

# Stronger Together:

An evaluation of a quality improvement initiative to reduce suicide risk and improve patient safety through carer collaboration

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October, 2023



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NHS Trust

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# FOREWORD

Research suggests that family and carer involvement leads to better outcomes and safety for service users, and for families and carers. However, it also highlights inadequate and inconsistent levels of carer and family collaboration and integration within mental healthcare. Despite an abundance of legislation, policy and guidance that advocates for carer involvement, carers have repeatedly raised concerns about the apparent reluctance of clinicians and practitioners to engage them, and negative attitudes towards them. We have a backdrop of more than two decades of serious incident reports and inquests into deaths by suicide where the single most common theme arising from all such tragedies is that of consent, confidentiality and sharing information: research identifies patient confidentiality and information sharing policies and practice as being the primary barrier to involvement.

It is evident, therefore, that legislation, policy and guidance alone are insufficient to improve carer involvement and that additional steps are needed to address the barriers that prevent it, and to challenge the organisational culture and attitudes that obstructs its implementation. Stronger Together is Devon Partnership Trust's response to address these challenges.

Co-production was fundamental to shaping the development of Stronger Together, to ensure its relevance and accessibility to carers. Devon Partnership Trust's Safe from Suicide team were committed to a process of co-production to ensure the initiative would be informed by the knowledge and expertise of the people most affected by the problem – carers and families – and that the training would provide a useful and effective response. Over the course of a year, a number of Devon Partnership Trust clinicians, experts-by-experience, and carers met to co-design and co-produce every aspect of the training, from its content, format and delivery model. The content evolved from the mutual understanding and trust that developed from the co-production process, which allowed for different perspectives to be heard and considered over time.

Not only was Stronger Together's content co-produced and co-designed, but all the workshops to date have also been co-facilitated by us - a carer and clinician, both bringing our own lived and learned experiences. We believe this, along with the co-production process, has been integral to Stronger Together's validity and success.

Whilst there have been challenges along the way, we are proud of Stronger Together and all that has been achieved during the pilot. We have built a strong and mutually supportive working relationship from which we have both learned so much. This models what can be achieved when clinicians and carers collaborate as equals, and demonstrates that we are, in fact, stronger together.

**Debbie Frances**  
Co-facilitator  
Carer Expert by Experience

**Georgina Adams**  
Co-facilitator  
Devon Partnership Trust Safe from Suicide Clinical Lead

# EVALUATION SUMMARY

Participants from two Devon Partnership Trust Stronger Together programmes were surveyed before and after attending the series of workshops. They were asked about their experience and the knowledge gained from them. In addition, a focus group was conducted for a deeper understanding of the experience and impact of the workshops. This evaluation aimed to investigate the impact of the training on self-reported perceptions of both carers' and clinicians' competence and confidence supporting service users, their knowledge of confidentiality and conceptualising the importance of collaborative working.

## KEY FINDINGS

- Following the workshops, there was an increase in clinicians self-reported confidence in working with and supporting caregivers, as well as an improvement in knowledge and understanding of consent and information sharing.
- Carers reported a greater understanding of skills to support service users, a greater awareness of burnout and new techniques to prevent burnout post-training.
- Workshops created a safe space for carers to share their experiences and learn from others, resulting in a sense of reassurance among them.
- Despite challenges of attending a whole-day workshop, the participants reported the course content to be impactful.
- Workshops have created an opportunity to build a bridge between clinicians and caregivers to listen to each other.
- Workshop co-delivery was recurrently mentioned by caregivers in relation to reinforcing feelings of reassurance, but also enhanced learning outcomes for clinicians.
- Participants suggested to have more frequent, shorter sessions, with the possibility of a future follow-up.



# BACKGROUND



# BACKGROUND & CONTEXT

Globally, suicide and attempted suicide is a serious public health issue. Over 700 000 people die by suicide every year (WHO, 2021), and in the UK alone there are on average 5000 suicides every year. For every death by suicide, it is estimated there are 20 attempts by people to end their lives, yet it is preventable. There have been some initiatives to reduce suicide incidence, but these have largely focused on the role of clinicians or targeted the suicidal individual.

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) led to the development of an evidence-based tool-kit to support services and training improvements; ultimately, aiming to reduce patient suicide rates. The tool-kit presents 10 key elements as quality and safety statements regarding clinical and organisational aspects of care (see figure below). Evidence shows a 24% reduction in suicide rates in NHS Trusts that have implemented effective policy on family involvement and information sharing in care.





## BACKGROUND & CONTEXT Cont.

It also indicated how patients expressed a desire to involve their families as much as possible in their assessment of clinical risk and in sharing crisis/safety plans.

Improving suicide prevention could be achieved by working more closely with the individuals' families. Family involvement in care is evidenced to show a significant improvement in patient safety outcomes (Quinlivan et al., 2020).

Expanding on these findings, Devon Partnership Trust has launched an initiative known as Stronger Together. This quality improvement programme is designed to decrease the incidence of suicide through family and carer empowerment and promoting collaborative working within mental health services.

This evaluation aims to examine impact of Stronger Together workshops and, in doing so, provide a crucial element to the comprehensive agenda of the Safe from Suicide team. This agenda is dedicated to reducing suicide incidents within the NHS and aligns with the ICS Suicide Prevention Strategy, contributing to the overarching mission of establishing a safer environment in Devon.



A hand in a suit sleeve holding a red pen, pointing at a corkboard covered with numerous colorful sticky notes. The notes contain handwritten text related to a business plan or project, such as "RUNNING EVENTS", "ATTENDANCE DEPENDS ON TIME & VALUE", "TAKES 2 WEEKS FOR COM MARKETING", "TICKETING IS AN ISSUE", and "I DON'T HAVE GREAT CONNECTIONS". The board is organized with yellow string.



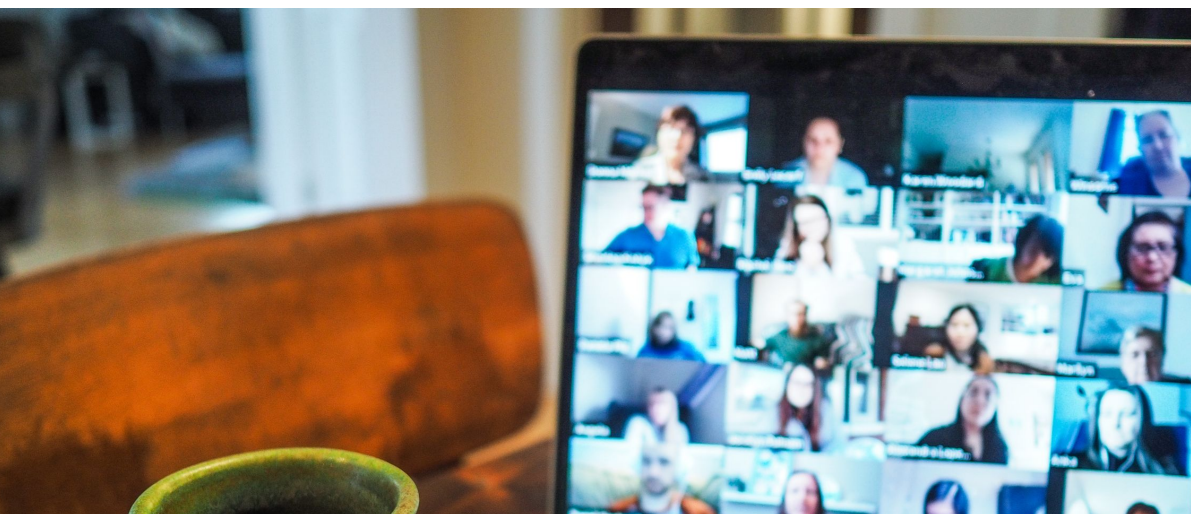
# STRONGER TOGETHER TRAINING: CONTENT SUMMARY

The Stronger Together training programme, funded and conducted by Devon Partnership Trust, is an integral component of the wider Safe from Suicide team's agenda, which seeks to reduce the incident of suicide within the NHS Trust. In alignment with the ICS Suicide Prevention Strategy, the primary goal of this programme was to improve safety in Devon by evaluating the effectiveness of Stronger Together training for both caregivers and staff members.

Two workshops were co-produced by a team of carers, service user experts by experience and practitioners, and co-delivered by a carer expert by experience and a Devon Partnership Trust practitioner. The workshops targeted caregivers and families supporting people at risk of suicide and serious self-harm. The workshops aimed to increase safety and save lives by making sure that caregivers and families are more closely involved in safety planning, and are provided with the skills and knowledge to manage risk, whilst also looking after themselves.

