



**Title:** The Use and Impact of Applied Suicide Intervention Skills Training (ASSIT) in Scotland: an Evaluation

**Authors:** Griesbach and Associates

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<http://www.chooselife.net/Articles/EvaluationofASIST.asp> (accessed July 20th 2010)

**SCS topic headings:** Personal Safety, Home Safety, Safety of Vulnerable Groups

**This document is a REVIEW of an effective intervention approach.**

## **Summary of the intervention's aim**

Suicide rates in Scotland are about two-thirds higher than in England and Wales (Brock et al 2006) although since the period 2000-02, the suicide rate in Scotland has begun to fall. ASIST was introduced in Scotland in 2003 under the auspices of Choose Life, the Scottish Government's ten-year strategy and action plan to prevent and reduce suicide.

The rationale for introducing ASIST to Scotland was that training people from a range of backgrounds and in a variety of settings would increase the likelihood of intervention and, therefore, have a greater impact on reducing suicide rates. The choice of ASIST was influenced by its community focus and its international reputation and longevity.

The overall aims of this evaluation were to explore the development and implementation of ASIST in Scotland and to evaluate the impact and effectiveness of the training programme. The evaluation addressed four main questions:

- Why and how has ASIST been implemented in Scotland?
- What is known about the effectiveness of ASIST, both in Scotland and elsewhere?
- How can the impact of ASIST be maximised?
- How can the sustainability of ASIST be ensured in future?

ASIST is a two-day course in a workshop-type format that aims to help caregivers (both professionals and lay people) to become more willing, ready and able to recognise and help persons at risk of suicide. ASIST is intended as 'suicide first-aid' training and is focused on teaching participants to recognise risk and learn how to intervene effectively to reduce the immediate risk of suicide. Participants develop skills through observation and supervised simulation experiences in large and small

groups. All ASIST trainers must attend a five-day 'training for trainers' (T4T) course. ASIST was developed in the early 1980s in Canada and is an internationally-implemented training course.

### **Outcomes**

As of September 2007, there have been 576 ASIST workshops completed by 10,477 people. This represents approximately 1 in 500 of the Scottish population. In addition, between April 2004 and November 2007, there have been 12 T4Ts which have trained 271 people to deliver ASIST. However, it is also worth noting that 303 people (3%) who started the ASIST workshop did not complete it, and 77 ASIST trainers (28.4%) are currently inactive and have not delivered a workshop since 2006 (page 2).

ASIST participants have come from voluntary sector projects, housing services, mental health services (NHS, council and voluntary), primary care services, education, police and social work. However, participation by health and social care professionals has varied in different areas (page 3).

Overall, national and local stakeholders agreed that the implementation of ASIST had raised awareness of suicide, reduced stigma and fear, and that the course had given a range of people the knowledge and skills they need to help those at risk of suicide. Ideas to support future sustainability included the creation of a Scottish LivingWorks. There was also a consensus that, in the future, ASIST should be part of a suite of suicide prevention training programmes (page 3).

### **What do people think about ASIST? (Chapter 5, pp 46-54)**

- The vast majority of ASIST participants reported positive reactions to the training and found it to be useful and relevant. Those who found ASIST to be most useful were likely to be local government and voluntary sector staff (as compared to NHS staff), and individuals who perceived themselves to have low levels of suicide intervention confidence, knowledge and skills prior to attending ASIST.
- The elements of training thought to be most useful were the discussion of attitudes to suicide prevention, and learning the ASIST suicide intervention model. However, despite the hugely positive reaction to ASIST, there was also evidence of some negative reactions- in particular, negative emotional reactions, dislike of the role-play element, and mixed views on the suicide intervention model and other aspects of ASIST.

### **What did people learn from ASIST? (Chapter 6, pp 55-63)**

- Participants' self-reported levels of knowledge, confidence and skills in relation to intervening with someone at risk of suicide increased considerably immediately after ASIST and these increases were largely maintained over time. However, the majority of participants also felt that their ASIST skills needed updating.

