



Impact Evaluation Report for 2024

**Glasgow City Suicide
Prevention Partnership
Training Subgroup
September 2025**

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safeTALK Impact Evaluation Report – February 2024

1. Report Summary

This report discusses the impact that completing safeTALK training has had on respondent's practice within Glasgow City.

LivingWorks safeTALK is a 3.5 hour training course that equips people to be more alert to someone thinking of suicide and better able to connect them with further help. Further information about safeTALK can be found here [LivingWorks safeTALK - LivingWorks](#)

Key findings include:

- 99.3% of respondents would recommend participating in safeTALK training
- Respondents recognise the positive impact that safeTALK training has had on them, both personally and professionally

2. Background

safeTALK is delivered as part of the Glasgow City Suicide Prevention Partnership (GCSP) Training Calendar. The GCSP Training Subgroup is responsible for the delivery of a suite of suicide prevention training courses across the city.

The safe part of safeTALK stands for suicide alertness for everyone whilst the TALK part has two meanings. TALK stands for the idea that direct and open talk about suicide is the key to preventing suicide. In another and more specific way, TALK says Tell, Ask, Listen and KeepSafe. These are the steps that a suicide alert helper does and are taught within this programme.

The impact evaluation of safeTALK was commissioned by this training subgroup. The agreed timeframe for the evaluation was January to December 2024. A copy of the survey can be found in **Appendix 1**.

A similar impact evaluation was undertaken for the period March 2022 (resumption of training following global pandemic) to November 2023 by

the GCSPP (www.stor.scot.nhs.uk/handle/11289/580419) and references to that report will be made during this report.

Respondents across multi-agencies are offered the opportunity to access safeTALK training via a booking system and it is offered twice on a monthly basis. It is a part of the main training programme supported by Public Health Scotland as part of the national Suicide Prevention Strategy and Action Plan, Creating Hope Together.

3. Aim

The aim of the evaluation was to understand the impact that safeTALK training has had on individuals, both personally and professionally, and their organisations.

4. Methodology

Two methods were used for the evaluation – an online survey and a focus group. The following information illustrates both these methods and the outcomes from both.

4.1 Online Survey

An online Webropol survey was sent to all who participated in safeTALK training during the agreed timeframe. Respondents were informed that the feedback gathered would be used to inform an impact evaluation report. The survey was sent to a total of 648 attendees.

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 safeTALK skills, how many times, and in what capacity. Qualitative data was used to provide more context to capture specific examples of impact.

The 2022/23 report was delivered in a similar way using a survey to gather feedback. In addition, the following recommendations from that report were:

1. Follow up the survey with a focus group to gather further information
2. Address representation of the population group with additional questions related to equalities data

These were included within this year's evaluation and will be addressed later in the report.

Limitations of the survey

The researchers identified some limitations with the evaluation.

1. A Webropol survey, sent by email, was used to gather feedback. It is unclear whether every participant received the survey as they may have a new/different email address from when they participated in their initial training. It should be noted that several email bouncebacks were received.
2. Qualitative data is subjective in nature and is interpretation based. This can lead to researcher bias. The volume of data makes analysis and interpretation time consuming.
3. Quantitative data gives a less detailed picture as only numerical data is captured and gives less insight into thoughts, motivation and drivers for the subject matter.

Findings

Quantitative

A total of 151 completions were received providing a response rate of 23.3%. This was a higher response rate from 2022/23 where 20.1% of respondents completed the evaluation survey.

The following infographic illustrates the quantitative responses from respondents demonstrating:

- Range of organisations completing safeTALK
- Adoption rate of the safeTALK steps
- Where skills were utilised
- Frequency of use
- Outcomes of interactions taken place

LIVINGWORKS safeTALK



Course Attendance by Organisation

99.3% would recommend the training to others

51% stated they have used the TALK steps - How many times?

Once	35.5%
2 to 5 times	46.1%
6 to 10 times	7.9%
More than 10 times	10.5%

What was the outcome of your interaction?

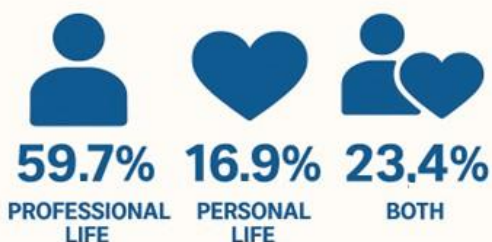
Helped keep them safe for **73.8%**

Helped them access further support **68.8%**

The person injured themselves **1.3%**

The person died by suicide **0.0%**

50.3% indicated they used the TALK steps since completing the training



Qualitative

Respondents were asked ‘*If you have used the learning from safeTALK since your training, please provide one brief example of a situation when you used the TALK steps*’.

