Report on the Evaluation of the Online Eden Programme: *"It's the same but different."*

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Gordon, E., Kenny, M., O'Neill, R., & McGill, L. (2021) School of Nursing, Psychotherapy & Community Health, Faculty of Science & Health, Dublin City University.

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Research Project Team

Principal Investigator: Dr. Evelyn Gordon, DCU

Co-investigators: Dr. Maeve Kenny, SVHF/DCU, Dr Ray O'Neill, DCU

Research Assistant: Lucy McGill

Executive summary: "It's the same but different."

Context

- The Eden programme, a Suicide or Survive (SOS) initiative, was developed as an in-person 26-week group psychoeducational, recovery oriented, user led response to adults who have contemplated or attempted suicide.
- Two previous independent evaluations of the in-person Eden programme, one in a community setting in Dublin and one encompassing the Dublin programme and two programmes run by the Health Service Executive (HSE) National Counselling Service (NCS) in the West of Ireland on license to Suicide or Survive, demonstrated that:
  - Eden is an acceptable (relevant and beneficial) intervention to programme attendees and those delivering the programme.
  - It was deemed relevant to both groups, providing facilitators with a coherent delivery model and attendees with a fitting response to their suicidal distress.
  - Attendees and facilitators reported significant positive outcomes for those attending and high levels of satisfaction with the Eden model in terms of its content, structure and ethos.
  - Eden was consistent with national mental health and suicide policies.
- In March 2020 public health restrictions were implemented arising from the COVID-19 pandemic. This necessitated that in-person groups ceased and the Eden programmes, which had commenced earlier in 2020, were replaced by online webinars and telephone support to their completion.
- Due to ongoing uncertainty about the trajectory of the pandemic into 2021, the partnership organisations delivering Eden (SOS and HSE NCS Mayo and Galway) decided to move the programme entirely online during this period. Therefore, the structure, content and format of the Eden programme were adapted to facilitate the online transfer and to account for issues arising from the remote nature of its delivery.

The evaluation of online Eden

- The scope of this independent evaluation was to examine the acceptability (relevance and perceived benefits) of online Eden across three sites in 2021 (2 NCS, 1 SOS for the general community).
- A mixed methods approach was used to capture the views and experiences of all participants, establish levels of satisfaction and engagement among attendees, and measure changes in attendee suicidality and general psychological well-being and completion rates.
- Participants comprised: online Eden attendees (n=41 in total and 13 interviewees), online Eden facilitators (n=5), and wider stakeholders (n=6).

Findings

- Attendee and facilitators responses to online Eden indicates that they found Eden acceptable, relevant to their needs and beneficial to attendees, which is similar to findings from previous evaluations of Eden when delivered in person.
- Online Eden was deemed a fitting response to attendee needs in terms of their suicidality, psychological and emotional distress and life challenges.
- Perceived benefits to attendees included managing their lives more effectively, having an increased sense of hope for the future, gaining agency and self-acceptance, and having reduced levels of distress and suicidality.
- Attendees highlighted key aspects of online Eden that facilitated engagement and change, such as: the positive impact of facilitators and guest speakers; the strength of peer support that created a sense of belongingness; and the quality of the programme in terms of content, structure and delivery.
- A satisfaction questionnaire indicated high levels of satisfaction with online Eden. Psychometric outcome measures, although limited in number, suggest progress in the desired directions in terms of lower levels of distress and suicidality.
- Completion rates for online Eden were higher than those reported in previous evaluations of in-person Eden.
- Online delivery of Eden made it more accessible for many attendees and some expressed a preference for this forum as it provided anonymity, while others

expressed a preference for in-person groups. While most found it easy to use the technology, some experienced challenges.

- Online Eden was acceptable to facilitators as they felt they had an adapted model that allowed them to achieve their goal of addressing suicidality and distress with attendees. They succeeded in retaining the Eden ethos and core content and maintaining the psychoeducational focus. They noted positive changes for attendees as they progressed through the programme.
- Wider stakeholders endorsed the delivery of online Eden noting that it increased accessibility for many attendees who might not otherwise be able or willing to attend due to concerns about, for example, stigma and anonymity, anxiety and / or practical issues such as travel and expenses.

Conclusions and Recommendations

Conclusions

- The online Eden programmes in 2021 were experienced as acceptable to those receiving and delivering them. Analysis of the qualitative and quantitative data suggests that these programmes met attendee needs to address their suicidality and psychological distress, and move towards more constructive living, and facilitator needs to enhance the lives of attendees. The attendees accrued benefits in terms of improved psychological and emotional well-being, development of coping skills, and instillation of hope for the future. Attendee programme engagement and completion rates were high and they indicated high levels of satisfaction with the service provided overall.
- The online delivery of Eden involved adapting the programme to ensure online safety and usability while replicating the core focus, content and ethos of the Eden programme in a virtual environment. This was successfully managed resulting in the delivery of a feasible model.
- The successful delivery of these online programmes was made possible by the partners, SOS and HSE NCS, due to their commitment to quality, considered planning, and strong working alliance, which needs to continue to be nurtured.
- The online model fits with many of the quality hallmarks identified in the literature, such as alliance between the programme and the delivery methods, and close attention to specific attendee needs and context.

- The adjustments made to move Eden online have now been tried and tested and given its acceptability, this model is available for replication within the current areas of delivery and beyond, thereby increasing its accessibility.
- While expansion is to be welcomed it needs to be matched with resources and this will need some consideration moving forward. The delivery of online Eden required some additional resources in terms of supporting facilitators and supporting attendees, which was deemed necessary to ensure consistency and successful online transfer. Some costs, such as the time and cost of travel, were reduced for attendees and facilitators. However, as with previous evaluations, the cost of delivery is deemed to be relatively low and has to be considered in the context of providing a potentially life enhancing and life-saving programme.

Recommendations

1. Expand delivery of Eden through different fora, in-person and online, to accommodate personal needs and preferences, to increase accessibility, and to expand delivery nationally.
2. Continue to work in the strong partnerships that have been developed in recent years that have now successfully delivered Eden in different fora and in different regions across Ireland.
3. Continue routine internal evaluation as relevant feedback and outcomes are being gathered that can ensure internal quality control and inform programme development and provision.
4. While Eden acceptability is now well established some future external evaluation may also be warranted depending on expansion strategy and modes of delivery.

