

safeTALK Impact Evaluation Report for 2025

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safeTALK Impact Evaluation Report

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:

- 97.9% 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 2025. A copy of the survey can be found in **Appendix 1**.

A similar impact evaluation was undertaken for the period January to December 2024 by the GCSP Training Subgroup. A copy of the report can be found here: [safeTALK Impact Evaluation Report for 2024](#)

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 390 participants who attended safeTALK training during the agreed timeframe. Respondents were informed that the feedback gathered would be used to inform an impact evaluation report.

The survey used both qualitative and quantitative data to capture information. Quantitative data was used to identify 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.

4.2 Focus Group

To complement the survey data, a focus group was conducted with two participants who had previously completed safeTALK training. Whilst attendance was relatively low, the discussion provided useful insights into participants' experiences of the training, its value, and opportunities to strengthen its impact and reach.

4.3 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 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.

5. Findings

5.1 Quantitative Findings

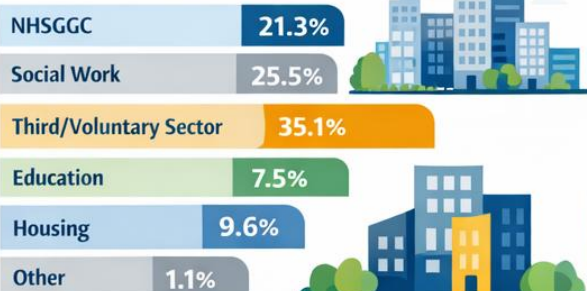
A total of 94 completions were received providing a response rate of 24%. This was a slightly higher response rate from 2024 where 23.3% of respondents completed the evaluation survey. The following infographic illustrates the quantitative responses from respondents demonstrating:

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

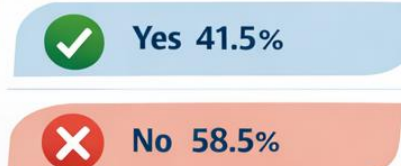
Glasgow City Suicide Prevention Partnership safeTALK Evaluation 2025

Total Respondents: 94

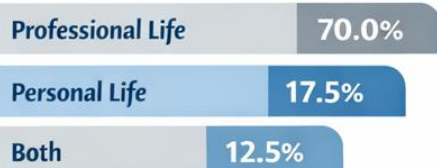
Organisation Represented?



Used the TALK Steps?



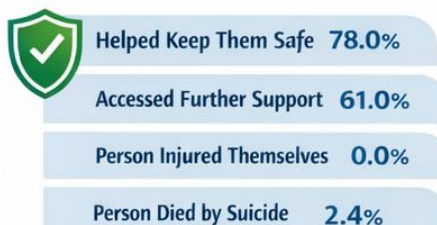
In What Capacity?



How Many Times Used?



Outcomes of Interaction (Select All That Apply)



59.6% Yes | 8.5% No | 31.9% Don't Know



Recommend safeTALK Training?

Yes 97.9%

5.2 Qualitative Findings

The Qualitative data collated within this evaluation provided more specific information that captured people's experiences, views, and perspectives. It helped add depth and context to the findings whilst being informed by lived experience. The qualitative questions addressed three areas and included an example of a situation when they used safeTALK; the impact on the respondent's organisation; any final comments about safeTALK.

5.2.1. Use of safeTALK

A total of 37 answers were provided and a thematic analysis conducted. The following themes were demonstrated from the information provided. A full list of responses can be found at **Appendix 2**.

Increased Confidence to Ask Directly About Suicide

A prominent theme across responses is increased confidence in asking directly about suicide. Participants described feeling more confident in raising the subject openly and responding to concerns. This includes:

- Asking directly about suicidal thoughts during conversations
- Reduced fear of saying the wrong thing
- Greater confidence in raising the topic in real time
- Using clear and direct language when concerns arise

Early Identification and Response to Invitations for Help

Many responses demonstrate the use of safeTALK skills to recognise and respond to invitations for help at an early stage. This includes:

- Recognising subtle invitations such as withdrawal or low mood
- Responding to statements indicating hopelessness
- Noticing changes in behaviour or presentation
- Initiating conversations based on early concern

Application Across Diverse Professional and Personal Settings

Responses indicate that safeTALK learning was applied across a wide range of settings, reinforcing its relevance beyond a single professional role.