Respondents highlighted a range of situations where they used the TALK steps in a variety of settings including:

<i>Service Users/Clients</i>	<i>Family members</i>	<i>Friends</i>
<i>Young persons</i>	<i>Colleagues</i>	<i>Patients</i>
<i>Helplines</i>	<i>Students</i>	<i>Member of Public</i>
<i>Customers</i>	<i>Pupils</i>	

A total of 61 examples (40.4%) of all responses provided examples of situations. These examples included the following and are illustrated as written by respondents. A full list of responses can be found at **Appendix 2**.

“I had a Service User call me extremely distressed. By using the steps, I was able to diffuse this situation and link him into services that can support him”.

“Nephew presented low in mood, withdrawn, started to self-harm again. Gave him a safe space to talk and together we sought further help”.

“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”.

“Team member reported they had went to “their spot” over the weekend and planned to end their life”.

“I had a patient disclose he felt suicidal, I listened to him and before I left him I explained I would need to pass this onto the medic in charge/ also wrote in his notes. Follow up conversations we’ve had since; he is doing much better . Talking, being heard and telling someone was helpful”

Respondents were asked ‘**Has your safeTALK training had any impact on your organisation?**’ with 52.3% saying “Yes” however 40.3% indicated “Don’t know” as their response. Additional comments and examples are detailed below. A full list of responses can be found at **Appendix 3**.

“As Wellbeing Lead Champion for the City of Glasgow area I have used the training to help upskill colleagues across the area, in particular Supervisory Managers who manage operational crews and respond first to emergency incidents, of which many are crisis incidents with our crews attending ahead of Police Scotland and SAS”.

“I feel that since my training, my workplace is more equipped to manage someone who is thinking about suicide”.

“It has made us more confident on how to ask someone if they are feeling suicidal”.

“My organisation deals with mental health policy and providing national mental health supports. Understanding about the importance of the safeTALK steps and asking the question about suicide has been helpful for our professional awareness and has furthered our understanding of how to better support people”.

“It has impacted our organisation positively, giving more staff the tools and confidence to talk to, support and signpost people experiencing suicidal thoughts”.

Similar to the 2022/23 survey, respondents were asked if they would recommend safeTALK training to others and then provide any additional final comments. 99.3% of respondents would recommend participating in safeTALK training with only one participant saying “No”.

A full list of additional final comments can be found at **Appendix 4**. Some examples of these comments are as follows:

“I think this training is very useful, and it would be great if more people did it as we have a very high suicide rate in Scotland, particularly among men. Promoting awareness, and giving people the skills to tackle this topic, in a really meaningful way, is vital”.

“The safeTALK training was one of the most useful and engaging training sessions I have had in recent times”.

“Phenomenal training that is absolutely invaluable for anyone who is coming into contact with colleagues or the public”.

“I thought the course was very good. In my role I often speak with customers who are very vulnerable and in the past I may have been more reluctant to speak honestly with people who were expressing thoughts of suicide for fear talking would amplify their feelings but the course has made me more confident to meet the subject of suicide head on with service users”.

“Really excellent and memorable training. Great content and very well delivered. Essential for both professional and personal lives”.

“I found it really helpful as a confidence builder in just not panicking when someone mentions suicide / knowing that it's almost impossible to say something 'wrong' / any kind of showing up when someone feels like that is positive. I also have felt able to just ask the question about whether someone is thinking about killing themselves and appreciated the learning about the importance of using the right language and moving away from the word committed”.

4.2 Focus Group

All respondents were asked, as part of the survey, if they would like to take part in a focus group. From the responses, 19 participants agreed to take part. However, on the day of the meeting, only 5 respondents attended. Despite this, a lot of useful information was gathered as part of the feedback.

The safeTALK focus group meeting brought together representatives from various organisations, including Scottish Fire and Rescue, Quarriers, NHS Greater Glasgow and Clyde, Citizens Advice Bureau and the Crown Office and Procurator Fiscal Service. Attendees reviewed the safeTALK steps as well its other main features and discussed the effectiveness of the course content, supported by last year’s impact evaluation video. Participants agreed the training was highly beneficial and relevant.

The feedback provided by the Focus Group offers significant insights into the impact and effectiveness of safeTALK training. Participants indicated that the programme is invaluable, as it equips individuals with the confidence and necessary skills to address suicide in a clear and direct

manner. Personal accounts shared by participants demonstrated that the training has empowered them to offer meaningful assistance to those experiencing thoughts of suicide, suggesting a broader, positive influence within their communities.