1.0 Introduction

With the onset of COVID-19 and the public health restrictions that ensued, many psychoeducational, psychosocial and psychotherapeutic interventions that had been delivered in-person were forced to cease or rapidly move to online environments. In 2021 as the COVID-19 pandemic continued to be a public health concern Suicide or Survive (SOS) and the Health Service Executive (HSE) National Counselling Service (NCS) decided to provide the Eden programme in an online format only. The current independent study sought to evaluate the acceptability of the online Eden programmes that were delivered across three sites in Dublin and the Mid-West in 2021. During this period, the HSE was subject to a cyber-attack, which adversely impacted its information technology capacity, affecting two of the Eden sites and requiring further adaptations to the two NCS programme.

1.1 Background & Rationale

This section of the report outlines the background and rationale for the evaluation in the context of online service / intervention delivery, and a brief description of the adaptations to the Eden programme to make it online safe and friendly.

Online delivery of psychotherapeutic, psychosocial and psychoeducational interventions

To provide a context for this mode of intervention delivery this section of the report will provide a brief review of the literature pertaining to the delivery of online health and well-being (psychotherapeutic, psychosocial and psychoeducational) programmes / interventions in general, for the specific Eden target group, and as a result of COVID-19.

Online interventions

Traditionally interventions addressing psychological health and well-being have largely been conducted face-to-face with individuals and groups. However, modern technology has made it possible for these interventions to be delivered where the service-user / client and facilitator / therapist are not physically together. Technology-based programmes and systems require an awareness of the environmental constraints of service users (McKay & Martin, 2010) and they need to be adaptable and stable enough

to meet a wide variety of service-providers' and service-users' social and cultural needs, therefore finding the right technology to use is important (Langarizadeh et al., 2017). Appropriate communication between those delivering and those receiving online or technology-enhanced services is key to their success, therefore the technology used should be designed or at least facilitate service-user and facilitator / therapist interactions, leading to enhanced satisfaction overall (Langarizadeh et al., 2017).

Studies show promising results for online psychotherapeutic approaches. There is some evidence to suggest that a good therapeutic alliance can be established through online psychotherapy using videoconferencing (Simpson & Reid, 2014), and that online sessions can be just as effective as in-person sessions (Backhaus et al., 2012; Simpson, 2009). Sucala et al. (2012) conducted a systematic review and found that a strong therapeutic alliance had a positive relationship with treatment outcomes from e-therapy treatments. Shim et al. (2017) question whether pre-treatment contact and a strong therapeutic alliance is needed to establish better outcomes from internet-based interventions.

Studies examining the delivery mode and synchronicity of the communication platform did not find significant difference between those where the communication was via synchronous methods (such as via a telephone conversations) and asynchronous communication platforms (such as web messages or postcards) (Clarke et al., 2005; Titov et al, 2009). Alfonsson et al. (2015) examined the duration and intensity of the therapist support provided (general feedback within 24 hours on weekdays only or enhanced feedback with motivational interviewing within 12 hours all week) and found that there was no significant difference in anxiety levels between the two groups, however the group who had enhanced support did report higher treatment satisfaction.

There is a strong scientific evidence base indicating the effectiveness of in-person mental health support and psychoeducational groups for those with a diagnosis of mental illness, including those that are family-led or professionally facilitated (Worrall et al., 2018). Online support groups began to appear in the 1990s and there are now hundreds of thousands of online support groups in existence (Barak et al., 2008). Online support groups provide an increased sense of disinhibition as people may feel freer to express themselves, perhaps with the additional anonymity or invisibility in an online

setting, neutralising one's status or place in the group, and / or increasing a sense of personal empowerment (Barak et al., 2008). Older research suggests that men use online support more frequently than face-to-face support, particularly when talking about sensitive topics such as suicide (Klemm & Nolan, 1998; Salem et al., 1997; White, 2001).

"Lurking" or reading messages or forums in online groups without responding is unique to online groups as most face-to-face groups require some level of interaction (Dickerson et al., 2000; White, 2001). Help and support seeking in online support groups appears to be highest for stigmatised diseases / issues, such as AIDS, breast or prostate cancer and alcoholism (Davison et al., 2000). An analysis comparing those who engaged with a web-chat service compared to those whose intervention was delivered over Skype found that those who used the web-chat were more motivated to move to in-person sessions, while those receiving the Skype sessions were happy to remain with that format (Gabri et al., 2016).

There is some evidence to suggest that online groups, whether peer support groups or professionally moderated groups, can be particularly effective in helping individuals to feel supported. For example, digital peer support interventions for those with a diagnosis of schizophrenia or bipolar disorder were found to be feasible and acceptable among service users and showed preliminary evidence for their effectiveness in reducing symptoms, enhancing service user functioning and improving use of the programme (Fortuna et al., 2020). Analysis of the literature has found that internet-based support programmes designed by health care professionals aimed at rehabilitating and supporting cancer patients, most of which included psychoeducation, and were facilitated by a moderator, were found to improve physical and psychosocial symptoms in patients and increase social support (Bouma et al., 2015). One study, seeking to examine the effectiveness of interventions to reduce depression and improve quality of life for groups of carers, compared an online professionally facilitated psychoeducational intervention, a moderated peer directed intervention and a control group (Klemm et al., 2014). They found no significant differences in effectiveness for carers between the active intervention groups, however both groups were more effective than the control group, particularly for those who actively engaged in the interventions (Klemm et al., 2014).

Advantages and Disadvantages of Online Interventions

There are many advantages cited in relation to online delivery of psychotherapeutic interventions. Stoll et al. (2020) conducted a comprehensive review of the ethical issues associated with online psychotherapy and compiled an overview of the main advantages and disadvantages. Online psychotherapy provides increased flexibility, availability, and access, such as for those in rural or remote areas or those who are mobility-impaired (Chester & Glass, 2006; Godine & Barnett, 2013). Some therapy benefits and enhancements of the communication between the therapist and the client may occur for example it is easier for data recording and documentation to occur, which can be revisited by the therapist or service user at a later stage (Fenichel et al., 2002).