- Participants who had intervened with someone at risk of suicide prior to attending ASIST were more likely to have higher levels of pre-course and post-course confidence, skills and knowledge than those who had not intervened prior to ASIST. The findings also suggest that people who have prior experience of intervening are more likely to sustain the gains in skills, knowledge and confidence they acquire in the workshop. An analysis by gender found that male participants consistently perceived themselves as more confident, skilled and knowledgeable than females.
- The authors found that ASIST training seemed to be reaching people with no other previous experience of suicide prevention training.

#### **What did people do as a result of the training?** (Chapter 7, pp 64-74)

- The authors found that the proportion of participants who reported intervening with a person at risk of suicide increased by 20% following their ASIST training. In addition, the vast majority of people who had intervened following training reported having one or more experiences of using ASIST to good effect.
- The most challenging aspects of using ASIST, according to participants, were asking people directly about whether they were thinking of suicide, and being personally involved with an individual who was thinking of suicide.
- The authors found that individuals who applied their learned skills into practice were most likely to be those who had prior experience of suicide intervention and who reported higher levels of confidence knowledge and skills, both before and after training.

#### **What difference has ASIST made?** (Chapter 8, pp 75-82)

- ASIST was reported to have a number of positive impacts including reducing stigma and raising awareness of suicide within organisations and communities. Moreover, it was felt ASIST had made an impact on the development of multi-agency working and information sharing practices between agencies. However, there was also some evidence that the impact of ASIST had been limited or virtually non-existent in some local areas where, for a variety of reasons, it had been difficult to implement.

#### **Summary of evaluation conclusions**

The authors found (using the methods in their research) that ASIST is, overall, an effective programme (page 103). The evidence from this evaluation and from the literature review shows that ASIST is effective in enhancing the confidence, knowledge and skills of participant (page 104). The majority of participants also reported that the ASIST course changed their attitude (page 104). The key to the effectiveness of any intervention is whether it results in changes in practice. The authors noted numerous stories throughout this evaluation of situations where individuals had put their ASIST skills into practice- with their service users, their families and friends- and where they felt they had done so to good effect. This was

confirmed by our survey which showed a 20% increase in interventions among people who were trained (page 104).

The evidence of effectiveness and impact found in this evaluation strongly suggest that SIST could have a sustainable future in Scotland. Other factors that support sustainability include the opportunity for ASIST to be part of the roll out of suicide prevention training under Commitment 7 and the focus on mental wellbeing within the developing national policy framework (Chapter 11, pp 99-113).

Importantly, there were a number of levers and barriers to the implementation of ASIST at a local level. The barriers to implementation included the cost of ASIST; the length of the training, both for participants and trainers; difficulties in recruiting and retaining trainers; and, in some areas, a lack of a strategic focus on training. Levers included a well-supported national strategy on suicide prevention which highlighted the importance of training; the availability of funding to local areas; proactive involvement of the local Choose Life co-ordinator; and a good supply of trainers (page 2).

#### **How the evaluation gathered information for findings and conclusions**

This was a large research project that gathered information and data from a range of sources to understand organisation's experience of the ASSIST programme from different perspectives. By doing so, the findings and conclusions in this report are more robust and help ensure their validity.

Both quantitative (i.e. statistics) and qualitative (verbal interviews) methods were used to capture the breadth and depth of views that exist in Scotland in relation to ASIST. The methods used in the study were:

- a review of the international literature on ASIST and a limited review of literature on other related training programmes (STORM and MHFA/SMHFA)
- an analysis of the national ASIST database; a national online survey of over 2000 ASIST participants
- interviews and focus groups with national and local stakeholders, ASIST trainers and participants
- in-depth local implementation studies (LIS) in six selected areas/organisations around Scotland.

The authors also implemented the 'Kirkpatrick model' as a theoretical framework to evaluate the ASSIST training interventions on four levels:

1. participant response
2. participant learning
3. applying learning into practice
4. organisational / societal impact of the training.

These levels are used to evaluate and discuss the findings of the research.

**Further details about the SCS evaluation of this report are available on request.**

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