



Independent Evaluation of the SoS Eden Programme

**Project Partnership: Suicide or Survive (SoS) and the Suicide Research Team,
Dublin City University (DCU)**

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Forward

The suicide research team at Dublin City University, led by Dr Evelyn Gordon, is conducting this evaluation as part of their on-going involvement in suicide research that aims to enhance knowledge and skills in this important area. The team comprises academics and clinicians interested or working in the field of suicide and mental health who have been involved in several national and international research and clinical partnerships.

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Executive Summary

- Rates of suicide and self-harm (including suicide attempts) have increased significantly in recent years in many countries, including Ireland. Suicide currently accounts for approximately 2% of all deaths in Ireland and over 12,000 people attend Emergency Departments each year following self-harm.
- The well documented negative impact of suicide and self-harm has highlighted the need for research about how best to respond to the needs of individuals experiencing suicidality.
- While a number of suicide response models have been established, many have not been systematically evaluated and those that have been evaluated have been critiqued for not demonstrating a direct impact on suicide or self-harm.
- The Eden programme, an initiative of Suicide or Survive (SoS), has been running since 2007, with 58 attendees to date. It is a recovery oriented, community based, user led response to adults who have contemplated or attempted suicide. It was founded and continues to thrive on the centrality of lived experience of suicide and mental health. It provides a 24 week group intervention comprising psycho-education, life skills and personal awareness components. The group work is supplemented by individual support if required.
- A mixed methods evaluation was utilised to examine the usefulness, acceptability and relevance of the Eden programme to those receiving and delivering the intervention (n=20). Importantly, it measured changes in suicidality, as well as changes in psychological distress, emotional regulation and awareness, quality of life and hope. It also captured the subjective experiences of people availing of and delivering the programme. Additionally, Eden documentation on the current and previous groups was used to enhance the quality and depth of this study. The evaluation took place between 2013 and 2014.

- Participants comprised three groups:
 1. Eden attendees (n=10), who reported varied levels of suicidality, had different experiences of previous interventions, and were from a range of socio-economic and educational backgrounds.
 2. Eden graduates (n=7), who had completed the programme between 2007 and 2012.
 3. Eden facilitators (n=2) and the founder / CEO of the programme and SoS (n=1).

- The evaluation demonstrated that Eden is a helpful, relevant and acceptable intervention to those who participate in the programme. Significant positive outcomes involved reductions in levels of suicidality, risk and psychological distress; important changes in their relationship with suicide and mental health; increased assertiveness, personal awareness, self worth and optimism; and improved self-management, help seeking behaviour and use of internal and external coping resources and support networks. There was no evidence of deterioration in attendees.

- Key programme components and processes deemed helpful in moving people toward recovery included: the thorough selection and preparation phase; the individualised Person Centred Planning; Wellness Recovery Action Plans (WRAP); the structured nature of the groups which had a clear focus on managing suicidality; peer support and identification; facilitators who embraced a recovery ethos; and exposure to survivors of suicide. The latter were perceived as role models who instilled hope and demonstrated that recovery is possible.

- The intervention model is also deemed acceptable and relevant to those delivering the programme, which is likely to enhance adherence to the model.

- The evaluation highlighted the importance of the robust governance structures that SoS have in place in relation to Eden. These include: the careful selection and continued support, supervision and monitoring of facilitators; clear role definitions, reporting relationships and responsibilities; and ongoing routine

evaluation and review. These structures have allowed the programme to retain the core philosophy, values and ethos of the organisation while being flexible enough to respond in a timely and systematic manner to user feedback and the needs of particular groups.

- The Eden programme is fitting with current mental health and suicide policy as it offers an easily accessible, user informed and user lead intervention with a clear target population, which includes all adults on the suicide spectrum from ideation to repeat suicide attempts regardless of diagnosis or socio-demographic variables.
- The evaluation proposes a number of recommendations for the future delivery and evaluation of the Eden programme, as follows;
 1. As the programme demonstrates effectiveness in key areas of personal and interpersonal functioning, including a decrease in levels of suicidality, the plan for the roll out of the current manualised version of the programme across a range of settings is endorsed by this evaluation as a best practice model for the target group.
 2. Given the important positive impact of facilitators on the group ethos and process it is recommended that the newly developed selection criteria and existing training, support and supervision structures be retained.
 3. Governance structures and processes have been central to the evolution and sustainability of Eden to date, thus it is recommended that these continue to hold a central place in the programme moving forward.
 4. Evaluation of the programme is important for quality control and continued development. As the programme has some existing evaluation mechanisms in place it proposed that these be maintained alongside continued external independent analysis. Some additional outcome measures, that have shown sensitivity to key personal and interpersonal change in this evaluation, could be introduced to enhance the robustness of future evaluations and facilitate comparison with other models.

1.0 Introduction

This report outlines the background to and rationale for the current evaluation of the Eden Programme, which took place between January 2013 and May 2014. It describes the evaluation design, aim, methodology and methods, key findings and recommendations from the evaluation. Additionally, the appendices provide detailed analysis of the data.

2.0 Background and Rationale

According to the World Health Organisation (WHO, 2010), approximately one million people complete suicide each year. It is estimated that for each person who dies by suicide between 10 and 20 others attempt suicide and many more contemplate suicide (WHO, 2013). In Ireland over 500 people die by suicide each year and over 12,000 people attend Emergency Departments following acts of self-harm (NSRF, 2012), which includes suicide attempts.

The negative impact of suicide and suicidality on the emotional wellbeing and social stability of the individual, family, community and society is well documented (Hawton, 2005). Hence, suicide and suicidality have become prominent health care concerns in recent years with much policy documentation directly and indirectly addressing suicide prevention strategies and goals (National Office for Suicide Prevention [NOSP], 2005; NOSP, 2009).

However, while a number of services and tailored interventions are being developed and delivered to respond to the needs of suicidal individuals, there is a dearth of evidence that identifies specific models and model components that impact directly on suicidality. Therefore, it is important that such models are systematically and independently evaluated to establish their feasibility and acceptability to the target population and to identify the specific model components that are deemed helpful and unhelpful, thereby promoting examples of best practice in the field. Hence, this project, utilising a mixed methods design, examined the usefulness, relevance and acceptability of the Eden programme.

2.1 The Eden Programme

The Eden programme was the first SoS initiative, established in 2003 by the current founder / CEO. Drawing on her own experience of suicidality, the healthcare system, and her professional training in psychotherapy and mental health advocacy, she established an organisation (SoS) with the explicit aim of enhancing responses to suicidality and mental health problems. SoS set out to increase awareness and understanding of suicide, challenge social stigma, traditional and paternalistic views about mental health and highlight and address gaps in mental health services. It is a ‘for impact’ organisation, meaning it delivers the change it aims to bring about. SoS is unique in that it was initiated and continues to be informed and led by experts with lived experience and upholds a recovery ethos, fitting with best practice in mental health policy, *A Vision for Change* (DoHC, 2006). It offers a range of educational and therapeutic programmes (Appendix 1 outlines SoS programmes and services) for both the general population and for people who have attempted and / or contemplated suicide. These programmes aim to assist participants to harness their own strengths and to provide them with the tools to improve their own mental wellness and in the case of the Eden programme to move away from suicide as an option in times of crisis. These programmes are run in a range of locations across Ireland in partnership with local community based organisations. SoS provides affordable services based on fees negotiated with each individual.

The Eden Programme, which is the focus of this evaluation, was first delivered in 2007 and to date seven programmes have been fully delivered, with a total of 58 individuals taking part. It provides a psychotherapeutic and psycho-educational programme targeting adults anywhere along the spectrum of suicidality, from contemplation / ideation, to recurrent suicide attempts, regardless of their diagnosis or socio-demographics. The Eden programme is not deemed suitable for people who are particularly vulnerable due to high risk of suicide who do not have other supports in their lives outside of the programme. The Eden programme offers one spoke on an individuals’ wheel of support. Thus the person needs to be able to manage the demands of life and of taking on the programme. Potential participants who are deemed unsuitable are signposted to alternative services and can reapply in due course. The Eden programme is consistent with the national suicide prevention policy

Reachout (NOSP, 2005), which emphasises the importance of easily accessible, targeted and user informed service provision. Individuals self refer to the Eden programme. From the point of initial contact the programme contents and participant requirements are clearly articulated so that potential participants can make an informed choice about whether or not to progress their application and ultimately to attend the programme. Changes to the programme and how it is run are based on user feedback.

The central aims of Eden are to help the person explore and understand their own experiences, develop their personal and interpersonal skills, enhance their self-awareness and build their support networks (SoS, 2013), with “...*the ultimate aim of suicide prevention*” (SoS, 2013, p3). A fundamental recovery principle embraced by SoS is that “*people can and do recover from mental health difficulties and go on to live lives of their own choosing*” (SoS, 2013, p 5). Within the Eden programme recovery is viewed as “...*reclaiming personal control and a positive sense of self and recovering a belief and trust in oneself, a recovery of one’s voice and a belief and ability to live in a meaningful contributing life despite the challenges we may confront*” (SoS, 2013, p5), which supports the view that recovery is a personal process involving regaining a sense of meaning and purpose in life and living (Watkins, 2007). This is demonstrated within the programme in a holistic, person centred, inclusive and collaborative approach that promotes personal responsibility and self-management, personal meaning and purpose, hope in a more fulfilling future, and respect for unique lived experience and diversity (SoS, 2013). The programme comprises group and individual activities incorporating a holistic personal screening and goal identity interview and a 24-week closed psycho-educational and therapeutic group. There are five interlinked elements in the group-work: induction, therapeutic health education, personal skills development, self-awareness and WRAP.

3.0 The Evaluation

SoS commissioned the Suicide Research Team, DCU to conduct a comprehensive independent evaluation of the Eden programme. The evaluation will assist SoS in

planning and reviewing future programmes and will contribute to knowledge transfer in the field of suicidality through collaborative partnership dissemination of findings.

This evaluation examined the usefulness (perceived and measured effectiveness), acceptability (engagement with the ethos and focus), and relevance (structure and content) of the Eden programme. The key evaluation questions were:

- Is the Eden Programme beneficial i.e. does it bring about personal and interpersonal change in specifically targeted areas, such as suicidality, self-awareness and relationships?
- Are the ethos and design of the Eden Programme acceptable to those availing of it and those involved with its development and delivery?
- What specific programme components are identified as useful and not useful in achieving the programme aims?
- How might future evaluations be organised?

4.0 Methodology & Methods

A mixed methods approach was utilised which included gathering and analysing qualitative, quantitative and documentary data from different sources using different methods. Data from the various sources were triangulated to add depth to the final analysis, discussion and recommendations.

4.1 Participants

All project participants were recruited through SoS as described below.

4.1.1 Attendees

The term attendee is used in this report to signify participants who took part in the 2013 Eden programme. They comprised a group of 10 individuals, 7 women and 3 men. Their mean age was 49.6 years and their ages ranged from 22 to 71 years. Prior to the commencement of the 2013 Eden group, SoS invited attendees to participate in this evaluation. The contact details of those who agreed to participate were forwarded to the researcher who arranged to meet them initially to discuss and explain the study

and subsequently to complete measures and interviews. One attendee dropped out of the evaluation and the Eden programme. Attendees were involved in the evaluation prior to commencing the Person Centred Planning and group (T1), upon completion of the group (T2) and again 6 months after the group had ended (T3).

4.1.2 Graduates

The term graduate is used in this report to signify a sample of individuals who completed previous Eden programmes between 2007-2012. Thirty-eight graduates were invited by SoS to express their interest in being involved in a group interview exploring their experiences of the programme. Those interested in taking part in the evaluation were invited to contact the researcher directly and seven subsequently participated in the evaluation. This group comprised 6 women and 1 man, with a mean age of 38 years and their ages ranged from 30 to 59 years.

4.1.3 Facilitators and Founder / CEO

Seven Eden programme facilitators received an invitation from the research team, via SoS, to participate in one-to-one and joint in-depth interviews exploring their views about and experience of the Eden programme. Two facilitators agreed to participate and were interviewed. Finally, the Eden programme founder / CEO, who had also been a facilitator, was invited to and took part in an in-depth interview.

4.2 Data Sets and Analysis

This section describes the qualitative, quantitative and documentary data used in the evaluation.

4.2.1 Qualitative Data

The qualitative data comprised in-depth semi-structured individual and group interviews with the programme founder / CEO, the group facilitators and past and current Eden attendees. Interviews explored their views about and experiences of the Eden programme, such as perceived benefits and challenges, helpful and unhelpful

aspects and recommendations for change. Interview schedules are outlined in Appendix 2.

The qualitative data were analysed using thematic analysis. The approach taken privileged the lived experiences of participants and viewed them as experts in the area of interest. A strict protocol for analysis was followed whereby all data sets were analysed by two of the evaluation team to counter bias and analysis sought to highlight points of convergence and divergence among participants.

4.2.2 Quantitative Data

Quantitative data comprised a number of questionnaires that are designed to measure outcomes or changes in key areas directly targeted by the Eden programme, specifically suicidality and levels of distress, as well as measures indirectly related to suicidality, such as hopelessness, quality of life and managing emotions (Beck et al., 2006; Levine et al., 1997).

