Suicide prevention at sub-national (regional/local) level: self-evaluation instrument (SUPRESE)

IMPORTANT NOTICE

This is the latest version (v5.1) of the *Self-evaluation instrument for assessing suicide prevention at sub-national (regional/local) level ('SUPRESE')*. The instrument has been revised to take account of the helpful comments and suggestions made by colleagues who have completed previous versions.

There is no charge for its use. However, the developers of the instrument request that all persons who have completed the instrument provide critical feedback on any or all of the following:

- accessibility (Is the language understandable? Could the layout be improved?)
- coverage (Have important areas of suicide prevention at the local level been overlooked?)
- relevance (Are all items pertinent to local suicide prevention strategy and action?)
- usability (How could the instrument be made more user-friendly?)
- the rating scales (Does a three-point scale permit sufficient discrimination between levels of performance? Are the anchor points for each item appropriate?).

Based on user feedback, the instrument will be revised and updated regularly.

Feedback should be sent by email to:

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Introduction

The potential role of sub-national (regional or local) agencies (both statutory and non-statutory) in planning and implementing suicide prevention plans is widely recognised in the different countries of the UK. Despite substantial investment in producing evidence of interventions which are effective in reducing the risk of suicidal behaviour, there has been little consideration of two key strategic issues: first, which agencies in the suicide prevention 'system' should take the necessary action to effect change; and, second, how agencies at different levels (national, regional, local) might monitor the effectiveness of their contribution to the overall national suicide prevention effort.

Purpose

This self-evaluation instrument is intended to fill this strategic gap by: first, identifying the areas of policy and action that might be expected to fall within the scope of sub-national (regional or local) action; and, second, to support the monitoring and self-evaluation of suicide prevention policy and practice at the sub-national level. The items included in the instrument are based on international research evidence and practical experience. The instrument as a whole is intended to help agencies and individuals with responsibility for suicide prevention planning and action at sub-national level to assess: first, whether key elements of suicide prevention planning, strategy and action are in place (fully, partially or not at all) in their area; and, second, to what extent the implementation/delivery of these elements conforms to best practice and/or incorporates a commitment to evaluate effectiveness.

Structure and format

In its current (draft) form the instrument comprises 18 items.

Items 1-4 cover strategic/planning elements of suicide prevention. Each item is rated on a defined, single three-point scale which measures implementation/delivery: 0 (zero) corresponds to a stage of non-implementation/delivery; 1 (one) corresponds to a partial implementation/delivery stage; and 2 (two) corresponds to a full implementation/delivery stage.

The remaining items cover: action elements of suicide prevention (items 5-10); monitoring and review elements (items 11-13); and awareness and training elements (items 14-18). Each item is rated on a defined three-point scale which measures implementation/delivery, as for items 1-4. Where there is evidence of partial or full implementation/delivery (ratings of 1 or 2), an additional rating should be made on a second scale which measures whether implementation is evidence-informed and/or being evaluated (1 [one]) or neither evidence-informed nor being evaluated (0 [zero]).

For every item in the instrument two non-substantive ratings are available: 9 (nine) should be used when it is not possible to provide a substantive rating because of a lack of consensus in the local suicide prevention team; and X should be used when it is not possible provide a substantive rating because of insufficient information (see page 3).

A broad interpretation of three 'theoretical' *implementation* profiles is presented in box 1.

Box 1 Implementation profiles (all items)

Mostly 2s	Key elements of suicide prevention planning, strategy and action are fully implemented in the local area
Mostly 1s	Key elements of suicide prevention planning, strategy and action are partially implemented in the local area
Mostly 0s	Key elements of effective local suicide prevention planning, strategy and action have not (yet) been implemented

Interpretation of two 'theoretical' evidential profiles (relating to boxes 5-18) is presented in box 2.

Box 2 Evidential profiles (items 5-18)

Mostly 1s	Action is evidence-informed and/or being evaluated
Mostly 0s	Action is neither evidence-informed nor being evaluated

Instructions for completing the instrument

The instrument should be completed by the person (or persons) with responsibility for coordinating/leading suicide prevention planning and action in the regional/local area ('the coordinator'). The coordinator may be able to rate items on the basis of her/his own first-hand experience, but more typically s/he will need to gather information from other team members or colleagues in partner organisations. The limits of the information-gathering exercise will be set by several constraints, including the time available to the coordinator, taking into account his/her key duties and responsibilities, and her/his access to key individuals in the local professional suicide prevention network.

An evidence box is provided for each item in which the case for the rating (or ratings, in the case of items 5-18) for each item should be summarised. When the coordinator obtains evidence in respect of a specific instrument item which suggests that there has been some degree of implementation (ratings of 1 or 2), but is unable to decide between the amount or degree of implementation, s/he should record the more conservative rating (1); and evidence of different perspectives on implementation should be presented in the relevant box. When evidence is so contradictory that the coordinator is unable to decide between 'no implementation' (rated 0) and 'some implementation' (ratings of 1 or 2), the item should be rated 9 (nine). Such a rating should only be used sparingly. Again, evidence of different perspectives on implementation should be presented in the relevant box. Where a substantive rating cannot be made because of insufficient information, the item should be rated 'X'.

