Self-Harm and Suicide Prevention Training Audit Tool (SHSPAT) v1.0

Auditors Manual

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Acknowledgements: This manual and associated audit tool is based on independent research commissioned by the North East and North Cumbria Integrated Care System (NENC ICS) Suicide Prevention (SP) Network.

Special thanks are given to the authors of the Dementia Training Design and Delivery Audit Tool (DeTDAT), who gave permission to adapt their audit tool, and on which the format and structure of SHSPAT and manual is modelled, as well as some of the audit items:

> Surr, C., Sass, C., Griffiths, A., Oyebode, J., Smith, S., Parveen, S., & Drury, M. (2017). *Dementia Training Design and Delivery Audit Tool (DeTDAT) v4.0.* Leeds: Leeds Beckett University.

Contents

1.0 Introduction

1.1 Background to the Self-Harm and Suicide Prevention Training Design and Delivery Audit Tool

The aim of the Self-Harm and Suicide Prevention Training Audit Tool (SHSPAT) is to assure the consistency and quality of training available in relation to self-harm and suicide prevention. Developing a quality assurance framework helps to facilitate best practice in relation to self-harm and suicide prevention training and aims to promote quality improvement.

The development of the SHSPAT resulted from the findings of four streams of work:

1. A rapid scoping review of evidence of best practice in the design and delivery of self-harm and suicide prevention training.
2. Interviews with professionals involved in self-harm and suicide prevention work within the region.
3. Interviews with people with lived experience of self-harm and suicide nationally.
4. Mapping of training to the NHS Health Education England (HEE) Self-Harm and Suicide Prevention Competence Frameworks.

The HEE Competence Frameworks summarise a range of knowledge, skills, attitudes, and activities that are required to best support people who self-harm and/or are suicidal and make suggestions about best practice in this area. Currently there are three frameworks for use with children and young people, adults and older adults, and community and public health.

The HEE Competence Frameworks can be found below:

- National Collaborating Centre for Mental Health (2018). Self-harm and Suicide Prevention Competence Framework: Children and Young People.
- National Collaborating Centre for Mental Health (2018). Self-harm and Suicide Prevention Competence Framework: Adults and Older Adults.

- National Collaborating Centre for Mental Health (2018). Self-harm and Suicide Prevention Competence Framework: Community and Public Health.

The development of the SHSPAT and this associated auditor's manual was commissioned by the North East and North Cumbria Integrated Care System (NENC ICS) Suicide Prevention (SP) Network in 2020, with the work undertaken by Teesside University.

The SHSPAT is currently a prototype; the format and structure of the tool has been modelled on the Dementia Training Design and Delivery Audit Tool (DeTDAT)[1], with their permission, and relevant audit items from the DeTDAT have been included in the SHSPAT.

The scoping review which informed the development of the SHSPAT is available at this link.

The SHSPAT is available here.

1.2 Using the SHSPAT

The SHSPAT is designed to be used by those who commission or deliver self-harm and/or suicide prevention training to:

- Reflect upon the outcomes of the audit tool and determine if their current training is fit for purpose.
- Benchmark training that they commission/deliver to ensure it complies with HEE Competence Frameworks for self-harm and suicide prevention and meets current best practice guidance.
- Help inform the design and delivery of new training programmes, and the commissioning of future training.

[1] Surr, C., Sass, C., Griffiths, A., Oyebode, J., Smith, S., Parveen. S., & Drury, M. *Dementia Training Design and Delivery Audit Tool (DeTDAT) v4.0*. Leeds: Leeds Beckett University.

1.3 Using the SHSPAT auditor's manual

This document is an auditor's manual that accompanies the SHSPAT. We recommend that the manual is read in conjunction with, or before, use of the audit tool. The manual will give guidance on what each of the audit items mean and help you to consider appropriate evidence that could be used to inform whether training includes each of the items.

1.4 Using the Audit Tool

The auditor should perform an evaluation of the training programme against the specified criteria as outlined in the audit tool. The coloured coded sections to the right of each audit tool item indicate the evidence-source from which the item has been developed, and the rationale for inclusion within the tool given the current evidence sources available. The colour codes correspond to the following:

- Green denotes that evidence was drawn from the DeTDAT,
- Blue denotes that evidence was drawn from the findings of scoping review (see Section 1.1),
- Orange denotes that evidence was drawn from interviews with professionals and/or those with lived experience of self-harm and suicide, and
- Yellow denotes that evidence was drawn from the HEE Competence Frameworks.