Table 1. Psychometric Instruments and Stage of Administration

Psychometric Instrument	Administration Schedule
Beck Scale for Suicidal Ideation (BSS)	<i>Time 1, 2, 3</i>
Toronto Alexithymia Scale (TAS)	<i>Time 1, 2, 3</i>
Beck Hopelessness Scale (BHS)	<i>Time 1, 2, 3</i>
WHO Quality of Life-BREF (WHOQOL-BREF)	<i>Time 1, 2, 3</i>
Clinical Outcome in Routine Evaluation – Outcome Measure (CORE)	<i>Time 1, 2, 3</i>
Client Satisfaction Questionnaire (CSQ)	<i>Time 2</i>

Attendees completed these outcome measures at T1 (n=10), T2 (n=9) and T3 (n=9). In addition, a measurement of satisfaction (Client Satisfaction Questionnaire, CSQ) with the Eden intervention was completed at T2 (n=9). See table 1 above. Appendix 3 contains a brief description of each measure.

The five outcome measures were analysed by examining clinically and reliably significant change (Jacobson et al., 1984). Clinical change means that a difference is evident indicating that a person has moved from a problematic score to a score indicative of the ‘normal’ population. Reliable change means that peoples' scores on a test have differed sufficiently following an intervention that this difference is unlikely to be due to the unreliability of the measurement used. Analysing the data in this way shows if the Eden programme led to positive changes, no changes or deterioration in these key areas for attendees. It also assists in identifying measures that are most and least fitting with the Eden goals and as well as those that are user-friendly. This is helpful in determining how future evaluations should be planned.

4.2.3 Documentation

Eden related documentation was used to provide comparative and additional information for this evaluation, including:

- Three previous external evaluations of Eden completed between 2007-2012.
- Internal evaluation data for the 2013 programme – the Continuous Improvement Process.
- Uptake and completion records for previous groups and the 2013 Eden programme.

4.3 Ethical Approval and Consent

This evaluation project was approved by the Research Ethics Committee (REC) at DCU. Participants were provided with an Information Sheet and Consent Form and had opportunities to speak directly with the researcher prior to participation. Data were anonymised to protect the identity of participants.

5.0 Findings

In this section of the report the findings of the Eden evaluation are summarised under three discrete sections as follows:

1. Qualitative findings, which comprises facilitators, founder / CEO, graduates and attendees experiences of Eden.

2. Quantitative findings, which comprise results of outcome measures completed by the 2013 attendees.
3. Documentary analysis.

5.1 Qualitative Findings: Experiences of Eden

This section begins with a summary of the founder data as this provides a historical background to Eden and its key aims and philosophy. It progresses on to a summary of facilitator data, which provides details of the programme content and process. It then presents a summary of graduate data, which reflects views of past Eden attendees and finishes with the experiences of the 2013 group at the 3 evaluation points. The detailed analysis of each qualitative data set is presented in Appendices 4a, 4b, 4c and 4d, where the themes identified are supported by the use of direct quotes from participants.

5.1.1 Founders & Facilitators Experience of Eden

Data were gathered from the founder / CEO and two current facilitators about their experiences of Eden through in-depth interviews. Subsequently they were invited to comment on the fit between the Eden philosophy, goals and content and the themes emerging from data analysis, which further captured their unique insights into the development and evolution of the programme. Both levels of analysis are combined below.

5.1.1.2 Founder Experience of Eden

“... if somebody has gone down the road of a difficult mental health experience, and has literally, survived themselves, the system, and life, there seems to be something that people connect to around it. People seem to relate to, connect to, someone who has struggled with their mental health and has literally survived against all the odds.”

The founder / CEO described the impetus for and challenges associated with developing the Eden programme. This initiative was informed by her own experience

of mental health problems and the mental health services, and subsequently professional training, whereby she recognised the need for alternative recovery oriented responses to mental health and suicidality. However, at that time it was difficult to challenge traditional and dominant modes of service delivery, based primarily on a biomedical model of mental health. Nevertheless, perseverance, hard work and the growth of the service user movement led to the collaborative work of a group of like-minded individuals who supported the evolution of Eden over time.

The founder is involved in the programme delivery and review in order to bring a sense of continuity and coherence with SoS overall, in addition to incorporating an insight into wider developments related to suicide and mental health in Ireland. While currently playing an active role in the delivery of the Eden programme she anticipates that this will be more challenging as the programme expands. She also engages in supervision and consultation to both challenge and support herself, which she promotes as good practice within the organisation.

The founding and central principles and values of the Eden Programme have been sustained since its inception. Eden is user led and informed and is underpinned by a recovery ethos that embraces the principles of holism, hope, empowerment and collaboration. These principles are fostered through the programme design, content and delivery mode. Additional programme components have been incorporated over time. This has led to a two-phase approach with an individualised preparatory phase and a group educational-therapeutic intervention phase with a staggered termination. Key elements of the preparatory phase are the holistic interview, contracting and commencement of the person centred planning process. Key elements of the group phase involve delivery of a structured programme with the incorporation of additional services and supports and the skilled management of group dynamics. Thus, the selection of facilitators is an important issue as the delivery of Eden centres on the skill, commitment and authentic being of the facilitators in addition to the shared learning of the group participants.

Positive outcomes observed for Eden participants over the lifetime of the programme include increased self-awareness and acceptance, including acceptance of the

complexity of life and suicide, a more confident and capable engagement with life and living and a more discerning approach to support services and structures.

5.1.1.2 Facilitators' Experience of Eden

“For me it has always been about if you have an expectation that somebody can do something, the likelihood is that they will come and meet that expectation to some level, if you give them sufficient support to do so...”

The two Eden facilitators identified key components of the programme that they viewed as helpful, such as the combined individualised and group approach and the clarity of the programme design and content. However, they emphasised that while it is important to know the manual and materials intimately, it is also important to be flexible in their use depending on the needs of the group. Thus, they view the manual as a guide rather than a prescribed method.

They emphasised that the work can be challenging and that the level of inclusiveness, support and supervision they receive is important in sustaining their motivation and positive attitude toward the model, each other and the participants. Thus, the connection with SoS was viewed as important in instilling a sense of belonging and containment.

They highlighted the important role of the facilitators in modelling and promoting the ethos of Eden. Facilitators need to embrace a recovery ethos and be genuine and non-judgemental in their interactions with each other and with group members. Thus, they espouse the values and ethos of recovery that is inherent in the Eden programme and SoS in general.

5.1.2 Graduates' Experiences of Eden

This section outlines a summary of the Eden graduates' experiences of the programme.

“It was kind of healing because you are so busy then trying to figure things out and trying to not be how you are when you are just given permission like, ok this is how you are. So it is kind of like, ok this is how I am. I am allowed be like this and just grieve and just cry and just go through the emotions. Because they said, 'we can't go through it for you but we will go through it with you.' And I really felt that, I felt I am not on my own, I have someone beside me when things are really, really bad they are there giving you a little nudge but without telling you what to do.”

The seven graduates described how they had worked hard to get accepted into the Eden programme and were pleased to be offered a place as this, for many, represented being accepted and being given an opportunity to address issues that were making their lives unbearable. They agreed that their overall experience of Eden was a positive one and that participation had resulted in reducing their suicidal thinking and tendencies.

Some described it as a transformative life experience, spiritually, cognitively and in terms of how they went about their daily living. They were able to identify some long term gains when they used the skills and strategies that they learned in the programme to deal with difficult life events in later months and years. However, it was acknowledged that sustaining life change depends on one's readiness to experiment with new skills and ideas. Being successful in doing this promotes self-encouragement and counters negative self-judgment.

Graduates identified specific aspects of the programme that enabled them to engage with and benefit from the programme, such as: the safe and accepting environment that was created by the facilitators; the collaborative, non-judgmental and respectful relationships they formed with facilitators and with each other; and the freedom to talk about distressing issues with others who had similar life experiences without judgment.

There were mixed views about areas for change or development for the Eden programme. One issue identified by some was the desire for on-going support from Eden or SoS and all shared the view that Eden should be made more widely available and promoted. Another idea was the provision of a parallel programme for family and friends of the person who is suicidal.

5.1.3 Attendees' Experiences of Eden

This section outlines a summary of Eden attendees' individual interviews at Time 1 and group interviews at Time 2 and Time 3.

5.1.3.1 Time 1 Attendees' Individual Interviews

“[facilitator] has filled me in on everything on it... [she] went into great detail and explained everything and I remember at the time I was going, yes I'd be interested, yes. So I was comfortable with the programme.”

T1 interviews were conducted after the individual holistic interview process and prior to commencement of the group component of the Eden programme. Their sense of what the programme could offer was evolving, but was nonetheless optimistic based on what they had heard about the programme aims and approach. They had formed individual goals, had articulated their hopes for themselves and therefore had a good grasp of what would constitute positive outcomes for them over time.

They acknowledged their uncertainty about what the group experience would be like. However, this did not deter them from moving ahead with the group as the safe and caring response they had experienced from the facilitators in the pre-group work gave them a sense of hope and belief in themselves and in the programme. They had opportunities to reflect on previous helpful and unhelpful experiences and interventions and had been able to draw on this to identify possible barriers and opportunities for them in entering the Eden group.

5.1.3.2 Time 2 Attendees' Focus Groups

Two attendees' focus groups were conducted at T2, on completion of the Eden programme.

“I am living in life with depression, I am not depressed, I am living with depression...I have been living with depression but it is not today and it is not every day but I am living with it. That gave me strength and that came from the course...and it was like somebody throwing me out the rod and I caught it”

The attendees found the combination of individual and group contact helpful to them in identifying, articulating, focusing upon and achieving many of their personal goals. There were challenges throughout the process and in order to bring about meaningful change they took risks in the group such as, sharing personal and painful information and experimenting with change. They noticed positive changes in themselves and others, which they found encouraging and inspiring. Importantly, they related such change directly to their involvement in the Eden programme. Changes included having a different relationship with suicide and mental health and increased self-awareness, self-management, self worth and optimism.

They identified programme structures and processes that were helpful in assisting them to move forward on their recovery journey, such as the predictability of the weekly group, the incremental increase in their knowledge and self-awareness and the expert and caring management of the group by the facilitators.

5.1.3.3 Time 3 Attendees' Focus Group

One focus group was conducted with attendees six months after completion of the programme.

“...the tools that you take from the Eden thing, it is to accept yourself and accept what is going on in your head. And if you can accept what is going on in your head you are away”

Attendees described a range of sustained benefits from the Eden programme that continued to positively impact on their everyday lives. They noticed positive change in their abilities to relate more openly with family and friends, which was recognised as a significant avenue of ongoing support and nurturance. They were more assertive in knowing what they needed and in getting their needs met, even when they encountered obstacles. This level of self-agency in turn fostered and maintained their sense of self worth, pride and seeing themselves as strong and capable people. Changes in suicidality were reported. Some recognised that they still had suicidal thoughts but they no longer viewed suicide as a viable option while others had not thought about suicide since completing the programme.

They were aware of barriers to maintaining their mental wellbeing, and increased self-awareness and self worth allowed them to monitor this and to make positive choices about how to respond to life stresses. They used some of the strategies they had learned along with their internal resources and external supports to overcome these barriers.

They highlighted a number of components of the Eden programme that had contributed to these positive changes. For example, the Person Centred Planning (PCP) was particularly useful in helping them to set a direction for themselves by having short-term and long-term goals. The group dynamic was an important part of their experience and helped them develop a sense of belongingness and to shed the shame and isolation they had experienced prior to being involved in the programme. The inclusion of experts by experience who had survived suicide and the mental health system and who were getting on with life and living inspired hope. They also felt included and supported by the warmth and openness of the facilitators who were both challenging and caring.

There was mixed views on aspects of the programme that could change, such as the invited external speakers who presented at / facilitated some of the Eden sessions and some attendees would have liked ongoing contact with the Eden programme or SoS. They were vocal about the need for additional resources to be made available so that the Eden programme could be promoted and made more available to those who really need it.

5.1.4 Summary of Qualitative Analysis – “Eden speaks for itself”

Despite many external challenges the Eden programme was established, delivered and has flourished since its inception, emulating a recovery orientation that inspires hope and values empowerment, choice, collaboration and authentic being in engagement with the service user. It is important that facilitators make a commitment to and are absorbed in this ethos and way of working. Thus, careful facilitator selection, comprehensive training and robust and ongoing supervision, support and monitoring are necessary to sustain them in this work.

It is evident across the qualitative data sets that the central ethos of Eden has been retained while extended and more robustly articulated and consolidated over time. The Eden model remains attuned to the needs of service users through the emphasis on user feedback and incorporating the lived experience of attendees and facilitators. Components of the programme that highlight this are peer group learning, exposure to service users who can speak to issues such as mental distress, suicidality and recovery and authentic facilitators who share their experiences in a real but bounded manner.

It is also evident that Eden has benefited many who have completed the programme. Some have described it as a transformative life experience while others see it as providing them with the tools to live with life challenges and distresses in a more constructive and rewarding manner. In essence Eden “speaks for itself” at this point in time. The qualitative data indicates that the Eden programme is useful, relevant and acceptable intervention for people who have attempted or contemplated suicide.