It was noted that the training is especially advantageous for individuals working in roles with exposure to trauma. By emphasising precise language regarding suicide, the training contributes to reducing stigma and facilitates more open discussions. The inclusion of practice scenarios and impactful video content were identified as essential elements that foster confidence and enhance the ability to connect in with intervention opportunities.

The Focus Group also emphasised the importance of providing a comprehensive list of resources to support the safety and ongoing care of individuals experiencing suicide thoughts. In summary, the training is regarded as an essential resource, empowering participants to make informed decisions and to support others effectively.

5. Demographic and equalities information

As detailed earlier in this report, a recommendation from the 2022/23 report was that information around population group and equalities data should be sought and collated. This took place via the online survey and at the focus group.

The data was collected voluntarily and anonymously with 29 respondents providing the information. This provided a response rate of 19.2%. A full list of responses can be found at **Appendix 5**.

From this, the following results were gathered:

Gender Distribution

- Female: 89.6%
- Male: 10.4%

Age Distribution

- 25-30 years: 7.0%
- 31-40 years: 17.2%

- 41-50 years: 31.0%
- 51-60 years: 24.2%
- 61-75 years: 17.2%
- Prefer not to say: 3.4%

Religious Beliefs

- None: 32.1%
- Roman Catholic: 28.6%
- Church of Scotland: 17.9%
- Atheist: 7.1%
- Other Christian: 3.6%
- Prefer not to say: 10.7%

Ethnic Group Identification

- White - Scottish: 93.2%
- African: 3.4%
- Caribbean or Black: 3.4%

Sexual Orientation

- Heterosexual / Straight: 75.9%
- Bisexual: 6.9%
- Other: 3.4%
- Prefer not to say: 13.8%

Health Conditions (Mental and Physical Health)

- Yes: 10.8%
- No: 82.1%
- Prefer not to say: 7.1%

Daily Activity Limitations Due to Health Conditions

- No, not at all: 64.2%
- Yes, a little: 21.5%
- Prefer not to answer: 14.3%

The data indicates a predominance of female respondents (89.6%) and a significant portion of the population aged between 41-60 years (55.2%).

The predominant religious beliefs are Roman Catholic (28.6%) and a higher proportion of respondents identify as having no religious beliefs (32.1%). Ethnically, the vast majority identify as White - Scottish (93.2%).

The majority of respondents (75.9%) identify as heterosexual/straight, with a small percentage identifying as bisexual (6.9%). In terms of health, most respondents do not have a long-term physical or mental health condition (82.1%), and among those who do, most report that their condition does not affect their daily activities (64.2%).

These findings highlight the diversity within the respondent group while also indicating predominant trends in gender, age, and religious beliefs. The health data suggests that long-term physical or mental health conditions are not common in the group, and those who have such conditions generally do not experience significant limitations in their daily activities.

6. Conclusions

The **GCSPP safeTALK Impact Evaluation Report** highlights the significant positive impact that the safeTALK training has had on its participants, both personally and professionally. The training, which is part of the Glasgow City Suicide Prevention Partnership (GCSPP) Training Calendar, has been well-received and highly recommended by the respondents.

1. **High Recommendation Rate:** An overwhelming 99.3% of respondents would recommend participating in safeTALK training.
2. **Positive Personal and Professional Impact:** Respondents have recognised the positive impact that safeTALK training has had on them. They have reported increased confidence and skills in addressing suicide, which has been beneficial in various settings.
3. **Organisational Benefits:** The training has also had a positive impact on organisations. Over half of the respondents (52.3%) indicated that the training had a positive impact on their organisation. They reported that their workplaces are now more equipped to manage situations involving individuals thinking about suicide.

4. **Effective Use of TALK Steps:** Respondents provided numerous examples of situations where they effectively used the TALK steps. These examples demonstrate the practical application and effectiveness of the training in real-life scenarios.
5. **Engaging and Useful Training:** The training has been described as engaging, useful, and invaluable. Participants appreciated the practical scenarios and impactful video content, which helped build their confidence and skills in helping those with thoughts of suicide.
6. **Focus Group Insights:** The feedback from the focus group further supports the positive impact of the training. Participants from various organisations agreed that the training was highly beneficial and relevant.