Should the auditor determine that the training programme includes the item listed in the tool, a tick should be placed in the corresponding tick box. Additional comments may be recorded in the free-text section adjacent to the tick box. Some of the items may not be applicable to the training programme that is being reviewed; it is recognised that training should be somewhat flexible, as the learning needs of the intended audience and organisation will differ, and as such the intended outcomes of training will be different. If an audit item is not appliable to the training programme you are evaluating, please state this in the comments box.

1.5 What evidence should be used to evaluate training?

When evaluating training, there will usually be several different elements of evidence that are considered to assess if each audit item is present within a training programme. This may include:

- Training plans, including the aims and learning outcomes of each training session, any planned exercises and activities, the time periods allocated to each activity, and details of how these will be delivered.
- Training materials, including PowerPoint, written materials, audio-visual materials, and any handouts given to learners.
- Direct observations of delivery, to assess whether intended training is what was delivered.
- Discussion with training facilitators.
- Evaluation forms and outcomes measured following training.
- Any other form(s) of appropriate evidence.

Auditors may be required to request further evidence before making judgements as to whether a training programme can be deemed as meeting an item present on the audit tool.

1.6 Completion of the HEE Competency Mapping Tool

The HEE Competency Mapping Tool can be used as a developmental tool to help identify the specific competencies that the training addresses aligned to the HEE Competency Frameworks. The mapping tool allows the auditor to identify competences that are addressed in the training and gives an overview of the extent of coverage of the competences as indicated on the provisional overview tab. This may allow the auditor to provide a clear justification of the range of competencies addressed in the training or alternatively provide a focus for areas of improvement to the training to meet competencies. This also allows the auditor to identify potential areas for improvement before they finalize their audit cycle.

2.0 Training Design and Content

The following items outlined in this section should be considered reflective points in relation to the design and content of self-harm and suicide prevention training, based on the work detailed in Section 1.1. Within the audit tool, please tick whether the training programme fulfils the below items.

2.1 Training is tailored for the specific service setting and job role of attendees

To fulfil this audit item, it is recommended that the content of training, particularly the types of examples used within the training (e.g., case studies, vignettes, and other materials), should be specifically tailored to the organisation, service setting, and the job role of the learners. If learners do not feel that the training is relevant to their work practices or their job role, it is unlikely that they will recognise the value of it or make efforts to implement the training.

The training design would also benefit from considering the learning needs and previous educational experience of learners. The way the training is structured and delivered should consider learner's needs to ensure it is accessible and relevant to them. For example, you should consider the content, language, and delivery methods, to account for literacy skills or English as a second or additional language. One-size-fits-all training does not meet the criteria of this audit item.

2.1.1 "Professional competences for all workers" within the HEE Competence Framework are covered in training for all audiences of learners

The HEE Self-Harm and Suicide Prevention Competence Framework recommend that all workers be equipped with a set of core skills and knowledge which are outlined within the Framework. This recommendation has been consistently echoed in the findings from interviews conducted to inform this audit tool. It should not be assumed that professional or specialist healthcare workers have the basic competencies as detailed in the HEE Competence Frameworks, these should be included in their training also.

2.2. Learning outcomes are informed by the relevant HEE Self-Harm and Suicide Prevention Competence Framework(s)

As described in Section 1.1, HEE have developed a set of competence frameworks, which highlight the core knowledge, skills and attitudes that underpin effective working when supporting an individual who has self-harmed or is suicidal. To fulfil this audit item, the appropriate HEE competence framework(s) should have been used to inform the training; this will include the learning outcomes being mapped against the appropriate HEE framework(s), to ensure the training is likely to lead to successful outcomes. The HEE Mapping tool should be completed prior to completion of the audit tool to identify relevant competencies addressed in training.