5.3 Quantitative Findings: Outcomes

This section describes the findings from analysis of the five outcome measures completed by attendees at T1, T2 and T3 as well as the satisfaction measure completed at T2. The five outcome measures were analysed by examining clinically and reliably significant change (Jacobson et al., 1984). Clinical significance indicates a change from a ‘problematic’ score to a ‘normal’ score, while reliable significance indicates a change that is unlikely to be due to the unreliability of the measurement used. Table 2 below describes each outcome measure and indicates the presence (✓) or absence (✗) of clinical or reliable change at T2 and T3. This analysis allowed

examination of whether the Eden programme led to improvement, no change or deterioration for attendees on the measures used.

Table 2: Clinical and Reliable Significant Change among Sample

	T1-T2 Clinical Sig.	T1-T2 Reliable Sig.	T1-T3 Clinical Sig.	T1-T3 Reliable Sig.
BSS	✓	✓	✓	✓
BHS	✗	✗	✓	✗
TAS	✓	✗	✗	✗
CORE-OM	✓	✓	✓	✓
WHOQOL Physical	✗	✗	✗	✗
WHOQOL Psychological	✗	✗	✓	✗
WHOQOL Social	✗	✗	✗	✗
WHOQOL Environment	✗	✗	✗	✗

Clinical and reliable significant changes are evident in attendees' scores on measures of suicidal ideation and risk (BSS), and psychological distress (CORE-OM) at T2 and these changes are maintained at T3. Clinical significant change was also evident in participants' scores on alexithymia (TAS - ability to identify and describe feelings) at T2, and hopelessness (BHS) and psychological quality of life (WHOQOL-BREF psychological) at T3. There was no change in other areas of participants' quality of life. The data showed that none of the attendees deteriorated on any of the outcome measures over the 12-month duration of this aspect of the evaluation. Appendix 5 contains details on the normative data used for the analysis.

Attendees completed the Client Satisfaction Questionnaire (CSQ) at T2. Their mean score was 30 (standard deviation 2.23) and scores ranged from 32, which is the maximum score to 26. Thus, the level of satisfaction with the Eden programme was very high. Attendees highly endorsed items related to the quality of the service, recommendation of the service to others and overall satisfaction with Eden. The high

level of satisfaction with Eden indicates the acceptability and relevance of the programme to attendees.

In summary, the quantitative findings indicate clearly that the Eden programme: significantly reduces suicide ideation, suicide risk and subjective levels of distress; does not cause deterioration; and is highly endorsed and valued by individuals who have participated in it. Although some positive changes at specific assessment times were evident in measures of hopelessness, alexithymia and psychological quality of life, these were not consistent or reliable across time and therefore are unlikely to represent meaningful change. No changes were evident in other domains of quality of life. Some issues related to these latter findings are discussed further in section 5.5.

5.4 Documentary Analysis

Eden documentation was reviewed to add more depth and understanding to the issues emerging in the current evaluation, including previous external Eden evaluations, completion and dropout records, and internal evaluation of the 2013 Eden programme.

5.4.1 Previous Evaluations of Eden Programme

Three previous external evaluations of the Eden Programme were conducted, one in 2007 (Lawlor, 2007) and two in 2012 (Webster, 2012 a and b), see Appendix 6 for more details. In 2007, when Eden was in its infancy, an evaluation was carried out to capture responses of attendees and facilitators to the programme. It aimed to identify aspects of the programme that were most and least effective. In 2012, two more evaluations of the programme were carried out aiming to gain additional feedback from participants and facilitators to incorporate into the ongoing development of the programme. These evaluations used a range of data sources and data gathering and analysis methods, such as focus groups and questionnaires. They have provided a platform upon which the current evaluation was built.

While these reports highlight some differences in the feedback received from Eden attendees and facilitators there is also much consistency. All identified key strengths

of the Eden programme, such as the involvement of those with lived experience of mental health problems; the collaborative, encouraging and safe programme ethos; facilitator capacity for empathy, ability to manage group dynamics and interest in meeting attendee needs; having individual as well as group time and therapeutic input; and group support and learning. These elements combine to create a safe learning and sharing environment for participants.

They also made some useful recommendations for change, such as: outlining clearer staff role descriptions and facilitator requirements; having more coherence between programme components, structures and content; and expanding the programme across a range of settings, which have been incorporated into the programme over time. Changes made on the basis of previous evaluations were rated highly by subsequent participants, for example, more personal goal planning at the outset and a staggered termination period at the end of the group.

The purpose of incorporating these previous evaluations into the current evaluation was to explore connections and differences in data over time. While there are differences in some of the themes identified, there are also commonalities across all evaluations, particularly the more recent 2012 evaluation, despite contextual and methodological differences in these evaluations. Importantly, each evaluation has helped to identify the strengths of Eden and the active ingredients that make it a successful intervention for the target group as well as highlighting areas for improvement.

5.4.2 Completion Records

The dropout rate for the 2013 programme included in this review was 1 attendee. This, taken together with dropout rates for previous programmes (n=11), indicates a high level of completion, 81%. Completion rates have been fairly consistent over time and this may be due to the thorough selection process and preparation phase of the intervention, which facilitates mutual decision-making about involvement.

The individual who did not complete the 2013 programme was not contactable therefore it was not possible to establish the reasons for dropout. However, an exit

interview is normally conducted by the Eden facilitators to establish factors contributing to dropout, which is important information for ongoing review and evaluation of the programme.

5.4.3 Internal Evaluation Processes – The Continuous Improvement Process

There is currently a structured evaluation processes built into the Eden programme, “The Continuous Improvement Process”. This involves the use of a questionnaire with attendees at four points throughout the group programme, weeks 6, 12, 18 and 23. This questionnaire collates information on attendee views of the structure and content of the programme, the group dynamics and facilitator working style and interaction (Appendix 7). The questions are discussed within the group and subsequently each individual is invited to complete the questionnaire. Feedback is collated and used to inform how each group progresses.

This process actively involves attendees in deciding upon and implementing changes required within the group, thereby giving ownership for the group and the group process to the members. For example, the internal evaluations completed in this programme review demonstrate that attendees engaged with the review process, articulating both positive and negative experiences and making recommendations for change. Additionally, external speakers who attend a group are each evaluated in terms of their contribution to the programme overall.

In summary, the documentation outlined above supports the view that the Eden programme has evolved based on critical feedback, which has strengthened the programme to become a robust response initiative that is acceptable to attendees and facilitators alike.

5.5 Strengths and Limitations of the Evaluation

The purpose of this evaluation was to establish the effectiveness and acceptability of the Eden programme and to identify how the programme and its evaluation might best move forward. While this has been achieved it is also important to examine the strengths and limitations of the current evaluation.

Overall there is a high level of consistency between this evaluation and previous evaluations of the Eden programme in terms of identifying helpful programme components and organisational supports. Within this mixed methods evaluation there is a relatively high level of consistency between the qualitative, quantitative and documentary analysis. A mixed methods design allows for triangulation of data and for areas of discrepancy to be identified and hypothesised about, bringing depth to the analysis.

However, there are limits and inherent biases in all methodologies, which are briefly discussed in relation to contextualising the current findings. All study findings represent the views and experiences of those who chose to participate and it is not possible to hypothesise about how findings might look were the participant group different. Furthermore, participants who had dropped out of the Eden programme were not included in the evaluation and research literature points to potential bias in such circumstances.

Qualitative interviews, while capturing rich and detailed accounts, can be influenced by the interviewers particular line of inquiry, which may follow some areas while ignoring others. Interviewees can also influence the data by, for whatever reason, providing overly negative or overly positive accounts. Thus, the quality of qualitative data relies on the skill of the interviewer and openness and honesty of the interviewee (Kvale, 1996) and the robustness of the findings relies on the ability and creativity of the analyst. To address these issues interview guides were developed for individual and group interviews, each analyst reviewed the original transcripts and a sequential analysis of each data set was conducted.

Outcome measures, while providing a comprehensive picture of the person in relation to the specific area being measured at a moment in time, have a number of limitations. They can be unduly influenced by an individual's particular circumstances and mood at the time they are completing the questionnaire. It is not always clear that a measure is examining what it purports to measure, or that people will interpret the questions in the way they have been intended. There is also debate about the capacity of outcome measures to capture dynamic processes given their reliance on narrowly predefined concepts (Killaspy et al., 2012). Furthermore, they may not represent the kinds of

changes that are important to people or that they notice themselves (Bergmans & Eynan, 2014). Finally, hypothesis about which outcomes measures best fit with the targets of the intervention can be inaccurate, thus careful selection of measures is warranted.

These limitations might account for some of the issues arising in this evaluation, for example some anomalies between quantitative and qualitative data with regard to hope and quality of life. While measured hopelessness (BHS) did not show any change, participants' accounts indicated that they had more optimism about the future. They also expressed strong positive views about their perceived ability to cope with life despite its challenges. While the quality of life measure (WHOQOL-BREF) suggests that many aspects of their circumstances had not changed, the qualitative findings suggest that they perceived themselves as better able to cope with life after the Eden programme. Indeed many facets of the physical and environment domains of the WHOQOL would not be expected to change as a result of an intervention like Eden, and it could be argued that these would require social and political change.

6.0 Discussion and Conclusions

The Eden Programme evolved at a time of challenge when the mental health services in Ireland were dominated by a biomedical model and a clearly delineated hierarchy between the health professional who was viewed as expert, and the service user who was viewed as lacking self agency, direction and competency. Thus, establishing a user led and recovery oriented service was challenging and required perseverance and commitment and perhaps a healthy resistance to regimes of care that for many were unhelpful due to their patriarchal and exclusionary beliefs and practices (Barker et al., 1999; Dunne, 2006). Despite these systemic obstacles, SoS and Eden evolved and flourished and Eden is now a well-established response initiative for the target population.

This evaluation suggests that the Eden programme is a relevant and effective response to the target population and is acceptable to those availing of and delivering the intervention. Benefits for attendees include reductions in levels of suicidality, suicide

risk and psychological distress, and improvements in personal responsibility, self-awareness and sense of purpose and optimism. These are important indicators of recovery in general and of suicidality in particular. For example, increased self-reliance reduces a sense of burdensomeness on others, which can increase the risk of suicidal behaviour (Joiner, 2005; 2010), while positive change in participants' relationship with suicide fits with the view that for some suicide remains an option regardless of their level of functioning (Gordon et al., 2011).

Participants identified specific programme components and processes that were helpful, many of which centred on recovery principles such as the respect for individual choice and responsibility. This fits well with the view that “*empowerment-oriented interventions*” can yield better outcomes for those experiencing mental health problems (Warner, 2010, p.5). Given current concerns about poor help-seeking patterns and early service drop-out among suicidal populations (NOSP, 2005), the issue of service acceptability cannot be underestimated, as evidenced by the high completion rate and level of attendee satisfaction with the programme. High levels of satisfaction can be more suggestive of quality than outcome measures and correlates with positive relationships and good communication with staff (Boulding, Glickman et al. 2011; Brophy et al. 2012; Luxford, 2012). The facilitator's capacity to demonstrate respect, warmth and authenticity enhances participants' “*sense of value as individuals who are deserving of life*”, which can influence a shift from a preoccupation with death to a focus on life (Gordon et al., 2014, p.39). Thus, careful selection, training and support of facilitators is important so that they continue to engage in reflective and critical practice to sustain a recovery ethos and enthusiasm despite the challenging nature of this work.

Furthermore, the findings of this evaluation build upon and are consistent with previous evaluations, notwithstanding the evolutionary nature of Eden based on user feedback. All highlight the value of a peer group with shared experiences, facilitator compassion and commitment, and the centrality of involving experts by experience in inspiring hope and promoting belief in the possibility for positive life change and recovery. These values and practices are also noted in the literature regarding best practice with suicidal populations. For example, peer support allows people to see themselves as more able to manage their struggles (Moroz-Franklin, 2002). Peer

identification facilitates realisation that they are not the only person with a particular problem (Yalom, 1995), which reduces the experience of shame and isolation (Joiner, 2005; Bergmans et al., 2009).

The continuous external and internal evaluation mechanisms have been important in the ongoing evolution of Eden, ensuring that it is responsive to the changing and diverse needs of attendees. This has allowed the programme to consolidate into a robust response for the target population, which is now available in a manualized form that will be rolled out across Ireland. Ongoing evaluation is important to sustain the quality and robustness of Eden over time, therefore, it is proposed that additional routine evaluation processes be incorporated alongside independent external review and analysis. This will help to anticipate evaluation costs for future planning.

Recommendations with regard to future evaluations are made based on the sensitivity and user friendliness of the outcome measures used in this evaluation. This is timely given that the programme is now at a manualised stage and is unlikely to change radically in terms of its central focus, design and delivery. In this regard, it is proposed that: the CORE-OM and BSS be used as routine outcome measures for the programme. The Beck Depression Inventory and Beck Anxiety Inventory (Beck & Steer, 1990) could also be considered if it is intended to compare the programme with other interventions in the area of suicide. Outcomes measures could be completed prior to the person centred planning, at week 12 of the group programme and again at the end of the group programme. Although follow-up data is useful in measuring sustained change it may not be possible for this to be done routinely due to resource issues and given that attendees are expected to engage in other means of supporting their recovery after Eden. The CQS could be used at the end of the group intervention. Future external evaluation would therefore entail analysing this routine data and gathering and analysing qualitative data at random points.

In summary, while it is deemed that this evaluation was robust in its design and that the findings do indeed attest to the effectiveness and acceptability of Eden, future evaluations should build upon rather than replicate this evaluation.

7.0 Recommendations

The following recommendations are proposed with regard to the Eden programme delivery, governance structures and evaluation.

