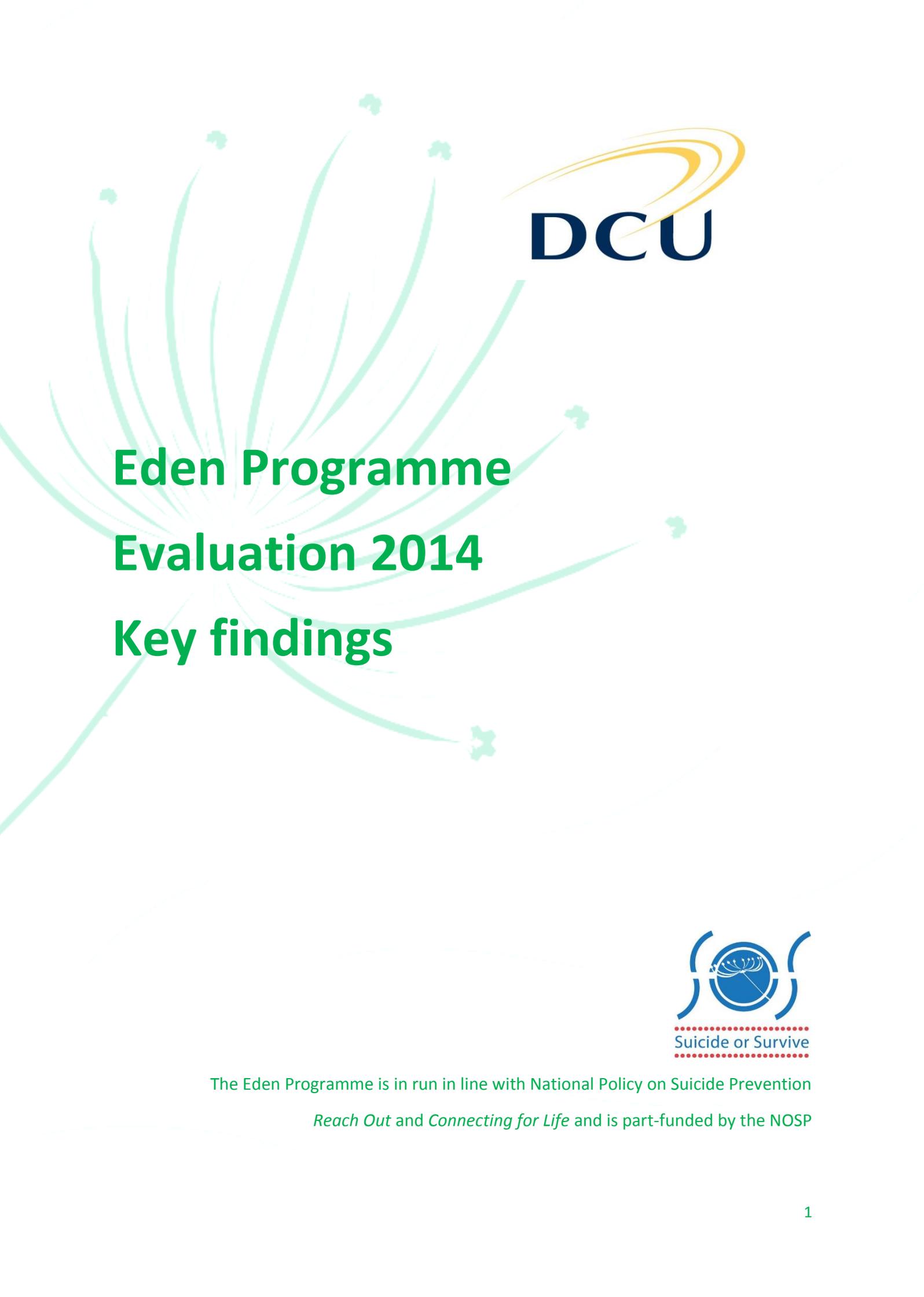


The DCU logo features a stylized orange and yellow swoosh above the letters 'DCU' in a bold, dark blue sans-serif font.

DCU

The background of the page is a large, light green dandelion seed head with many seeds blowing away, set against a white background with faint green curved lines.

**Eden Programme
Evaluation 2014
Key findings**



The Eden Programme is in run in line with National Policy on Suicide Prevention

Reach Out and Connecting for Life and is part-funded by the NOSP

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.

Members of the research team involved in this evaluation were:

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Eden Programme Evaluation 2014: Key Findings

“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.”

Introduction

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).

Connecting for Life, the National Strategy to Reduce Suicide 2015 – 2020 takes an evidence-informed approach to suicide prevention to ensure the proposed aims, objectives and interventions deliver real and measurable benefits in a cost-efficient way. However, while a number of services and tailored interventions have been 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. 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. The Eden Programme has been subject to both internal and external evaluation since its conception in 2007. This project, used a mixed methods design to bring together 10 years of evaluative data along with new data gathered from past participants, facilitators,

the founder of SoS and participants currently attending an Eden Programme, to examine the usefulness, relevance and acceptability of the Eden programme.

The Eden Programme

The Irish Government's most recent suicide prevention strategy document *Connecting for Life* (NOSP 2014) which is aimed at a whole community approach to reducing deaths by suicide 2015 – 2020 notes that while many interventions are geared towards the reduction of risk factors in suicide prevention it is just as important to consider and strengthen the factors that have been shown to increase resilience and protect against suicidal behaviour (p21). Research carried out by the World Health Organisation in 2012 (*Preventing Suicide: A Global Imperative*) demonstrates that strong personal relationships, religious or spiritual beliefs and a lifestyle practice of positive coping strategies and wellbeing are protective factors against the risk of suicide. The Eden Programme runs very much in line with this research and the aims set out in *Connecting for Life*.