**Workshop One:** *Family, friend and caregiver empowerment: Caring for yourself whilst caring for someone who self-harms or has suicidal thoughts and actions*

Caregivers and families can be left holding high levels of risk when caring for someone who self-harms or has suicidal thoughts, often without support or adequate skills and knowledge. This workshop provided caregivers with coping skills and tools to help manage risk in the person they care for, while also looking after themselves and building their own resilience.



The interactive day focused on:

- What we mean by suicidal experiences, self-harm and risk
- Developing strategies to try to keep people and ourselves safe
- Increasing confidence in how to respond, support and help when risk is increasing
- How to help and nurture yourself when feeling overwhelmed and ‘burnt out’

**Content overview:** the neurobiology of suicidal behaviour, risk factors and warning signs, emotional regulation and the Window of Tolerance, how to help, managing risk and stepping back, self-care strategies, preventing carer burnout, setting boundaries, resources and signposting.

**Workshop Two:** *Family, caregiver and practitioner collaboration: Building a shared understanding of caregiver and practitioner perspectives and challenges in relation to information-sharing and consent, to create better outcomes for those at risk of suicide and serious harm.*

Communication between caregivers, practitioners and service users can be confusing and fraught with complexity. It can leave caregivers feeling isolated and marginalised in the care of those they support, and practitioners concerned and frustrated about how to ‘get it right’. This workshop considers the challenges around information-sharing and consent which can act as a barrier to family involvement, and how to overcome these. Aims of the day were to:

- Identify, understand and build on shared experiences of different roles
- Empower those with caring responsibility to feel confident in sharing information and feeling heard
- Empower practitioners to listen, hear and value the voice of the carer
- Develop an understanding of consent and sharing information
- Understand, develop and champion a collaborative approach to care

**Content overview:** facts and figures, exploring roles, Triangle of Care, collaborative care, national/local legislation and policy, consent and confidentiality, information-sharing, scenarios to apply learning, safety planning, managing risk.

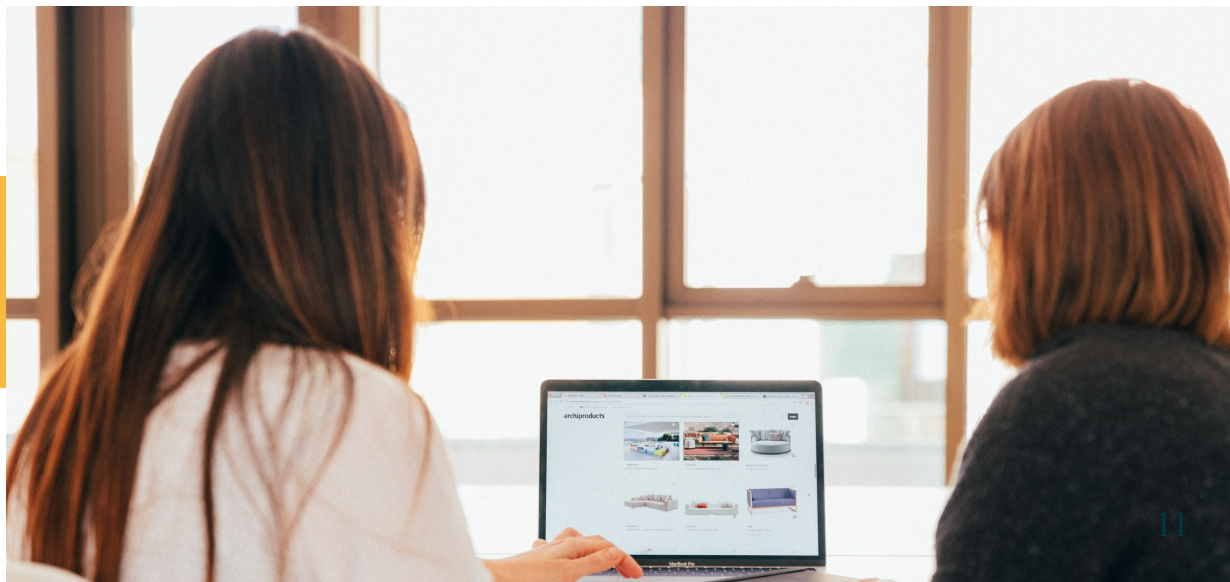
# EVALUATION OF STRONGER TOGETHER TRAINING

A comprehensive evaluation has been conducted to understand and investigate the impact of the Stronger Together training on carers' and staff's confidence and competence and insight into any changes in carers' and staff's knowledge of legislation when navigating consent, confidentiality, and information sharing and understanding of importance of collaborative working.

This evaluation was undertaken by University of Exeter, Cedar Create Research and Evaluation Team.

## This evaluation aimed to investigate:

- Impact of the training on carer's confidence and competence in supporting someone suicidal.
- Impact of the training on staff's confidence and competence in working with families.
- If the training improved knowledge of legislation to help carers and staff navigate consent and confidentiality.
- Effectiveness of the training in enabling better relationships between carers and staff.





## DATA COMPONENTS OF THE EVALUATION

This evaluation involved triangulating several data sources to gain a comprehensive understanding of the impact of the Stronger Together training programme. Both quantitative and qualitative data were collected from the participants before and after completing the workshops.

### Self-reported questionnaire

The evaluation encompassed a self-report questionnaire with both open- and closed-ended questions delivered to participants to complete once before and once after they attended the workshops. Participants were asked about their experience of the Stronger Together workshops, importance of working collaboratively, knowledge of consent, confidentiality, and information sharing, carers' skills and knowledge to support someone suicidal, importance of treating carers as experts in the individual's care by clinicians, and clinicians confidence working with caregivers.

### Focus group

The focus group was conducted by a female researcher from the University of Exeter, with two participants who attended both workshops. Participants were required to read a detailed information sheet and sign a consent form before taking part. The focus group was audio recorded and conducted online which lasted approximately 33 minutes. Participants discussed six questions about their experience of attending the workshops, the co-delivery/co-learning aspect of the workshops, whether workshop 1 influenced knowledge, confidence, and provided awareness to help better support someone suicidal, participants' experience of workshop 2 and whether it impacted their confidence about working collaboratively.

### Open-ended questions completed by the workshop facilitators

Both workshop facilitators completed four questions about their experience of the workshops, what went well, and what were the challenges of delivering the workshops.

## DATA ANALYSES

Data analyses comprises four different sections. A mixed-method approach was used to analyse the data.

**First**, quantitative data obtained from pre- and post-workshop questionnaires were analysed to investigate the impact of the workshops. Pre- and post-workshops findings will be presented side by side, emphasising the changes observed after attending the workshops.

**Second**, data derived from open-ended questions will be presented. Data from carers, from both workshops, are combined and presented together. However, data from clinicians will be presented for each question separately. Separate content analyses were conducted to identify categories within the text and determine the frequency of each category.

**Third**, the focus group session was transcribed and anonymised. Participants were given a two-week period to request withdrawal from the data analysis if they no longer wished to be included. Following the two-week period, a Thematic Analysis was conducted to analyse the data and explore any deeper, broader concepts within the content. Themes and sub-themes are presented in this report.

**Fourth**, a summary of the workshops facilitators' responses will be presented to have a better understanding of what worked well and what the challenges of the workshops were.



## **FINDINGS**

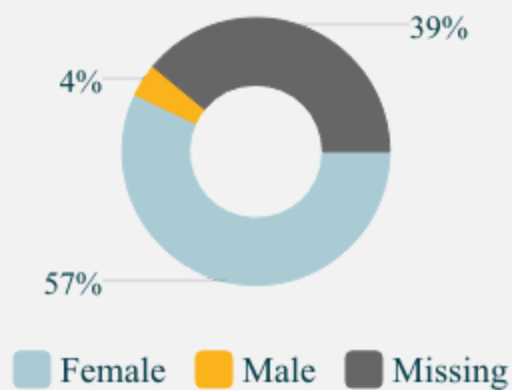


\*14 participants responded to pre-workshop questionnaire  
9 participants responded to post-workshop questionnaire

## SOCIODEMOGRAPHICS

### Workshop 1 - Carers

Gender



Age

**86%** Over 50 yrs old

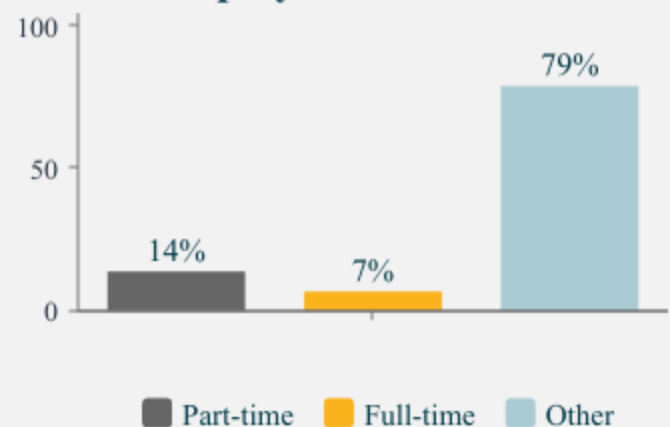


**35-44 yrs old** **14%**

Ethnic Background

**100%** of Participants were White/Caucasian

Employment status

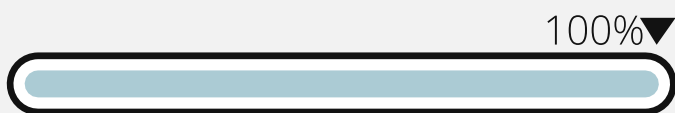


\*4 participants responded to pre-workshop questionnaire  
8 participants responded to post-workshop questionnaire

