

# Suicide Prevention Training Evaluating the Impact

Larry Callary – NHS Greater Glasgow and Clyde, Emma Howat – Wheatley Group, Stewart Moore - Glasgow City Council  
Glasgow City Suicide Prevention Partnership Training Subgroup

## Aim

Every day, two people die by suicide in Scotland. The vast majority of those thinking about suicide will find some way to signal their intent. Suicide may be prevented through the actions of prepared caregivers.

As part of the Action Plan to reduce suicide in Glasgow, a co-ordinated, interprofessional approach to reducing suicide in Glasgow City involves partners being engaged through a combination of local and national campaigns, awareness-raising activity, and initiatives designed to strengthen organisational and workforce capacity to contribute to suicide prevention. Central to this approach is the provision of evidence-based suicide prevention training for staff across partner organisations.

The Glasgow City Suicide Prevention Partnership (GCSPP) provides training to key frontline staff via an interprofessional multi-agency approach. To meet this aim, a series of suicide intervention skills training workshops are available for frontline staff

LivingWorks ASIST and safeTALK are delivered as part of the GCSPP Training Calendar. These are the main training programmes supported by Public Health Scotland as part of the national Suicide Prevention Strategy and Action Plan, Creating Hope Together\*.

To measure the impact of the training, evaluation reports for ASIST and safeTALK were commissioned by GCSPP. The agreed timeframe for the evaluations covered training attendance from January to December 2024.

\*Creating Hope Together: suicide prevention action plan 2022 to 2025 - gov.scot



## Methods

Two methods were used for the impact evaluation based on the Kirkpatrick Model of Evaluation, levels 3 and 4\*\* – an online survey and a focus group. The following information illustrates these methods and the outcomes from both.

An online Webropol survey was sent to all who participated in ASIST and safeTALK training during 2024. The survey was sent to a total of 347 participants that attended ASIST workshops and 648 participants from the safeTALK courses.

The survey used both qualitative and quantitative data to capture information. Quantitative data was used to establish the range of organisations who participated, how many people have used their ASIST or safeTALK skills, how many times, and in what capacity. Qualitative data was used to provide more context to capture specific examples of impact.

All interprofessional respondents were asked, as part of the survey, if they would like to take part in a focus group. The focus group meetings brought together representatives from various organisations, including NHS Greater Glasgow and Clyde, Scottish Fire and Rescue, Quarriers, Citizens Advice Bureau and the Crown Office and Procurator Fiscal Service. Attendees reviewed the ASIST Pathway for Assisting Life (PAL) suicide intervention model and safeTALK steps as well as the other main features of each training and discussed the effectiveness of the course content. Feedback from those in attendance was overwhelmingly positive.

By combining the information from both evaluation methods, the results were included within the final reports.

\*\*Kirkpatrick, D. L. (1959). Techniques for Evaluation Training Programs. Journal of the American Society of Training Directors, 13, 21-26

### Links to Impact Evaluation Reports:

[Applied Suicide Intervention Skills Training \(ASIST\) Impact Evaluation Report for 2024](#)

