



Connecting for Life

Pilot Data Dashboard: LivingWorks Start

September 2020



161 Participants

Locations:

Available online throughout Ireland

24% (n=38) Male

76% (n=123) Female

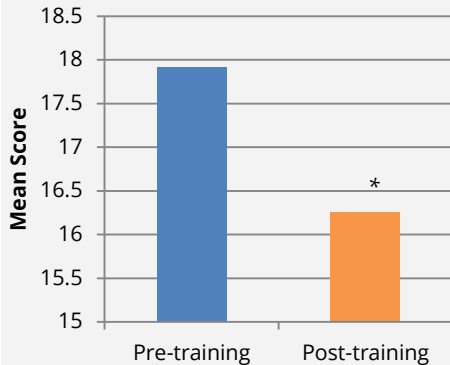
Average age: **39.40**

Age range: **20-67**

83% (n=133) completed the **LivingWorks Start** training in a professional capacity. Of these, over half (56%) reported that they are working with individuals at risk of suicide.

37% (n=60) had participated in previous suicide prevention training. At pre-training these participants self-reported that they were significantly more confident in dealing with the needs of someone who may be suicidal and in identifying appropriate services for individuals in distress in comparison to those with no previous experience (p 's < .05).

CHANGES IN ATTITUDES (ATSP)

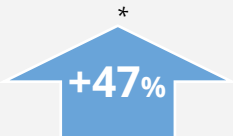


Analysis showed a significant **improvement in participants' attitudes towards suicide prevention** after (post-) the **LivingWorks Start** training i.e.,

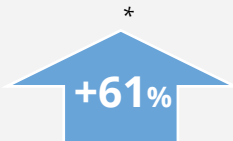
- participants had a significantly lower mean (attitudinally positive) score on the ATSP post-training (p < .05).

A higher score indicates a more negative attitude towards suicide prevention.

CHANGES IN CONFIDENCE POST-TRAINING

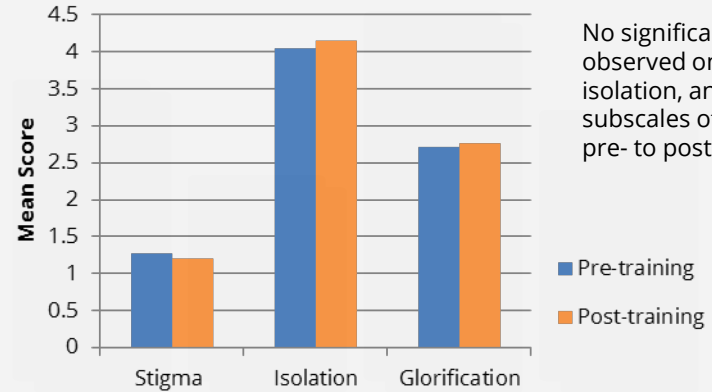


Increase in self-reported confidence in *"identifying appropriate services that individuals in distress could be referred on to"*



Increase in self-reported confidence in *"dealing with the needs of someone who may be suicidal"*

STIGMA OF SUICIDE SCALE (SOSS Subscales)



No significant changes were observed on the stigma, isolation, and glorification subscales of the SOSS from pre- to post-training.

PROPORTION OF SUICIDES CONSIDERED PREVENTABLE: At post-training, significantly more participants reported that 'All' or 'A large proportion' of suicides are preventable in comparison to pre-training (p < .05).

PARTICIPANTS: Those completing training were from a variety of (professional) backgrounds. The most frequently reported professions included Social care/Project/Key Worker (19%), Psychotherapist/Counsellor/Therapist (10%), Healthcare Worker (8%) and Manager/Supervisor (8%).

ONE-QUARTER (26%) of participants reported that they had a mental health qualification. At pre-training these participants self-reported that they were significantly more confident in dealing with the needs of someone who may be suicidal and in identifying appropriate services for individuals in distress in comparison to those with no mental health qualification (p 's < .05).