## SOCIODEMOGRAPHICS

### Workshop 2 - Carers

#### Female



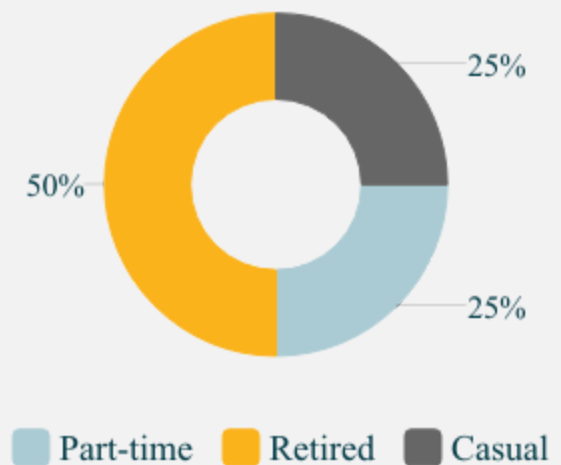
#### Over 50 yrs old



#### White/Caucasian



#### Employment Status



50%

of Participants Work for  
Devon Partnership Trust

33%

Volunteer carer ambassador  
with Devon Carers

33%

Paid involvement/expert by  
experience

33%

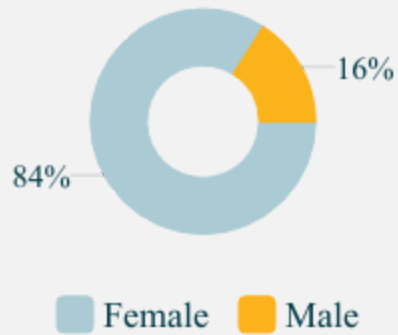
Mental Health

\*73 participants responded to pre-workshop questionnaire  
38 participants responded to post-workshop questionnaire