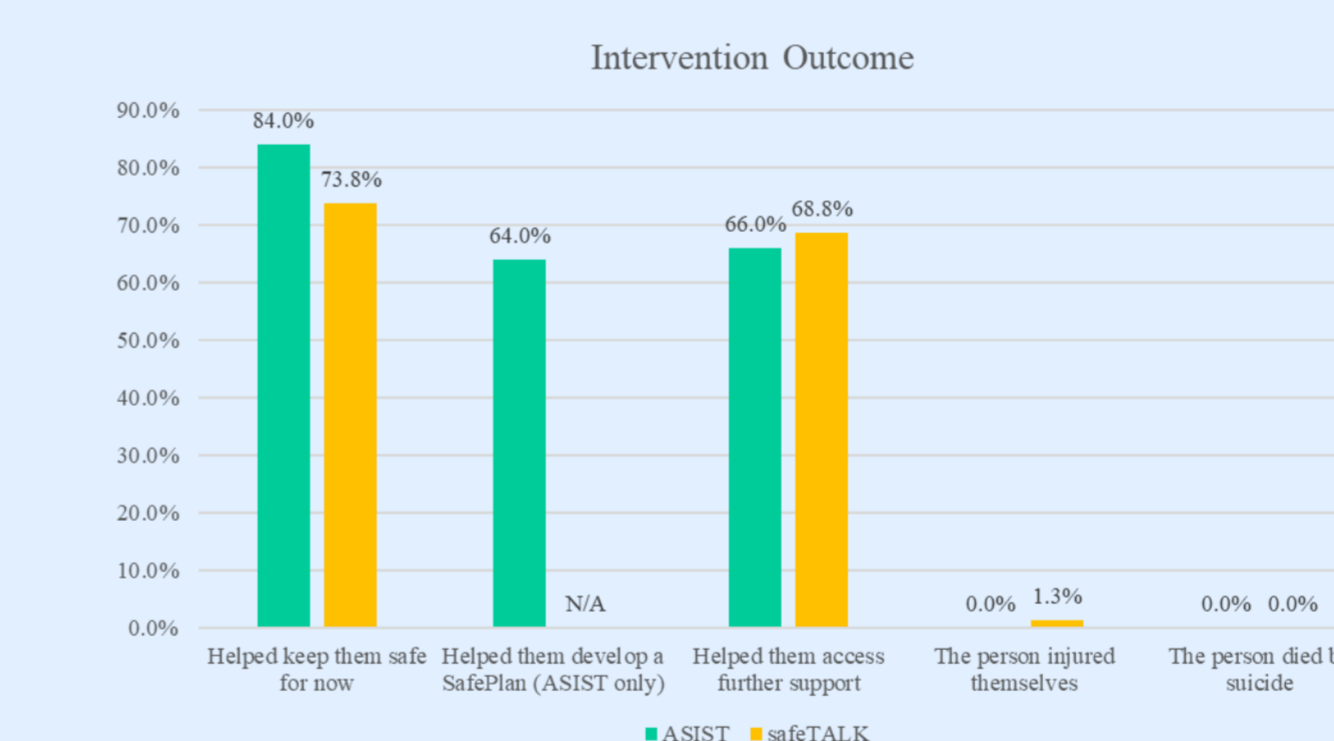
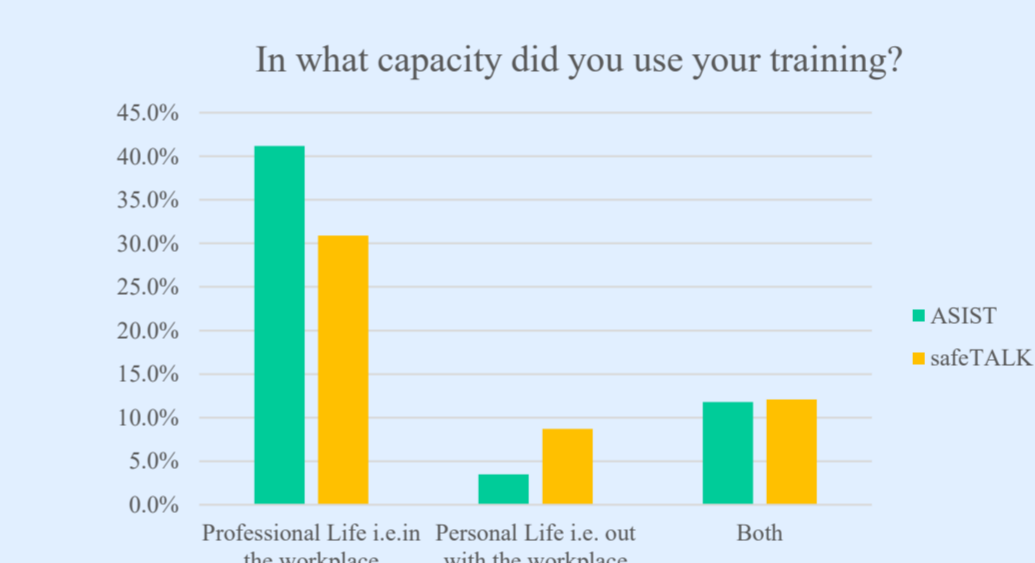
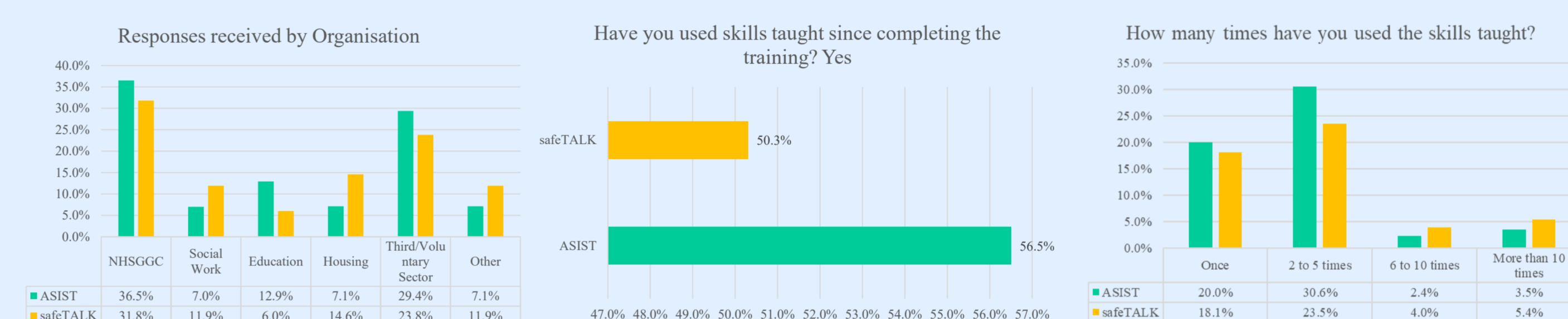
[safeTALK Impact Evaluation Report for 2024](#)