Online psychotherapy might suit some clients more than others, for example those who suffer with agoraphobia or illnesses that make physical meetings challenging (Dever Fitzgerald et al., 2010), or those with mild or moderate symptoms (Gun et al., 2011). By offering an increased sense of anonymity and privacy (Chester & Glass, 2006), it can lead to reduced inhibitions and greater openness in discussion (Fraser, 2009). It can reduce the stigma of accessing mental health services or can serve as a first step into the mental health system for someone who might not have opted to receive in-person help (Rummell & Joyce, 2010). Worldwide and cross-border psychotherapy is also enabled by an online environment (Fenichel et al., 2002), and this can also be the case for online supervision and teaching (Craig & Calleja Lorenzo, 2014). In some instances, online psychotherapy can enhance the accountability of both parties (Poh Li et al., 2013). Some argue that it gives the client more control over their therapy (Alleman, 2002), while others argue that it gives them less control (Haas et al., 1996). Online therapy can also lead to the adaptation of treatments so that patients can receive more personal care (Stoll et al., 2020). Findings are mixed as to whether attendance, adherence and compliance are as good or better for in-person or online interventions (Stoll et al., 2020).

There have also been a number of arguments made in opposition to online psychotherapy (Stoll et al., 2020). There are a number of concerns regarding confidentiality, security, privacy and safety in online environments, particularly when platforms are not secure nor encrypted (Fantus & Mishna, 2013). Therapist

competencies and skills, with technology is another consideration (Regueiro et al., 2016) as in-person therapeutic skills do not necessarily translate to online skills (Mallen et al., 2005) and online training for therapists is not considered in traditional curricula (Harris & Birnbaum, 2015). Miscommunications can arise due to limited or absent non-verbal cues (Bauman & Rivers, 2015), and with time lags expressions become difficult to read (Harris & Birnbaum, 2015), which could also lead to inadvertent discrimination or cultural insensitivity (Manhal-Baugus, 2001).

Online environments might not be appropriate for all types of therapy, or all presenting conditions (Brenes et al., 2011; Stoll et al., 2020). Being able to determine whether or not somebody is legally able to give consent and whether their age, identity and location is as they say, may be more difficult in an online environment (Derse & Miller, 2008). Often the guidelines or standards of practice have not facilitated online therapeutic practices (Regueiro et al., 2016). Issues with technology functioning can be a problem (Regueiro et al., 2016) and accessing technology is a barrier for many, for example, for those of lower socioeconomic status (SES) (Mallen et al., 2005) or in low-income countries (Naskar et al., 2017). There are also concerns about marginalising clients who have physical or cognitive impairments rendering them unable to fully avail of online services (Langarizadeh et al., 2017).

Poor / ill-practice, such as practising without a licence or adequate training, is easier online (Dever Fitzgerald et al., 2010). It can also be more difficult to maintain professional boundaries and working boundaries in an online environment (Drum & Littleton, 2014), and dependence may become an issue (Yager, 2003). Many express doubts regarding whether online services are the same as in person treatment and there are also concerns that online psychotherapy could be in some ways de-humanising (Satalkar et al., 2015), or intrusive with regard to client autonomy (van Wynsberghe & Gastmans, 2009). As for in-person treatments, online services should be regularly evaluated in terms of efficacy and effectiveness (Christensen & Hickie, 2010). Online psychotherapy could be argued to be more cost-effective (Lancee et al., 2016; Barnett & Scheetz, 2003), potentially reducing healthcare costs and waiting lists (Proudfoot, 2004). Kolovos et al. (2018) disagree, finding that online interventions only produce negligible cost savings. More research is needed to determine the exact cost-effectiveness of online versus in-person interventions (Paganini et al., 2018)

Service-users' views of digital treatments

Overall digital mental health care appears to be an efficient and adaptable option for delivering mental health care to service users, particularly when combined with conventional care (Langarizadeh et al., 2017). Despite the potential effectiveness of online interventions, many clients prefer face-to-face treatment. For example, March et al. (2018) found that 86% of service users preferred face-to-face treatment to online treatment. Furthermore, Batterham and Calear (2017) found in their sample that those who were reluctant to attend in-person therapy were also reluctant to attend online treatment. Although most people show that they would not mind trying a digital intervention, it has been suggested that concerns about effectiveness linger and may prevent some people from using them (Clough et al., 2019).

A community-based Australian sample showed a preference for in-person rather than online mental health interventions, particularly those with shorter sessions that were tailored to the individuals' needs, with more educated, younger, female participants being the most likely to opt for online interventions (Batterham & Calear, 2017). A recent mixed-methods study conducted in the United States found that most adults showed a preference for in-person treatment (Renn et al., 2019). Hesitation to opt for digital treatments were related to factors such as, privacy and data security, the efficacy of the digital programme, and whether it is covered by insurance (Renn et al., 2019). When choosing between different digital options, most people opted for the self-guided digital treatments rather than those with professional support via video-chat or peer support and although this was the more preferred option, concerns were raised with regard to the effectiveness and potential safety risks due to the absence of professional monitoring (Renn et al., 2019).

COVID-19 and online interventions

COVID-19 has created significant challenges for the provision of mental health services (Inchausti et al., 2020). The rapid transition to online psychotherapy after the onset of the COVID-19 pandemic meant that many psychotherapists were forced to switch their face-to-face practices to online sessions, with little notice or opportunity to reflect or alter their therapeutic technique and improve their knowledge (Békés & Aafjes-van Doorn, 2020). While it had been shown prior to COVID-19 that remote therapeutic

interventions can be effective alternatives, some service-providers argue that remote settings and digital or online alternatives are not the same as in-person settings (Connolly et al., 2020). Békés and Aafjes-van Doorn (2020) surveyed psychotherapists in Canada, the United States and parts of Europe following the transfer to online after the onset of the pandemic and found that psychotherapists who worked primarily with a cognitive-behavioural approach reported more positive attitudes towards online psychotherapy compared to those who used a more psychodynamic approach. While many young children are already proficient with using computers (Goldschmidt, 2020), many parents or service-providers may not be.

One study across Australia and New Zealand showed an increase in the uptake of digital mental health services following the onset of COVID-19, however the demographic of those accessing the services were similar, mostly female, in their thirties who enrolled on self-led courses (Mahoney et al., 2021). Many online interventions have been developed and adapted since the pandemic, for example, one relatively successful move to an online environment was that of a Dutch Schema Therapy-based day programme for older adults, which appeared to move successfully and be feasible in an online environment and the authors note that having individual contact, even for a brief period of time, with each service-user was important (van Dijk et al., 2020).

Limitations of the current research

While research on technology assisted interventions is growing it remains in its infancy. Those receiving online treatment programmes are mostly compared to waiting list control group rather than to face-to-face treatment. There is a lack of longitudinal research investigating the impact and effectiveness of online interventions and a lack of adequately powered randomised controlled trials (Renton et al., 2014). There is also limited research on the impact of COVID-19 on service delivery.