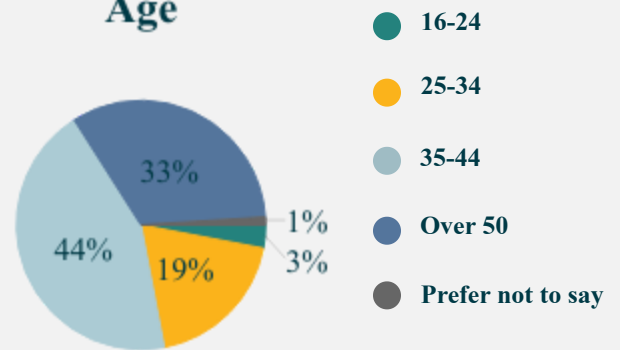
# SOCIODEMOGRAPHICS

## Workshop 2 - Practitioners

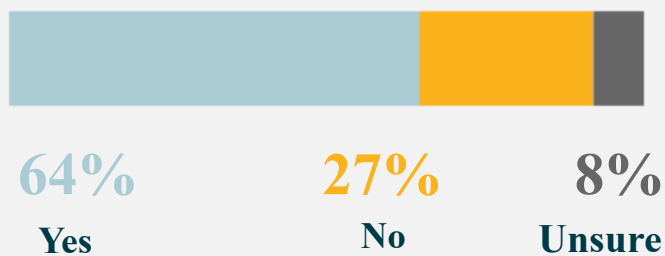
**Gender**



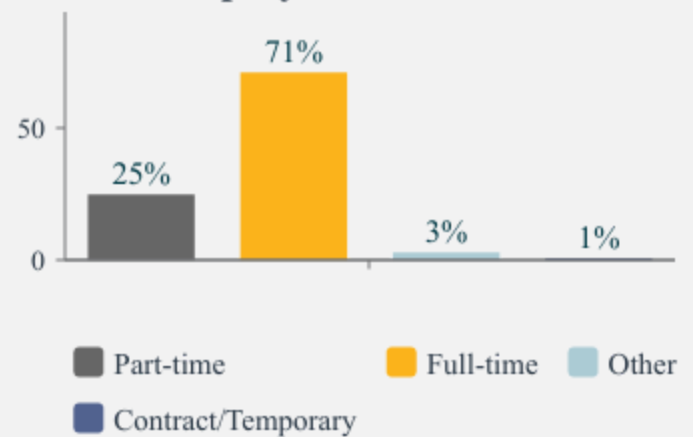
**Age**



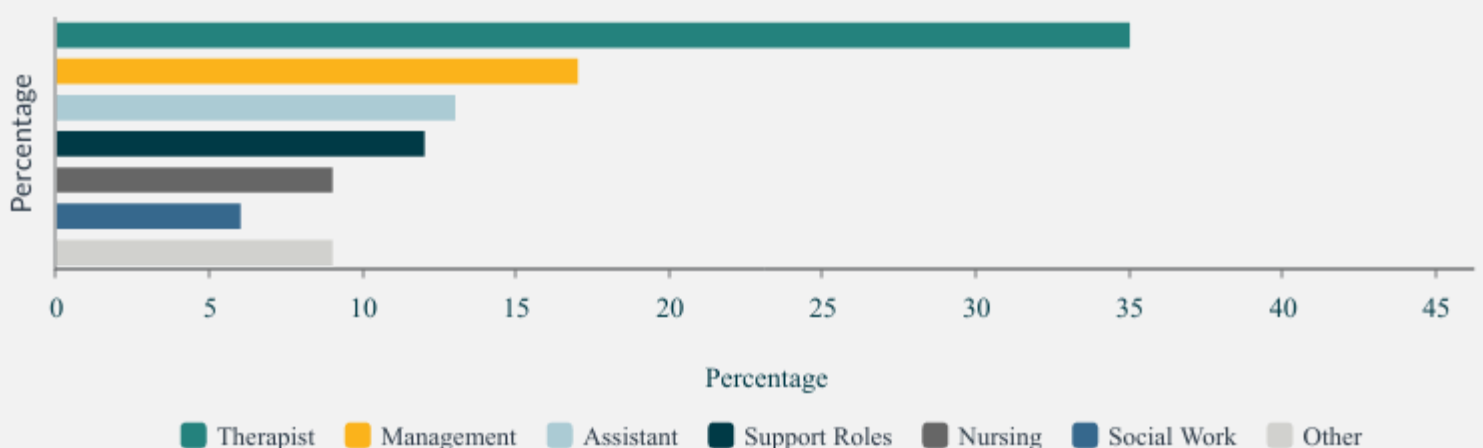
**Caregiver Responsibilities**



**Employment status**

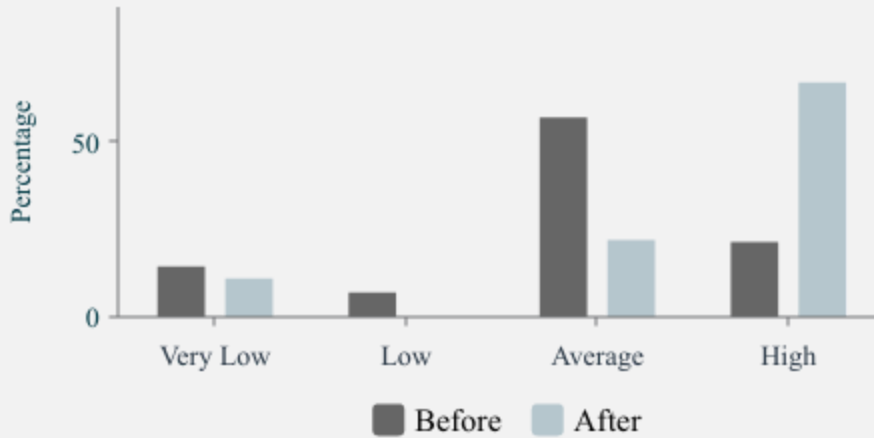


**Role Within DPT**





# PRE-POST DATA WORKSHOP 1 - CARERS

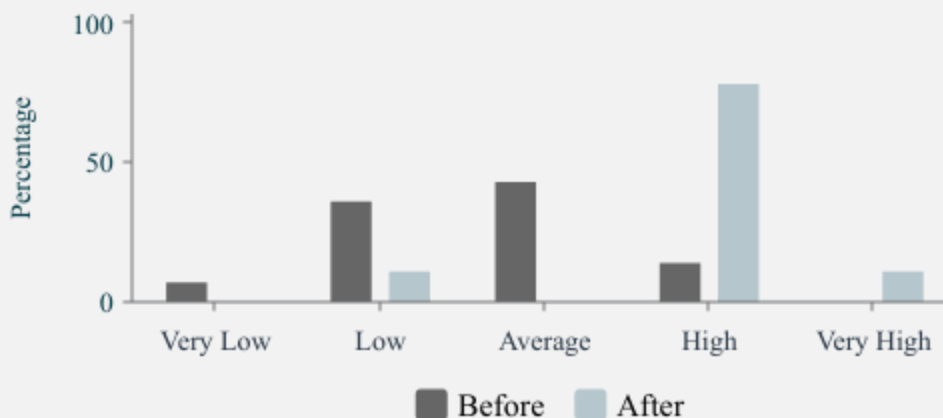
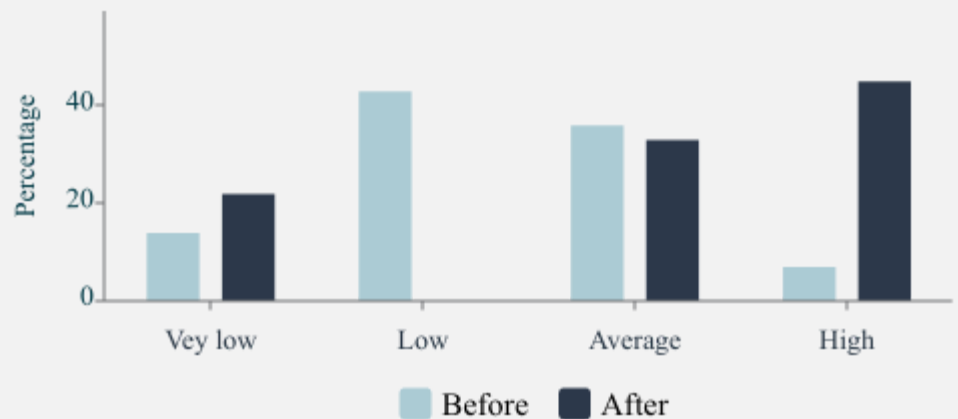


**My knowledge and understanding of suicidal behaviour, self-harm and risk is...**

Pre - 14 participants responded to this question  
Post - 9 participants responded to this question

**My knowledge/skills to effectively support someone who is suicidal are ...**

Pre - 14 participants responded to this question  
Post - 9 participants responded to this question



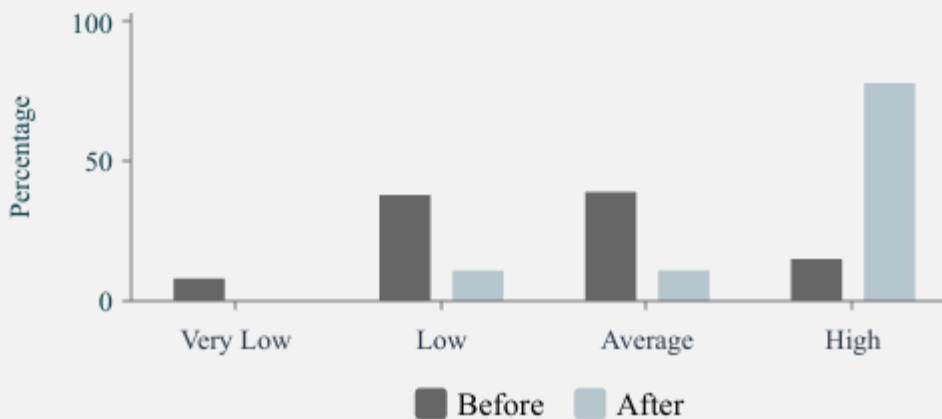
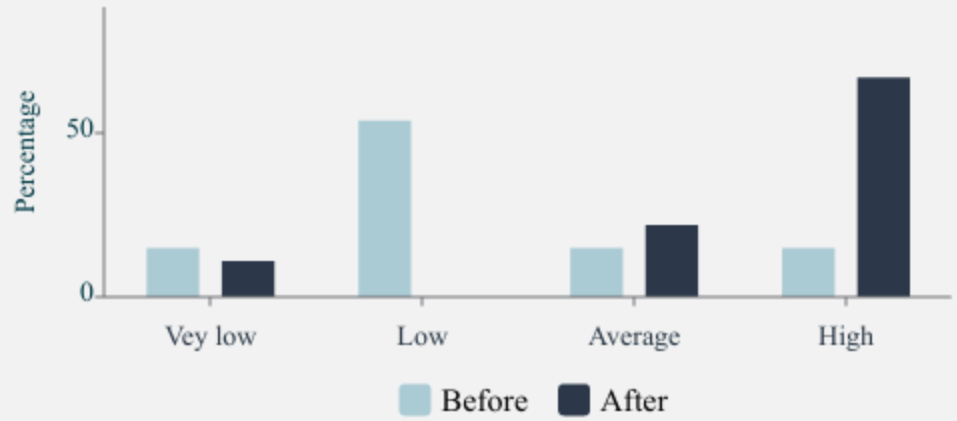
**My awareness of strategies to help prevent me from feeling overwhelmed and burnt out are...**

Pre - 13 participants responded to this question  
Post - 9 participants responded to this question

# PRE-POST DATA WORKSHOP 1 - CARERS

**My confidence in how to respond and support the person I have caring responsibility for when risk is increasing is...**

Pre - 13 participants responded to this question  
Post - 9 participants responded to this question

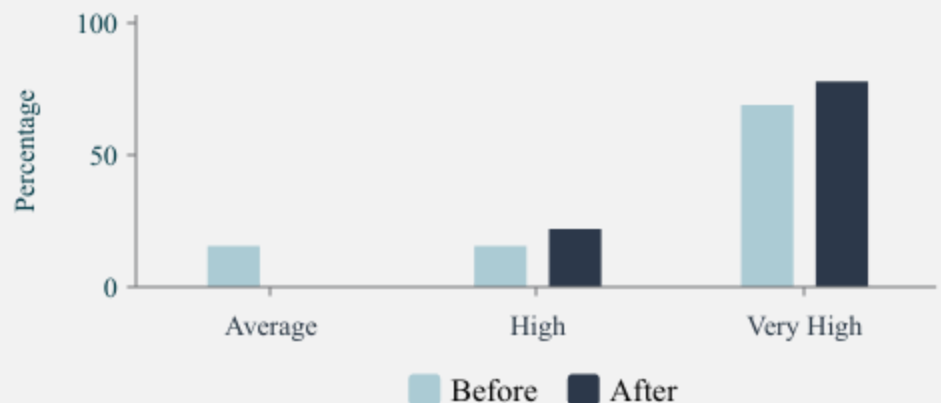


**My confidence in how to hold safe boundaries for myself at times of increased risk for the one I care for is...**

Pre - 14 participants responded to this question  
Post - 9 participants responded to this question

**I place importance on working together with the person, carer and practitioner...**

Pre - 13 participants responded to this question  
Post - 9 participants responded to this question



## PRE-POST DATA WORKSHOP 2 - CARERS

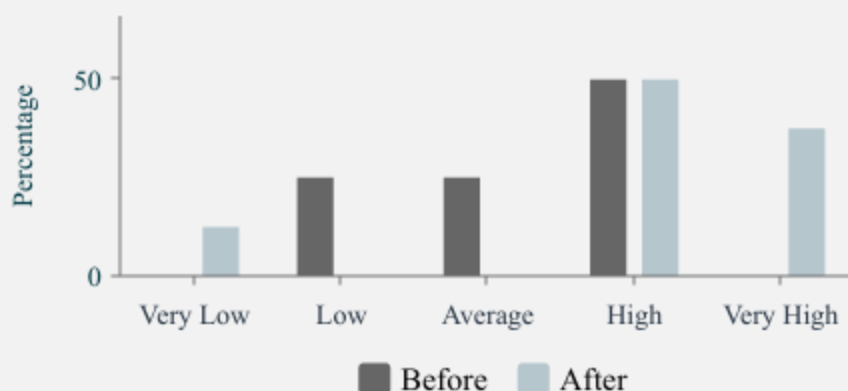
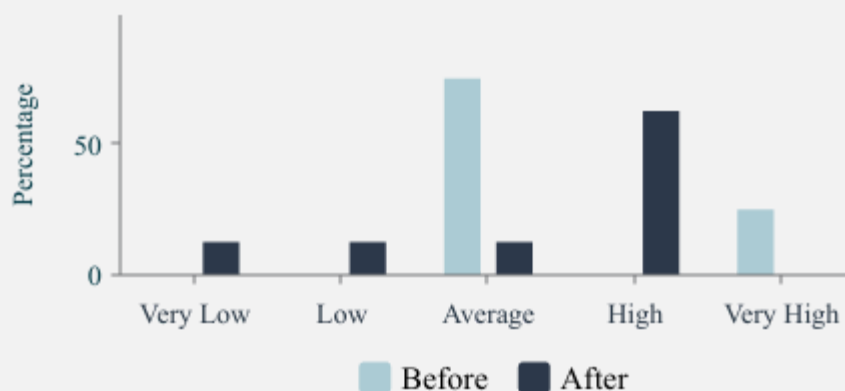