## Outcomes/Results

### Quantitative Data

A total of 85 completions were received for ASIST providing a positive response rate of 24.5%. For safeTALK, a total of 151 completions were received providing another encouraging response rate of 23.3%. The following graphs illustrate results demonstrating:

- Range of organisations completing training
- Adoption rate of the ASIST model or safeTALK steps
- Where skills were utilised
- Frequency of use
- Outcomes of interventions made



The GCSPP Impact Evaluation Reports highlight the significant positive impact that the training has had on its participants. It has been well-received and highly recommended by survey respondents and focus group attendees.

### Reports Highlights

1. High Recommendation Rate
  - 98.8% (ASIST)
  - 99.3% (safeTALK)
2. Positive Personal and Professional Impact
3. Organisational Benefits
4. Effective Transfer of skills to workplace
5. Engaging and Useful Training

### Qualitative Data

Respondents were asked to provide one brief example of a situation where they used the skills. For ASIST a total of 42 examples (49.4%) of all responses provided examples of situations. A total of 61 examples (40.4%) were provided for safeTALK. Some examples are illustrated below:

"Colleague was feeling suicidal, openly talking to me about it, agreed to keep safe for now until she could see her CPN, which was the next day".

"During planned visit to a patient, identified thoughts of suicide during discussions, implemented learning from ASIST to help the person"

"Young person in distress and asked about suicide and he said yes, helped develop safe plan to keep safe for now"

"Someone in my partner's family was feeling suicidal, and I was able to offer advice and support my partner to work with them to make a safety plan"

In addition to the above, qualitative information recorded from the focus groups was included within both Impact Evaluation Reports.

## References

Appreciation to all who responded to the survey and participated in the Focus Groups.

For more information on the detail or content of this poster, please contact:

**Larry Callary, Chair – GCSPP Training Subgroup**

**Telephone:** 07811 529 620

**Email:** larry.callary@nhs.scot

## Conclusions

ASIST and safeTALK training demonstrably enhance workforce capability, strengthen interprofessional collaboration and support timely, skilled intervention. The 2024 impact evaluations show that structured suicide prevention training contributes directly to the outcomes of Creating Hope Together, driving innovative practice and supporting transformative change across Scotland's health, social care and public services.