Participants described using the TALK steps in both professional and personal contexts. This includes:

- Use within mental health and crisis settings
- Application in education, student support, and youth work environments
- Use in housing, customer service, and telephone-based roles
- Supporting friends, family members, or colleagues

Supporting Pathways to Safety and Further Help

A consistent theme across responses is the use of safeTALK to support onward help seeking and connection to further support.

Participants described taking practical steps to support individuals and ensure access to appropriate services. This includes:

- Building support plans with individuals experiencing thoughts of suicide
- Signposting to relevant services and support organisations
- Referring individuals to clinical teams or emergency services
- Remaining with individuals until further help was arranged

Complementarity with Other Suicide Prevention Training

Some respondents noted that safeTALK complemented other suicide prevention training, particularly ASIST. This includes:

- Using shared principles across safeTALK and ASIST
- Applying learning from multiple training programmes in practice

Acknowledgement of Non-Use Without Diminished Value

A small number of respondents indicated that they had not yet needed to use the TALK steps.

These responses still highlighted increased preparedness and confidence following the training. This includes:

- Feeling more confident discussing suicide despite not using the skills yet
- Increased awareness and understanding of how to respond

- Perceived readiness to act if a situation arises

5.2.2 Impact of safeTALK Training on Organisations

When asked if the safeTALK training had had any impact on their organisation of the 94 responses received; 59.6% said yes, 8.5% said no and 31.9% were unsure whether it had or not. A thematic analysis of the 51 qualitative responses demonstrated that overall people feel the training has benefited both them and their organisations. Below is a list of themes that came out from the responses. A full list of responses can be found at **Appendix 3**.

Increased Confidence to Talk About Suicide

Respondents frequently reported feeling more confident, more prepared, and less fearful when approaching conversations about suicide with clients, colleagues, and even in personal life. This includes:

- Greater confidence initiating conversations
- Reduced fear and stigma
- Personal readiness even if unused in practice

Increased Openness and Reduced Stigma

Many comments emphasise that safeTALK has helped cultivate a culture of openness in workplaces, reducing the taboo around discussing suicide. This includes:

- Normalising conversations
- Reduced taboo around suicide
- Encouraging open dialogue across teams

Improved Awareness and Understanding of Suicide

Participants highlighted increased awareness of invitations and signs and appropriate steps to take (e.g., TALK steps). This includes:

- Knowledge of TALK steps
- Recognising indicators of suicide thoughts
- Knowing when and how to take action

Impact on Workplace Culture and Team Support

Feedback indicates enhanced supportive practices within teams, improved debriefing, and colleagues encouraging each other to seek help. This includes:

- Supportive environment
- Encouragement of seeking help
- Team discussions and debriefing

Impact on Service Users and Clients

safeTALK training has reportedly improved how staff approach clients, making them feel safer and supported. This includes:

- Improved client interactions
- Clients feeling safer and more supported
- Better responses during crises

Limited Use or Uncertainty About Impact

A number of respondents stated they had not yet used the skills or were unsure of organisational level impact. This includes:

- No direct application yet
- Little opportunity in current roles
- Uncertainty about organisational change

Promotion, Advocacy, and Training Uptake

Several people reported promoting safeTALK to co-workers, sharing information, or encouraging attendance. This includes:

- Advocacy within teams
- Raising awareness of training
- Visible prompts (stickers, discussions)

5.2.3 Final Comments from Respondents

Lastly, respondents were asked whether they would recommend safeTALK to others and invited to provide any final comments. As stated

in the infographic above, out of the 94 respondents, 92 indicated that they would recommend participating in safeTALK, representing 97.9% of respondents. A thematic analysis was undertaken on the 32 qualitative comments provided.

Overall, the feedback demonstrates a strong endorsement of the training, particularly in relation to increased confidence, practical relevance, and quality of delivery. While most comments were positive, a small number of responses highlighted areas for reflection. A full list of responses can be found in **Appendix 4**.