**I feel working together with the person and practitioners is of... importance**

Pre - 4 participants responded to this question  
Post - 8 participants responded to this question

**My skills and knowledge to effectively support someone who is suicidal is ...**

Pre - 4 participants responded to this question  
Post - 8 participants responded to this question

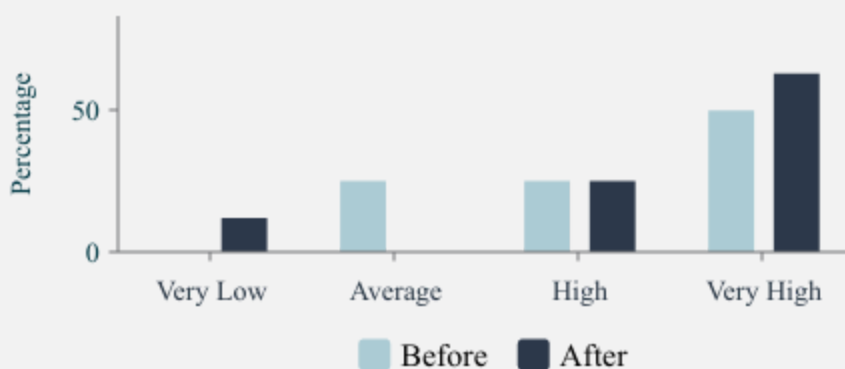


**I have... confidence working together with practitioners to support the person**

Pre - 4 participants responded to this question  
Post - 8 participants responded to this question

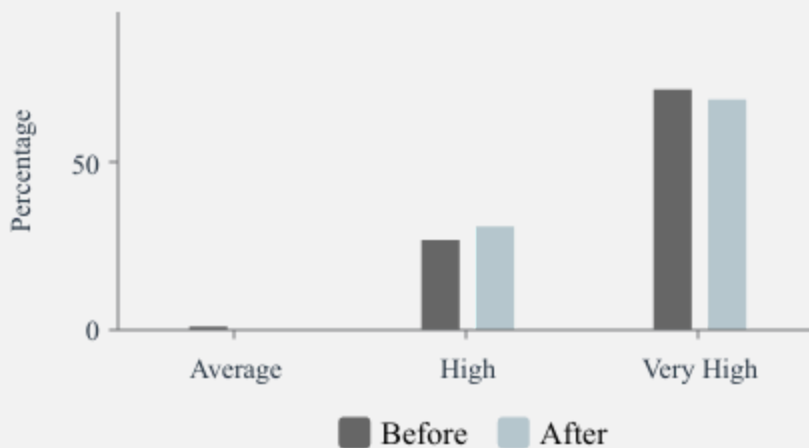
**My knowledge and understanding of consent, confidentiality and information sharing is ...**

Pre - 4 participants responded to this question  
Post - 8 participants responded to this question





# PRE-POST DATA WORKSHOP 2 - PRACTITIONERS

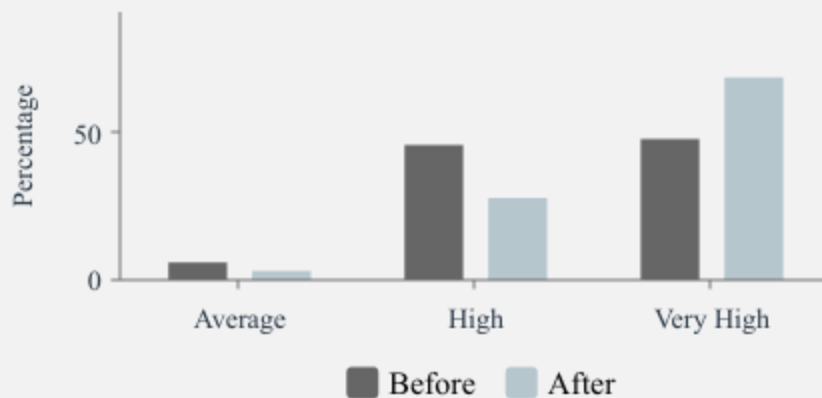
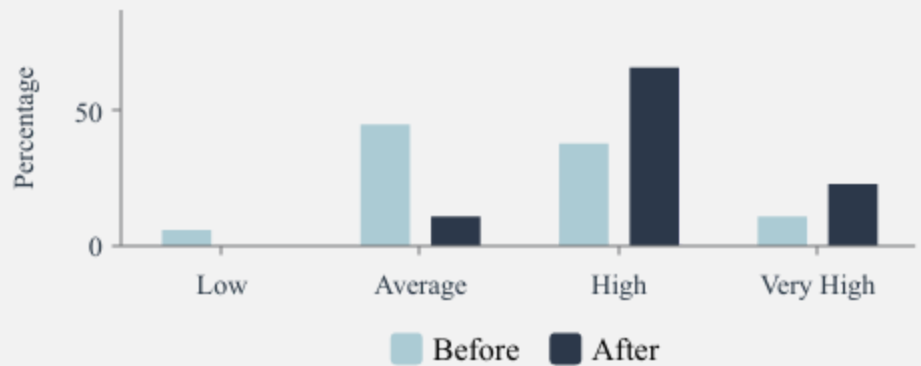


**I feel working together with the person, the caregiver and practitioners is of... importance**

Pre - 72 participants responded to this question  
Post - 36 participants responded to this question

**I have... confidence working together with caregivers to support the person**

Pre - 71 participants responded to this question  
Post - 35 participants responded to this question

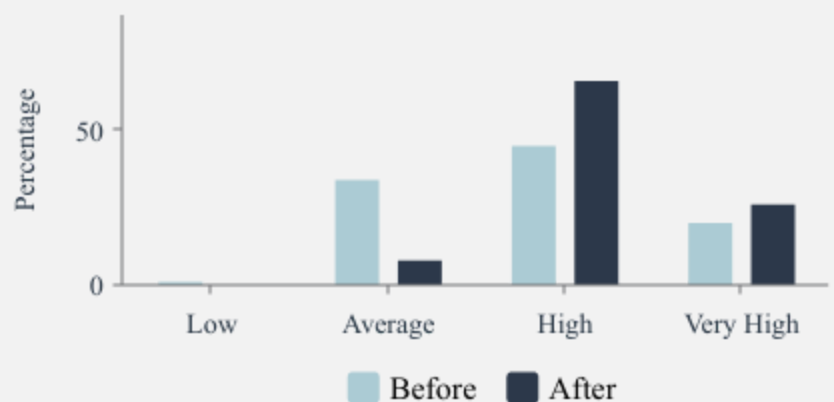


**Treating caregivers as experts in the persons care is of... importance**

Pre - 71 participants responded to this question  
Post - 36 participants responded to this question