1.2 The Eden Programme

SOS is a service-user initiated charitable organisation established specifically to address the issue of suicidality in contemporary Ireland. It offers a range of educational programmes aimed at suicide prevention, mental health promotion and stigma reduction. It specifically responds to people who are experiencing different levels of suicidality and their families / significant others. They provide low-cost services in a

number of locations across Ireland. One response initiative that has been developed by SOS is the Eden programme, which is the focus of this study. SOS has been running the Eden programme in Dublin / Wicklow since 2003 and since 2015 the Eden programme has been delivered in partnership with the HSE NCS in the Mid-West region of Ireland.

The Eden programme was established to provide an educational programme with a therapeutic element for suicidal people over the age of 18 years. Its central aims are to help the person explore their experiences, develop skills to monitor and manage their mental health and build support networks relevant to their specific needs with the ultimate aim of moving away from suicide in times of crisis. The programme comprises individual and group activities incorporating a holistic interview, individual person-centred planning (PCP) meetings and a 26-week group programme attended by participants one half-day per week. The programme is delivered by two facilitators with guest speakers who speak to specific areas, including experts by experience who have completed the Eden programme. There are usually five interlinked modules in the programme: induction, therapeutic health education, life skills, self-awareness, and Wellness Recovery Action Plan (WRAP).

Some amendments were required to the structure and content of the Eden programme to make it online safe and friendly for the 2021 delivery. Structural changes involved reducing the duration of each group from 3 hours to 1.5 hours and introducing fortnightly individual contact between facilitators and attendees. The format was adapted as follows: Individual holistic interviews and PCPs were held online using the Zoom (Dublin Eden) or Attend Anywhere (Mid-West) platforms. The 1.5-hour weekly programme session was facilitated online using the Webinarjam platform in webinar style with attendees contributing to group discussions via the chat function. Group attendee comments typed into the chat function were read aloud by facilitators in real time to facilitate group discussion and engagement and ensure all were heard and their contributions given due regard. Participants received a 30 minute follow up call from one of the facilitators on a fortnightly basis to support them to put their learning into practice. These calls were conducted via Zoom / Attend Anywhere where possible and where this was not possible were conducted over the telephone. Facilitators alternated the participants they called to ensure that both facilitators had individual contact with each attendee on at least a monthly basis. The weekly check-in by participants at the beginning of each group session was shortened and this function was fulfilled during the follow up calls with participants. As usual, attendees were offered the opportunity to avail of support calls between Eden programme sessions if required.

The content was also streamlined, for example, slide presentations and short videos were used to illustrate learning points in some sessions. Programme materials were condensed, where appropriate, to accommodate to the shorter time frame. The online platform used did not facilitate the use of break out rooms for small-group discussion therefore greater use was made of whiteboards to encourage attendees to contribute to large-group discussions.

Another change to the group content was the removal of the WRAP module from the online programme as it was not deemed suitable for delivery on the chosen online platform. Instead, one Eden programme session provided an introduction to WRAP delivered by two WRAP facilitators from the SOS panel. Eden attendees were then offered the opportunity to avail of one of the open WRAP programmes delivered online by SOS over a 4-month period whilst attending the Eden programme. This was offered free of charge via a voucher system, so that those availing of this opportunity could select a programme that fitted with their own time schedule. Some Eden attendees availed of this opportunity.

Some safety protocols were also adapted for online delivery. Attendees were required to provide the names and contact details of at least two support people prior to attending interview and to give written consent for facilitators to contact one of these individuals should they believe the attendee was at risk either during the interview and PCP process or the programme itself. The limits to confidentiality and information on what would occur if confidentiality had to be breached, either as a result of information divulged during the interview or while on the programme, were explained to participants during a call with the programme coordinator before a holistic interview was arranged and they were asked to sign and return a form indicating that this had been explained to them and they consented to proceed prior to the interview. Webinarjam was chosen as the delivery platform as it allowed participants to contribute to group discussion and actively participate in programme sessions, while protecting their confidentiality online. Eden sessions were conducted live by facilitators using this platform. The platform does not allow participants to see or hear each other and interaction was conducted via the chat function.

The Eden programme gathers routine information from attendees about the content and process of each weekly group. This routine written feedback was gathered through the online Survey Monkey platform on a monthly basis between groups for online Eden, rather than in written form once a month during an Eden session for in-person Eden.

Due to COVID-19 restrictions facilitator supervision was conducted online. It was conducted at the same frequency as usual with the proviso that additional supervision sessions could be arranged, or the frequency increased if required or requested by facilitators or programme management. As is usually the case, external supervisors were available for consultation with regard to any issues that might arise between supervision sessions.

Programme managers (SOS and NCS) provided more frequent support to facilitators for the duration of the online programmes. Programme coordinators and facilitators across the Eden Teams (Dublin and Mid-West) had increased contact with each other for support in facilitating programme materials online. As the programmes had different start dates, the learning from delivery of each session was taken on board and used to improve delivery across programmes.

Summary

The delivery of healthcare and well-being interventions is increasing as technology advances and with the onset of the COVID-19 pandemic, which disrupted in-person delivery. While research on intervention efficacy and acceptability is growing, this is still in its infancy. The Eden programme was adapted for online delivery in 2021 and this evaluation set out to examine its acceptability among attendees and facilitators.

2.0 The Evaluation

Previous evaluations of in-person Eden have demonstrated its acceptability (relevance and perceived benefits) to those receiving and delivering it. In 2021 the Eden programme was delivered entirely online, therefore the amended online programme required evaluation.

2.1 Methods

Many different methods can be used for programme evaluation. This study used the evolving and multifaceted framework of "acceptability" as the primary focus to determine the level of success of the online Eden programme in 2021. Acceptability has been construed in different ways over time, leading to the use of different measures, such as evaluating client behavioural indicators (attendance, drop-out), measuring levels of satisfaction with the intervention, and more laterally using qualitative methods that seek to capture the views and experiences of those involved with the programme. For example, Sekhon et al. (2017, p. 1) suggest that acceptability "*reflects the extent to which people delivering or receiving a healthcare intervention consider it to be appropriate*", based on their cognitive and emotional responses to the intervention. Lovell (2011) suggests that establishing acceptability is important as it is linked to positive outcomes, such as successful implementation, engagement and effectiveness and that qualitative methods are well suited to establishing acceptability.