Increased Confidence to Ask Directly About Suicide

Over half of respondents described feeling more confident in asking directly about suicide and engaging in conversations about suicide. Participants reported feeling better equipped to raise the subject sensitively and to respond appropriately where concerns were disclosed. This includes:

- Increased confidence to ask directly about suicide thoughts
- Feeling better equipped to respond when concerns are disclosed
- Greater confidence managing conversations with people experiencing low mood or distress

Perceived Relevance to Professional and Personal Contexts

Half of respondents referenced the applicability of the training to both their professional roles and personal lives. Even where individuals had not yet used the skills, they described feeling prepared should a situation arise. Some reflected on past experiences differently as a result of the training. This includes:

- Relevance to both professional roles and personal relationships
- Feeling prepared to respond if a situation arises
- Reflecting differently on past situations or missed opportunities to intervene

High Quality Delivery and Safe Learning Environment

Nearly half of respondents commented positively on the trainers' knowledge, professionalism, and facilitation skills. The creation of a safe and supportive learning environment was frequently highlighted, particularly given the sensitive nature of the subject matter. This includes:

- Positive feedback on trainers' knowledge and professionalism
- Safe and supportive environment to explore a sensitive topic
- Value of interactive elements such as group activities and discussion

Increased Awareness and Normalisation Conversation About Suicide

A significant proportion of responses emphasised that the training helped normalise conversations about suicide and challenge common myths. Participants valued the opportunity to address stigma and reported increased comfort discussing a topic often considered difficult or taboo. This includes:

- Challenging myths around talking about suicide
- Increased openness and willingness to have conversations about suicide
- Greater awareness of opportunities to support others

Practical and Accessible Approach

Around one third of respondents described the model as straightforward, practical, and easy to apply. The structured framework and interactive elements were viewed as helpful in embedding learning and supporting real world application. This includes:

- Describing the model as simple and easy to use
- Practical approach that supports real life application
- Use of real-life examples to support understanding

Real World or Anticipated Application of Skills

Some participants reported already applying elements of the training in personal or professional contexts, while others expressed confidence that they could do so if required. This includes:

- Applying learning in personal situations
- Using the approach in practice where relevant
- Anticipating future use in day-to-day roles

Areas for Reflection and Development

A small proportion of responses raised considerations for improvement. These included perceptions of the approach as overly prescriptive, mixed engagement within workplace settings, and requests for clearer guidance on local referral pathways when supporting someone in crisis. This includes:

- Mixed engagement or reception within some workplace settings
- Need for clearer guidance on referral pathways and available support
- Requests for more structured prompts or example questions

5.3 Focus Group Findings

The Value of safeTALK

Participants agreed that safeTALK provides important value in suicide prevention. The training was described as helping to reduce stigma around discussing suicide and encouraging more open conversations. Participants noted that the training equips individuals with the confidence to ask directly about suicide and helps address the fear many people experience when faced with the possibility that someone may be struggling.

Participants also emphasised that asking directly about suicide can create opportunities to support someone who may otherwise remain unheard. The training was viewed as providing the knowledge and confidence needed to initiate these conversations and help keep people safe.

Impact on Practice

Participants described increased confidence in raising the topic of suicide and navigating conversations with individuals who may be struggling. The training was seen as helping to normalise discussions about suicide, both in professional contexts and in everyday interactions. Participants also noted that the learning enabled them to support colleagues who had not completed the training and to contribute to creating an environment where conversations about suicide feel more acceptable and less stigmatised.

Opportunities to Strengthen Impact and Reach

Participants suggested that the training could have greater impact if it were more widely promoted and accessible. Suggestions included increasing awareness of available courses, expanding delivery across settings such as schools and community environments, and considering

ways to integrate elements of the training within organisational learning platforms. Participants also noted that making training more visible with increased marketing and promotion campaigns could encourage wider participation.

Overall, although the number of focus group participants was small, the discussion echoed themes identified in the survey responses, particularly the importance of confidence building, stigma reduction, and enabling open conversations about suicide.

Participants were also invited to describe their experience of attending safeTALK using a single word. The words used were “enlightening and empowering”, reflecting the value of the training and the positive impact it had on participants’ confidence and understanding.