7.1 The Eden Programme

- As the programme demonstrates effectiveness in key areas of personal and interpersonal functioning, including a decrease in levels of suicidality, the plan to roll out the current manualised version of the programme in a range of settings is endorsed.
- The current programme is robust and it is recommended that its key strengths be maintained such as; the 3 interlinked components of the programme, the content focus on managing suicidality, the psycho-educational format and the underlying recovery ethos.
- Participants who completed the programme made some suggestions for future developments. The feasibility of these could be examined, while not attempting to expand Eden beyond its scope. For example, provision of a programme for family and friends and some level of ongoing connection with SoS for those who struggle to engage with alternative supports.

7.2 Eden Governance

- For sustainability purposes it is recommended that the support and supervision currently provided to staff delivering the Eden programme continue to hold a central place in the organisational structure.
- Given the important positive impact of facilitators on the success of Eden, the newly outlined facilitator selection criteria (Appendix 8) and structured training should be adhered to.
- It is important that facilitators embody and enact the programme ethos, thus it is recommended that facilitator fidelity be monitored routinely.
- In the case of roll out, where more organisations become involved in the delivery of Eden, these structures and processes should be audited and

reviewed regularly to ensure model compliance, standards and quality assurance.

- Given the random manner by which some attendees learned about the Eden programme it recommended that a strategic marketing campaign be instigated and actively promoted by SoS.
- Access to the programme and potential developments are restricted by current resource limitations and funding constraints. Therefore, it is recommended that the positive outcomes of this evaluation be highlighted to relevant health and suicide prevention funding bodies.

7.3 Evaluation

- Evaluation of the programme is important for quality control and it proposed that existing internal mechanisms be maintained alongside continued external independent analysis. It is important to highlight that evaluation would not be possible were it not for a desire on the part of attendees and graduates to give something back to SoS for the benefits they received and the openness of facilitators and founder to critical feedback.
- Additional outcome measures could be introduced to enhance the robustness of the routine evaluation, such as the CSQ, the CORE and the BSS. These measures were used in the current evaluation and were user-friendly and provided useful outcome information. Systematic data gathering of this kind would allow for independent external analysis to be done easily and for pooling of data over time to assess for statistical significance. The quantitative data could be augmented by some qualitative data collection.
- Additional measures could be considered to allow for comparison with other models, such as the Beck Depression Inventory and Beck Anxiety Inventory (Beck & Steer, 1990). Exit interviews and drop-out data should be routinely incorporated into the evaluation to inform the programme about non-response patterns.
- As the Eden programme rolls out in other contexts, SoS could consider evaluating the recovery orientation of these other services.

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Appendices

Appendix 1: Suicide or Survive Programmes and Services



Suicide or Survive: Programmes and Services

Suicide or Survive offers a range of affordable programmes and services across Ireland for people who have attempted or contemplated suicide and for those who wish to learn skills and tools to manage and maintain their own mental wellness.

Our core programmes are listed below.

The Eden Programme

The Eden Programme is a 24 week closed group programme, which is educational in nature with a therapeutic element. It runs for 3 hours one day per week. The programme aims to provide people who have attempted or contemplated suicide with an opportunity to explore their own experiences, develop their personal skills, and source avenues of support and assistance.

The programme forms one part of an individuals' support system and encourages those who attend to work on building natural supports in their own communities. The programme focuses on empowering participants to make appropriate choices in terms of their day to day lives and more particularly in times of emotional crisis, to reduce the potential of death by suicide, to increase their awareness of suicide and suicide prevention while also addressing the stigma that exists around mental health, and to highlight the fact that suicide is a permanent solution to a temporary problem.

The Wellness Workshop

The Wellness Workshop is a one-day programme run in local communities and businesses throughout the country to ensure access for as many people as possible. Participants self-refer to the Workshop and it has been designed to suit everyone

including those who have experienced mental health difficulties and those who are interested in developing and maintaining mental wellness.

The Workshop aims to harness individuals own strengths and provide them with the tools to improve their own mental wellness by encouraging participants to take personal responsibility for their own mental health and to identify not only what ‘triggers’ mental health difficulties but also crucially what keeps them well. the Workshop is accompanied by a Wellness Workbook that participants can purchase to take away with them. It includes information and exercises based on the content of the Workshop that people can use manage their wellness on an ongoing basis.

WRAP (Wellness Recovery Action Planning)

Wellness Recovery Action Planning is a structured system that an individual can use to monitor and manage their own mental health and that can help them to develop action plans that can be used if they experience a crisis in their mental health. It was developed by Mary Ellen Copeland based on her own experiences and the lived experiences of many people who have encountered mental health challenges in their lives.

WRAP is based on Recovery principles and can benefit anyone (whether they have experienced a period of mental ill health or not) who wants to learn ways to manage their own wellness. There is significant evidence to demonstrate the effectiveness of WRAP as a mental health maintenance tool and as a way of retaining some control even in times of mental health crisis.

WRAP is delivered over a 2 ½ day workshop by 2 Facilitators who have been specifically trained in its delivery.

See Change Mental Health in the Workplace Workshops

See Change, the national campaign working to change minds about mental health in Ireland. The workplace has been identified as a key setting for social change around attitudes to mental health problems. To this end it has developed ‘Mental Health in the Workplace’ training for senior managers and staff. The aim of this training is to help create a cultural shift in workplaces around Ireland so employers and employees

can begin to feel supported and secure in talking about and dealing with mental health issues in the workplace in a productive and proactive manner. SOS is a partner in delivering these workshops with See Change.

Communicate and Educate Together

The Communicate and Educate Together Network (made up of 11 organisations working in a variety of sectors) formed in order to develop and run training for frontline staff, volunteers and service users in the area of mental health that would be cost effective, high quality, and would meet the training needs identified within each organisation. In 2011 the network, led by SOS, successfully applied for funding to The Wheel under the Training Links Grant scheme to develop and run this training.

Four modules were developed and delivered by teams of facilitators made up of people with lived experience of mental health difficulties and people in a service provision role. These modules were: Mental Health Difficulties and Treatment Approaches, Introduction to Recovery in Mental Health, Introduction to Advocacy, and Facilitation Skills.

The Network now has a very well developed suite of training materials, comprehensive student notes and a panel of trained and experienced trainers who can deliver this training on an ongoing basis now that the Training Links Grant funded period has expired.

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Appendix 2: Interview Schedules

Eden Programme Founder / CEO

- What would you say are the core aspects of the Eden programme?
- What are your hopes for Eden programme participants?
- What are the key qualities Eden programme facilitators should possess?
- Where do you see the Eden programme going?
- Is there anything else you would like to mention that I did not ask?

Eden Programme Facilitators

- What are your thoughts on the way the Eden programme was delivered?
- What is your opinion of the content of the Eden programme modules? (How did the group respond to the content?)
- Did you experience any challenges with the programme? (Group, content, delivery, attendance etc.)
- Are there any changes which need to be made to the Eden programme?
- What, if any, are the long-lasting effects of the programme for the group members?
- Is there anything else you would like to mention about your experiences with the Eden programme intervention that I haven't asked?

Eden Graduates

- How did you find the Eden programme generally?
- What did you find most helpful?
- What did you find least helpful?
- What are your views on how the facilitators delivered the programme?
- How did the facilitators interact with the group throughout? How important were the facilitators to the group dynamic? (influence)
- Is there anything else you would like to mention that I did not ask?
- What, if anything, did you learn from the Eden Programme? (skills/ techniques/ self/ others)
- Did anything change for you as a result of participating in the Eden programme?

- Did you experience any challenges attending and engaging in the Eden programme?
- What areas of the programme, if any, would you like to see done differently?
- Would you recommend the programme to a friend? Why?

Eden Programme Attendees

Time 1

- What are your hopes and expectations for participating in the Eden programme?
- What would you hope the Eden programme might involve?
- How would you know if participating in the Eden programme is being helpful?
- What would be the major outcome you would hope for?
- How would you judge whether you have benefitted generally from participating in the Eden programme?
- Is there anything else you would like to mention that I did not ask?

Time 2

- How did you find the Eden programme generally?
- What were the parts that you found most useful?
- What were the parts that you found least useful?
- What are your views on how the facilitators delivered the program?
- Thinking about what you hoped for before participating in the Eden programme, has the programme delivered on that?
- What changed most for you as a result of participating in the Eden programme?
(suggest areas that the Eden programme targets)
- Did you experience any challenges attending and engaging in the Eden programme?
- How would you suggest improving the programme?
- Would you recommend the programme to a friend?
- Is there anything else you would like to mention that I did not ask?

Time 3

- Since we last met you 6 months ago how has life been going for you?
- What do you attribute this to?

- Looking back at the Eden programme are there any significant/important changes you think it helped you make? How have these changes influenced your life? What areas of your life, if any, have been most affected? What has helped sustain/interfere with these changes?
- Looking back on the Eden programme how would you describe your overall experience? (probe for positive and negative experiences)
- Is it the kind of programme you would recommend to someone you know who is feeling suicidal? What would you say about it? What would you say to them about what would be expected of them? What would you tell them to help them figure out if they were ready or suitable for it?
- Is there anything else you would like to mention that I did not ask?

Appendix 3: Description of Outcome Measures

1. Beck Scale for Suicidal Ideation (BSS): The BSS is a 21-item self-report questionnaire used to identify the presence and severity of suicidal ideation. The measure also assesses the respondent's suicidal plans, deterrents to suicide, and the level of openness to revealing suicidal thoughts. Higher scores indicate higher suicidal ideation and risk. The maximum score is 38.
2. Toronto Alexithymia Scale (TAS): The TAS is a 20-item self-report questionnaire that measures levels of alexithymia. Alexithymia is described as an inability to identify and describe emotions, which is associated with emotional awareness and processing. Items on the scale are rated using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Higher scores indicate higher alexithymia. The maximum score is 100.
3. Beck Hopelessness Scale (BHS): The BHS is a 20-item self-report questionnaire to measure hopelessness, one of the most widely used instruments. It measures feelings about the future, loss of motivation and expectations, and can be used as a predictor of suicidal ideation, suicide attempts and suicide completion. Higher scores indicate higher hopelessness. The maximum score 20.
4. World Health Organisation Quality of Life-BREF (WHOQOL-BREF): This is a 26-item self-report questionnaire, which measures four domains: physical health, psychological state, social relationships and environment. The facets of physical health are activities of daily living, dependence on medicinal substances and medical aids, energy and fatigue, mobility, pain and discomfort, sleep and rest, and work capacity. The facets of psychological state are bodily image and appearance, negative feelings, positive feelings, self-esteem, spirituality / religion / personal beliefs, thinking, learning, and memory and concentration. The facets of social relationships are personal relationships, social support and sexual activity. The facets of the environment domain are financial resources, freedom, physical safety and security, accessibility and quality of health and social care, home environment, opportunities for acquiring new information and skills,

participation in and opportunities for recreation / leisure activities, physical environment (pollution / noise / traffic / climate), and transport. It also comprises two question items that measure overall quality of life and health. Higher scores indicate higher quality of life.

5. Clinical Outcome in Routine Evaluation – Outcome Measure (CORE-OM): This is a 34-item self-report questionnaire, which is generally administered before and after a therapeutic intervention. Items are answered on a 5-point scale ranging from “not at all” to “most or all of the time”. It is a general measure of psychological distress that covers four dimensions: subjective well-being, problems/symptoms, life functioning and risk/harm. Higher scores indicate greater levels of psychological distress.

6. Client Satisfaction Questionnaire (CSQ): This is an eight-item questionnaire used for assessing clients’ levels of satisfaction with health and mental health services. Items have four responses to choose from ranging from 1 to 4. The overall score is calculated by summing all item responses – higher scores indicate greater satisfaction levels. The maximum score is 32.

Appendix 4a: Analysis of Data from CEO / Founder

Introduction

The founder and current CEO of SoS was interviewed. Data analysis is described under the headings: the evolution of Eden; Eden ethos and principles; Eden components: key Eden processes; and programme outcomes.

The evolution of the Eden Programme

The Eden Founder / CEO described the impetus for developing the Eden Programme, which was influenced by her own experience of being a service user. Thus, Eden is a service user led initiative informed by personal experience of mental health services, lived experience of suicidality, professional training and her own recovery journey. It was primarily driven by first hand knowledge of the apparent gaps in the services and a desire to address these in some way. To date seven Eden programmes have been delivered and she views the evolution of the programme as an ongoing process of learning and development, which does not cease.

“It’s all learning, it’s just a programme that’s learning as it goes along”

There were many challenges in establishing the Eden Programme initially. She described experiencing strong resistance from those who did not support the idea of a user lead initiative, as it did not subscribe to traditional psychiatric models.

“Against the odds, the Eden programme has survived. Against the system, not the people. There’s good people everywhere.”

However, her perseverance in bringing the issue of suicide into the public domain and forging networks of like-minded people was important in gaining credibility and support in this sometimes hostile environment.

“...my thing always was to them, ‘Why can’t we work together, I’ve got these experience, you’ve got your experience, and imagine if we pooled them together what we could do.’”

As a result the Eden programme has grown as an important part of SoS that is now well recognised, respected and supported across Ireland.