2.3. Training content covers all learning outcomes at a level of detail that is relevant to the learners' job role

Not all competences outlined in the HEE frameworks will be relevant to all staff training. For example, frontline clinical staff who work with people who self-harm or are suicidal, or those who provide specialist support for individuals who self-harm or are suicidal, will require training that covers a wider range of competences, in a sufficient amount of depth. The level of detail may not be relevant for all types of staff, however. As such, attention should be paid to the competences most relevant to the staff group being trained, to ensure training covers learning outcomes of sufficient breadth and depth for them.

The length of the training programme may determine the number of learning outcomes that can realistically be covered in sufficient detail, for effective learning to take place. Different learning outcomes will also have different degrees of complexity, and different methods that may be used to engage learners, which will impact training length. For example, covering prevalence/statistics surrounding self-harm and suicide may be delivered didactically by the training facilitator, to enhance learner knowledge; however, if training aims to improve learners' skills in some way (e.g., assessing and supporting those at risk of self-harm or suicide), the use of role-plays or scenario-based learning may be more appropriate. Each learning outcome and associated method of delivery will need to be

carefully considered, to ensure training is of an appropriate length to cover the learning strategies and outcomes sufficiently.

2.4 Training content is informed by those with lived experience of self-harm or suicide

To fulfil this audit item, the training content should be informed by individuals with lived experience of self-harm or suicide. Individuals with lived experience of self-harm or suicide can often provide valuable insight into the subject matter that can be used to inform the content or key messages conveyed within training, as well as relevant personal narratives that may be used as examples within training. Including information on people's lived experience of self-harm or suicide can also inspire a feeling of emotional connection and resonance with the subject.

2.5 Training materials are clear and easy to follow, taking into account the educational level of the learners

To fulfil this audit item, training materials should be clear, concise, easy to understand, and written with the audience in mind; technical language and jargon may be too complex for some audiences, which can cause disengagement with the learning materials. For example, technical language may be appropriate to include for audiences such as Psychiatrists, who have studied to a high educational level previously, but not for audiences where educational experience and literacy levels may be varied.

2.6 Training includes knowledge-based/theoretical content

To fulfil this audit item, training should include knowledge-based or theoretical content, which can often be presented in didactic form (e.g., a presentation or lecture format) alongside other learning methods. Knowledge-based content often provides the foundations for interactive or skills-based learning.

Examples of knowledge-based or theoretical content include the following, which are covered in items 2.8 – 2.11: definitions and explanations of self-harm and suicide, different forms of self-harm, facts on suicide, prevalence statistics, specific local trends and context,

factors related to increased risk and decreased risk of self-harm and suicide. Additionally, current knowledge of effective ways of working with people who have self-harmed or are suicidal, and relevant signposting, may be included.

2.7 Training includes interactive activities

To fulfil this audit item, training should include interactive elements. The types of interactive activities included will be dependent on the learning outcomes of the training, as certain methods will be appropriate for different aspects of learning. Examples of interactive activities include the following activities detailed below in 2.7.1 – 2.7.4.

2.7.1 Training includes group discussion and/or group work

Group discussions allow people to share their ideas and opinions on potentially complex and challenging topics and provide an opportunity to engage in group problem-solving. Group discussions and group work can aid learners in processing the information they receive about self-harm and suicide prevention within the training, work through any complexities that arise, ask relevant questions, and discuss potential barriers to taking on board the information or translating learning into practice.

2.7.2 Training includes the use of case studies, vignettes or scenario-based learning as a basis for discussion

Appropriate case studies, vignettes or scenarios that are specific to self-harm and suicide can support discussion around the key issues or themes that training aims to address. This can include realistic scenarios that have been formulated for the purpose of the training, or the inclusion of real-life case scenarios, if permission has been sought from the individual with lived experience of self-harm or suicide. Training that includes talks or discussions delivered by a person with lived experience of self-harm or suicide may be particularly impactful for learners.

2.7.3 Training includes opportunities for reflection – individually and/or group based

Including opportunities for reflection can enable learners to take responsibility for their learning; reflection allows learners the chance to step back from their learning experience, make sense of and analyse what they have taken from training so far, and develop critical thinking about how they may move ahead with their learning needs and practice.