6. Demographic and Equalities Information

As part of the impact evaluation, respondents were invited to complete equalities monitoring questions. From the responses to the survey, a total of 33 participants (35.1%) also completed the equalities survey, with minor variations in response rates noted across specific questions.

Monitoring these characteristics is important to understand who is accessing suicide prevention training, identify potential gaps in reach, and inform future targeting to ensure equitable access across communities and workforce groups.

Given the small sample size, the findings are descriptive and should be interpreted with caution.

Gender

- Female: 81.9%
- Male: 18.2%

Age

- 16-24 years: 3.0%
- 25-30 years: 18.2%
- 31-40 years: 21.2%
- 41-50 years: 21.2%

- 51-60 years: 24.3%
- 61-75 years: 12.1%

Religion or Belief

- None: 36.4%
- Roman Catholic: 18.2%
- Atheist: 15.2%
- Church of Scotland: 9.1%
- Other: 9.1%
- Muslim: 3.0%
- Buddhist: 3.0%
- Other Christian: 3.0%

Ethnicity

- White Scottish: 63.7%
- White Other British: 21.2%
- White Irish: 6.1%
- White Other: 3.0%
- Asian Pakistani: 3.0%
- African: 3.0%

Sexual Orientation

- Heterosexual or Straight: 84.9%
- Bisexual: 6.1%
- Gay or Lesbian: 3.0%
- Other: 3.0%

Long Term Health Conditions

- Yes: 21.9%
- No: 75.0%

Impact on Day to Day Activities

- No not at all: 68.8%
- Yes a little: 12.5%
- Yes a lot: 6.2%

Overall, the equalities data indicates that safeTALK is reaching a predominantly female, largely White Scottish cohort, with participation across a range of ages, faith backgrounds, sexual orientations, and health statuses. While limited by small numbers, gaps remain in representation across some minority ethnic communities and male participants, despite an increase in male representation from 10.4% last year to 18.2% this year. Continued monitoring and targeted promotion will support more equitable access to suicide prevention training and strengthen workforce capacity across communities.

7. Conclusions

This evaluation demonstrates that safeTALK training has a positive impact on individuals' confidence, awareness, and readiness to engage in conversations about suicide.

Findings from both the survey and focus group indicate that safeTALK strengthens participants' confidence in asking directly about suicide and responding to individuals who may be experiencing thoughts of suicide. Participants reported feeling less fearful and more able to engage in open, direct conversations, which represents a key intended outcome of the training.

The training supports early identification and intervention. Respondents described increased ability to recognise invitations for help and to respond at an earlier stage, often before situations escalate. This reflects safeTALK's role in enabling preventative approaches and strengthening participants' awareness of how and when to act.

There is clear evidence that learning is transferred into practice across a wide range of contexts. Participants reported applying the TALK steps within professional roles, voluntary settings, and personal relationships. Even where the skills had not yet been used, respondents described increased preparedness and confidence to respond if required.

The findings also demonstrate that safeTALK contributes to reducing stigma and normalising conversations about suicide. Participants reported increased openness within teams and greater willingness to discuss suicide directly, supporting a shift in workplace culture.

While organisational impact was reported by a majority of respondents, this was more variable compared to individual impact. In some cases, impact was limited where only a small number of staff had completed the training or where opportunities to apply learning were less frequent.

The quality of training delivery was consistently highlighted as a strength. Participants valued the practical and accessible nature of the model, as well as the safe and supportive learning environment.

Overall, the findings indicate that safeTALK is an effective and accessible training programme that increases confidence, supports early intervention, and contributes to building suicide prevention capacity across services and communities.

8. Recommendations

Based on the findings of this evaluation, the following recommendations are proposed:

1. Sustain and Expand Access to safeTALK Training

Given the strong evidence of impact and high levels of recommendation, safeTALK should continue to be delivered as a key component of the GCSPP training programme. Consideration should be given to increasing capacity and further expanding access across sectors, particularly for roles with regular contact with the public.

2. Strengthen Organisational Embedding

Encourage organisations to support wider uptake of safeTALK across teams to maximise impact. This may include promoting training through workforce development plans, encouraging multiple staff members to attend, and integrating learning into everyday practice.