Validation and review of instrument findings

The coordinator should circulate a draft version of the completed instrument to other team members and relevant colleagues in partner organisations, who should be invited to comment on the ratings and accompanying evidence. This process could be seen as a type of validation exercise, designed to confirm or disconfirm the

coordinator's understanding of the 'state of the art' of suicide prevention in the regional/local area; and should result in the production of a final version of the instrument, which represents an agreed, collective understanding among members of the regional/local suicide prevention community. Ideally, this process should be carried out at a face-to-face meeting. If this is not feasible, the coordinator should solicit written comments on the first draft and then produce a final draft which should be shared with other team members and colleagues in partner organisations. The final version of the completed instrument should be used by the regional/local professional suicide prevention network as a learning tool, which supports critical reflection on recent achievements and challenges, and planning of future remedial action, where appropriate. It is recommended that this process is repeated on an annual basis, preferably in advance of forward programme planning and resource allocation.

Person completing the instrument

Name _____

Position: _____

Regional/local area: _____

Employing organisation: _____

Date: _____

Instrument version *(circle as appropriate)*

First draft

Second draft

Final draft

Has there been any validation/confirmation of the contents of this instrument *(circle as appropriate)*

No

Yes *(briefly describe the process in the box below)*

1. Is there a strategic approach to suicide prevention in the local area?

0. Local suicide prevention strategy not developed or not operational
1. Local suicide prevention strategy partially implemented
2. Local suicide prevention strategy fully implemented
9. No consensus on rating
X. Insufficient information to make rating

Evidence

2. Does the local area have a multi-agency suicide prevention group which plans and coordinates activity?

0. Multi-agency group not established or not operational
1. Multi-agency group partially operational
2. Multi-agency group fully operational
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

3. Are the financial resources available in the local area sufficient to support delivery of effective local suicide prevention action[i]?

0. Financial resources not committed or not available
1. Financial resources available but sufficient to support partial delivery only
2. Financial resources available and sufficient to support full delivery
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

4. Are the human resources available in the local area sufficient to support delivery of effective local suicide prevention action?

0. Human resources not committed or not available
1. Human resources available but sufficient to support partial delivery only
2. Human resources available and sufficient to support full delivery
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

5. Is there effective action to reduce the risk of suicidal behaviour in known high risk groups in the local area?[ii]

0. No action being taken
1. Action being taken, but only partial reach achieved
2. Action being taken; significant reach achieved
9. No consensus on rating
X. Insufficient evidence to make rating

(If rating of 1 or 2)
0. Action is neither evidence-informed nor being evaluated
1. Action is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

6. Is effective treatment and aftercare provided in primary care for persons who have self-harmed in the local area?

0. No treatment/aftercare provided
1. Treatment/aftercare provided, but only partial coverage of need
2. Treatment/aftercare provided which covers most/all need
9. No consensus on rating
X. Insufficient evidence to make rating

(If rating of 1 or 2)
0. Treatment/aftercare is neither evidence-informed nor being evaluated
1. Treatment/aftercare is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

7. Is effective treatment and aftercare provided in secondary care for persons who have self-harmed in the local area?

0. No treatment/aftercare provided
1. Treatment/aftercare provided, but only partial coverage of need
2. Treatment/aftercare provided which covers most/all need
9. No consensus on rating
X. Insufficient evidence to make rating

(If rating of 1 or 2)
0. Treatment/aftercare is neither evidence-informed nor being evaluated
1. Treatment/aftercare is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

8. Is there effective action to reduce harmful use of alcohol and use of illegal drugs in the local area?

0. No action being taken
1. Action being taken, but only partial reach achieved
2. Action being taken; significant reach achieved
9. No consensus on rating
X. Insufficient evidence to make rating

(If rating of 1 or 2)
0. Action is neither evidence-informed nor being evaluated
1. Action is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

9. Is effective support available to those bereaved or affected by suicidal behaviour (postvention) in the local area?

0. No support provided
1. Some support provided, but only partial coverage of need
2. Support being provided which covers most/all need
9. No consensus on rating
X. Insufficient evidence to make rating

(If rating of 1 or 2)
0. Support is neither evidence-informed nor being evaluated
1. Support is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

10. Is there effective action to reduce access to means of suicide, e.g. through 'suicide proofing' local areas of concern, in the local area?