A broad approach to acceptability was taken in this mixed methods evaluation study, incorporating qualitative and quantitative data from a range of sources. The qualitative data, which was the main data source, comprised written feedback from Eden attendees (n=41) and semi-structured interviews with a number of different stakeholder groups, group atendees (n=13), facilitators delivering the intervention (n=5), and wider stakeholders involved with online Eden (n=6), and routine written feedback from attendees. Interviews were conducted using a secure DCU Zoom platform and focused on the experienced and perceived relevance and benefits of online Eden. Relevance refers to the extent to which it met the needs of those receiving and delivering the intervention, while benefits refers to experienced and observed gains made by attendees. The quantitative data comprised: documentation on intervention engagement (uptake and completion rates); routine Eden outcome measures, the Beck Suicide Scale

of Ideation (BSS; Beck & Steer, 1991), Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM; Evan et al., 2002); and the Client Satisfaction Questionnaire, (CSQ-8; Larsen et al., 1979). These measures are briefly described in appendix 1.

Qualitative data was analysed using Thematic Analysis (TA) (Braun & Clarke, 2006). This involved a six-phase process: reading and re-reading the data for familiarisation; generating succinct descriptive codes to collate and organise the data; generating themes that bring data together into themes and subthemes; reviewing the relationship between themes, and between different levels of themes; identifying the essential core of each theme and determining the data each theme captures; and, weaving together the analytical narrative and interview extracts and contextualising the analysis to the extant literature. Analysis was conducted through collaborative and iterative feedback between the research team to increase the credibility of the derived themes. Descriptive statistics were used to report on participant demographics and other quantitative data were calculated in the form of frequencies and percentages.

Recruitment of Participants

Online Eden attendees were recruited through SOS and NCS. All Eden programme attendees were invited to take part in this evaluation, and all agreed to have their anonymised documentation reviewed by the research team. A member of the research team also visited each online group to outline details of the evaluation. Those interested in taking part in one-to-one interviews completed a written consent form that was forwarded to the research team by the Eden coordinators. Potential participants were then contacted directly by a member of the research team. They were provided with detailed written information about the evaluation and offered an opportunity to discuss any queries with a member of the research team. The facilitators and wider stakeholder group were informed about the evaluation by the SOS and NCS coordinators and those interested in taking part contacted the research team directly. They were also provided with detailed written information about the evaluation and their written consent was obtained prior to data gathering.

2.2 Study Aims

The overall aim of this project was to evaluate the acceptability (relevance and perceived benefits) of the online Eden programme to those delivering and receiving it across two HSE NCS Mid-West sites and one SOS community site in Dublin in 2021.

The Objectives were to:

1. Capture the views and experiences of those who availed of online Eden in relation to its relevance to their needs and any perceived benefits.
2. Capture the views and experiences of the main Eden facilitators who delivered online Eden in relation to its relevance to attendee needs and their own needs and establish any perceived benefits to attendees.
3. Capture the views and experiences of other key stakeholders, such as those involved in planning and securing Eden funding.
4. Establish the severity of suicidality among attendees and their history of suicide attempts (BSS).
5. Establish attendee measured benefits (CORE-OM).
6. Establish satisfaction levels with online Eden (CSQ-8).
7. Establish patterns of attendee engagement (uptake, attendance, and completion rates).

Summary

This project used a mixed methods approach to evaluate the acceptability of the amended online Eden programme. It involved conducting and analysing 24 interviews in total and analysis of the BSS pre online Eden, the CORE-OM pre and post online Eden, and the CSQ-8 post online Eden.

3.0 Results

The results of this evaluation will be presented under three key headings, qualitative analysis, quantitative analysis and summary of results. The qualitative section incorporates analysis of data from each stakeholder group taking part in the qualitative interviews (group attendees (A), group facilitators (F), wider stakeholders (S), and attendee written feedback. The quantitative section will incorporate analysis of the documentary data on uptake, attendance and completion, the CSQ-8, and the routinely used psychometric tests, the CORE-OM and the BSS. The summary integrates the findings from both data sets.

3.1 Qualitative Analysis

The wider stakeholder analysis will be presented first to provide a broad context for the online delivery of Eden and its acceptability. This will be followed by analysis of facilitator data and finally the attendee data analysis will be presented.

Wider Stakeholders

The wider stakeholder participants (n=6) comprised a range of people with different levels of involvement with Eden in-person and online groups such as programme administration, assisting with facilitation, facilitator supervision, quality control and supporting sustainability through continuity of funding by NOSP, who fully fund Eden in the West of Ireland. Table 1 provides an outline of their involvement with Eden delivered both an in-person and online.

Table 1: Stakeholder involvement with Eden

ID	In-person Eden Involvement	Online Eden Involvement	
S1	8	Transition 2020	2021: 0
S2	30	Transition 2020	2021: 3
S3	8	Transition 2020	2021: 3
S4	12	Transition 2020	2021: 3
S5	20	Transition 2020	2021: 3
S6	20		2021: 3

The data analysis for this group of stakeholders is presented under the headings The 2020 Transition, Planning Online Eden, The advantages and disadvantages of Online Eden, Acceptability of Online Eden and The Future Vision for Eden.

The 2020 Transition

"Huge learning!"

The wider stakeholders provided contextual information regarding the 2020 online transfer that influenced the Eden team's decision-making and approach to delivery in 2021. These stakeholders commented on the rapid and urgent need to adapt service delivery arising from COVID-19 restrictions. The 2020 Eden groups ceased in-person delivery and were replaced with telephone support contact and online webinars. The stakeholders described "*huge learning*" in this transition process. Based on "*determination*" to ensure that "the "*needs of the group attendees who had commenced Eden were prioritised*" and met as far as possible, those who made the 2020 transition were offered the opportunity to take part in the complete online Eden groups in 2021 if they wished to avail of this. Despite the disruption to the 2020 groups the attendees provided positive feedback on their experience of Eden overall. This was encouraging for the facilitators and partnership bodies, SOS, NCS and NOSP.