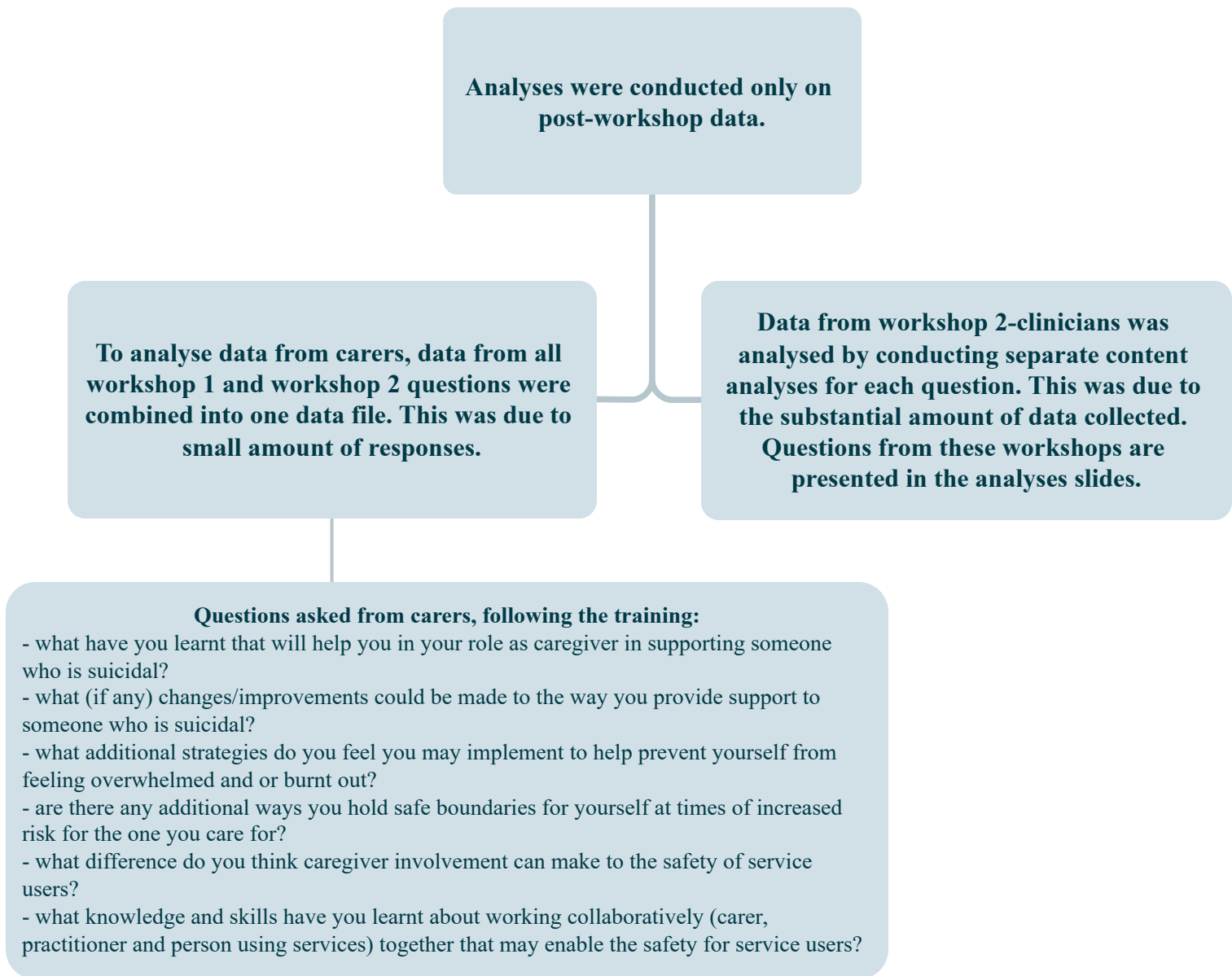
**My knowledge and understanding of consent, confidentiality and information sharing is ...**

Pre - 71 participants responded to this question  
Post - 35 participants responded to this question



# CONTENT ANALYSIS - OPEN-ENDED QUESTIONS

In the proceeding section, results from open-ended text questions will be presented. To analyse this data, the following steps were taken:

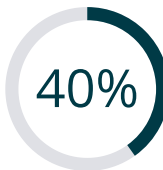
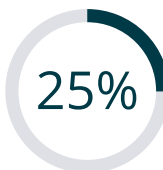
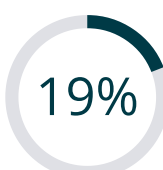
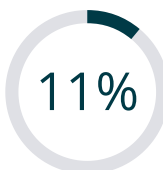



## WHAT IS CONTENT ANALYSIS?

A content analysis approach was used to analyse open-ended questions. Content analysis is a form of qualitative research method in which researchers explore the existence and frequency of concepts in a text and categorise them (see Christie, 2007).

# CONTENT ANALYSIS - OPEN-ENDED QUESTIONS

## Workshop 1 & 2 - Carers

Frequency	Categories	Definition	Example
 40%	<b>Collaborative working/Importance of involving caregivers</b>	Perceived importance and knowledge gained about collaborative working to enable safety of service users following the workshop.	<i>"[The workshop] reaffirmed aspects and enabled me to reflect on both my own practice and experience of caring for someone at risk."</i>
 25%	<b>Personal care</b>	Strategies learnt/improvements to be made for carers to help themselves and to look after someone suicidal.	<i>"Making more time to give myself time out to relax."</i>
 19%	<b>Removing yourself from the situation</b>	Techniques to prevent burn out and maintain boundaries at time of increased risk.	<i>"I feel more confident about stepping away from the crisis situation and will use this strategy when appropriate. I understand the importance of maintaining safe boundaries and will think of additional ways."</i>
 11%	<b>Effective communication with the individual</b>	Communication techniques learnt to better provide support for the individual.	<i>"Listen, remain calm; talk quietly. Remind individual they are loved and valued."</i>
 5%	<b>Emotional response</b>	Knowledge gained by carers to manage their own emotions in response to stressful situation.	<i>"Try to control panic and keep calm."</i>

# CONTENT ANALYSIS - OPEN-ENDED QUESTIONS

## Workshop 1 & 2 - Carers

What have been some of the best aspects of this training for you?

### Shared experience

Listening to other carers and stories of survivors, and participants understanding they are not alone and reassurance of *"I'm doing ok."*

### Learning opportunity

Learning new skills and concepts, knowledge of up to date policies, expanding available resources.

### Co-delivery

Presence of the expert by experience as a facilitator with *"extensive knowledge and empathy"*.

### Self-care

Workshops as an opportunity to understand and learn about *"importance of self care"*.

How could we improve the learning experience?

Shorter training sessions- more breaks

More regular sessions

Space for discussion and sharing thoughts at the end

Having Face-to-Face sessions

Involvement of charities and experienced volunteers

Following the training, has your knowledge and understanding of consent, confidentiality and information sharing improved?

86% responses indicated improvement in their knowledge and understanding of consent, confidentiality and information sharing.

*I believe I was aware of the importance of consent and confidentiality, but not so much so regarding information sharing. The training has helped considerably, and also helped me to look from a different perspective."*

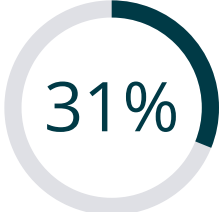
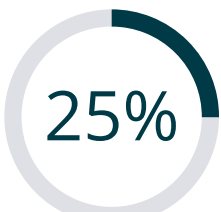
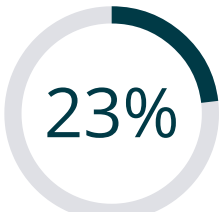
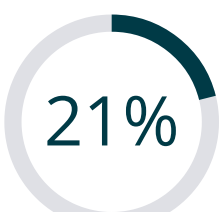
*I was able to put myself in the position of a clinical professional using the scenarios. I found this an eye-opener. I had rather dismissed professional 'obsession' with confidentiality, but understand now that, if breached in some cases, there could be catastrophic effects on the family."*



# CONTENT ANALYSIS - OPEN-ENDED QUESTIONS

## Workshop 2 - Practitioners


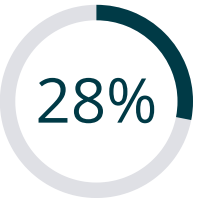
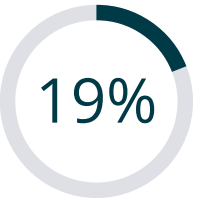


Following this training, what difference do you think caregiver involvement can make to the safety of service users?

Frequency	Categories	Definition	Example
 <p>31%</p>	<b>Safety</b>	Learning from the workshop the important role caregivers play in improving safety of the individuals.	<i>“Huge difference. [caregivers] do most of the work of keeping people safe and therefore need support to do that difficult role”.</i>
 <p>25%</p>	<b>Risk Management</b>	The importance of involving caregivers to reduce the service users' risk of adverse outcome.	<i>“[caregivers] know more about the patient than we ever will, so they can have a big impact on the safety of patients, they can hear things and spot warning signs that we couldn't as professionals.”</i>
 <p>23%</p>	<b>Sharing Important Information</b>	Importance of information shared by carers providing a deeper context of the person's difficulties and/or situation.	<i>“I feel caregivers have information and understandings which are not available to the practitioner in terms of daily knowledge of that persons needs and triggers etc”.</i>
 <p>21%</p>	<b>Better Care</b>	Knowledge gained from the workshops highlighting value of caregivers' involvement in providing a better care/service and outcomes for the individual.	<i>“It can aid recovery, support safer discharge and support the person to live a meaningful life in the community. It can prevent readmission.”</i>

# CONTENT ANALYSIS - OPEN-ENDED QUESTIONS

## Workshop 2 - Practitioners

Following this training, what knowledge and skills have you learnt about working collaboratively together that may enable the safety for service users?

