while this has been challenging at times it has been an extremely worthwhile investment'
	'Implementation of any new policies take some time to ensure that all staff and volunteers are aware of and are committed to the implementation'
Competition, Demands and Paperwork	'Competing regulatory frameworks (CRA, CRO, SORP, SLA, Circular 13…) can distract from the organisational mission'
	'Demands of implementing new governance practices in a meaningful way (that it is not simply a paper exercise) for example risk register'
	'A challenge is always to keep on top of all the paperwork'

Figure 2. Survey respondents' perspectives on the 'Need', 'Fit', 'Organisational Support', 'Resources' and 'Leadership Support' for the BPG for Suicide Prevention Services.

RESOURCES



LEADERSHIP SUPPORT



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