3. Continue to Support Safe and Effective Training Delivery

Maintain the high standard of training delivery, including creating safe learning environments and supporting participants to engage with sensitive content.

4. Increase Reach Across Underrepresented Groups

Explore targeted approaches to increase participation among underrepresented groups identified in the equalities data, including male participants and some minority ethnic communities. Monitoring these characteristics is important to understand who is accessing suicide prevention training, identify potential gaps in reach, and inform future targeting to ensure equitable access across communities and workforce groups.

5. Strengthen Evaluation and Ongoing Learning

Continue to build on the current evaluation approach, including improving response rates and exploring opportunities to capture longer term impact. Impact evaluation data collection should be increased to twice per year as per LivingWorks recommendation in response to the 2024 report.

Further Information

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Appendices

Appendix 1

Glasgow City Suicide Prevention Partnership safeTALK Evaluation 2025

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.

Number of respondents: 37

| |
|--|
| |
| I have picked up on invitations from young people at work and been able to have conversations about suicide. I have also been able to use the training in my personal life with a family member. |
| Not Used |
| While working with clients in a mental health setting |
| Caller expressing suicidal ideation |
| I have also completed ASIST training which I feel safeTALK overlaps with. I use ASIST all the time. |
| client disclosed suicidal thoughts and self harm |
| N/A |
| A friend having a difficult time and discussing not wanting to be here anymore. |
| Building a support plan for an individual experiencing suicidal ideation. |
| To talk to a young person about suicide in work. |
| When on Duty as part of my role within the CMHT |
| I was sent to a welfare call for a student with thoughts of suicide. I spoke to the student and was able to support them thro if h this |
| I attended ASSIST training |
| Im not as fearful to talk about the subject |
| Patient being very distressed |
| After client expressed thoughts of suicide. |
| A CL was very low due to money concerns and needed extra support regarding suicidal ideation |
| i ahven't needed to use it but it was good to know it, as it helped me be more confident when speaking about suicide prevention |
| I informed the other company that I work with that i am safe talk trained |

| |
|--|
| Since I work with asylum seekers and refugees, they reach out to me with their problems with housing issues, asylum issues and loneliness . I try my best to use what I learnt from SafeTALK .The situations didn't get far to suicidal thoughts |
| service user experiencing mental health crisis |
| I asked someone directly if they were thinking of suicide |
| used on service users when in crisis and was having thought's of suicide and talked with them and supported them through this |
| Young adult with anxiety and depression attending a course and I was able to signpost them for additional support. |
| Talking to a suicidal student. |
| Customer called in (not a tenant) she was extremely upset and she was vey very emotional, she was on her own and told me about multiple problems she had and withou hesitation i asked her outright is she was thinking of suicide and she said she was, i was able to get her emergency help there and then which she agreed to |
| Use the steps often |
| With a client who said they had just had enough of it all and couldnt go on |
| engaged with a service user in crisis |
| A client on the phone had indicated they were having suicidal thoughts, and had previously tried to harm themselves. We were able to discuss the situation and recommend additional support resources for them. |
| A client of mine experiences suicidal ideation. Using the TALK steps, I was able to safely establish a route to keeping the client safe |
| Service User who called service numerous times and was not getting situation resolved immediately. Service User attempted to choke and hang themselves. |
| Person appearing disengaged, low mental health. Listened, Spoke to them, and asked if they had a plan |
| assisting a colleague and family member |
| n/a |
| A patient confided in me that he was in a dark place. I used the TALK steps and referred him to our team CPN and got him the help that he needed. |

A family member was reportedly suicidal. I spoke to this person and asked the question directly. We agreed that this person would ask psychiatry for an admission- which took place.