“I have a good network throughout Ireland, of people working in different organisations. Some providing services, some receiving services. So, that’s wonderful”

Eden Ethos and Principles

The foundational ethos and guiding principles of the Eden programme were described. Eden is a recovery-oriented programme that embraces the principles of hope, empowerment and collaboration. Hope is engendered in participants through the strong emphasis on incorporating the “lived life experience” of the founder and other facilitators, thereby reducing the hierarchy between attendees and facilitators and promoting respect and a sense of value.

“The hope is that, against all the odds, including ourselves, we can survive ourselves, and go on and have a full and meaningful life....I survived my own mental health and I believe we are more than that. That’s what hope is to me.”

Promoting the idea that people can recover their selves and go on to live lives of their choosing is incorporated into the programme through the involvement of the founder and introduction of guest speakers who are also experts by experience. They can provide personal testaments to their survival beyond suicidality and mental distress.

“... if somebody has gone down the road of a difficult mental health experience, and has literally, as I say, survived, themselves, the system, and life, there seems to be something that people connect to around it. People seem to relate to, connect to, someone who has struggled with their mental health and have literally survived against all the odds.”

Thus, it is believed that to engender hope it is more useful to expose participants to people who have personal lived experience of adversity, rather than professionally trained facilitators who do not have such experiences. Therefore, having people involved in the delivery of the programme with lived experience has become a hallmark and an integral part of Eden, which leads to deeper mutual understanding and respect.

“Someone who really lives and gets that idea of recovery, and gets the idea of the messiness of mental health, but has been in a dark place, has experienced suicide...that is put into the programme in a constructive way”

Empowerment is fostered through education about the self, life, social support structures and mental wellbeing among other topics of interest to attendees. It is believed that being educated about matters that impact on ones life allows people to make informed choices about themselves, their lives, their involvement in treatment and their decisions about suicide.

“Empowerment, yeah. I have a huge, huge belief in education...if people are given information, in a very matter of fact and jargon free way...breaking down the mystique, people get the opportunity to learn about themselves and to learn about how wellness is in our country. I think that’s huge”

It is deemed important that information is made available to attendees that is relevant and useful to them in their daily lives.

“... we have an educational element, which is very holistic, so education may be ‘what’s in my community?’, ‘What does the word depression mean?’, ‘What does the word therapy mean?’... you know, it can be a very broad range...where you can leave a session and go...now I understand, you know, when someone says the DSM...now I understand what a psychiatric nurse is and what their role is.”

There is frequently a lack of understanding about available services and professional roles, which limits people's capacity to make informed choices within the mental health care system in Ireland. Thus it is deemed important to enhance knowledge to counter this tradition.

"I still think there's a dreadful lack of choice in Ireland and I think, just to help people realise that even sitting in front of a GP, or psychologist, psychotherapist, psychiatrist, whatever...person you're sitting in front of, that...you have a choice...in the sense that you can interview these people, you can decide are these the people you want to work with, you can look at, do they buy into recovery, or have they got their own agenda? So, having that choice of who you will and won't work with which, tragically, doesn't always happen in the services and the system..."

Collaboration and mutual respect is nurtured by promoting shared learning among group members, whereby facilitators and attendees learn from each other.

"I just love that whole idea of sharing, and probably learning the best things we'll ever learn from each other"

Seeing attendees as the experts on their own lives and enabling them to perceive themselves as capable rather than a victim is important in forming this egalitarian approach. They are also encouraged to become facilitators of the programme if and when they feel ready for such a role.

"I think to see their potential as people. And also to get out of that 'victim' mode...It's like we've all got stuff, and I don't think anyone should be compared lesser or greater, from the facilitator to the participants."

"There's expertise in the room. But the expert is the person"

These interrelated recovery principles form the basis of the Eden philosophy, which informs the structure, content and delivery of the Eden programme and the training and selection of facilitators.

“...It is those principles. It’s the hope, education, support. It’s all of those... But, absolutely, people can and do recover, again, if they choose, if they go that road...”

Eden Components

Consistent with the recovery ethos specific components of the programme that were deemed important by the founder were described as the holistic selection interview, the no-harm contract, the Person Centred Planning (PCP) and additional individual supports and training such as WRAP. Before entering the programme a one-to-one interview takes place between the facilitators and prospective Eden participant. This interview focuses on the person and their life context and allows both parties to explore if the programme and the person are a good fit to move forward together.

“Well the interview process has always been there. It gives the facilitator and the person an opportunity to have a very open discussion and clarity on what they are buying into, and what the expectations are... and they can go off informed...is this the group for me?’ and we can go off informed ‘is this person ready for the group?’”

Following the interview a decision is made between the facilitators, with advice and support from an external supervisor, regarding acceptance of each person into the group programme. The person is required to sign a contract that outlines what the Eden programme provides and what is expected of them. Thus, there are no hidden agendas on the part of the facilitators. For example, the contract contains a written agreement that a person will not attempt suicide during the six-month duration of the group programme. The rationale for drawing up this contract is to assess if the person is capable of engaging with a recovery ethos, to unburden them from having to make a decision about suicide during that timeframe and importantly to put the issue of suicide in the foreground of the work together.

“...it’s about, ‘right, I can’t work with you from a graveyard’, ‘are you in a place to even consider staying alive?’, ‘Are you there yet?’, to put yourself through a group, ‘don’t come into a group if you don’t feel like that isn’t a likelihood’”

“One participant...said ‘well it gave me a breather for 6 months’, she said ‘I made a decision to make no decision’”

The Person Centred Planning (PCP) describes the individualized goal setting and review component that commences before and progresses alongside the group element of the Eden programme. It is an important element in preparation for group work and in building a relationship between the facilitators, the participants and the programme. These meetings provide attendees with personal space to review their own progress as well as having group input and support.

Alongside participation on the Eden Programme additional supports and training are seen as crucial to the recovery process, which orients the person to their own community and personal environment. For example, linking with other support and educational services is encouraged so that the attendees can avail of helpful supports within the mental health system and their local communities.

“We’ll have found out all the resources that are available and then we go into the group, and we say to the group, ‘OK, what, are you aware of, what do you need to know?’...so at least we can take that and say, ‘Right, this is what’s in your area’”

A two-day WRAP programme is also delivered alongside Eden to promote wellness and enable participants to develop crisis plans. This programme helps to consolidate a life focus and is regarded as beneficial for participants.

“We said we’d do two full days of WRAP...which is about wellness. It is about looking at your triggers and it’s about you putting in a crisis plan. That something new that we actually find,

this time around, they really liked it, people really liked it. So that's good."

Therefore, the core components of Eden (Holistic Interview, PCP, Contract and Group) in addition to attending to contextual supports and related training enhance the robustness of the Eden programme as it is made relevant to individuals within their own life context.

Key Eden Processes

The founder outlined some key processes that enhance the quality of and coherence within the development and delivery of Eden. These included the Eden manual, the group dynamics and the facilitators. The Eden manual was developed specifically to guide facilitators in the delivery of the programme. Having a coherent manual is deemed a successful part of the programme evolution as it incorporates the core concepts and philosophy underpinning the programme, the programme structure and content in addition to facilitator requirements. It guides the facilitator through each module which then frees them up to concentrate on the programme process and group dynamics.

"...being a facilitator for years, I would love someone to hand me these, 'Now I can concentrate on the programme!'"

Group dynamics can play an important part in how the Eden programme is experienced by attendees. While the founder believes that group work is generally a productive and valuable way of learning problems can arise that can be destructive to attendees, which require both good governance structures and the skilled attention of the facilitators. She noted that this can be a challenging element of the work.

"What we've put in place has allowed us to watch, so if somebody is coming, and they're very destructive, we have to address this."

It became evident that the role and skill of the facilitators greatly influences the programme process and outcomes. The founder identified qualities that she believes facilitators should possess, such as a basic training in a mental health or related

profession and / or relevant life experience and a commitment to change and to recovery principles.

“Psychotherapy, psychology, they need to have this background or something relevant. They have to have worked a lot, one-to-one, with suicide, and groups... Understand the difference between an educational programme and a therapeutic programme, because it’s an educational programme with a therapeutic element. They need to have done training, they need to understand the recovery concept, and,... they need to do that training with us”

“We’re not going just looking for facilitators, we’re going looking for people who are about change”

She also identified certain facilitator attributes that may be detrimental to group dynamics and the overall goal of recovery, such as discomfort engaging with the issue of suicide and a paternalistic attitude to care. The latter can be seen in a desire to impose change upon or overly protect the person, thereby reducing their own autonomy and sense of responsibility.

“Yeah, so if you have...a fear, or if you’re in there to fix people, or if you’re in there to stop people killing themselves, don’t go in, because you’ll actually end up exhausted yourself...because we’ve had that other extreme of ‘I’ll mind them all’ ...So, people that can watch that balance, and can go into supervision and be challenged”

Thus, the clarity of the manual, group makeup and dynamics, the skill and commitment of the facilitators and the supports made available to them work together to influence the level of success of the Eden programme.

Programme Outcomes

The founder described positive changes that she had observed in those who completed the Eden Programme, for example, they seemed emotionally stronger, more self-

confident, more self accepting, and more accepting of the complexity of living and the negative aspects of their own lives.

“I see, I see peoples light shine, their brightness”

“I love when you see with people, just, a groundedness in them, or, OK, I have a bit of a journey, and there’s all of that that goes with it”.

“it’s all just sitting there. Their messiness, only they’re more comfortable with it. So it’s like, ‘I am messy, I’m human, I’m messy, and maybe that’s not as bad as I thought ‘. So that’s something, what I have experienced is just that realness of being human, and I would describe it as, yeah, seeing their messiness, but in....it’s like the vulnerability and strength, it’s like they sit together”

She emphasised that completing the Eden programme is not the end of the recovery journey for participants as this may be a life long journey. However, Eden gives them the strength and acceptance needed to carry on and to engage in other support structures and treatment services.

“The big thing I would really challenge in them all, is don’t put all your eggs in one basket. So, don’t be just coming to the Eden programme... That’s why we bring in the other organisations... it has to be a holistic approach. So, that would be from the get-go as well”

Appendix 4b: Analysis of Data from Facilitators

Two facilitators were interviewed. Data are described under the headings: Programme components and content; programme processes; and programme outcomes.

Programme Components and Content

From the facilitators' perspectives it is important to induct participants into the Eden programme ethos, content and requirements, which sets the scene for the work ahead. This begins at the initial assessment interview, which lasts 60-90 minutes and covers a range of life issues. If the person is deemed suitable for the programme they are invited to participate, with the option to withdraw at any time if they so choose. This introduction serves to reduce any element of surprise and anxiety when the group begins.

“They are not surprised by anything and it is almost like it flows. It is the same experience almost from the beginning that they come in and meet us right the way through the group. At least that is the feedback we are getting.”

A decision not to include someone in the programme is usually based on the level of support available outside the group and / or if participating might be more detrimental than beneficial given their current state of mental health. A suggestion is normally made to do some individual counselling and the person is invited back at a later stage.

Once invited into the programme, facilitators begin the person-centred planning process (PCP). This was introduced into the pre-group phase in 2013, while it was used as part of the programme prior to that time. Participants are supported in setting goals and in devising clear, concrete and time limited action plans to help them achieve these goals. After the initial face-to-face PCP meeting, participants are contacted each week to discuss their personal plans, by phone or in a face-to-face meeting. This process sets expectations and targets for participants to work towards with support from the group, facilitators and their community.

“For me it has always been about if you have an expectation that somebody can do something, the likelihood is that they will come and meet that expectation to some level, if you give them sufficient support to do so. And that is what the PCP process is about by saying, ‘we know you can do this. You mightn’t be able to do it right now...but we know you can do this.’”

The PCP provides an important structure for participants as it prepares people for what the Eden programme will actually be like and helps with boundary setting within the group at later stages. It also helps in the development of a good working relationship between participants and facilitators and between participants and the Eden programme.

Another important component of the Eden programme is the suicide contract, which participants agree to as a group at the induction session in the first week of the group. The response to this can vary, some people feel that the option of suicide has been a source of relief and are concerned that this option might be taken away. However, the facilitators explain that this is a temporary measure to allow space for them to explore alternative options.

“It is not about saying we are taking suicide off the table as an option, it is about saying we are asking you not to choose that option for a period of time... it is about saying, it is there but this programme is about looking at another way and finding another option, and moving suicide from your option of first resort to your option of last resort, hopefully.”

The Eden programme is described by facilitators as non-prescriptive, which means not giving advice or counsel but equipping group members with knowledge and skills to help themselves. The materials and topics are made available to participants, and they are encouraged to use them and put them into practice, however, this is their choice. In keeping with the ethos of SoS, the programme materials and content are aimed at

giving people the tools to “*harness their own wellness and move themselves towards recovery*”.

“...with the Eden material this is something I had to learn. This is not going to be about delivering material to people, this is going to be about an interaction.”

Programme Processes

It is important how the facilitators engage with the programme, for example adopting an ethos of recovery. This is viewed as a crucial aspect of being an Eden facilitator, as it underpins all elements of the programme. Inherent in this, is the view that people will change at their own pace and in their own way.

“I think one thing we have learned, and we don’t make any apologies for now, is you have to have a recovery ethos... I really see a huge benefit for it for this type of group.”

This ethos permeates all aspects of the programme, including careful selection of guest speakers who visit and participate in the group.

“The ethos is held very strongly throughout every session of the programme. So when we bring in guest speakers we are bringing in people who we know will hold that ethos in the room.”