SUMMARY

Pre-post test analysis indicates that LivingWorks Start:

- Significantly **increased participants' confidence** in identifying appropriate services that individuals in distress could be referred on to.
- Significantly **increased participants' confidence** in dealing with the needs of someone who may be suicidal.
- Led to **significant positive improvements** in participants' attitudes towards suicide prevention.

* denotes significant change where $p \leq 0.05$



➤ September 2020

Connecting for Life

Background

Suicidal behaviour is complex and frightening. The impact of suicide is devastating to families, friends, and entire communities. *Connecting for Life (CfL)*, Ireland's national, co-ordinated and multifaceted strategy to reduce deaths by suicide has an ambitious suicide prevention education and training strategy for the statutory, voluntary and community sectors.

LivingWorks Start is a 90-minute community training to increase awareness of suicide and develop basic skills at intervening with someone who is considering suicide. During the course, participants learn a powerful four-step model to keep someone safe from suicide, and have a chance to practice it with impactful simulations. The programme uses a mix of guided online content, video and interactive questions. Participants can pause and recommence the programme at their own convenience.

After completing **LivingWorks Start**, participants will be more confident in:

- Identifying indicators of suicidal thoughts
- Asking about suicide
- Talking to someone who expressed suicidal ideation
- Connecting people in crisis to support.

Context

Action 1.4 of the *CfL* Education and Training Plan identified the need to develop an online suicide prevention training programme, thus expanding the channels available to participants to engage in training. **LivingWorks Start** forms part of a suite of training programmes in suicide prevention, intervention and postvention.

As of March 2020 the Covid-19 pandemic paused the delivery of face-to-face suicide prevention training highlighting the importance of providing an online platform for delivery. The **LivingWorks Start** programme has ensured the continued availability of training across the community, voluntary and statutory sector.

Monitoring Outcomes

As part of the implementation of *CfL's* Education and Training Strategy, a results-based monitoring and evaluation (M&E) system has been put in place. To this end, participants are asked to complete a questionnaire (designed to measure changes in attitudes, confidence and stigma) at the beginning (pre-) and end (post-) of training. Modified versions of the followings scales were used;

• **Attitudes Towards Suicide Prevention (ATSP; Herron et al., 2001):** A modified version of this questionnaire which assesses attitudes towards suicide prevention was adopted in the current study (i.e., 10 of the original 14 items were used). Responses were made on a 5-point Likert scale ranging from Strongly Agree to Strongly Disagree. The possible range of scores is 9-45, and a higher score indicated a more negative attitude to suicide prevention. Note: only 9 of the items in the questionnaire adopted were scored using the Likert scale. The questionnaire has previously been used to assess attitudes towards suicide prevention in front-line health staff, nurses, midwives and allied health professionals.

• **Two items from the Morriss Confidence Scale (Morriss et al., 1999)** and adapted by *Capp et al. (2001)* were used to assess confidence in dealing with individuals displaying suicidal behaviour. Items were scored on a scale ranging from 0 ("Not at all confident") to 10 ("Very confident").

• **The Stigma of Suicide Scale (SOSS; Batterham et al., 2013):** The short-form of the SOSS questionnaire which assesses stigma of suicide was used and comprises 16 items with three subscales identifying stigma, isolation and glorification. Items are assessed using a 5-point Likert scale. The questionnaire has previously been used to assess stigma in the farming community and in university undergraduate student populations.

Analysis

Participants' mean total ratings on the ATSP questionnaire pre- (before) and post- (after) training were compared using paired sample *t*-tests (i.e., the same participants at different times). Participants' mean ratings on the subscales of the SOSS were also compared using paired sample *t*-tests. A significance level of $p \leq 0.05$ was adopted – meaning that if a statistical result was less than or equal to .05, there was less than a 5% chance that the changes observed were due to random chance; $p < 0.01 = 1\%$ chance.