Appendix 3

Has your safeTALK training had any impact on your organisation? For example: increased openness to talking about suicide, clearer signposting or support pathways, greater confidence among colleagues

Number of respondents: 51

| Responses |
|---|
| This was the second time I had undertaken the course, I had initially completed many years ago. I think overall this has helped the organisation be much more open at talking about suicide. I know speaking with my teams, they are open at asking patients where there are concerns. It really helps to give people the confidence to speak up. |
| My organisation has always had safe talk trained people so my training only added to the already positive impact that it has. |
| It has helped us be more open about raising the question of suicidal thoughts/intent with clients or colleagues |
| Greater awareness of need to be frank when talking to service users about suicide, |
| It is helpful if we are all open to talk about suicide, so that people feel safe to seek help without being judged. |
| Thankfully not needed to use the training as yet |
| more awareness and discussions held between team members on benefits of completing the ASIST training. |
| it has increased openness about this subject in my workplace and gave me the skills to have an open and honest conversations |
| A better understanding of what is involved and would use when the situation is appropriate3. |
| haven't used it |
| Feel more confident approaching the client and talking about this.+ |
| Working in a challenging environment has the opportunity to affect the mental health of my team. It is good to have an understanding of this and understand the signs should I need to talk to my staff. |
| People expressing suicidal tendencies is common within homelessness where I work. We all have that sense of fear/dread of it |

| |
|---|
| coming up, however, we now feel more confident in how to approach and deal with the situation. It has been a useful tool to have. |
| Opened up discussions for talking about suicide risk with service users and how to have those conversations |
| It has allowed residents to feel safer about the situation and their opinions. |
| I feel a lot more confident to talk about suicide to the young people I support. |
| It has opened more conversations in both my personal life and in the workplace. |
| We are able to discuss openly if any patient has mentioned suicidal thoughts in the past to debrief about what was discussed |
| I haven't use my skills yet. |
| Staff have remembered well the TALK steps and are supportive of each other in practicing them. |
| I think people are more likely to talk about Suicide as they feel more confident about it |
| Because I have not used the TALK steps in my work environment and the people we work with are basically not prone to committing suicide, I really cannot measure the impact of the safeTALK in my workplace. |
| Able to talk easier about suicidal thoughts. |
| Most of my colleageus were very negative about the whole thing, they felt like it was forcing them to become counsellors which they do not think is their job description. I think this is a rather stupid position to have but maybe you can take this on board in how you run the training as there's no point doing it if everyone is going to see it very negatively and actively avoid engaging with it. |
| more openess and feel more confident on discussing suicide |
| No-one else has been in a position to use the training, only myself. They see the value of it however. |
| People just feel more comfortable, the taboo isn't as large as it was prior. |
| It's impacted my personal life more than work |
| I was able to confidently speak abut suicide with customer and get the person help |
| I feel it would be of use if required |

| |
|--|
| More confidence amongst the staff to deal with situations themselves before seeking further guidance |
| provided feedback at team meeting and promoted colleagues to attend training |
| I am not sure on the impact it has had on my organisation as a whole. |
| I feel that all my colleagues walked away from that day feeling more confident with talking openly about suicide with their clients and channelling them to safe routes and spaces |
| I feel as an organisation it has benefited dealing with the issue of suicide prevention, sign posting and feeling confident to ask if caller has any suicidal thoughts or intentions to harm themselves. |
| I am not sure if my training has impacted my team, but I do feel more confident to talk about suicide in personal life. |
| More confident in dealing with situations |
| Encouraged a colleague to ask their G.P for a Psychological referral due to ongoing anxiety and previous trauma related issues. |
| I have not had to use the training as of yet but do find it useful in case I do have to speak to anyone about suicide |
| Staff more open to discuss |
| I certainly feel that there has been a push for all frontline staff in Business Admin within the HSCP to undertake SafeTalk training, it is a key component of ensuring staff are able to handle a conversation around suicide however also to know when it is best handled by a potentially qualified practitioner for example. |
| N/A |
| Just chats with colleagues, one of whom has personal experience of suicide |
| Being able to share information about Safetalk |
| Promoted the benefits to other supported carers who hope to access the training. |
| The Safe Talk training gave me much more confidence in approaching the topic, and knowing how to take action. Before I would not have known what to do, but with the training I feel confident that I have learnt the first steps in helping someone, and although I have not had to use it, I have still also felt more confident in responding to friends and acquaintances when they talk about their own mental health, and reaching out when I know they are feeling depressed. |

It is essential training for all in our organisation.

I have displayed my Safetalk sticker prompting discussions with other staff

gave information to colleagues

TALK training has made me more aware of the steps to take and clues to look out for whilst treating my patients.

