

Health and Community Care

The use and impact of Applied Suicide Intervention Skills Training (ASIST) in Scotland: a literature review and evaluation

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ASIST is a two-day course that aims to help people to become more willing, ready and able to recognise and help persons at risk of suicide. 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. An evaluation of ASIST was commissioned in March 2007, with the broad aim of exploring the development and implementation of ASIST in Scotland, and evaluating its impact and effectiveness. This Research Findings highlights the main findings and conclusions of the evaluation, and sets out some areas for action in relation to the future implementation of ASIST.

Main findings

- Since national roll-out of ASIST began in 2004, there have been more than 10,000 people trained — representing approximately 1 in 500 of the Scottish population. In addition, as of November 2007, there were 271 people trained to deliver ASIST.
- The vast majority of ASIST participants enjoyed the training and found it useful and relevant. The elements of the training thought to be most useful were the discussion of attitudes to suicide, and the ASIST suicide intervention model itself.
- Participants reported substantially higher levels of knowledge, confidence and skills in relation to intervening with someone at risk of suicide after ASIST training. These increases were largely maintained over time.
- The proportion of participants who reported intervening with someone at risk of suicide increased by 20% after ASIST training. Most people who intervened felt they had done so to good effect. People who reported experiences of intervening with someone at risk of suicide *after* ASIST training were most likely to be those who had experience of intervening *prior* to the training.
- The wider impacts of ASIST included reducing stigma and raising awareness of suicide within organisations and communities and promoting better multi-agency working.
- The evaluation findings strongly suggest that ASIST could have a sustainable future in Scotland, particularly as part of the roll-out of suicide prevention training to meet Commitment 7 of *Delivering for Mental Health*.
- ASIST was perceived to be an expensive course, primarily because of the cost of materials and the cost of training trainers. This could affect the future sustainability of ASIST.
- Areas for action include: reducing the costs of ASIST; creating some flexibility in the two-day structure of the course; developing more robust selection criteria for trainers; and providing refresher courses to help people maintain their ASIST skills.

Background

Suicide and suicidal behaviour affect all age groups and communities. 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.

Choose Life funding and local co-ordination has enabled ASIST to be delivered widely, so that by September 2007, there were over 10,000 ASIST-trained people in every sector across Scotland. However, to date there has been limited published evidence of its effectiveness.

Given the Scottish Government's commitment to train 50% of key frontline staff in suicide prevention by 2010 (Commitment 7 of *Delivering for Mental Health*), it is important to evaluate the impact and effectiveness of ASIST in Scotland and find ways of optimising its impact in the future.

The Scottish Government commissioned Griesbach & Associates to carry out the evaluation of ASIST in March 2007.

Research aims

The overall aims of the evaluation were to explore the development and implementation of ASIST in Scotland and to evaluate its impact and effectiveness. The evaluation sought to answer four questions:

- 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?
- Could the sustainability of ASIST be ensured in future, and if so, how?

What is ASIST?

ASIST is a two-day course that aims to help caregivers (both professionals and lay people) to become more willing, ready and able to recognise and intervene effectively to help persons at risk of suicide. ASIST is intended as 'suicide first-aid' training.

The course is delivered over two consecutive days in a

workshop-type format. 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 at the University of Calgary in Alberta, Canada. In 1991, the company, LivingWorks Education (LWE), was set up to market the course outside Alberta.

ASIST has now been rolled-out in a number of countries worldwide. Where ASIST is newly implemented in a country, LWE retains responsibility for maintaining the quality and standardisation of the T4T and ASIST courses, and for delivery of T4T training.

Where a country has achieved International Collaborative Committee (ICC) status, that country then becomes responsible for quality control, and for collecting, recording and responding to feedback on its own courses, as well as delivery of its own T4T courses. Scotland has recently attained ICC status.

ASIST is just one of several suicide prevention training programmes offered by LWE. In addition, ASIST Tune-Up, provides a review of the principles and practices of ASIST for people who have completed the course some time ago. There are other suicide prevention training programmes available in Scotland, including STORM (Skills-based Training on Risk Management). Scotland's Mental Health First Aid (SMHFA), while not a suicide prevention training programme, addresses the possibility of suicide in people who are experiencing mental ill health, and uses risk review material from an earlier version of ASIST.

Approach and methods

This large and complex study used both quantitative and qualitative methods to capture the breadth and depth of views that exist in Scotland in relation to ASIST. The Kirkpatrick model was used as the theoretical framework for the research (Kirkpatrick 1959). This model can be used to evaluate training interventions on four levels: i) participant reaction; ii) participant learning; iii) applying learning into practice; and iv) organisational/societal impact of the training.