2.7.4 Training includes simulation exercises or roleplay

Simulation exercises and roleplays provide learners with real-world scenarios from which to learn and develop their skills. Findings of the scoping review were that scenarios or roleplays conducted by actors are largely positively perceived within training. In some instances, roleplay exercises conducted by learners themselves were perceived as uncomfortable, though this is not always the case, with many valuing this form of learning. Careful consideration should be given to the methods adopted within training, and if the inclusion of learner-based roleplay is beneficial.

2.8 Training includes explanations and definitions of self-harm and suicide

To fulfil this audit item, training should include clear explanations and definitions of key terms in relation to self-harm and suicide, and appropriate terminology use. This could also include key facts relating to self-harm and suicide. For example, self-harm can include many different forms of self-injurious behaviour, which may service different functions for different individuals; exploring these can be beneficial for learners, particularly if specific forms of self-injurious behaviour are common amongst the population the learners are working with. Identifying and defining key terms of reference at the beginning of training can provide learners with a clear common language that is appropriate to use in training and reduce any ambiguity that may be present.

2.9 Training includes information on the recent prevalence rates surrounding self-harm and suicide

To fulfil this audit item, training should include knowledge-based information about the current prevalence rates of self-harm and suicide in the general population, and other

relevant statistics surrounding self-harm and suicide, to provide overall context on the scale of the issue.

2.10 Training includes information on local trends and context in relation to self-harm and suicide

To fulfil this audit item, training should include statistics on any trends that are specific to the local geographic location and/or population with which the learners are working. This ensures the training is specific to the needs of the learners.

2.11 Training covers factors related to increased risk of self-harm and suicide, as well as factors that may decrease risk of self-harm and suicide

To fulfil this audit item, training should include content outlining what is currently known about general risk factors and vulnerability factors that are associated with higher self-harm and suicide rates, potential causes of self-harm and suicide, and knowledge of mental health, self-harm and suicide.

Training may also include knowledge of factors that may decrease risk of self-harm and suicide, including the impact of relationships with family and friends and carers, social and cultural support, and engagement with healthcare services.

2.12 Training covers personal attitudes towards self-harm and suicide

To fulfil this audit item, training should provide learners with the opportunity to reflect upon their attitudes towards those who self-harm or are suicidal; this allows learners to reflect upon any common misconceptions or cognitive biases that might be influencing their attitude towards people who self-harm or are suicidal, and any hidden prejudices they may hold. It is important to address that self-harm and suicide prevention is ‘everyone’s business’ and that asking direct questions about self-harm and suicide should not be feared.

2.13 Training addresses challenging stigma towards self-harm and suicide

To fulfil this audit item, training should aim to challenge any misconceptions or cognitive biases that might be held by learners towards those who self-harm or are suicidal and

reduce the stigma around suicide. The need to dispel myths and misconceptions around self-harm and suicide is important, e.g., myths that people who self-harm are just attention seeking, or that talking about suicide directly will encourage the individual to take their own life. Through reducing the stigma associated with self-harm and suicide, this could aid in the learner being more open, willing, and able to recognise when a person may be at risk of self-harm or suicide and intervene accordingly.

3.0 Training Length

The following items outlined in this section should be considered reflective points, as there currently is no evidence to support specific recommendations on training length. Within the audit tool, please tick if time was utilised for the activities listed below. If the training programme did include scheduled time for any of the below activities, please state how many minutes/hours were utilised for each activity, in the adjacent 'comments' box.

3.1 Time was utilised for theoretical material

Auditors should note how much time was allocated for didactic presentation of knowledge-based/theoretical material (minutes or hours). If this is not a component of the training state 'not included'.

3.2 Time was utilised for group work and discussion

Auditors should note how much time was allocated for interactive group work and group discussions. If this is not a component of the training state 'not included'.

3.3 Time was utilised for vignette/ scenario-based activities

Auditors should note how much time was allocated for vignettes or scenario-based activities. If this is not a component of the training state 'not included'.

3.4 Time was utilised for reflective activities

Auditors should note how much time was allocated for reflective activities, both individual and group based. If this is not a component of the training state 'not included'.

3.5 Time was scheduled for simulation activities or roleplay

Auditors should note how much time was allocated for simulation-based activities or roleplay. If this is not a component of the training state 'not included'.