A lot of discussion took place among the partners in relation to the new intake for 2021: "*We spent an awful lot of time thinking about it.*", the stakeholders noted the need for clarity, predictability, and consistency in their approach, in order to promote a sense of safety for the attendees. Consequently, complete online delivery was planned for 2021 to prevent the "*uncertainty and unpredictability*" of the previous year. One person noted that while this was a big adjustment, it happened in the context of "*a massive upheaval*" in SOS, leading to significant changes in management structures in 2019. Having successfully managed that change, the teams were confident that the impact of COVID-19 could also be managed: "*After what we had been through… for me personally, it was like okay we can adapt to this… let's just run with this… COVID and going online was really just another blip.*"

Planning Online Eden

Stakeholders emphasised that the topic of suicide can be sensitive, *"the seriousness of working with people who are fragile or can be vulnerable"*, and COVID-19 brought with it a number of life adjustments that could potentially negatively impact the well-being of attendees, such as being more socially isolated. Therefore, it was deemed imperative to prioritise attendee safety and put measures in place to ensure this, such as choosing an online platform that provided a comfortable and confidential online space for attendees and gave facilitators confidence that they could manage the needs of the programme attendees and the programme delivery. Therefore, as outlined in section 1.2 a number of adjustments were made to Eden to make it online friendly and safe. Stakeholders acknowledged that the decision to move Eden entirely online may have impacted on recruitment both positively and negatively. Some 2021 applicants welcomed the idea of online delivery and would otherwise not have engaged, while others were not keen on online delivery and declined to engage: "*people would be either 'okay, I am happy with that or okay I am not happy with that'".*

These stakeholders noted the willingness of all concerned to "*make it happen*", a shared *"desire to make it work… to make it meaningful, not just carry on".* One stakeholder described how everyone involved "*went above and beyond*" because they were driven by "*the desire to make it the best it could be… and their commitment to the attendees".* Some stakeholders also described the practical *"roll up your sleeves attitude*" and "*the can do attitude*" of all involved. They described that attitude was one of: "*Now we have an obstacle how do we get around it?";* "*problems to be solved*" thus, systems were explored and put in place. Another stakeholder talked about the importance of good working relationships among all members of the team: "*a very good relationship and a good rapport".* Another noted that while some additional support was required to help facilitators, new and experienced, to adjust to the online environment, their commitment was clear and they were "*passionate and extremely adaptable".* The theme of passion and commitment was echoed by others who commented on the "*dedication, passion and commitment of the facilitators…[who] believed in the Eden programme and had a desire to support the attendees":* and their *"depth of caring that influences attendee experiences of the group which is largely if not wholly, dependent on the people delivering the programme".* In addition to passion, one person

acknowledged the skills of the facilitators and others that gave the wider group confidence in their ability to adapt Eden to this new environment: *"The facilitators and the coordinator, are very, very experienced at this stage so they know how to make the best of the programme."* Stakeholders also noted the hard work and support of managers and support personnel to "*hold facilitators during this process".*

These stakeholders noted that many other interventions did not continue during COVID-19 restrictions, such as the NOSP's suite of training programmes (e.g., Safe Talk, ASSIST). One reason cited for this was the open nature of some groups, whereas Eden is a closed group and is held over a substantial period of time thereby providing an important element of containment to assist in managing risk and safety. It was also noted by one stakeholder that this intense preparation for online Eden has been significant in developing best practice guidelines that could inform other areas of suicide prevention and intervention.

Advantages and Disadvantages of Online Eden Delivery

The wider stakeholder group identified a number of advantages and disadvantages to the online delivery of Eden. A key advantage concerned accessibility, for example to: people living in remote areas, particularly given the vast catchment area and limited public transport system; those with physical or mental health issues that restrict mobility; those with childcare or other family commitments that impact their availability to take part; those who might prefer anonymity due to stigma associated with suicide and mental health; those with confidentiality concerns; or those with concerns regarding how they might be judged by others.

They also identified some potential disadvantages. One person noted that when people are anxious or preoccupied "*it can be very easy to drift away"*, especially in an online context where one can get distracted. This person urged caution when reviewing attendee feedback as attendees "*mightn't have been as engaged"*. A stakeholder, who was not directly involved in the online Eden delivery, noted the challenge associated with the absence of visual facilities and wondered if the facilitators sometimes had to "*make a leap of faith"* that people were doing well and were on board for the process.

Another stakeholder, who visited the groups, also commented on the challenge of the "*invisibility*" of group attendees and how this impacted their involvement: *"I had no sense of the group dynamics… because I couldn't see anyone".* Others commented on the limitations of the chat option*: "...in person you get a sense of people, I couldn't get a sense of that from the chat box";* "*a missing piece is that piece of telling ones' story, which is one of the great strengths in a group like Eden and why many join groups like Eden in the first place; to speak theirs, to hear others."* These challenges may have been perceived and experienced as more difficult for guest speakers visiting the group than the facilitators who became accustomed to the online environment over time. Another person noted challenges regarding the administrative elements of online Eden, such as getting regular feedback from attendees. It was noted that due to the cyber-attack on the HSE during this timeframe, it was not possible to complete all post Eden assessments as the questions on one of the outcome measures (BSS) were deemed too sensitive to explore without visual contact with participants. It was also noted that the general challenges of technology, such as poor internet facilities, may have been related to the lower than usual written response rate among attendees.

Overall, this group considered the advantages to outweigh the disadvantages as reflected in their recommendations for future Eden delivery.

Acceptability

This group of stakeholders offered their observations on the acceptability of online Eden to attendees and facilitators, presented under the headings of relevance and benefits.

Relevance

"You will get some people it will really, really suit, but others that is not the way they like to work"

In terms of their observations of the relevance of online Eden to attendees,

stakeholders commented on attendee engagement. A stakeholder noted that the attrition rate was lower in the online groups and reflected that it might be "*easier to attend online for several reasons, such as accessibility and anonymity.*" Another stakeholder suggested that this "is *testament and says a lot to it being a meaningful experience for the participants because there is often quite a drop off with the in-person format".*

It was the view of the wider stakeholders that the online model worked well for facilitators, despite initial scepticism of facilitators about the feasibility of online delivery. They noted that facilitators were initially concerned about attendee safety because they were unable to see the attendees and read their body language and "*not able to pick up on dynamics that happen in a live group".* However, they observed that facilitators adapted quickly to the online environment and the indicators from them were that, having overcome initial challenges, the online delivery was working surprisingly well for them. One person noted that the "*holding process as well as the peer related content really worked*", suggesting that the facilitators managed safety well, despite the restrictions associated with the chosen online platform. Others noted the challenge in trying to recreate the collaborative and caring ethos of Eden on the online platform and the need for the co-facilitators to work as "*a unit*". This stakeholder concluded that the "*magic*" was recreated by "*the passion for the work*", suggesting that facilitators had succeeded in creating a positive group atmosphere online. Another stakeholder emphasised that "*The attitudes are the same, the same heart in it, even in the online presence."*

Benefits

"… incredibly valid despite the platform… "

These stakeholders noted that the feedback had been positive about online Eden and that it was clear that many attendees were finding the online groups helpful in terms of reported changes in their health and well-being.