The methods used in the study included: 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 web survey of over 2000 ASIST participants; interviews and focus groups with national and local stakeholders, ASIST trainers and participants; and in-depth

local implementation studies in six areas / organisations around Scotland.

Main findings

Review of the international literature

Only 15 formal evaluations of ASIST were identified from the international literature and most of these were unpublished. Only five of studies (including one from Scotland) were considered to be good-quality evaluations. The remaining 10 were either of fair or poor standard. Therefore, the extent to which firm conclusions can be drawn about the effectiveness of ASIST from the published literature is limited.

The implementation of ASIST in Scotland

National implementation of ASIST began in 2004, although one area (Shetland) began implementation in 2003. The national roll-out was co-ordinated by the Choose Life National Implementation Support Team (NIST), and two posts were created in NIST for this purpose.

The specific choice of ASIST was influenced by its international reputation and longevity and its community focus, which fitted well with the public health approach of Choose Life.

The support for ASIST at a national level reflected the desire to promote a consistent approach to training across Scotland, which would in turn facilitate national monitoring and evaluation. The adoption of ASIST was not intended to preclude the development of other training programmes. However, the subsequent huge demand for ASIST left little time for NIST to investigate alternatives.

Across Scotland, at a local level, there were a number of levers and barriers to the implementation of ASIST. The barriers were its cost; 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 suicide prevention strategy (Choose Life) which highlighted the importance of training; the availability of funding to local areas to support the training; proactive involvement from local Choose Life co-ordinators; and a good supply of trainers.

As of September 2007, 576 ASIST workshops had been held in Scotland and 10,477 people trained. This represents approximately 1 in 500 of the Scottish population. In addition, as of November 2007, there were 271 ASIST trainers. However, it is also worth noting that 28% of trainers are currently inactive.

ASIST participants have come from voluntary sector projects, housing services, mental health services, primary care services, education, police and social work. However, the extent of participation by health and social care professionals has varied across Scotland.

There was consensus among national and local stakeholders that, in the future, ASIST should be one of a suite of suicide prevention training programmes available in Scotland.

What did people think about ASIST?

In general, ASIST participants enjoyed the training and found it useful and relevant. In our national survey of former ASIST participants, 94.5% of all respondents agreed with the statement that going on ASIST training had been a good use of their time.

Those who found ASIST to be most useful were 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 the training thought to be most useful were the discussion of attitudes to suicide, and the ASIST suicide intervention model itself. The elements of training thought to be least useful were the videos and the networking for caregivers. Although people often reported that they did not enjoy the role-play aspect of the training, more than 90% rated the role-play as 'very useful' or 'somewhat useful.'

In general, participants perceived the quality of training as good. However, this perception varied across trainers and/or areas.

Despite the very positive views on ASIST, there was also evidence of some negative emotional reactions to the course. These ranged from feeling emotionally drained to feeling upset and seriously distressed.

What did people learn from ASIST?

Participants' self-reported levels of knowledge, confidence and skills in relation to intervening with someone at risk of suicide **increased substantially** immediately after ASIST.

Fewer than a fifth of the respondents to the national participant survey said that their levels of confidence, knowledge and skills were 'high' or 'very high' prior to going on the ASIST course — whereas more than three-quarters said their confidence, knowledge and skills were 'high' or 'very high' immediately after the course. And, importantly, the effects were maintained over time. However, many people also felt their ASIST skills needed updating.

Participants who had experience of intervening with someone at risk of suicide prior to attending ASIST were more likely to have higher levels of pre- and post-course confidence, skills and knowledge than those who had not intervened prior to ASIST.

People who had prior experience of intervening were also more likely to sustain the gains in skills, knowledge and confidence they acquired in the workshop. At the same time, there was also evidence to suggest that ASIST enhanced learning even for those whose confidence, knowledge and skills were 'high' or 'very high' prior to ASIST training.

Do participants put ASIST into practice?

Findings from the national survey of ASIST participants showed that the proportion of participants who reported intervening with a person at risk of suicide increased by 20% after ASIST training. The likelihood of intervening was highest among NHS staff and lowest among local authority employees. However, the 20% increase in intervention after training was consistent across all sectors.

Altogether, just over three-quarters of participants reported that they had intervened with someone at risk of suicide following ASIST training. The majority of those who had not, said that the reason for this was that the situation had not arisen.

Participants' reports of putting their ASIST-learned skills into practice were largely corroborated by their managers.