4.0 Facilitator Qualities

The following items outlined in this section should be considered reflective points in relation to who delivers self-harm and suicide prevention training programmes. The audit items below are based on current knowledge of facilitator experience within the literature reviewed in Section 1.1.

Within the audit tool, please tick whether the training programme fulfils the below items and include relevant details about how this conclusion was reached in the 'comments' box (e.g., if the facilitator has a Psychology/ Health background, please note their profession).

4.1 Facilitator has a Psychology/Health background

To fulfil this audit item, the facilitator of training will come from a professional healthcare background, that may include psychologists, psychiatrists, nurses, social workers, occupational therapists, and other mental health practitioners.

4.2 Facilitator is experienced in the delivery/facilitation of training

To fulfil this audit item, training will be delivered by somebody who is an experienced facilitator. It is recognised that novice training facilitators will require time to build their repertoire of experience and skills; as such, they should be provided the opportunity to develop their facilitation skills alongside a more experienced peer.

4.3 Facilitator has knowledge of self-harm and suicide and/or has experience of working with people who have self-harmed or are suicidal

To fulfil this audit item, facilitators will have the appropriate level of knowledge and expertise around self-harm and suicide. Auditors may want to consider the professional qualifications held by the facilitator, as well as their experience of working with individuals who self-harm or are suicidal.

4.3.1 Facilitator, or co-facilitator, has lived experience of self-harm or suicide

To fulfil this audit item, the facilitator or co-facilitator of training will have lived experience of self-harm or suicide. Drawing upon the experiences of individuals who have lived experience of self-harm or suicide can often bring relevance and perspective to objective facts and statistics and allow learners to connect with the subject matter meaningfully. It also encourages learners to consider both the perspective of professionals who work with people who self-harm or are suicidal, and the perspective of individuals who have real experience of these issues. Learners may also have the unique opportunity to ask questions of a person who has experienced self-harm or suicide; this may bring about learning opportunities that are not afforded by other means of facilitation.

4.4 Facilitator creates a safe environment for discussion

To fulfil this audit item, the facilitator should create a safe environment for discussion. This might be achieved through learners having their input welcomed in discussions, as well as being encouraged and supported to ask questions and be an active participant in the learning process. Facilitators should be receptive to learner input, and handle all conversations in a sensitive manner, to promote a sense of safety in the learning environment. Given that the topic of self-harm and suicide can be a potentially emotive and distressing one, particularly if learners have their own experiences with self-harm and suicide, facilitators should make efforts to normalise this reaction and agree appropriate actions to support the learners (e.g., learners taking time out of the room if topics provoke uncomfortable reactions, and/or access to support should learners require it).

4.5 Facilitator is able to adapt training to meet the needs and issues raised by the learners

To fulfil this audit item, the facilitator will demonstrate that they are able to adapt training to meet the specific needs of the group to whom they are delivering the training. The facilitator will be able to present the training materials in a clear, concise and accessible way, whilst being sensitive and supportive; this is particularly important, given the potentially emotive nature of the training content. The facilitator will be able to be

responsive to questions and viewpoints raised by learners, whilst also balancing the need to cover standardised or required content.

5.0 Intended Outcomes of Training

The following items outlined in this section should be considered reflective points in relation to the intended outcomes of self-harm and suicide prevention training, based on the work detailed in Section 1.1. To evaluate the intended outcomes of a training programme, several sources of evidence may be considered to aid your judgement (e.g., training plans, training materials, direct observation of delivery, evaluations of training etc).

Within the audit tool, please tick whether the training programme fulfils the below items.

5.1 Training addresses learner's attitudes towards self-harm and suicide

To fulfil this audit item, training should demonstrate the intention to address attitudes towards self-harm and suicide; in particular, reducing negative attitudes towards self-harm and suicide and challenging the stigma associated with self-harm and suicide.

5.2 Training addresses learner's knowledge of self-harm and suicide

To fulfil this audit item, training should demonstrate the intention to improve learner's knowledge or awareness of self-harm and suicide, including knowledge of: prevalence rates, recognising and defining different forms of self-harm, relevant risk factors associated with self-harm and suicide, and appropriate sources of action and support (e.g., signposting).