The Eden programme was the first SoS initiative, established in 2003 by the founder/ current 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 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.

The Eden Programme was first delivered in 2007 and at the time of this evaluation in 2013 seven programmes had 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 consistent with the national suicide prevention policy *Reachout* (NOSP, 2005) guiding service delivery at the time this evaluation took place, which emphasised 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. 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. The programme takes 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 person centred planning process 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.

“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”

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?

Key Findings: Qualitative

- Graduates of the Eden Programme agreed that their overall experience of Eden was positive and that participation had resulted in reducing their suicidal thinking and tendencies.

“Now for me suicide? No. I have a long fight ahead and I am going to win it”

- Some graduates described Eden as a transformative life experience, spiritually, cognitively and in terms of how they went about their daily living

“...I was a broken man physically, mentally, every way possible...Another part of this 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.”

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

The Environment on Eden Was:

Safe
Accepting
Respectful
Collaborative
Non Judgmental

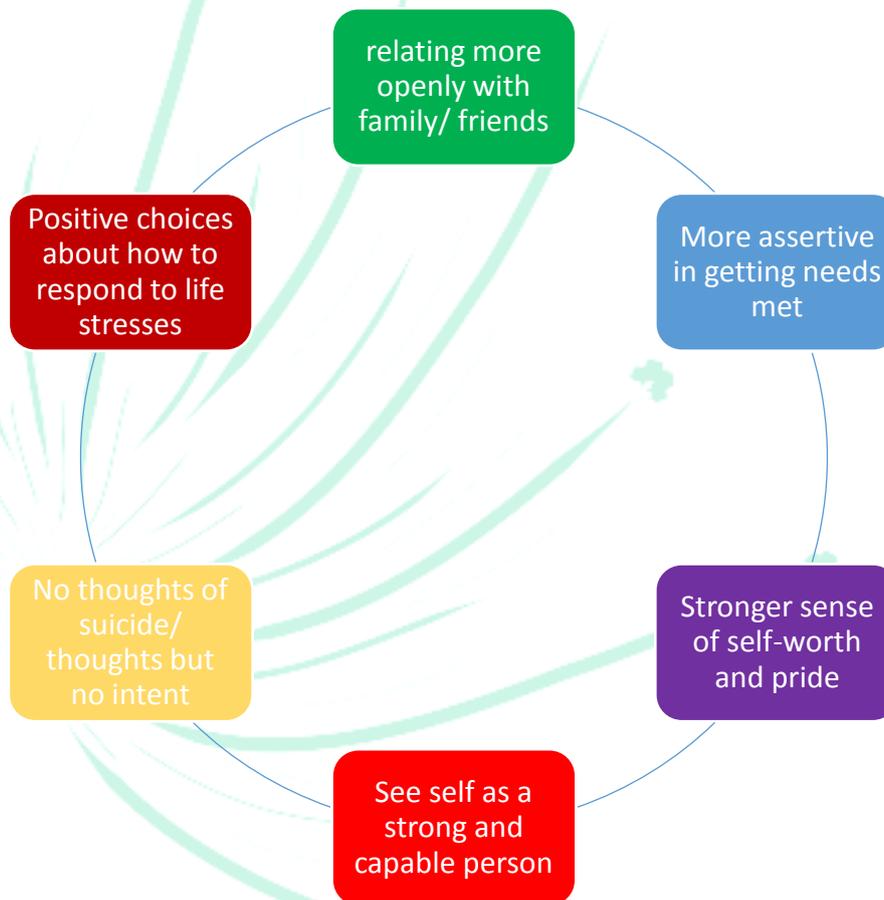
“...I think it gave you space where you got support and a caring environment that you could kind or relax in that you don’t get in hospitals and with therapists on a one-to-one. You can meet other people and hear that you are not a complete freak and that things do happen to other people.”

- Participants reported positive changes in themselves on completion of the programme including having a different relationship with suicide and mental health, increased self-awareness, self-management, self-worth and optimism

“...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”

- Six months after completing the programme participants reported a range of sustained benefits from the Eden Programme that continued to positive impact on their daily lives.

Benefits sustained 6 months after attending Eden



- Elements of Eden that contributed to positive changes included: the Person Centred Planning, the group dynamic, inclusion of experts by experience, the warmth and openness of facilitators who were both challenging and caring.

“...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.”

Key Findings: Quantitative

- Clinical, reliable and significant positive changes achieved were: a reduction in suicidal ideation, suicide risk, and subjective levels of distress
- Positive changes were evident in measures of hopelessness, and psychological quality of life
- Very high level of satisfaction with the Eden Programme and in particular with the quality of the service. Many said that they would recommend it to others.

The Eden Programme Reduced:

Suicide Ideation

Suicide Risk

Subjective
Levels of
Distress

Key Findings: Previous Evaluations of Eden

- High level of consistency in findings between this and the 3 previous external evaluations of Eden
- Positive programme elements highlighted in previous evaluations were the involvement of people with lived experience in the delivery team; the collaborative, encouraging and safe programme ethos; facilitator capacity for empathy; ability to manage group dynamics and interest in meeting participant needs; having individual as well as group time and therapeutic input; and group support and learning.

“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.”

Recommendations

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.

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 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.

Eden Evaluation

- Evaluation of the programme is important for quality control and it proposed that existing internal mechanisms be maintained alongside continued external independent analysis
- Additional outcome measures could be introduced to enhance the robustness of the routine evaluation, such as the CSQ, the CORE and the BSS. 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.
- 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.

Conclusion

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.

“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.”