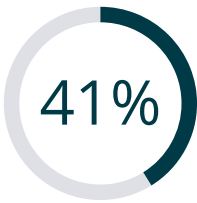

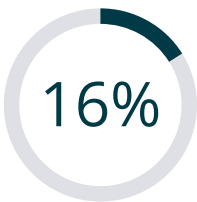


Frequency	Categories	Definition	Example
 35%	<b>Wider engagement</b>	Being more inclusive of caregivers and involving them in the service user's care. This involves listening to caregiver's views and opinions, being more empathic and compassionate towards them.	<i>"That early discussions are really important and for caregivers to be heard and listened to"</i> .
 28%	<b>Information sharing</b>	Transparent communication of information between professionals and carers and vice versa.	<i>"Inform Carer of significant changes to care plan and treatment with consent from service user in a timely fashion"</i> . <i>"knowledge from the carers of subtle changes in mental health, aid early intervention"</i> .
 19%	<b>Open conversation/communication</b>	Refers to the process of remaining open and curious when communicating with carers and patients and other professionals of any changes/developments.	<i>"Working collaboratively is very important. Being curious about answers provided by someone"</i> .
 13%	<b>Importance of confidentiality</b>	The knowledge gained about the importance of being mindful about confidentiality and documenting the decision made.	<i>"The duty to share is as important as the duty to protect confidentiality."</i> <i>review 'consent to share' forms regularly."</i>
 5%	<b>Keeping knowledge up to date</b>	Continued learning to ensure awareness of latest information.	<i>"Being better informed about the latest publications and guidance setting a framework on making and sharing risk with people's support networks"</i> .

# CONTENT ANALYSIS - OPEN-ENDED QUESTIONS

## Workshop 2 - Practitioners

Following the training, do you feel you can now overcome some of the potential barriers to working collaboratively together? (What will you try and do differently to improve your collaborative working?)

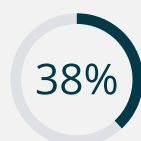
100% of responses indicated having techniques to overcome barriers of collaborative working

Frequency	Categories	Definition	Example
 <p>41%</p>	<b>Being mindful of the caregivers</b>	To involve caregivers more by listening to them, talking to them and thinking about the support they might need.	<i>"I will be more mindful of clients' family and the support they might need".</i>
 <p>22%</p>	<b>Being curious</b>	Actively listening and engaging, having open discussions to learn more about the situation to facilitate collaborative working.	<i>"I think the word of the day I took away was to be more 'curious'. Don't take declining consent to share at face value and explore the reasons behind this."</i>
 <p>16%</p>	<b>Information Sharing</b>	To be open and transparent about service policies and procedures.	<i>"Clear information sharing and sharing of contact details from the outset of an involvement".</i>
 <p>12%</p>	<b>Considering different approaches</b>	To be open to new ways of working and reflecting on current practice to overcome barriers of collaborative working.	<i>"The training has made me consider different approaches in order to achieve meaningful and sustained support for individuals when they are most vulnerable".</i>
 <p>9%</p>	<b>Communication skills</b>	Improving the way information is delivered to service users and/or caregivers.	<i>"Open communication will definitely be on the top of the list."</i>

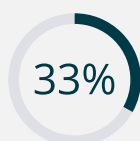
# CONTENT ANALYSIS - OPEN-ENDED QUESTIONS

## Workshop 2 - Practitioners

### What have been some of the best aspects of this training for you?



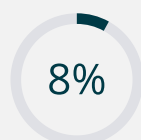
Found **sharing experience** helpful. carers and practitioners sharing their experience, listening to each other and understanding **each others' perspectives**.



Found the **course content and activities** helpful, including **learning new skills, clarifying current knowledge, group discussions, case scenarios, and the videos**.



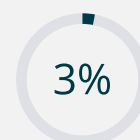
Stated having the **expert by experience** in co-delivery was helpful and made it **"real"**.



Stated enjoying **face-to-face** training.



Stated the workshops were an **"opportunity for self reflection"**.



Stated **professionals' engagement** in the workshops, their attendance and their **willingness to change their practice** was positive.

### How could we improve the learning experience?

#### Future Workshops

To include follow-up workshops to keep being involved as well as workshops with only practitioners to be able to discuss the current challenges openly.

#### Course Content

Discussing and/or clarification on the videos, to include more videos and share experience. Also, more time in the break rooms. However, one person said the videos only repeated what the facilitators said.

#### Resources

To share resources to signpost carers in the local area, as well as sharing links for reading further information.

#### Inclusivity

To include carers of service users from all ages, different presentation and carers of those in OPMH services.

#### Course Length

To have shorter sessions/days and more breaks.

#### Delivery

To have face to face sessions.

### Some comments

"It was a great piece of training"

"Enjoyed the learning experience. The enthusiasm and passion of the course providers was evident."

"I felt very comfortable talking during the workshop, it felt like a safe environment to have open and honest conversations."

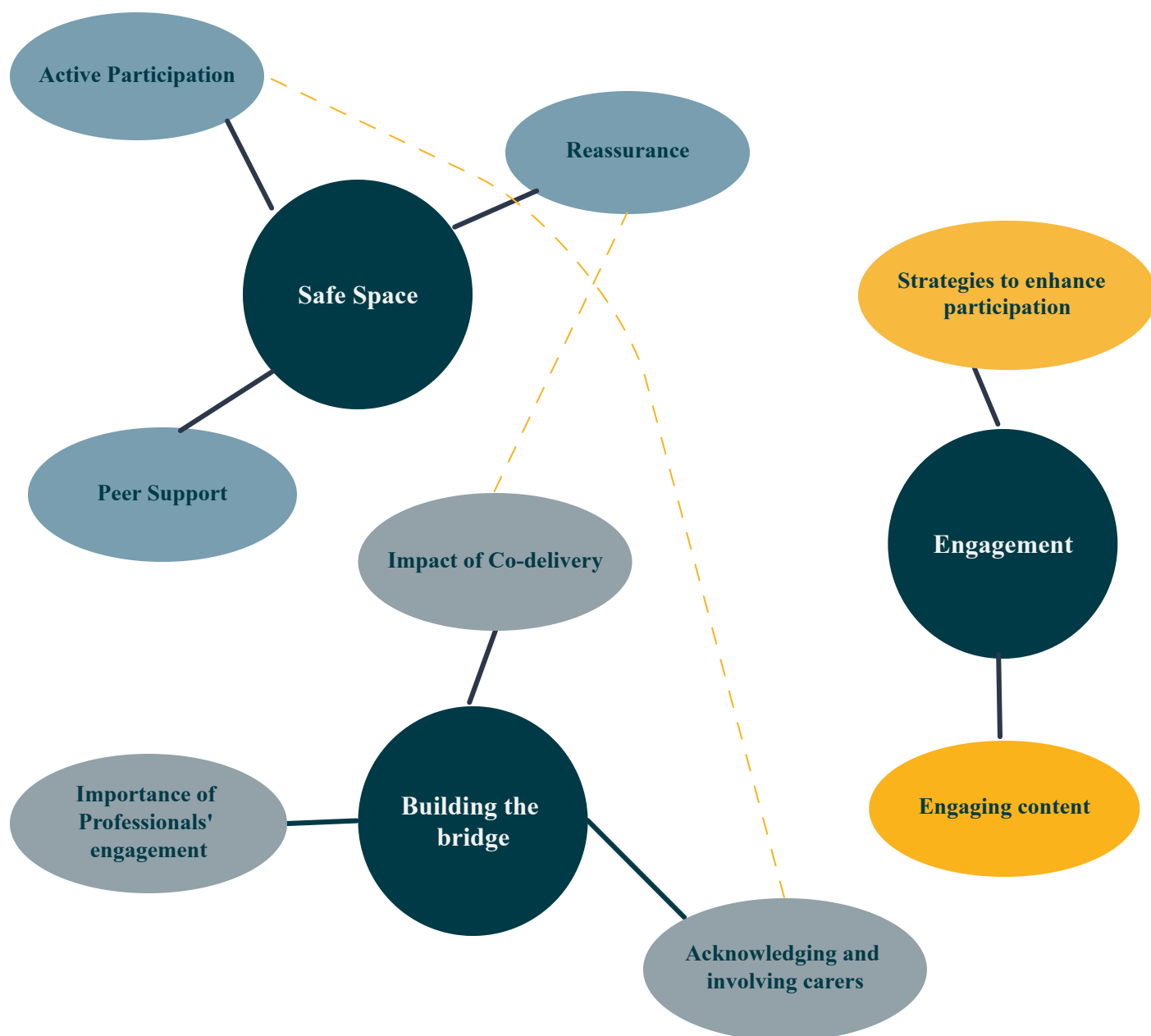
"Don't stop delivering the course and whenever possible include a caregiver with the professionals - it has been so helpful."



# THEMATIC ANALYSIS - FOCUS GROUP

To analyse the data from the focus group, a thematic analysis approach was used. Thematic analysis is a qualitative research method and analysis of the data in which a transcript of a focus group (or interview) is coded by researchers and themes are identified based on the codes (see Braun & Clarke, 2006).