5.3 Training addresses learner's confidence in supporting people who self-harm or are suicidal

To fulfil this audit item, training should demonstrate the intention to enable learners to feel confident when working with individuals who self-harm or are suicidal, and to have the ability to have direct conversations with people regarding self-harm and suicide.

5.4 Training addresses learner's skills to support people who self-harm or are suicidal

To fulfil this audit item, training should demonstrate the intention to address learners' skills or practice. Examples of the skills that may be important to somebody who self-harms or is suicidal include: observational skills (being able to identify when somebody may be at risk of

self-harm or suicide), active listening skills, communication skills, empathy, compassion, and adopting a non-judgemental stance. There are also specific skills that training may seek to address for frontline clinical staff who work with people who self-harm or are suicidal, such as the ability to undertake a comprehensive risk assessment, appropriate safety planning, and postvention skills.

5.5 Training includes evaluation of intended outcomes immediately after training

To fulfil this audit item, training has included an evaluation of the training and the intended learning outcomes. This might include a self-evaluation proforma/questionnaire, or an objective evaluation (e.g., knowledge test).

5.5.1 Training leads to a positive change in practice (e.g., behaviour change)

To fulfil this item, training has led to a positive behaviour change immediately following training, through addressing learner's attitudes, knowledge confidence and skills throughout training. This may be evaluated through self-reported behaviour change, or an objective evaluation of behaviour change.

5.6 Training includes a follow-up evaluation of intended outcomes

To fulfil this audit item, training has included a follow-up evaluation of the intended training outcomes, to establish the longer-term impact of the training. This evaluation may include the maintenance of any reported improvements in learner's attitudes, knowledge, confidence and skills.

5.6.1 Training leads to a sustained positive change in practice

To fulfil this item, training has led to a sustained positive behaviour change at the point of the follow-up evaluation, through addressing learner's attitudes, knowledge confidence and skills throughout training. This may be evaluated through self-reported behaviour change, or an objective evaluation of behaviour change.

6.0 Training for Specialist Healthcare Professionals

The following items outlined in this section should be considered reflective points that specifically relate to training for healthcare specialists who work in a clinical capacity with people who self-harm or are suicidal. They are based on the work detailed in Section 1.1.

Within the audit tool, please tick whether the training programme fulfils the below items. If the following audit items are not applicable to the training programme you are evaluating, please state 'n/a' in the comments box adjacent to the item in the audit tool.

6.1 Training includes risk assessment processes for those at risk of self-harm or suicide

To fulfil this audit item, training should include specific details on the identification, assessment, and screening of those at risk of self-harm and suicide. This may include reference to specific instruments and documents that may assist in the process of assessing if an individual is at risk of self-harm or suicide.

6.2 Training includes methods of screening for mental health conditions

To fulfil this audit item, training should include methods of screening for mental health disorders. A common component of many mental health disorders, such as depressive disorders, psychotic disorders, and trauma-related disorders, is the presence of suicidal thoughts and/or self-injurious behaviours. It should be noted that not all individuals who self-harm or take their life by suicide may have been experiencing mental illness, however a large proportion do. As such, training should aim to include information on the screening of mental health conditions and suicidal thoughts for professionals.

6.3 Training includes information on risk management and potential preventive methods to minimise self-harm and suicide risk

To fulfil this audit item, training should equip learners with knowledge of how to best manage risks in relation to self-harm and suicide, and how to potentially mitigate them, including: specific training on crisis management and crisis prevention management, eliciting coping mechanisms and protective factors, and self-help methods that may be beneficial for those who self-harm or are suicidal.

6.4 Training has a focus on decision-making and care-planning skills

To fulfil this audit item, training should address the skills of learners in relation to clinical decision-making on referrals, appropriate care planning for those who self-harm or are suicidal, and effective problem-solving.

6.5 Training includes information on signposting to relevant services and organisations

To fulfil this audit item, training should aim to equip learners with appropriate knowledge and skills to be able to effectively signpost individuals who self-harm or are suicidal to appropriate sources of support. This may include equipping learners to signpost individuals to local services who may be able to provide appropriate guidance and support for the individual who self-harms or is suicidal, as well as to online resources or national helplines that could provide guidance or support for the individual.