The Future Vision of Eden

These stakeholders identified opportunities that had been presented by moving online in 2021 in terms of providing both online and in-person groups in the future to accommodate the needs and preferences of attendees and to expand Eden at a national level. It was suggested that this could follow the design of the 2021 groups or involve more interaction among attendees using another online platform, the latter requiring further work to ensure safety, confidentiality and quality.

One suggestion to address the connectivity issue was to develop "*mental health hubs*" that would provide access to computers, broadband and someone to help attendees use the technology, thereby reducing anxiety associated with privacy at home or the use of technology. Securing sufficient funding and other resources to sustain the quality of Eden and its current high standard of service delivery and to expand Eden was recognised as a key ongoing challenge. One stakeholder noted that people in other areas are *"ready, willing and able"* to become involved with Eden, but need the funding support to pursue this. Thus, a national online delivery option might be beneficial in partially addressing this expansion issue as people could attend online from any location.

Stakeholders also identified changes that were already being implemented as a direct result of moving Eden online. It was suggested that these new activities should continue, for example: increasing awareness of Eden via online activities, such as webinars for the general public and for professionals explaining Eden aims and ethos, providing online resources for attendees and the general public on topics of relevance to mental health, and availing of online professional development opportunities.

In summary, this wider stakeholder group highlighted the challenges associated with making the transition to the online delivery of Eden and explained that this was made possible by the commitment of all concerned across the partnerships. They also identified key advantages to online delivery such as accessibility, while also noting challenges such as technology use. This group perceives the online programme, with its adjustments to ensure smooth delivery, to be acceptable to attendees and facilitators based on their adaptability and positive feedback to date.

Eden Facilitators

Facilitators who delivered Eden online took part in one-to-one interviews (n=5). Table 2 outlines their involvement with the delivery of Eden groups in-person and online.

Table 2: Facilitator delivery of Eden

ID	In-person Eden	Online Eden
F1	9	2
F2	8	1
F3	0	1
F4	0	1
F5	12	2

The analysis of facilitator data is presented under the headings The 2020 Transition and Acceptability.

The 2020 Transition

"There was a lot of change in a short amount of time"

All facilitators commented on the many challenges that they faced with the cessation of in-person delivery of Eden following implementation of COVID-19 restrictions in 2020. The termination of in-person delivery happened literally "*overnight*", therefore there was little time for planning and thus creativity was required to find ways to continue to support the attendees already engaged in groups. The move to alternative support structures for attendees was initially perceived by all concerned as a temporary "*holding intervention*"; "*we thought it would last for a few weeks…but…*". During this timeframe, support for those who commenced Eden was provided through written worksheets, webinars on various topics, and one-to-one telephone contact between webinars to assist attendees in the application of the materials. Facilitators noted that some attendees were "*disappointed*" that the groups were unable to revert to face-to-face meetings, particularly those who had settled into in-person meetings as "*they missed being with other people in the group*".

Facilitators had many questions about how best to deliver Eden in 2021 and scepticism as to whether the programme could work well online. Concerns centred on attendee safety, the ability to engage and work with attendees in a virtual environment, and if and how to recreate the Eden ethos and core focus online. However, there was also *"determination"* among the facilitators to make this possible and the entire team deliberated and worked out how this could be done. A facilitator noted how the strong working relationships among facilitators and between the partners, SOS and NCS, was core to making the online Eden happen and described the importance of the "*likeminded*" approach of the partners and facilitators. A clear decision to move Eden completely online was then taken to ensure "*clarity and consistency*" for the 2021 intake. To promote safety and make the programme online friendly the groups were "*completely re-structured*", which took time, energy, and commitment from the facilitators to "*work hard to make it work*".

Acceptability

"I can't believe I'm saying this, but it [online] works."

The facilitator acceptability findings are described under the headings Relevance (to attendees and facilitators) and Benefits (to attendees).

Relevance

"*How are people going to get their needs met in this? But they did.*"

Facilitators agreed the online Eden met the needs of the attendees and themselves. They explained that the relevance of online Eden to attendees was monitored at different levels. They described how the selection interviews provided an opportunity to discuss the relevance of the programme ethos, content, and structure with the applicants, allowing them to come to a joint decision about its relevance. They also monitored the relevance of online Eden with attendees during the group meetings, at the scheduled fortnightly one-to-one meetings and through the monthly written feedback when attendees were invited to give feedback about if and how online Eden was working for them and the aspects of the programme that resonated with them.

The facilitators noted that some attendees would have preferred in-person meetings and chose to do Eden online as there was no other option available, while others attendees were more comfortable with the online platform: "*It wasn't one size fits all*" They observed technological challenges for some attendees, such as poor internet connection, getting into the link, and some struggles using the chat function, all of which may have influenced their engagement level: "*Tech was good enough but not perfect – that's the nature of the beast."* They also observed that while some were more comfortable sharing online due to anonymity, others struggled and held back in groups while being more open on the phone calls.

Overall, the facilitators noted how the chosen online platform worked very well for most attendees for a variety of reasons. Attendees who were struggling with issues, such as social anxiety or isolation, were able to engage with the online groups as this forum made less demands on them. For example, they did not have to get out of bed, attend to hygiene or attire, or worry about how they might appear to others: "*All things that take energy and motivation to get oneself to in-person groups*"; "*it reduced the trepidation of face-to-face*". They had a sense that those attendees who did not like face-to-face groups may otherwise have dropped out due to such pressures. The online platform also provided anonymity for attendees as they could not see or hear each other and full names were not used, alleviating identity and confidentiality concerns. There were practical advantages for attendees in terms of travel time and costs and not having to deal with public transport limitations. Therefore, the online delivery made the Eden programme accessible to a cohort that would not have been able to avail of it if the groups had been in person. They also noted how overall attendance and completion rates were better online, suggesting that this might be a sign of how well it worked for many.