0. No action being taken
1. Partial suicide proofing undertaken
2. Comprehensive suicide proofing undertaken
9. No consensus on rating
X. Insufficient evidence to make rating

(If rating of 1 or 2)
0. Suicide-proofing neither evidence-informed nor being evaluated
1. Suicide-proofing is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

11. Is there a process for reviewing suicide deaths unknown to mental health services in the local area?[iii]

0. No review process in place
1. Review process covers *some* suicides unknown to mental health services
2. Review process covers *most/all* suicides unknown to mental health services
9. No consensus on rating
X. Insufficient evidence to make rating

(If rating of 1 or 2)
0. Review process is neither evidence-informed nor being evaluated
1. Review process is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence for ratings

12. Is there monitoring of the characteristics and determinants of suicidal behaviour in the local area?[iv]

0. No monitoring in place
1. Partial monitoring in place
2. Comprehensive monitoring in place
9. No consensus on rating
X. Insufficient evidence to make rating

(If rating of 1 or 2)
0. Monitoring is neither evidence-informed nor being evaluated
1. Monitoring is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

13. Are monitoring data used to inform the development of suicide prevention strategy and action in the local area?

0. No monitoring in place
1. Partial monitoring in place
2. Comprehensive monitoring in place
9. No consensus on rating
X. Insufficient evidence to make rating

(If rating of 1 or 2)
0. Monitoring is neither evidence-informed nor being evaluated
1. Monitoring is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

14. Is there effective action to raise public awareness about suicide and self-harm, including risk factors and prevention, in the local area[v]?

0. No action being taken
1. Action being taken, but only partial reach achieved
2. Action being taken; significant reach achieved
9. No consensus on rating
X. Insufficient evidence to make rating

(If rating of 1 or 2)
0. Action is neither evidence-informed nor being evaluated
1. Action is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

15. Is there a suicide prevention training programme targeted at gatekeepers (e.g. STORM, ASIST) in the local area?[vi]

0. No training programme in place
1. Training programme in place, but only partial reach achieved
2. Training programme in place; significant reach achieved
9. No consensus on rating
X. Insufficient evidence to make rating

(If rating of 1 or 2)
0. Training programme is neither evidence-informed nor being evaluated
1. Training programme is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

16. Is there a suicide prevention training programme targeted at the general public (e.g. suicideTALK, safeTALK) in the local area?

0. No training programme in place
1. Training programme in place, but only partial reach achieved
2. Training programme in place: significant reach achieved
9. No consensus on rating
X. Insufficient evidence to make rating

(If rating of 1 or 2)
0. Training programme is neither evidence-informed nor being evaluated
1. Training programme is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

17. Is there effective action to reduce public stigma relating to mental (ill-) health and suicidal behaviour in the local area?

0. No action being taken
1. Action being taken, but only partial reach achieved
2. Action being taken; significant reach achieved
9. No consensus on rating
X. Insufficient evidence to make rating

(f rating of 1 or 2)
0. Action neither evidence-informed nor being evaluated
1. Action is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

18. Is there effective action to ensure that media in the local area report sensitively and responsibly on suicidal behaviour and avoid intrusion on those bereaved by suicide?

0. No action being taken
1. Action being taken, but only partial reach achieved
2. Action being taken; significant reach achieved
9. No consensus on rating
X. Insufficient evidence to make rating

(If rating of 1 or 2)
0. Action neither evidence-informed nor being evaluated
1. Action is evidence-informed and/or being evaluated
9. No consensus on rating
X. Insufficient evidence to make rating

Evidence

Notes

[i] "Effective action" is defined throughout as "a set of activities which are (a) evidence-informed and/or positively evaluated AND (b) are directed towards meeting local needs".

[ii] Examples of high risk groups include persons with mental illness, persons who have self-harmed, victims of violence/abuse. See, e.g., HSE National Office for Suicide Prevention (2014) *Report of the Research Advisory Group for the National Framework for Suicide Prevention Strategy*. http://www.hse.ie/eng/services/list/4/Mental_Health_Services/NOSP/preventionstrategy/backgrounddocs/Report%20-%20Research%20Advisory%20Group.pdf

[iii] This item concerns (suspected) suicides in the local area among people who have NOT been in contact with mental health services within 12 months of death. Suicide reviews provide an opportunity to understand the circumstances of the death and learn from any lessons that have been identified.

[iv] *Characteristics* of suicidal behaviour: information about persons who have completed suicide and engaged in (suicidal) self-harm, including socio-demographic, socio-economic, psychological, psychiatric and other factors. *Determinants* of suicidal behaviour: information about short-term 'triggers' and long-term vulnerabilities.

[v] This item should cover public awareness campaigns delivered at the local level, even when responsibility for their delivery lies with a national organisation.

[vi] Gatekeepers are individuals in the community who have face-to-face contact with large numbers of community members as part of their usual routine. Examples include schoolteachers, social workers, youth workers, religious leaders. They may be trained to identify persons at risk of suicide and refer them to treatment or support services, as appropriate.