6.6 Training addresses organisational procedures specific to suicide prevention

To fulfil this audit item, training should include advice on the prevention of suicide on an organisational level, especially in high-risk organisations such as the NHS. Training may inform the establishment of suicide prevention teams and protocols within an organisation, as well as postvention training.

6.7 Training has a focus on postvention skills

To fulfil this audit item, training should address postvention skills. Postvention refers to an individual or organisation's ability to respond to incidents and manage endings. This enables

individuals and organisations to appropriately support bereaved family members, next of kin and carers in the event of an incident. This should also be extended to colleagues and peers in an organisational context.

7.0 Other

7.1 Psychological support is available for learners, if required, during and after the training programme

To fulfil this audit item, training should include access to psychological support for the learner, if required. The topic of self-harm and suicide may be emotionally charged or distressing for learners; many learners may have their own lived experience of self-harm or suicide within their personal life, or may have experience of dealing professionally with distressing instances of self-harm and suicide. Training may also include facilitation by people with lived experience of self-harm or suicide. As such, training should consider facilitating access to psychological support for learners, if required, throughout the duration of the training programme. Additionally, if learners require support following training, they should be signposted to relevant resources or organisations for relevant support.

7.2 Learning materials are available for learners' reference after the training programme

To fulfil this audit item, training should include the use of takeaway materials such as handbooks or manuals for learners to refer to after attending training sessions. This should ideally be portable and concise for quick indexing and contain important signposting material such as the Samaritans helpline and contact details of local suicide prevention organisations.

8.0 Additional Comments

This section may be used for any additional comments which do not fit discretely with the above sections, or areas of training that auditors would like to highlight or comment on in further detail. For example, the auditor may want to highlight specific areas of good practice that they have noted throughout the evaluation, any noteworthy features that warrant more detailed comments or feedback, or any areas for development that have been noted based on the evaluation process. The additional comments box may also be used to outline the evaluation of a specific area within the training programme which had not been included in the audit tool. This space may also be used as a free-text feedback form to evaluate the practicality of the tool, which will inform future revisions of this tool.

9.0 Evaluation of the Audit Tool

9.1 Evaluating the findings of the audit tool

The findings of the SHSPAT aim to give people who design, deliver and/or commission self-harm and suicide prevention training the opportunity to evaluate the extent to which their training maps onto the items outlined in the tool. The SHSPAT is not a validated measure of training; the tool is intended to be used qualitatively, to identify areas of strength and potential areas of improvement within the self-harm and suicide prevention training provided. Through engagement with the auditing process, it is hoped that professionals who design, deliver and/or commission training will evaluate whether their current training is meeting intended outcomes. By adopting a standardised approach to the auditing of self-harm and suicide prevention training, this will strengthen the rigour of the audit process.

A scoring system was considered as part of the development of the SHSPAT; however, as the SHSPAT is currently in the prototype stage, it is anticipated that the tool will evolve and be refined through further evaluation/testing and development of the evidence-base. As such, more evidence is needed for the implementation of a validated scoring system, which may be considered in later versions of the SHSPAT. However, for this current version, in place of a scoring system, the tool should be used to offer a means of structured and standardised reflection on the answers provided for the consistency and quality of training available in relation to self-harm and suicide prevention.

9.2 Continued development of the audit tool

The audit tool will require ongoing evaluation to ensure it is a useful tool for the professionals who use it, and to ensure it fully captures what is best practice in relation to self-harm and suicide prevention training, although this is an area which requires more research. Further research is required to identify best practice in relation to the appropriate length of a training programme, how much time should be allocated to specific types of activities within training, facilitator qualities, and the ideal modality of training (face-to-face, online, hybrid approach).

There is also limited research available on the longer-term outcomes of self-harm and suicide prevention training, including changes to knowledge, attitudes, confidence, skills, and behaviour of attendees. Therefore, evaluating the longer-term outcomes of training would help to assess whether training has achieved the intended learning outcomes of the programme, and help to inform future recommendations for best practice on how training should be designed and delivered.

We are keen to hear about the experiences of those using the tool, to evaluate the use of the tool, and to inform its continual development. If you have any feedback or suggestions for improvement, please contact Jill Barker using the following email address: Jill.Barker@tees.ac.uk