I am more confident to talk about suicide.

Appendix 4

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

Number of respondents: 32

| Responses |
|---|
| I thought the training was excellent and have recommended it to others in my organisation |
| The trainers were excellent. |
| i would recommend it as i personally feel the topics covered are important but it was put across that no matter what we must ask people about suicide regardless of their situation or the topics at hand even if there are no indicators of suicide, i feel the idea of it being forced has made me reluctant to use the strategy provided, i would tend to use my own experience with situations and people skills rather than forcing the topic on someone who is stressed and upset about their situation |
| Only that the training was well delivered. |
| I found safetalk beneficial and feel it has the opportunity to help in my personal and professional life. |
| Gave confidence to directly ask patient about suicidal ideation if these concerns were raised |
| Although I have not used safe talk yet. Withe the service user I see daily it could be required at any time. |
| This was a great course and i have found it very usefull when putting the theory into practice. |
| I cant attend the below focus group due to being on nightshift. |
| I attended the ASSIST training course. I found the sessions very useful and the format of the training was well prepared, inclusive and created a safe place for people to explore and expand on their skills. I particularly enjoyed the smaller group activities. |
| It helped normalise the subject, dispels the myth that if you talk about it to those at risk they are more likely to cause harm when in fact they appreciate the chance to be open about a subject that has so much shame. |

| |
|--|
| <p>The training was very interesting and I enjoyed it. I have not had a chance to use the knowledge that i gained from it but it has made me more aware.</p> |
| <p>i thought the training was great. Helpful in both professional and personal life. it helps you feel better equipped.</p> |
| <p>this training opend my eyes to the oportunity to help someone in my life by being more open to them talking to me about their life struggles and made me more aware if people are struggeling to keep an open line of communication</p> |
| <p>really good course</p> |
| <p>Personally, I have not used it in my professional life, it just has not come up. However, It did come up personally. I do think its really valuable to have the training and awareness around suicide</p> |
| <p>Maybe have set responses and questions to help a suicidal person.</p> |
| <p>See above. I think it was useful for me but most other people at my workplace hated it</p> |
| <p>i found the course a very simple tool to sue in my work</p> |
| <p>I would like to know more about the help available to people when they are in a critical situation as whilst i was able to get help for the person i did have to go round in circles phoning their doctor, police etc and got passed about and this was really frustrating</p> |
| <p>the course has given me the confidence to manage this situation should it arise</p> |
| <p>personally i felt a lot of the course was self explanatory, but perhaps this is because i done an into to counselling before. However, for those who didnt feel these actions were obvious i think it would be great tool.</p> |
| <p>The safeTALK training was really valuable. It was a tough subject but delivered professionally and sensitively head on</p> |
| <p>I feel Safe Talk does prepare you for dealing with issue and give assistance in dealing with service users experiencing low mood, suicidal thoughts and allows you to assist other colleauges.</p> |
| <p>While I haven't had the chance to use the safeTALK steps yet in my practice, I feel more confident in having conversations around suicide with the people I work with and support as a result of this training. I'm incredibly grateful to have been able to attend this training, and I think the work you do is essential. The trainer was clearly very well informed</p> |

on not only the topic, but also in creating a safe and supportive learning environment.

This was a very valuable course.

Personally, I enjoyed the training and believe it will stand me in good stead should I be faced with a situation involving suicide, either personally or professionally.

Brilliant course

The young person in my care is very stable , but when they heard about the training I'd been on they told me that five years previously they had felt their life was not worth living. They felt hope when they moved to my care. If I had known then , what I know now I would have recognised signs. I think it's vital for any carer providing continuing care for young people who have experienced neglect, trauma and abuse to have the safe talk training .

I think the trainer was excellent, and I hope my work place will in the future be able to facilitate me advancing in the training.

good interactive training

The training was excellent - really practical and the real-life examples helped to illustrate the points made. The trainer was knowledgeable and clear in her delivery of the training. Thank you!

I would highly recommend this course. You could save a life. I personally have suffered from depression from the age of 9, suicidal in my teens and have battled with my mental health ever since. So this is a subject very close to me. We need to break the stigma of suicide and poor mental health.