7. Recommendations

Having analysed and reviewed the data from the safeTALK survey, the GCSPP Training sub-group would like to highlight the following recommendations:

- The survey illustrates the continual positive impact that safeTALK has on people and it should continue to be delivered as part of the GCSPP City training calendar.
- Disseminate feedback and participant testimonials to further promote engagement and foster organisational commitment to safeTALK training.
- Continue to use both survey and focus group methods for evaluations, while exploring ways to increase response rates and reduce bias in feedback.
- Leverage the high satisfaction rate (99.3% of respondents would recommend the training) to promote the effectiveness of the training. Encourage trained individuals to share their positive experiences and advocate for the training within their networks and organisations.
- Similar to the 2023 Impact Evaluation, these evaluations should continue on annual basis to build upon the current and future evidence base.

Further Information

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Appendix Section

Appendix 1

Glasgow City Suicide Prevention Partnership safeTALK Evaluation 2024

What organisation did you represent when attending safeTALK training?

NHSGGC	
Social Work	
Third/Voluntary Sector	
Education	
Housing	
Other	

Have you used the TALK steps since completing the training?

Yes	
No	

In what capacity did you use the TALK steps?

Professional Life i.e.in the workplace	
Personal Life i.e. out with the workplace	
Both	
Haven't used	

How many times have you used the TALK steps?

None	
Once	
2 to 5 times	
6 to 10 times	
More than 10 times	

If you have used the learning from safeTALK since your training, please provide one brief example of a situation when you used the TALK steps.

What was the outcome of your interaction? (Select as many that apply)

Helped keep them safe for now	
Helped them access further support	
The person injured themselves	
The person died by suicide	
Other	

Has your safeTALK training had any impact on your organisation?

Yes	
No	
Don't Know	

Please explain your answer to Q8 and add in comments below

Would you recommend safeTALK training to others?

Yes	
No	

Please use the space below for any other comments you would like to include

Appendix 2

If you have used the learning from safeTALK since your training, please provide one brief example of a situation when you used the TALK steps.
Spotted invitations, asked question about suicide
I had a SU call me extremely distressed. By using the steps, I was able to diffuse this situation and link him into services that can support him.
As Wellbeing Lead Champion for the City of Glasgow area I have used the training to help upskill colleagues across the area, in particular Supervisory Managers who manage operational crews and respond first to emergency incidents
When a young person had mentioned that they had wanted to end their own life.
Focusing on a positive in the person's life
A woman I was supporting in my workplace gave invitations that she was thinking about suicide. I explored this further with her and went through the TALK steps.
Reassuring worried and anxious students
Pupil self-harmed.
Supporting a woman who called our crisis helpline and who had suicidal ideation.
Used it when I was on duty with a patient who was distressed and were thinking of suicide
The structured method of asking about suicide when you're concerned has been incredibly useful - the 'sometimes when someone goes through something like this they consider suicide, have you been considering suicide?' etc. Used a few times now and very effective.
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. Colleague had, unknown to me at the time, attempted suicide some years ago.

With a young person who expressed behaviours that were outwith his normally behaviours. During discussions it became clear that he had had thoughts about harming himself so I asked the question.
Service user disclosed thoughts of suicide, went through steps and clarified no plans/actions were in place and was then able to explore coping strategies
supporting a service user who was feeling low I used the safe talk steps
I met a young person on a train who was visibly distressed and had run away from home. In conversation with them they told me about their mental health and signalled they had thoughts of suicide. So I used the safeTALK steps starting with asking suicide
with a friend who presented as feeling hopeless
Victim during call said I just don't want to be here anymore. I was able to ask directly if she was thinking about suicide, luckily she said she wasn't right now but had in the past. I was able to put support in place for her.
I used the learning on a telephone call with a victim when discussing the processes of the case.
Young person expressing suicidal thoughts and plans of taking their own life.
discussion with colleague re patient
over the telephone to a member of the public, awareness and support given.
Person expressed suicidal ideation and previous DSH
An accident occurred when I took my service users to a conference meeting, He was agitated and started misbehaving. I talked to him and calm him down
Speaking with a client who was advising they would kill themselves if they were not given temporary accommodation
A friend tried to take their own life
Asking about staying safe if thoughts of suicide.