Knowledge of the programme manual and the weekly format is viewed as important in terms of developing a flexible approach to group facilitation as this allows the facilitators to adapt the materials used depending on the group needs, progress and response. De-briefing after each session is also a useful method for problem-solving and planning ahead.

“And the de-brief at the end of the session is hugely useful too... That then helps with even the planning, ‘ok how are we going to handle this? What are we going to do next

week? Are we going to restructure things in the timetable?'"

Flexibility is seen as one of the key elements of the Eden programme delivery. Thus, the programme manual provides a framework for facilitation, but the sensitivity of the facilitators to the group dynamics can determine what materials are used or more importantly, how the materials and session are delivered. Therefore, the Eden manual should be used dynamically, choosing materials to suit the group needs.

Another quality that facilitators considered important in creating a supportive group atmosphere is not taking an expert stance, which helps to create equality in the group. While facilitator participation in group discussion and activities contributes to this sense of equality, personal disclosure is managed carefully to maintain safe boundaries.

"... it is not about blurring boundaries, it is not about bringing a huge amount of our own stuff into it but in some ways it is that commonality of what people are struggling with, we are all struggling with and that will come through sometimes... anything you say you very consciously say... it is a fine line because at the end of the day we are not participants in the same way but we will participate in the sessions in the same way. I think that works really well."

The facilitators also highlighted the importance of building trust with the group members, which is a crucial aspect to the development of helpful group dynamics. They do this by being genuine, respectful, open and non-judgemental with each other and with the group members.

"The respect, that genuineness, that respect and that non-judgemental atmosphere I think is one of the biggest things in terms of building the trust. That people know we are not judging them, no matter what they come with, that they are not being judged."

The relationship and interaction between the Eden facilitators is seen as a model for group members, demonstrating tolerance for different approaches and different views. This creates an open atmosphere, and gives the message that it is acceptable to have different views and experiences to someone else. However, an important element of the Eden ethos rests on the lived life experience of the founder, Eden graduates or guest speakers, which is shared with the groups and many find inspiration in the knowledge that recovery is possible.

The power of the group itself was highlighted. Aspects of the group dynamics that are important include the support that the group members provide for each other and it is often the work of the group itself that elicits change in people.

“Group support would be a really big element of it... sometimes you wouldn’t want to develop an ego because you learn pretty quickly that it is the group that is making the change...where people learn the most is from each other”

The group is seen as a unique place for some people as it may be their first experience of being in an environment where their views are respected and where conflict is managed effectively.

“People then can feel free to speak openly because they are not afraid that what they say is going to be judged. And for a lot of people who have come on the programme, this is probably one of the only spaces that they have where that occurs.”

Facilitators work to gain a good understanding of the dynamics of the group as the manner in which the group functions will determine their response to the materials and to how the material is delivered.

“The last time we had much more conflict in the group so again that had its own impact on the material and how we

delivered the material because in some cases small group-work wasn't going to work on certain topics... so you kind of feel your way."

The facilitators acknowledged the importance of support and supervision for themselves throughout their work on the Eden programme. This provides them with space to voice their own views and differences in addition to reviewing how group members are progressing. They feel held by the structures of the Eden programme and by the structures and processes put in place for them within the larger organisation, SoS.

Programme Outcomes

Given the emphasis on individual goals and change pace and that participants may be in different places in their lives upon entering the programme, they will differ in the outcomes they desire and achieve. It is not surprising that the outcomes observed by facilitators differed to those reported by Eden programme participants, as they expected and observed more subtle changes in people.

"People can be different at the end of a programme than they were coming in, without suddenly having all the answers or having made all these massive big changes in their life. But they may be different. They have been changed by the programme, they have been affected by it, they have been affected by each other."

Facilitators' belief in the value of the Eden programme was organic in nature and developed over time. They saw differences in people who completed the group programme of 24 weeks duration, some quite significant and some more subtle. They noticed that participants are more self-aware and more self-reflective, despite how active they are in the group as they all seem to gain something from being present.

"And sometimes that is just the pure humanity of working with other people and hearing other people's stories."

While the experience of connecting with others and of being accepted can have a positive effect on someone, the materials provide a tangible resource that participants can work with.

“Even if there is no change that you can put your finger on at the end, there is a difference. And people look different at the end... the difference in what they are wearing, the difference in the self-care, the difference in just a lighter, brighter. Even if nothing in their life has changed.”

Facilitators also see Eden as a reprieve for participants from thinking about suicide as the only option available to them, allowing them to see alternatives and their own strengths.

“I think what this does is it gives people a chance to breathe and to look at perhaps they have more resources than they thought they did.”

However, the facilitators are clear that the Eden programme does not meet the needs of everyone, and that there is no single response for people who are suicidal. Furthermore, people have different reasons and rationales for participating or not participating in a programme like Eden and may not be in a place that suits the program at any given time. Nevertheless, the Eden programme gives people a starting point in their recovery.

“As an intervention that supports people, encourages people, empowers people and enables people, I think it is a successful intervention. At whatever level it is for that particular individual. With some individuals there will be a great difference and for some there will be small difference. But that small difference is a start and you have to start somewhere.”

Appendix 4c: Analysis of Data from Graduates

Graduate experiences of Eden are categorised under four headings, namely: Programme components and content; programme processes; programme outcomes; and suggestions for change.

Programme Components and Content

“Well it was an education, it is an education programme and it made me learn about myself, it made me learn about other people. And I think if you are going to get well you need to do whatever they say, to jump out the window, you have to do whatever you have to do and you are told to do. I think that is very important. So I think if you want to get well you have to go to any lengths and this was a great help to me.”

The Eden graduates spoke about the events that lead to them seeking out and joining the Programme. For some their struggles with life and living were becoming more evident. Others were desperate to find something that might work for them as life was becoming overwhelming and the future was looking extremely bleak. They also sought out help that might benefit them having been exposed to a range of previous treatments / interventions that were perceived as limited, unhelpful and sometimes harmful, thus, there was a sense of desperation to find an alternative form of help. Importantly, they managed to do this despite not always being encouraged, or indeed being actively discouraged, from availing of alternative treatment / intervention options, for example some mental health professionals did not support people to go to Eden.

Being accepted into the programme was viewed as an achievement often in a context of perceived failure and rejection. This was in part due to the challenging interview that they underwent in applying for a place on the programme, which reinforced the view that they had earned their place. However, they emphasised that in engaging with the programme they had to be ready to take risks, for example, talking openly

about themselves. They also had to be ready to work hard on making changes in their lives, which is difficult when negative life patterns are well established. This means being patient as making life changes can be a slow and challenging process.

Programme Processes

“...I think it gave you space where you got support and a caring environment that you could kind of relax in that you don't get in hospitals and with therapists on a one to one. You can meet other people and hear that you are not a complete freak and that things do happen to other people. I was in [place] and even to this day I am discovering things that have happened or that I did or am still doing or whatever that I thought were weird and unique to me. But there are things that I discovered from talking to people on the Eden programme, even just from the counsellors and whatever and from [facilitator name] and whatever, that you find out aren't odd. That other people in the world do it as well.”

The graduates identified different aspects of the Eden programme that facilitated positive changes in their lives. They noted the importance of the caring, safe and respectful ethos of the programme, being supported and accepted by the facilitators and other group members, and being able to share their experiences with people who understood their pain and distress, particularly their suicidal desire.

They felt accepted for who they were with no demands to be different or to do what others thought was right. Being able to share their experiences with others who understood them promoted a sense of not being alone or abnormal. They were not pressurised to engage in activities with which they were uncomfortable, allowing them to pace their involvement. They were also able to learn from each other through sharing their views and experiences.

They found it useful to be able to talk about their suicidality openly without judgment, as their experience outside of the group was to be silenced in relation to this aspect of

themselves, which they understood as fear of suicide in many external contexts. This had led to them pretending that life was better or different from their experience of it, thereby concealing their distress from the outside world and making them feel stigmatised and alone.

Clear boundaries were deemed important in providing a sense of group safety and of being contained. It was also noted that boundaries were maintained and managed gently and respectfully by the facilitators. For example, the facilitators dealt discretely with people who were upset in the group, talking to them individually after the group when necessary. Entering into a no harm contract was experienced as useful for some as it took the dilemma regarding suicide away temporarily.

There was an educational component to the programme which gave them useful information on a range of issues, for example, mental health problems. Being better informed enhanced their sense of empowerment and gave them the confidence to challenge practices that they found unhelpful, such as medication. This reinforced positive self-attitudes and a future orientation. Importantly, realising and witnessing others, who had similar experiences, been helped and making changes was encouraging. It was particularly inspiring to see experts by experience moving on with their lives, having achieved positive change and demonstrating personal strength and resources.

Programme Outcomes

“Overall it was a good experience. When I started, my sister basically read an article in the paper about it and I went to the interviews and I got into it. But at the time I was like a sponge, I wanted to get better, I wanted to absorb everything whether it was counselling or this or that, or walking. I was a broken man, physically, mentally, every way possible...Another part of it was to meet other people who had been through the same thing, the stigma and the lack of knowledge, because only people who have been there understand it. It is a thing I will never forget. Thankful in some ways it is the best thing that ever

happened to me because it brought me to a spiritual experience...changed my life completely, the way it had been going, and it put me on the right track. So all of that was all kind of positive for me.”

The graduates described their overall experience of Eden as positive and beneficial to them in managing their daily lives and levels of distress. Some described it as a transformative experience that changed them spiritually, cognitively and in terms of how they went about their daily living. For example, they learned that they had alternative options and choices about how they lived their lives and how they understood and managed their suicidality. This experience was shared across genders, which was noted as important given the dominant view that men do not open up easily about their emotional experiences and vulnerabilities.

They felt more in control of themselves and their lives which resulted in them feeling less angry with themselves and the world, having more confidence in their own abilities and increasing their self-belief and hope for the future. They perceived themselves as having new coping and living skills and strategies, which they could use to self-soothe and to manage life tasks and challenges. Experimenting with their newly acquired tool kit could also be called upon after completing the programme. This helped to sustain longer term positive changes made in the programme, which reinforced self-encouragement and countered negative self-judgment.

They felt less stigmatised and more normal and accepting of themselves despite still experiencing life challenges and having concerns about themselves. While some experienced their suicidal behaviour as less frequent or severe, others realised that their suicidal thinking was something that they had to learn to live with. Indeed realising that suicide was always an option in their lives, as opposed to being the only option, promoted their sense of control and choice.

Suggestions for Change

“I thought even though, I am talking about the one I was on, to bring the word suicide into the room I think sometimes I had to do it. I wanted to talk about it because it

playing so much on my mind at the time that even though the programme was around people who are suicidal, the word suicide wasn't mentioned very often. And it was more about coping with life. And I wondered if there was much about coping with the thoughts, you know, why you get these thoughts, how to handle them while you have them...we did more at the end of the programme but..."I think that depends on the group because we did a lot of talking about it, so it would depend on the group."

The graduates identified areas of the group content, structure and process that they found challenging and proposed some changes. For example, at times there were lengthy silences and awkward group dynamics, which were experienced as uncomfortable. There were mixed views about some aspects of the programme such as; the meditation exercises, duration of the group, lack of follow up following the group, lack of family support, and while accepting of the need for clear boundaries some graduates thought that there might not be adequate emphasis on how to deal with suicidal ideation in one group. However, despite noting some limitations to the model the graduates experience of Eden was overwhelmingly positive and indeed some had taken the opportunity to recommend it to others in suicidal distress.

Appendix 4d: Analysis of Data from Attendees

Attendee experiences of Eden are categorised under four headings, namely: Programme components and content; programme processes; programme outcomes; and suggestions for change.

Individual interviews at Time 1

Programme Components and Content

Participants' impressions of the Eden Programme began to be formed at their initial contact with the programme co-ordinator, which was a positive experience of warmth and welcome. While participants, at this early stage, had only a basic knowledge of what would be involved, in terms of programme components, duration and structure, they expressed a fit and comfort with the aims and ethos of the programme, allowing them to engage with trust in the unknown.

“[facilitator] has filled me in on everything on it...[she] went into great detail and explained everything and I remember at the time I was going, yes I'd be interested, yes. So I was comfortable with the programme.” (P03)

Before the programme began, participants were clear about their current difficulties and goals. They were able to identify specific concerns and areas in their lives that they wished to address and change. Their goals, hopes and aspirations were in line with what the Eden programme offered. This clarity and focus may have resulted from the initial individualised meetings participants engaged in prior to starting the group, which made engagement more meaningful.

“Like the Wednesday I am looking forward to getting up and coming, I can say that is one day of the week I am getting up out of the bed and doing something.” (P10)

While the prospect of a 24 week commitment was daunting for some, the structured weekly format of the group was seen by participants as something that could provide routine to their lives and was paced in a way that was not overwhelming.

“The idea of it being long, I think is a great idea because it gives you a week in between to consume what has gone on the week before, to assess it and to think it out. Whereas, if you go to these every day courses there is too much, far too much.” (P06, L362-366, P8).

Programme Processes

Although participants had not yet engaged in the group process, they were aware of their anxieties about, expectations of and barriers to being involved in the group. Some participants had prior experiences of group-work, many of which were unsatisfactory or unhelpful. Others did not feel at ease in any type of group setting, preferring individual sessions, which were perceived more comfortable for personal disclosure. However they were hopeful that the Eden programme would be a different experience, given its focus on suicide.