The results of the focus group indicated the presence of three themes and eight sub-themes, which are presented in the graph below. Themes presented below emerged from the focus group with two participants, who had attended both workshops. As such, these are based on analysis of what was discussed by participants during the focus group. In the next three pages, the definition of each theme and their sub-themes are presented with examples from participants' responses during the focus group.



## THEMATIC ANALYSIS - FOCUS GROUP

### Safe space

Safe space for carers includes providing an opportunity for carers and families of service users to share their experience, connecting with other carers, as well as learning some facts and numbers about suicide from the workshops. This space also provided an opportunity for carers to learn from a carer expert by experience, which in turn, *reassured* carers that they are "*doing the right thing*".

**Reassurance** refers to the comfort, assurance and sense of connection that carers experienced due to the training co-delivered by someone with personal lived experience related to suicide. This also includes carers feeling of reassurance after learning about facts and figures during the workshops and understanding they are not alone.

*I think the biggest thing I came away with just the reassurance that I'm doing OK ... And that to me was really important and there's a sort of, was a real positive.*

*it was all professionals, so it was very useful to be able to sort of say ... 'I do get where you're coming from' as the professional, but when you're sitting on the carers stool, this is kind of what we'd quite like, and would be useful, would be helpful. So that for me was really very useful and very helpful.*

**Active participation** refers to carers being able to express and voice experiences and points of view during the workshops, while having professionals acknowledge and understand their perspectives.

**Peer support** highlighted the importance of connecting with other carers with similar experiences during the workshops. This was important to the carers for sharing experiences and tips with each other.

*but also from just being able to talk to other carers...*

# THEMATIC ANALYSIS - FOCUS GROUP

## Engagement

Engagement encompass various aspects of the workshops, such as challenges for professionals attending a whole-day workshop, ways to increase attendance by breaking down the sessions and impact of engaging content during the workshops.

**Strategies to enhance participation** addresses challenges of attending and ways to help increase participation in the workshops. Participants referred to breaking down sessions in shorter but more frequent sessions and being provided with some of the contents (e.g., facts and figures) in advance. More specifically, for professionals, attending a full-day training can interfere with their work commitments, which ultimately, might prevent professionals to join or may cause them to withdraw from the workshops due to work circumstances.

*if you want to get a joint session with staff and ... they had more staff who ... said they'd come and then couldn't cause, of course, you know, something comes up.*

*... and they gave some lovely examples, didn't they? I think the second one, did we we have the videos and the second one didn't we, with the three-way conversation between a member of staff, a service user and a carer. I thought that was really, I really like, really liked that video.*

**Engaging content** highlighted aspects of the training content which were enjoyable and impactful.

# THEMATIC ANALYSIS - FOCUS GROUP

## Building the bridge

Building the bridge refers to the importance of professionals and carers working together and listening to each other, as well as importance of involving carers. The workshops provided an opportunity to bridge the gap and showcase the importance of collaboration between clinicians and carers for a better result for care.

### Importance of professionals' engagement

highlights the valuable opportunity for carers to be in the same room and communicating with different professionals. A meaningful exchange of experience between carers and professionals and listening to each other, gaining insights and perspectives that can enhance their understanding and approach.

*you [carers] don't get the opportunity to really sort of talk to [clinicians] because obviously they're trying to talk to the patient.*

*[Clinical facilitator] on the one hand, she's got the knowledge of the facts, the figures... and then [Expert by experience facilitator] was able to sort of give you the lived experience. Was a great combination.*

**Impact of co-delivery** addresses the experience of co-delivery of the training (i.e., involvement of a clinical practitioner and an expert by experience). As described by a participant, the co-delivery created *balance* and was very important. Combination of the two facilitators having different backgrounds, knowledge and experience added to the value of the workshops.

### Acknowledging and involving carers

highlights the importance and involvement of carers and their contribution.

*.... the impact on carers and how much better it is if we're in a really good dialogue.*



# WORKSHOPS FACILITATORS' COMMENTS

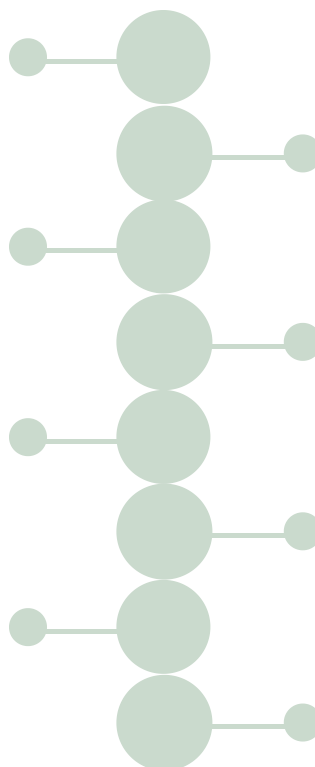
## What Worked Well

A **shared space** for practitioners and carers to learn, share their experiences to change attitude.

**Co Production** and partnership being a good experience for the workshops facilitators, which ultimately, brought “*value and authenticity to the training*”.

**Peer support** among carers during the workshops.

Importance of having the opportunity for carers to understand the **clinicians and their challenges**.



An opportunity for both carers and clinicians to be able to **listen to each other**.

**Course content** such as break rooms discussions and videos.

The training being **strength-based**.

**Carers involvement into delivery** has been important. For carers to have someone who they can relate to in a non-judgemental environment. But also, for clinicians to be able to understand “*the value [carers] bring as experts in care*”.

## Challenges

Challenges of **involving carers** and “*getting carers to sign up*”.

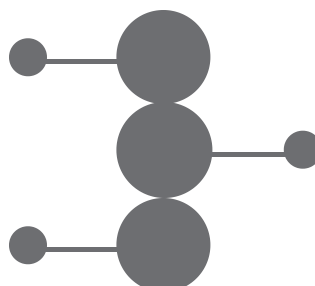


Some staff’s **resistance to listen** and their defensiveness towards expert by experience echoed her past experience and difficulties.

## Future Direction

To enhance **carers’ involvement** in the trainings.

To **shorten workshop 1** and change the content to find a balance.



To **expand the reach** to those not using Devon Partnership Trust and promoting inclusivity across various ethnic groups and gender identities.

## CONCLUSION



# TAKE HOME MESSAGE

## Workshops

- There is evidence indicating that the workshop had a notable impact on the knowledge of both caregivers and clinicians. However, the experience of having carers and clinicians to learn from each other, listen to one another and share experience has been an important element of these workshops.
- Co-delivery and involvement of a carer expert by experience had an important effect in both reassurance and feeling understood by carers, but also for clinicians to listen and understand challenges carers face.
- Course content such as scenarios, videos and group discussions were found to be beneficial.
- Participants have suggested to have shorter but more frequent sessions especially to accommodate those with busy schedules.
- Some requested to have a dedicated time at the end of the workshops for sharing thoughts and further discussions.
- Efforts should be made to develop strategies to enhance carers involvement in the training, as well as expanding the reach to various groups including ethnic groups and the LGBTQIA+ community need to be made.

## Methodological Considerations

- Consideration should be given to the type of data collected (e.g., binary yes/no responses, or open ended responses), which would inform potential data analytical methods.
- In this evaluation we were not able to investigate each person's data from before and after the workshops, as we were unable to match each person's pre-post workshop questionnaire response. As such, the pre-post quantitative analyses were conducted calculating the average of the total compared across time-points. To be able to compare each person's response across time, an anonymous, unique four-digit identifier can be generated for each participant on the online data collection platform (i.e., Qualtrics), to be able to match pair the data without identifying the participant.

## TAKE HOME MESSAGE Cont.

- To avoid further complication, it is suggested to keep one link for each workshop and ask participants whether they attended the workshop as a carer or clinician. Based on the responses, participants can be directed to different questions. This is important to avoid confusion among participants as to which link they need to follow, as well as maintaining an accurate data base and storage system which facilitates data analysis.
- Carer's response rates were low, especially in data from workshop 2. This could be due to lower number of attendance among carers. However, it is important to ensure multiple reminders are sent to encourage participants to complete the questionnaire. Perhaps having shorter surveys, completed at a dedicated time at the beginning/end of the workshop sessions could improve participant engagement. Also, interactive tools, such as Mentimeter can be useful in engaging participants in addition to observing a quick results.

## SUMMARY

This report is an evaluation of the impact of Devon Partnership Trust Stronger Together workshops on carers' confidence in working with someone suicidal as well as improving carer-clinician collaborative working. The findings support role of the workshops in enhancing knowledge and skills gained during the workshops and demonstrating importance of collaborative working among carers and clinicians. Having a safe space to share experience, co-production and involvement of carer expert by experience in the delivery of the workshops have been valued.

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 Cedar Create





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