De-escalation with PWWF in a situation threatening suicide
Assessing suicidal patients in ED
Encouraging a patient to open up and discuss their SI.
someone disclosed previous suicidal behaviour and present low mood
Customer called the housing office following the death of his mother. HO took call over from the support staff and noticed distress from the customer. HO used safe talk training to ask direct questions about customer's state of mind and risk to themselves. HO stayed on the line until emergency services attended to support the individual.
Service user reported experiencing severe low mood and contemplating suicide.
Team member reported they had went to "their spot" over the weekend and planned to end life.
In treatment room when patient came in with self-harm wounds
I was able to identify some warning signs and confidently ask someone if they had thoughts of suicide and if they had a plan.
Not used directly but discussed in context of work
A customer threatening suicide on the phone. A friend who described feeling suicidal
A university student I was supporting was feeling low and showing signs that they might have suicidal thoughts. I used the steps to confirm that they were but didn't have a plan in place. And I was able to support them through an application to our university counselling service.
Client advised suicidal thoughts - GP details taken and permission given to call GP for a further welfare check.
Just general advice to people who are struggling
Customer distressed at work
none as yet as not come up
supporting staff with suicidal customer

Patient talking about intrusive thoughts in his mind, and patient reporting feeling hopeless, thinking of doing something "stupid"
I had a patient disclose he felt suicidal, I listened to him and before I left him, I explained I would need to pass this onto the medic in charge/ also wrote in his notes. Follow up conversations we had since, he is doing much better. Talking, being heard and telling someone was helpful
spoke with a patient who was experiencing suicidal thoughts more than once.
A service user had issues with gambling and had got himself into a mess financially and could not see a way out and was saying he didn't think he could see past his situation or go on. I was able to speak more confidently and frankly with him than I would have in the past and ultimately got him medical intervention. I have kept in touch and worked with him since to help with his financial situation and he is getting ongoing medical help and care. He is doing much better.
I was on the phone with a young person who was experiencing very challenging situations.
Had a friend who was incredibly distressed. I was able to get them safe for a period of time. However, they weren't able to help themselves to a better situation after so I fear will end up back there.
A young person spoke to me about a difficult situation she was experiencing and given the invitations that she used I felt a safeTALK was appropriate.
client made a remark which on being clarified, confirmed he had been thinking about suiciding, but no plan in place. Provided telephone helpline numbers and he said he'd be happy to talk to GP about MH. Returned next day to say had made a GP appt - and to say, 'thank you.'
With a counselling client
In a personal capacity whilst speaking with a friend who was experiencing a period of poor mental health
An employee who had expressed suicidal thoughts to their manager and I was asked to give them a call.

During a call on the phone the caller said they were going to kill themselves.

I used the training to help an individual access further support

Welfare check on student suffering depression and anxiety.

Just being better prepared for difficult and challenging situations. Where as previously I may not have known how to respond.

Guided people to seek help

Nephew present low in mood, withdrawn, started to self-harm again. Gave him a safe space to talk and together we sought further help.

Appendix 3

Has your safeTALK training had any impact on your organisation? Comments
Staff feel the benefits of this training.
While no specific interactions have followed the exact steps or needs for safeTALK, elements have influenced how I have approached elements of discussing suicide and safety in role positively
I am more comfortable asking patients about their thoughts of suicide as I'm more prepared in case they answer that they are thinking of it. This has improved of the discussions I have with patients in general practice
I don't work with an org so not applicable
As Wellbeing Lead Champion for the City of Glasgow area I have used the training to help upskill colleagues across the area, in particular Supervisory Managers who manage operational crews and respond first to emergency incidents, of which many are crisis incidents with our crews attending ahead of Police Scotland and SAS
it helps me to keep our young people in residential care more safe and helps me be an attuned worker to how I can best support them in times of crisis.
I have not had an opportunity to use safeTALK yet.
Other staff going on training and clients know they have a person they can talk to in me
Important training for staff, making us aware of the signs of suicide and how to help someone in need and prevent further suicide deaths.
I feel that since my training, my workplace is more equipped to manage someone who is thinking about suicide.
Staff are more confident dealing with difficult situations, they are able to use the tools learned to better support people in distress.
We have pupils with poor mental health that indicate at home that they want to be unalived. Some have autism and this is a go to phrase for them (I want to die... I'm going to kill myself) but we still take it seriously. Other pupils have self harmed. Pupils know that I am

available to talk and I've did this through dialogue with pupils, relationship building and regular check ins. I've also ensured through assemblies that all pupils are aware that my office is the place to go at any time and I have a range of resources there to support. I've also supported a parent with a safe plan
staff have discussed the training and approaches to supporting clients
It has made us more confident on how to ask someone if they are feeling suicidal
We get a lot of calls from women in crisis at our helpline, the training I attended has given me more confidence in asking women if they are feeling suicidal, I feel it helps me to help them more in the short space of time we have in talking with them.
We were provided with a useful list of telephone numbers and websites for organisations that we use to help patients
I actively listen for key points if someone is talking about their mood etc now, using some of the TALK points.
confidence if ever was needed to be used
helps safe practice
I would understand it to be so as I believe this was a concern for a number of people within the organisation.
Making myself and other staff members feel more confident to ask about suicide.
I could only answer for my own department, and state that, yes, it has had a positive, and meaningful, impact, on my department.
I believe it has encouraged us to talk to each other about our MH
I work with vulnerable young people and I have promoted the training to others as I think it is an essential tool to have.
My training has ensured that our organisation has an informed and allocated individual to support anyone who may be having thoughts of suicide. Team members are aware that they can signpost/refer to me to provide support