“..if they are there for the same reasons they wouldn't want to hurt me no more than I hurt them.” (P02, L387-389, P8)

Some participants also feared the possibility of being judged or rejected by other group members when divulging personal and sensitive information, or discovering that they knew someone in the group. Underpinning these fears was a sense of shame and stigma. Despite this, they felt reassured by the facilitators that the group would be a safe place to talk about their difficulties and distress, emphasising the confidential nature of the group and instilling a sense of safety.

“I have done one on one counselling but I have never done a group that we have talked about how we felt. And I feel I am the only one, the shame and stigma to it but I feel comfortable with this programme with the confidential.” (P09, L92-95, P2)

Participants had concerns about potentially difficult group dynamics, relating to others and fearing that it may make things worse.

“Yes my concerns would probably be that it would take me down further, that I could...that is a part of my life I avoid. I mean having to learn to sit still and deal with what is going on in here, I am sometimes afraid it will take me where I can't come back.” (P07, L245-249, P5).

However, there was a strong motivation to take part in the group, thereby overcoming their fears in the hope and optimism that it would be helpful to them in bringing about the changes they desired in their lives.

Programme Outcomes

As participants had not yet begun the Eden programme, they could not comment on the impact of the programme. However, they had clear ideas of the personal, interpersonal and social outcomes they hoped to achieve. Personal hopes included; increased self-esteem, increased hope for the future, improved well-being, a more positive outlook on life, a feeling of contentment, an ability to participate in life, and capacity to cope better with difficult emotions and situations.

“I suppose when I go home and something angered me and that and I was able to deal with it a bit better, I would kind of go, oh yes that is something I have learned. It is something like a little light bulb, well I am hoping the little light bulb will go, yes you didn't take that extra tablet today, you coped better today.” (P10, L250-255, P6).

Some participants reported experiencing social anxiety, thus a decrease in this would be a welcomed interpersonal outcome. They also desired an improvement in their relationships with others in general, such as feeling more connected to family, partners and friends. Educational hopes centred around improved coping skills and gaining information about supports and specific types of mental illness.

Participants experienced different levels and intensity of mental distress. Therefore, more acutely distressed people expressed less hope for change their levels of suicidality, whereas others who were less distressed expressed a desire for a decrease in self-harm or suicidal thoughts.

“I don't want to go back where I was feeling suicidal. So I think prevention and to be listening and heard... I have never spoken about my experience of it, there is a big difference.. I want a bit of closure on that in my life and I want to feel them wounds and then seal them properly.”
(P009)

It seems that participants were well motivated and ready for change, despite the sometimes daunting and unknown nature of what they were entering into.

Group interviews at Time 2

Programme Components and Content

While each participant had different goals and aspirations for the programme it was apparent that they had opportunities to articulate and focus on their personal life situation. They had an understanding of how the challenges they had encountered and losses they experienced in their lives and they were forming a vision for themselves and their future, thus they began the group with a clear focus.

The structure of groups facilitated participants to feel more at ease and to manage their anxieties about the uncertainties of the group, especially at the outset of the programme. The regularity of the groups and the duration of the programme gave them time to settle into the group and observe changes in themselves and others. Knowing in advance the structure and content of the group was reassuring and helped reduce fears about being overwhelmed. Participants felt that over time the content of the programme built on previous material, making it relevant.

“We got into a rut of doing things differently and it was glorious. And once a week for 6 months, a huge process to just step into. It is kind of relentless...it's a big piece of work

to go into that every week again and again.” (PFG2, Q43, P2)

Participants’ experiences of the group were different as they had each integrated the material differently into their lives in their own way and at their own pace. However, they all reported that this aspect of the programme worked well for them.

Programme Processes

Participants’ experiences with the Eden programme were hugely significant in helping them to engage, despite initially being fearful, desperate or a combination of both. They felt immediately safe, at ease and cared for in all interactions with the facilitators who they felt worked hard to be inviting, supportive and non-judgemental, thereby reflecting the ethos of Eden.

“And the experience of that phone call made me feel safe and the way she was and how she spoke and what she said was really inviting and then the sessions when I met yourself [researcher] and [names] separately, there were no barriers, I felt nothing keeping me out.” (PFG2, Q17, P2)

It was important to participants that the intervention was specifically for people who were grappling with suicide. This shared lived experience helped them to connect with others and identify with the group.

“I felt safe, with everybody. Everybody we were all there for the same reason, it wasn’t a mixed bag. It was suicide or survive. You’re playing with people that are safe, that have gone through the same experience, of surviving it.” (PFG1, P4)

“And you were hearing someone else’s story and it does make you relate to your own as well but it can also open your heart to someone else who is maybe even worse than you.” (PFG2, Q8, P1)

Being afforded opportunities to bear witness to others' stories, struggles and victories facilitated them to gain the courage required to take the risk of sharing personal information that was sometimes shameful or distressing.

"...you had to be vulnerable you had to be you'd never told anybody how you were really feeling. So having to check in and be real and say what's really going on...was it gave me a voice that I didn't have before. To be able to just tell how it is." (PFG1, P4)

"...there is a kind of challenge to live up to it and to be there along with it and as courageous was really remarkable." (PFG2, Q19, P2)

Sharing was supported and encouraged by the facilitators who were seen as honest and transparent, modelling different ways of being authentic. This was significant for participants who were trying to shift from a position where they had been hiding aspects of themselves to a more congruent way of being in the world.

"...meeting [facilitators], all very different people dealing very differently with it, very different tones of voice., and quite remarkably different from each other and very much themselves. And I loved that because it felt real and authentic and there was no dance, no tricks. That was my sense of it. It was absolutely plain." (PFG2, Q18, P2)

Participants were challenged by the facilitators in a gentle, non-confrontational manner throughout the programme. This was done through encouraging them to look at thoughts and feelings differently, and to probe deeper into their contributions to the group.

"They were amazing, because they were very gentle and kind but also they could kind of sometimes challenge you to

look at things a little bit more deeply if you tried to tell them you were grand.” (PFG 1, P6)

“They’d challenge you on stuff, they’d challenge you with love and kindness. Actually make me thinking about things, they’d feed back to you. Cos you’d changing your whole thought pattern...” (PFG1, P4)

Programme Outcomes

Participants noticed and described several ways in which they were different following their journey through the Eden programme. They could see changes in how they dealt with day-to-day situations, how they managed their own internal reactions and how they interacted with others. While these adjustments seemed small the impact was significant in terms of their view of being better able to cope, being more connected with the world and having a life to look forward to that had worth.

“...and now I am able to pay attention to what is going on and somehow step into that practice that is moving away from letting the spiral down.” (PFG2, Q15, P2)

Participants highlighted the importance of maintaining positive changes to sustain their wellbeing and their progress in their desired direction. This required ongoing self-monitoring and self-awareness, to notice early warning signs of deterioration, from a stance of self-compassion and acceptance to negate harsh judgement and self-criticism.

“Now I acknowledge they are there and they are not just the pressure of the day or something I have decided to do or whatever, and they are symptomatic of ok there is something going on. Stop and connect.” (PFG2, Q15, P2)

Participants acknowledged that this self-monitoring and self-awareness was difficult and challenging as it is something they have to do every day, consciously or not. They described maintaining wellness as a “challenge” (PFG1, P5).

“...so it still takes work every day to get out of bed, to have a shower, to have dinner to see someone. Some days you do it naturally, some days you have to think about it and have an alarm set to get up for 9am and that’s it.” (PFG1, P4)

Participants changed the way they viewed their mental health. At times this was attributed directed to the content or themes of particular groups while at times it seemed to be related to the group process. They felt more empowered by the new knowledge they had and also more connected and accepted by the other group members, which reduced their shame and self-stigma.

“I am living in life with depression, I am not depressed, I am living with depression...I have been living with depression but it is not today and it is not every day but I am living with it. That gave me strength and that came from the course...and it was like somebody throwing me out the rod and I caught it” (PFG2, Q36, P1)

There were also notable changes in participants’ relationship with suicide. While some were of the view that they had moved away completely from suicide, others appreciated that they had other options for managing life challenges.

“I did overdose a few times, seriously. And I know I am lucky to be here today and today I can say I am very happy to be here and very happy to be alive and to be able to take part in things.” (PFG2, Q5, P1)

“Now for me suicide? No. I have a long fight ahead and I am going to win it.” (PFG2, Q23, P3)

Suggestions for Change

Participants expressed a strong view that the Eden programme needs to be more accessible given the barriers and difficulties they experienced in locating information about the programme, which many came upon by chance.

“By the time I said I wanted to commit suicide until I found [name] was about 18 months and I found [name] group totally by accident.” (PFG2, P3, Q57)

“Unfortunately I don’t think you should have to reach rock bottom but unfortunately the way the system is set up here and the way information is given out it is until you get desperate that you start searching. It is not freely available. SOS I had never heard of them in my life but out of desperation I started searching.” (PFG2, P2, Q58)

Participants had varying views about the usefulness of the external speakers. This could be partly accounted for by their strong connection with the group and the worth they placed on the work they did together, which meant sacrificing this when there was an external speaker visiting. There seemed to be a consensus that external speakers who worked with them and gave information that was tailored towards their day-to-day situations were more beneficial than speakers who told them about their organisation or what they did.

“...even if there were things going on that wouldn’t be your cup of tea, you were comforted of seeing others taking the benefit.” (PFG2, Q47, P3)

“I have lost track of how many people came in, they became a bit of a blur to me and I eventually decided they were a distraction. I was more engaged with the group, the people in the room were the important ones for me.” (PFG2, P2, Q67)

“The difference would have been, we will say [voluntary organisation] for instance, it was all about them, right and then we had that young fellow...he worked for the men’s group, his programme, it was all about you and your

thought process and basically how to get through the day.
(P3)

Oh yes that was good (P1)” (PFG2, Q53)

Some participants stated that they did not respond well to the approach of some guest speakers. While they appreciated the idea behind the topics presented, the approach of certain speakers was not well received by some participants.

“It’s not that you could do less of them, it’s the people that delivered them. The guy that delivered the advocacy...They, [facilitator 1] and [facilitator 2] were too nice to say anything like that, it just didn’t work. I just came out straight and said the guy’s a prick. But the idea behind advocacy...” (PFG 1, P4)

Group interview at Time 3

Programme Components and Content

Participants addressed several topics related to the Eden programme components and content, including; WRAP (Wellness Recovery Action Plan), the PCPs (Person-centred Plans), handouts and materials, and the duration of the Eden Programme. They described WRAP as an effective method for developing tools and skills to become well and maintain wellbeing. For example, one participant discussed how she developed skills to cope with certain distressing thoughts through this element of Eden.

“...it would have been part of wrap as well, I talk to myself, I tell myself that these are only my thoughts, they are only things that I am working through myself. That I am better to open and tell someone.” – Female interviewee, FG3.

Similar learning was echoed by others who were able to recognise triggers for becoming distressed and developed methods for coping when feeling distressed, such as distraction techniques or mindfulness techniques.

“The wrap taught me that there are days in the week...I never don't get up but I won't have a shower and wear yesterday's clothes and not eat. And consciously push out of that...I find it as a trigger to tell me how I am, it is one of the ways. And it is not about a judgement, it is about saying, this is what I am doing and being conscious of it and that really helps me.” – Male interviewee, FG3.

However, even though the WRAP was considered as an important and useful component of Eden, it could not replace the overall Eden experience and participants doubted if they would have received the same benefit from WRAP if they had not been doing it in the context of the Eden programme. Eden was seen as something unique and more crucial to the positive effect that participants' experienced in their lives.

“I think without the Eden programme the WRAP would be a quick fix that would be done to us rather than we would adapt and make our own. And I don't think you put a quick fix on things that.” – Male interviewee, FG3.

“I don't think would have been able to do the wrap if I hadn't been doing the Eden programme. If that had been put in front of me first I would have said, ah here fuck off.”
– Male interviewee, FG3

Participants noted that the Person-Centred Plans (PCPs) assisted with short and long-term goal setting. They provided motivation, incentive, and direction to take the steps toward achieving these goals and seemed to have a particularly important role early in participants' involvement with the Eden programme.

“it is a great incentive, it gives you direction I suppose, but then as I found my direction kept changing. So then I found the personal plan then was a by the way kind of thing, 'I don't need that.' But at the time it was a direction, that is

*what it gives you which I thought was a very good thing.” –
Male interviewee, FG3*

For one participant, the goals she set in her PCP involved reducing her self-harm and suicidal behaviour. She identified this as a priority in her recovery, thus the goal setting had more long-term impact for her.

“It is good because it gets your mind thinking. And my main thing was to eventually stop self-harming, so that was kind of a fairly big thing, doing it as a trial.”

The participants placed a lot of importance on the philosophy of the Eden programme, where they felt cared for, contained and challenged, as a safe base from which they could open up to new ideas and different perspectives that could then be integrated over the duration of the programme.

Participants spoke about the length of the Eden Programme, (24 weeks), which they found was necessary to allow them time to settle into it, form a bond with each other and get down to the work of the group. They experienced the group as positive and they highlighted many benefits, which they attributed directly to the group. Thus, it is not surprising that some desired continued contact after the programme had ended. Despite the gradual spacing out of the groups towards the end (weekly to fortnightly), participants felt the loss of support and routine that the programme had offered, which for some was quite painful.