The vast majority of people who had experience of intervening after training felt they had done so to good effect. Only 4% of participants reported having used ASIST to intervene when it did not go well.

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 someone who was thinking of suicide.

Individuals who intervened *after* ASIST training were most likely to be those who had experience of intervening *prior* to training, and who reported higher levels of confidence knowledge and skills, both before and after training.

The majority of ASIST interventions were reported to occur in a professional setting, between a trained staff member and a client. Slightly over a third of respondents reported intervening with a friend or relative. Only 13% reported intervening with a colleague.

What has been the impact of ASIST?

Across Scotland, ASIST was reported to have a range of positive impacts including reducing stigma and raising

awareness of suicide within organisations and communities. In some areas, ASIST had also made an impact on the development of multi-agency working practices between agencies.

However, there was also some evidence that the impact of ASIST had been limited or even non-existent in areas where, for a variety of reasons, it had been difficult to implement.

In some areas, there was a perception that there had been little take-up of ASIST among certain professional groups — in particular, GPs and other primary care staff, NHS hospital staff, ambulance staff and addictions workers. This lack of take-up was often attributed to the two-day commitment required by the ASIST workshop.

Trainers' experiences of ASIST

Despite high levels of enthusiasm and commitment, 28% of trainers were no longer delivering ASIST as of November 2007. The reasons included: demands of the "day job", the very structured nature of the course, and a lack of administrative support for marketing and organising courses.

There were also issues about the level of monitoring and support available to trainers from both NIST and LWE. Trainers from around Scotland said that they had been told in their Training for Trainers (T4T) course that they would receive on-going feedback from LWE on their delivery of ASIST. However, few said they had ever received any — either from LWE or from the then NIST Training Team — even when they specifically asked for it. A number of trainers expressed a desire to get more regular feedback or support — particularly in cases where they had had to deal with difficult or vulnerable participants.

Overall, trainers from across Scotland felt that ASIST was an excellent, well-thought-out course, with clear messages. However, they also had some suggestions for improving the effectiveness and impact of the course. These included:

- making more information available in advance about the content of the T4T course, and ensuring that participants have read and understood the information available about the commitment involved in being an ASIST trainer
- making more information available to participants about the content of the workshop
- localising the course — i.e. making it Scottish and more culturally relevant
- modifying the role-play aspect of the course in order to reduce performance anxiety.

The cost of ASIST

At a national level, the main cost associated with ASIST has been the cost of training trainers and purchasing materials. Until recently, all Scottish T4T courses have been delivered by LWE Coaching Trainers from Australia, Canada, USA and Ireland, and all materials have been purchased from LWE. As of January 2008, payments to LWE related to the implementation of ASIST in Scotland have totalled **£538,133**. In addition, there have been hotel costs in relation to the delivery of T4T courses which have totalled **£177,034**.

From March 2005, NIST began to charge local areas £1,800 per trainer for T4T. Since then, a total income of **£457,955** has been generated by NIST in relation to ASIST. This includes the sale of training material purchased from LWE and sold on to the Scottish ASIST network.

ASIST was perceived by many to be an expensive course. There were concerns that, if there was no more funding from Choose Life, it would be difficult to sustain ASIST in the long-term. Trainers and Choose Life Co-ordinators from around Scotland had a number of suggestions for how the cost of ASIST could be reduced. In general, these suggestions related to reducing the cost of materials.

Conclusions and areas for action

The findings of this evaluation strongly suggest that ASIST could have a sustainable future in Scotland. Other factors that would support sustainability include the possibility 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.

However, there are some areas for action that would maximise the impact of ASIST and improve the prospects for sustainability. These include:

- Reducing the overall cost of ASIST, by reducing the cost of materials and supporting the development of a Scottish T4T Coach Training team

- Creating flexibility in the two-day structure of the course
- Developing more robust selection criteria for trainers
- Running refresher courses to help people maintain their ASIST skills.

Finally, one of the key messages of this evaluation was that future sustainability will depend on training the “right” people in the right setting. This reinforces the findings of the evaluation of the first phase of Choose Life (Platt *et al* 2006). A key area for action, therefore, is in relation to targeting of ASIST.

The evidence from this evaluation suggests that, to make the greatest impact, suicide prevention training should be targeted at those who have most opportunity to use the skills because they work with, or live beside, people from sections of society most at risk of suicide.

This includes people living in areas of deprivation and those affected by drug and alcohol problems. Local areas may wish to prioritise ASIST training for those who have greatest contact with these key target groups.

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ISBN 978-0-7559-7098-8