My organisation deals with mental health policy and providing national mental health supports. Understanding about the importance of the safeTALK steps and asking the question about suicide has been helpful for our professional awareness and has furthered our understanding of how to better support people.

Not used it in any particular circumstances, increased my awareness though and my listening skills, therefore although I have not used it in particular situations I did benefit from it.

I am not fully aware of direct impact. I can only imagine, given the quality of the session, that there will have been an impact as the session was really helpful in opening awareness and supporting people in need.

Numerous amounts of people from my department have attended the safeTALK training, meaning more people are aware of the signs and are able to help when needed. There feels a sense of security that people are trained to help and discuss this subject when it is still very much a taboo subject.

I'm unsure of the impact it's had on the wider organisation but can say it has definitely helped me in day to day job and I have been able to help others in my team when dealing with victims who need help.

Shared knowledge of training and supported other colleagues.

Have not discussed any situations with anyone so not sure how it has gone. I would imagine in certain Departments they have had to use it.

It has raised awareness and provided practical strategies about how to prepare for dealing with critical situations.

The input was illuminating and constructive, providing positive helpful options that could make a difference in real life. So much better than on-line training where complex subjects cannot be dealt with in a nuanced way.

No feedback from organisation to know

Not sure of impact for my organisation

Staff developed relevant skills to support people we work for in relation to suicide.

Good
I believe that staff feel more confident in broaching the subject of suicide and in directing people to the help that they need.
We generally tend to work in isolation, and not with the wider organisation.
I don't know - sorry!
I am not always in contact with others in the organisation so unsure what effect training has had with staff & others.
Ultimately, I'm not sure the safeTALK training contributed to a change in decision-making, although it did make it easier to get there.
Large organisation so hard to measure
useful guidance for difficult conversations / situations
Changed the way the staff feel they are able to talk about suicide, removed elements of fear about how to approach the subject
We were able to support the individual to access relevant services and put in support from GAMH, enabling them to be safe and well in the community and they did not act on their contemplation of suicide.
no feedback from organisation, it did save someone's life so I guess this is an impact
Gives a lot more insight on how to have these difficult conversations
I am fortunate that I haven't had to use this
I think it has meant that I have been able to more easily identify students at risk and intervene when appropriate to help them get the support that they need.
I feel more confident facing some situations related to our participants and I have shared what I learned and reflected in the training with my team.
I support a lot of people who work with people who express suicidal ideation. It has been useful for my capacity to support these people and for my professional development.

I feel more comfortable approaching conversations around suicide and more confident in directing people to support
I'm not sure if other colleagues have used the steps, but I think we are all equipped with the knowledge to help someone in the moment and contact the relevant teams within our University.
Staff feel more able and equipped to deal with possible suicidal victims and witnesses
The training was very helpful in regard to how to speak with clients and what is helpful. Further staff members have now attended the training also.
Spreading the word of suicide and break down stigma
Unsure as a whole, but I'm sure it has for a large portion
I found this a very interesting and insightful talk and if I do need to use it in future, I feel I will be prepared to do so.
Increased understanding of how patients are thinking and how to best support them
I am unsure
Enabled me to be more aware in my role
unsure how to quantify, very important to attend such a well managed and presented talk.
It has enabled and empowered staff to be able to communicate and assist with customers who are feeling suicidal with more confidence.
this training is now being rolled out to Police Officers throughout Glasgow
Not used at work and organisation has official MH first aiders who would be point of contact.
After discussions with my colleagues, I feel there is a heightened degree of confidence in applying the safeTALK steps when required.
I kept a young person under 16 safe at the time of the safeTALK and they continue to be safe. They are now linking in more with