“The programme is fantastic, they work, but then you get to the stage, ok there is six months now feck off. It is just left empty.” – Male interviewee, FG3

“I do honestly feel that you need something after it because to me then I am after doing this programme for six months and then just left with it.” – Female interviewee, FG3

Participants suggested a follow-up group 4-6 months after the programme finished as a way to check in with others and to motivate them to continue to use the programme materials and hand-outs. It was acknowledged that this was something that they could organise for themselves if they so wished, which is in keeping with the Eden philosophy of recognising personal needs and being proactive in seeking to meet these.

“...we have a load of notes that were given to us but unless you have encouragement or someone else, I am not going to take out that ledger of notes and go through it tomorrow. I know I am not. But if I had a follow on with my little group and there was something that we were aiming for, yes I would take them out and I would look them up.” – Female interviewee, FG3.

Programme Processes

The impact of the facilitators and the group itself was identified as one of the strongest contributors to the positive effects Eden had on participants. This was largely associated with hearing about others’ experiences, the qualities of the facilitators, and the uniqueness of the bond formed between group participants. The powerful impact of being exposed to lived experience, both through belonging to a group of peers and through hearing the stories of facilitators and other survivors, normalised their own experiences and helped them to accept themselves thereby shedding their shame and self-criticisms.

“That is where I stopped giving myself a hard time by sitting with others who were having the same experience. Again and again you would hear yourself coming back across the group and I know the power of that, I know it is absolutely true.” – Male interviewee, FG3.

This helped to reduce the isolation that the group members felt prior to the Eden programme, which had exacerbated feelings of depression and thoughts of suicide.

“When you go into Eden the first thing you notice is, I am not on my own. You hear [name] speaking or something and you go, ‘fuck me, I have done that.’ You hear [name] say something and you go, Jesus, I have done that. All of a sudden you feel kind of normal whereas before you would suppress all that, you would hide it, you would deny it.” – male interviewee, FG3

Participants described the bond that developed between the group members as something unique to the programme. It differed from relationships with family and friends, and provided an important form of support and acceptance, which was something new and was founded on the commonality of their lived experience of suicide.

“...being in that group, that feeling of acceptance and belonging that you don't get from your family or whatever. They know but they don't understand...” – Male interviewee, FG3

The group dynamic was also seen as a central catalyst for processing the content of the programme and putting into practice new coping strategies and tools. The facilitators input was valued as well as being a part of a group of peers who shared lived experiences of suicide was seen as crucial.

“The work involved for me was really hard work and needed the support and the length of time to build my energy and my conviction that I could and I needed the support of [facilitators], but more than [facilitators], the rest of us in the group was absolutely central to my acceptance of myself” – Male interviewee, FG3.

Programme Outcomes

The participants reported a myriad of positive outcomes from taking part in the Eden programme. For some, the benefits were immediate and had a noticeable impact on

their everyday life. For others, the programme acted as a starting point for more long-term changes that would take time to put into action. However, there was unanimous agreement that the programme had changed their way of thinking about themselves and their behaviours. Self-acceptance was viewed as a hugely important outcome of the Eden programme, assisted by mutual support and the qualities of the facilitators.

“...the tools that you take from the Eden thing, it is to accept yourself and accept what is going on in your head. And if you can accept what is going on in your head you are away” – Male interviewee, FG3

“Oh a great difference, it is a great difference to be able to accept that I am normal living with a condition. I am like anybody else normal” – Female interviewee, FG3

Increased self-awareness allowed them to notice signs and triggers in their everyday lives, and identify and use the tools and coping strategies from the Eden programme to cope and maintain a sense of well-being. It is seen as something that can be hard work at times, especially during periods of low mood or distress.

“I worked with the conscious, not just when I am suffering, struggling, but also to see that it is going well so there is a daily continual check in so that I am conscious of how I am, I am just being conscious and that is the habit. That is the new habit that it is to be aware all of the time.” – Male interviewee, FG3

“I mean I didn't judge myself anymore, I wasn't self critical. So now I can put things in perspective, I can recognise if I am in a mood...” – Male interviewee, FG3

Being more aware of personal needs and prioritises means that people look after themselves and do not sacrifice their own needs for the needs of others.

“I think about myself, and I know that sounds selfish, but I think about myself...I think about me and then I think about someone else.” - Male interviewee, FG3

Acceptance of others and events in their lives was also seen as a positive outcome from taking part in the Eden programme. Participants reported an ability to accept situations that might be difficult and to accept periods of low mood, which would change eventually.

*“And I can allow myself to have a shitty day, and that is all it is, it is just a bad day and I can address it and say, right what is going to happen tomorrow, what am I going to do.”
– Male interviewee, FG3.*

Socially, there was a range of benefits noted, such as feeling ready to return to college or work. This was significant as it provided structure, routine and social opportunities.

“It is kind of a relief I guess because it feels so much better to have something to go to, something to do...and having a routine every day and just knowing, ok Monday this and Tuesday is this or whatever. It is a lot easier as well as opposed to this past year just gone by in college and the year that I dropped out is just like miles apart. It is kind of knowing, like I have learned when to push myself to work and when to just kind of cruise along, it has made a big difference.” – Female interviewee, FG3

Interpersonal communication improved, which provided more opportunities for natural support networks to be formed.

“I am better to open and tell someone. Nearly everybody will nod when you say, 'look I feel this way.' And they say, 'I have often felt that way myself.' And then everything becomes very normal to me. So my biggest one is not

withdrawing and just talking no matter what...I don't hate myself like that anymore. I still struggle with it sometimes but I just think, well this fellow doesn't like me, you can't like everybody and everybody can't like you. That has changed...”- Female interviewee, FG3

Some participants also reported a reduction in their suicidality and self-harm since finishing the Eden programme., which was seen as a significant outcome. Participants reported still having suicidal thoughts from time to time, but that suicide was no longer an option as alternatives options existed and they now had the coping strategies and skills to use instead.

“The depression and anxiety are not happening anymore, suicide will never be on the agenda anymore, that I do know for a fact even though I still have the thoughts and I still get them regular.” – Male interviewee, FG3

“For me since the programme stopped I haven't wanted to kill myself at all and I haven't self harmed, which I have been doing since I was ten or nine so that is a big...Still thoughts come into my head if I am having a bad time because I live in chronic pain every day so it is difficult when you have got depression and you live in chronic pain.” – Female interviewee, FG3

There were some barriers to maintaining the positive outcomes from taking part in the Eden programme, such as physical ill-health which also impacts on mental well being.

“I had pneumonia and I know it was touch and go whether I survived it or not, they told me [unclear 27 21 15]. But since that, my feeling is that it is not me, that I am in someone else's body. I don't feel myself, I don't feel [name].” – Female interviewee, FG3.

“But that whole thing that went on and on, I sat there and said, I feel quite good, mentally and I wasn't draining. I was just dealing with it and I felt quite good. Because again it was this whole, stop, stop, stop. This is going on, let it go on, I can't change it so just let it happen.” – Male interviewee, FG3

Participants seemed aware that there are everyday barriers to staying well, but they reported taking the time to overcome these, as staying well was described as a daily activity.

“Every morning, every day, breakfast, every day and just simply enjoy food, all that stuff that is really easy to forget about for me... and there is at least one night where I will spend 24 hours alone so there is a really good chance that I will isolate myself. And every couple of weeks it is 48 hours and I have to work very consciously to move into that time and work with myself.” – Male interviewee, FG3

Appendix 5: Clinical and Reliable Significant Change among Sample

	Mean (SD)			T1-T2	T1-T2	T1-T3	T1-T3
	T1	T2	T3	Clinical Sig.	Reliable Sig.	Clinical Sig.	Reliable Sig.
BSS ^a	11.3 (9.1)	6.3 (6.0)	2.9 (4.3)	✓	✓	✓	✓
BHS ^b	11.1 (5.2)	7.57 (5.5)	6.57 (5.1)	✗	✗	✓	✗
TAS ^c	63.6 (12.2)	53.2 (13.0)	59.1 (17.3)	✓	✗	✗	✗
CORE-OM ^d	2.1 (.85)	1.1 (0.7)	0.98 (0.5)	✓	✓	✓	✓
WHOQOL ^e Physical	40 (24.9)	48.3 (20.6)	40.4 (28.1)	✗	✗	✗	✗
WHOQOL ^e Psychological	32.1 (19.5)	47.4 (15.6)	52.7 (16.8)	✗	✗	✓	✗
WHOQOL ^e Social	36.8 (25.3)	49.1 (34.3)	46.4 (28.4)	✗	✗	✗	✗
WHOQOL ^e Environment	45.8 (17.6)	54.7 (15.3)	49.1 (19.5)	✗	✗	✗	✗

^aBSS norm scores were obtained from a sample of undergraduate college students (Troister et al., 2013); ^bBHS norm scores were obtained were obtained from a sample of 400 randomly selected adults from the general population in Ireland (Greene, 1981); ^cTAS norm data were obtained from a sample of community Canadian sample (Parker et al., 2003); ^dNormative data for the CORE-OM were obtained from a nonclinical population comprising users waiting for/receiving a wide variety of psychological interventions in the UK (Core System Group, 1998); ^eWHOQOL population norms were obtained using samples of community residents in Australia (Hawthorne, Herrman, & Murphy, 2006)

Appendix 6: Previous Evaluations of Eden Programme

For the purpose of consistency in this report the previous evaluations are briefly described under the headings: Programme components and content; programme processes; programme outcomes; and suggestions for change.

Programme Components and Content

The overall structure of the Eden Programme has evolved over time based on participant and facilitator feedback, for example, elements that were deemed to be irrelevant or unhelpful were eliminated while elements that were deemed helpful were elaborated. There is currently more emphasis on individual needs identification and goal setting than in the earlier programmes, which were more focused on the group response. This element has remained fairly consistent in its structure, a 24 week programme with each group session lasting approximately 3 hours and comprising therapeutically, psycho-educationally and skills based modules.

Programme Processes

These evaluations identified key components of the programme that assisted participants in making positive life changes that include: the collaborative, encouraging and safe programme ethos; facilitator capacity for empathy, ability to manage group dynamics and interest in meeting attendee needs; having individual as well as group time and therapeutic input; and, group support and learning. These elements combine to create a safe learning and sharing environment for participants.

Programme Outcomes

Overall, these evaluations suggest that client participants have had a good experience of the Eden programme. They have reported and demonstrated personal, interpersonal and social benefits that have assisted them in dealing with their distress and suicidality. For example, increased self-confidence, enhanced living skills and incorporation of their suicidal experiences so that these are less distressing and / or destructive.

Suggestions for Change

Changes have been recommended over time to bring more cohesion to the programme. These have included; outlining clearer staff role descriptions and facilitator requirements, having more coherence between programme components, structures and content, and expanding the programme across a range of settings. Many of these have been incorporated into the current Eden programme and as the programme is now about to be launched nationally with a facilitator Manual / Guide and training package it is evident that many of the proposed changes have been consolidated. Hence the value of ongoing evaluations and feedback to meet changing needs and demands.

Summary

The three previous evaluations of Eden have provided an ongoing historical account of the development of Eden and highlighted the many challenges in developing and delivering this kind of response initiative. They have provided a platform upon which the current evaluation was built and it is evident that there are common themes across all evaluations despite contextual and other differences in the evaluations. Importantly, each evaluation has helped to identify the strengths of Eden and the active ingredients that make it a successful intervention for the target group.

Appendix 7: Internal Eden Review Process



Continuous Improvement Process

Eden Programme:

Internal Review Week:

No of participants:

What do you think of the structure of the day on the Eden Programme?

What do you think of the way the programme is run and the methodologies used for the relaxation, check in, the educational session and check out?

What are your views on how well the group has formed at this stage in the programme and how group members are interacting with each other?

What are your views on the way the facilitators deliver the programme and how they work together?

What are your views on how the facilitators have interacted with the group so far on the programme?

Anything else you would like to say about the programme or how it is run at this stage?

Actions to be Taken:

Specific

General

Signed:

CEO

Co-ordinator

Date: _____

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Appendix 8: Facilitator Criteria



Eden Programme facilitator – Person specification

Qualifications

The Facilitator should have a professional qualification in Psychology and/ or Psychotherapy. He/ she should be an accredited member of an appropriate professional body and should practice in accordance with their ethical guidelines.

Experience

The Facilitator will have a strong background in facilitation with experience of facilitating programmes in the mental health sector and, ideally, with people who have experienced suicidal ideation and/ or self-harm. Ideally he/ she will have knowledge of the Recovery Model and experience of operating in a recovery oriented way along with experience of person centred planning. The Facilitator will have experience of participating in group programmes and will be participating in continuous development activities on an on-going basis. Ideally the Facilitator will have experience of programme development and the ability to assist in the design of new programme materials as required.

Personal Qualities and Skills

The Programme Facilitator will possess the following personal qualities and skills:

- Excellent communication and facilitation skills
- The ability to see things from a range of perspectives
- Flexibility
- Creative problem solving skills
- A willingness to learn new approaches and consider a broad range of alternatives before acting
- Empathy and an ability to provide support in a well bounded but non-judgemental way

- The ability to accept people where they are at and work with them to support them to develop a life of their choosing
- The ability to work in a person centred way

A willingness and ability to reflect on their own practice, take constructive criticism, and amend their approach where appropriate.

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