professionals including CAMHS, achieving at Education and have a post-School positive destination to look forward to.
I have not used the skills learn yet
x3 people have been trained, recently. Helps us be clear and confident in identifying and responding to people who are vulnerable.
I feel able to identify possibly indicators of suicidal ideation/intention and respond calmly and proportionately - this is a huge asset to me, my colleagues and the organisation
more people are able to utilise the skills they gained from safeTALK
It has impacted our organisation positively, giving more staff the tools and confidence to talk to, support and signpost people experiencing suicidal thoughts.
The caller wasn't serious and it was an empty threat but I was able to establish this by asking them directly which I wouldn't have had the confidence to do so prior to this training. This situation has happened a couple of times-the caller said it because they were angry but didn't actually mean it.
I don't know numbers of attempted or completed suicides among our students or staff. It can only be a good thing though.
Made us more aware of questions to ask young people to ensure that they are kept safe
As an organisation you want to be seen as at the heart of a community, where anyone can approach you regardless of the circumstance. Word normally spreads and positive feedback is gained from your service users.
I have shared with others in my management team of the benefit of this training, however not aware of anyone else putting themselves forward for it.
It has provided our department with a resource that it did not have and links in well with our Peer Support
Haven't managed to use it so not sure about impact
It's hard to know.

Appendix 4

Please use the space below for any other comments you would like to include.

Course was a pleasure to take part in.

thankfully no situation has arisen where I have needed to use the safeTALK steps but with the material I have to reference I feel confident I can put them into practice should it occur

I accessed the course via HSCP partners which was very much appreciated. I received the schedule of all safeTALK / suicideTALK & ASIST courses for the 2nd quarter of 2024 but haven't received this since. If this could be shared on an ongoing basis it would enable colleagues to attend to widen our cadre of trained staff.

I have had dialogue with Larry Callary and colleagues about potentially delivering a bespoke online version across all 55 of our operational fire station watches with 11 stations having 5 watches each:
green/blue/white/red/amber

It isn't possible to release personnel from operational duties to attend in person due to numbers and staffing challenges but if we could have the course delivered 5 times across MS Teams all stations could join and benefit from the training whilst remaining available for operational incidents.

Due to conflicting demands, I haven't been able to progress this to delivery as yet but am very keen to do so.

Thank you

I thought the training was excellent and very well put together. I found the role play quite intimidating but after doing it found the huge benefits it has. Particularly on your confidence to deliver what you have been learning and how to use this in different situations.

Great trainers and training

Excellent training, I haven't had to use skills gained yet but know that time may come.

Unfortunately, due to staffing not sure if I would be able to take part in focus group 9th June.
This training is invaluable. Despite being in education and not there for pupils over holidays, my better understanding made me ensure that pupils had access to apps and phone lines for additional support. I'd never had thought of this previously
Really enjoyed this training and would recommend it
N/A
Useful accessible training.
I think this training is very useful, and it would be great if more people did it as we have a very high suicide rate in Scotland, particularly among men. Promoting awareness, and giving people the skills to tackle this topic, in a really meaningful way, is vital. I really enjoyed the training, and the trainers were excellent, particularly Larry Callary.
safeTALK training should be considered as important as first aid training. It gave me the confidence to approach a situation that I would have previously avoided
I found the aspect of having to identify that you were leaving the room for the toilet or because you were struggling inappropriate. I appreciate it is well intentioned; however, I found that incredibly disconcerting.
This was an excellent session and of great value to those working in care and in their personal lives. I would recommend that this be rolled out to all care establishments and perhaps to schools and community groups, if not already done so.
the safe talk training was one of the most useful and engaging training sessions I have had in recent times. Larry the trainer was brilliant. It should be mandatory for all VIA staff within COPFS
Training was excellent and one of the best courses I have been on, informative and useful in my daily work
Yes, I think it is good to have the knowledge of what to do if you were faced with a situation.
It was instructive to be part of a multi -disciplinary cohort which made it possible to understand and learn from other perspectives.

<p>I was sceptical about attending this full 2 day course but found it really well run and informative, providing me with tools to really help someone.</p> <p>I have recommended this training to colleagues as feel it is very beneficial.</p>
No comment
.
I found the training interesting, and helpful in providing confidence managing this situation, if it should come up.
Really great training, good introduction to feeling comfortable having conversations about suicide.
Could be useful to include diverse cultural understanding and stigma re mental health and suicide. Though I find the guidance and training useful I still modify it to be culturally safe, i.e. usually take longer to build rapport and trust, explain mental health concepts and try to destigmatise before using TALK steps.
Great training session, very impressed with the trainer the held the course.
Phenomenal training that is absolutely invaluable for anyone who is coming into contact with colleagues or the public.
Gave a lot of confidence and reassurance dealing with suicidal feelings.
I found the training really engaging. Larry encouraged people to feel comfortable speaking and really helped break the stigma of talking about suicide.
It was a great course and gave me more knowledge to help others
Very professionally delivered - extremely useful
I thought the course was very good. In my role I often speak with customers who are very vulnerable and, in the past, I may have been more reluctant to speak honestly with people who were expressing thoughts of suicide for fear talking would amplify their feelings but the

course has made me more confident to meet the subject of suicide head on with service users.
I believe this training to be essential to police officers on the street
Really excellent and memorable training. Great content and very well delivered. Essential for both professional and personal lives.
an email network to keep on opportunities for other training or refresher info might be nice.
this is a fantastic tool to use when its needed. I haven't used this since this safeTALK but did a previous course and had to use it in my personnel life as my son was going through a tough time.
I personally enjoyed the training, I feel I am more confident and willing to use safeTALK steps should the need to arise.
This training is useful for work as well as for personal life.
Trainer was a clear communicator and very supportive of attendees.
Effective and invaluable training
despite the topic for the training, I am extremely grateful for having had the opportunity to participate but even more so to be able to help my loved ones get the support they needed when they needed it most. Before this training I may not have asked the right questions, and who knows what could have happened! Thank you.
I wish this training was mandatory as every member of staff would benefit from it.
I felt training was very worthwhile due to interactions. It can be seen as difficult subject, but it was good to have a safe space to discuss these issues. I would recommend the course to everyone, as you'll never know when you'll need it.
I keep trying to attend further training; however, the dates never seem to coincide with time that works for me.
I found the training highly valuable. It provided me with lots of information and answered many questions I had around suicide.

This helped to look at things from a different perspective and helped identify when someone is at risk

Course was very informative

I found it really helpful as a confidence builder in just not panicking when someone mentions suicide / knowing that it's almost impossible to say something 'wrong' / any kind of showing up when someone feels like that is positive. I also have felt able to just ask the question about whether someone is thinking about killing themselves and appreciated the learning about the importance of using the write language and moving away from the word 'committed'.

Appendix 5**GCSPP safeTALK Impact Evaluation 2024 Equality Monitoring Form**

Total number of respondents: 29

How do you identify your gender?

	Percent
Female	89.6%
Male	10.4%
Trans Female	0.0%
Trans Male	0.0%
Non-binary	0.0%
Other	0.0%
Prefer not to say	0.0%

What is your age?

	Percent
16-24	0.0%
25-30	7.0%
31-40	17.2%
41-50	31.0%
51-60	24.2%
61-75	17.2%
75 and over	0.0%
Prefer not to say	3.4%

What religion, religious denomination or belief do you identify yourself as?

	Percent
Atheist	7.1%
Jewish	0.0%
Muslim	0.0%
Buddhist	0.0%
Church of Scotland	17.9%
Roman Catholic	28.6%
Other Christian	3.6%
Hindu	0.0%
Sikh	0.0%
None	32.1%
Prefer not to say	10.7%
Other	0.0%

What ethnic group do you identify as belonging to?

	Percent
White - Gypsy/Traveller	0.0%
White -Irish	0.0%
White -Other British	0.0%
White -Polish	0.0%
White -Scottish	93.2%
White - Other	0.0%
Asian, Asian Scottish, or Asian British - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0.0%
Asian, Asian Scottish, or Asian British - Chinese, Chinese Scottish or Chinese British	0.0%
Asian, Asian Scottish, or Asian British - Indian, Indian Scottish or Indian British	0.0%
Asian, Asian Scottish, or Asian British - Pakistani, Pakistani Scottish or Pakistani British	0.0%
Asian, Asian Scottish, or Asian British - Asian, Asian Scottish, or Asian British Other	0.0%
African - African, African Scottish or African British	3.4%
African - Other	0.0%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0.0%
Caribbean or Black - Black, Black Scottish or Black British	3.4%
Caribbean or Black - Other	0.0%

Which of the following options best describes how you think of yourself?

	Percent
Bisexual (attracted to same and opposite sex)	6.9%
Heterosexual / Straight (attracted to opposite sex only)	75.9%
Gay or Lesbian (Attracted to same sex only)	0.0%
Other	3.4%
Prefer not to say	13.8%

Do you have a physical or mental health condition or illness lasting, or expected to last 12 months or more?

	Percent
Yes	10.8%
No	82.1%
Prefer not to say	7.1%

If yes, does your condition or illness reduce your ability to carry out day-to-day activities?

	Percent
No, not at all	64.2%
Yes, a little	21.5%
Yes, a lot	0.0%
Prefer not to answer	14.3%