The facilitators concluded, somewhat surprised, that the online programme achieved its goals: "*If you had asked me a year ago if this was going to work I would have said 'no', but I am amazed and delighted with the results we got, the feedback from attendees…";* "*It works, we are on a journey together for about nine months in total… they get what they need to make these changes*." It retained its core focus on managing suicidality, thus meeting the needs of the attendees regarding this issue. In relation to creating a

group environment, some facilitators observed from the chat function that the group attendees gave relevant feedback to and had a good connection with each other: "*People still had a sense of being in the group, not being on their own…"; "they settled, connected":* "*They were able to share their humour compassion, and skills with each other. This was more than a group of suicidal people. The group thing works.*" This suggests that a strong sense of belongingness and cohesion was created for many attendees in the group. Facilitators also noted that the dynamic of the group was similar to in-person groups, with some people being more active and others taking more time to participate or having a preference to listen and observe rather than speak. One person, reflecting on the group experience wondered if the group attendees lost the opportunity to speak to the facilitators formally and informally and noted "*I'm not sure you can measure it in the same way".* While unable to see the group attendees, the facilitators felt they made a good connection with them and "*had a sense of them*", perhaps helped by doing the online selection interviews and the fortnightly one-to-one meetings, where they were able to see each other. The positive feedback they received from attendees increased their faith in the online delivery: "*I was gobsmacked by how much positive feedback there was".*

Facilitators spoke about the relevance of online Eden to themselves in terms of their core goal to help reduce levels of distress and suicidality while keeping attendees safe. Initially they were *"very sceptical*" about this however they concluded that they had successfully delivered the amended model online: "*We pulled it out of the bag*." They described how they put good risk protocols in place, taking account of the remote delivery: "*We had plans…"*. They also considered how to replicate the warm environment and egalitarian approach that is central to the Eden ethos. In-person this atmosphere was, in part, created by having a comfortable meeting room with flowers, fruit and beverages available for attendees, and providing a warm and respectful space for sharing and learning. A facilitator described how they worked hard together to generate the positive Eden ethos between them before starting a group. One suggested that the lived experience of some of the facilitators and guest speakers helped to create an atmosphere of genuineness and acceptance, and reflected that attendees often remarked: "*I knew there was something about you*"; "*you have to have a heart for this work".* Another described the importance of recognising that "*we are in this together'*, reflecting the egalitarian ethos of Eden.

Using the online technology was a new departure for some of the facilitators and it was perceived as quite "*scary*" initially, increasing the "*pressure*" on the facilitators who found themselves with an additional "*responsibility"* to carry. One facilitator described "*I was very intimidated going online*" as it required the development of new skills. While using the technology was "*A steep learning curve*", the facilitators became more competent in using it and more comfortable and confident about the value of the online platform over time: "*I was really surprised at how quickly I settled into online and how it contained me, I was shocked"; "It did what it needed to do".*

Contrary to their expectations, facilitators came to view aspects of the technology that they initially perceived as barriers as assets: "*There were lots of things that made the online delivery easier"* The chat function helped to retain focus, pace the group, and maintain group boundaries, as it helped "*to manage people's interruption and things that were not relevant to the topic rather than having these things become a distraction*": "*I had a different way of controlling things that I hadn't expected*". The shorter and more structured groups also helped to retain focus and the psychoeducational remit of Eden: "*The groups were more focused, for example the check-in was more structured.*"; "*The educational component was much clearer, and the therapeutic aspect was reduced*." Their concern about not being able to see the attendees and consequently losing their ability to read people, was balanced by the more structured groups that also promoted attendee safety: "*You cannot let them open up and carry things when they are sitting at home alone. When you cannot see people, you cannot gauge their reactions and you don't know how they might respond later*." Facilitators also commented that although attendees shared aspects of their experiences in some depth, "*there was not the rawness in the room which you get face to face and that can be quite distressing for everyone*". The individual fortnightly contacts seemed to facilitate clearer boundaries around the remit of Eden also and reduced the number of requests for support calls outside of scheduled meetings. One facilitator reflected on the struggle in the past to prevent phone calls from "*becoming counselling sessions or crisis calls"*. Another advantage of the online Eden was that it was *'more efficient*", in terms of time and cost of travel and the shorter duration of the group.

Benefits

"100%, lives were changed."

The facilitators were in no doubt that the attendees benefitted significantly from the online Eden programme and some of those benefits mirrored those seen in the in-person Eden groups. One facilitator reflected that: "*Although their experience was different to the face-to-face meetings the core takeaways were the same… I really believe, from the feedback we got that that people have changed, similar to what we would have experienced in the face-to-face groups*." A number of changes were noticed in group attendees as they moved from a death to a life orientation: "*from no hope, no future, no planning - to making plans for the future.*" Some examples illustrate this point: *"One person who said, 'When I met you last year, I was trying to jump off bridges, now I'm going fishing, looking after my grandchild…it's because of what I've learned'."; "There was a group member who was really suicidal…now they're making plans to go to college and travel."* Other important personal changes were noted over time such as increased self-confidence, "*quite a few came out of their shell more engaged and connected*"; "*They blossomed and really engaged with it*". Another facilitator noted changes in attendee outlook and skills: *"The majority had new tools or positive outlook at the end*", and another believed that "*everybody got something out of our group*".

Given their positive experiences of delivering online Eden, facilitators had an open view of how to move forward with the Eden programmes. Suggestions included: providing a combination of both in-person and online Eden programmes to meet the needs and preferences of a wider number of people, for example delivering in-person groups for those who can attend and providing national online groups that are accessible throughout the country, and perhaps beyond. They also suggested planning the delivery in-person or online from the outset to provide consistency, reduce anxieties about change and ensuring that attendees have counselling in place as quickly as possible to retain the psychoeducational aim of Eden.

In summary, the facilitators found online Eden acceptable. Initial losses and fears were transformed into gains and confidence in the online delivery of Eden. While losing the comfort and familiarity of in-person groups where they could observe attendees' non-

verbal communication, their levels of engagement, and gauge how they were doing, they utilised the mechanisms that had been put in place to balance this, such as the more frequent formal individual contact with attendees. They also lost the extra touches they used in a physical environment to create a warm atmosphere to facilitate learning and sharing, instead they relied on their faith in the quality and strength of Eden alongside the quality of their interactions with each other and with the attendees to develop a warm and respectful online space. While concerned that attendees could lose their "*voice*" online, they observed that most were able to use the platform to communicate their needs and connect and respond effectively. They successfully created an emotionally contained environment for attendees and interacted closely with each other, building on their experiences, and promoting shared learning between them. The facilitators concluded that online Eden provides a feasible option going forward and can address challenges such as accessibility.

Eden Attendees

This section presents the findings primarily from the in-depth individual interviews with a cohort of attendees who completed online Eden, alongside additional information from analysis of the routine monthly written feedback gathered as attendees progressed through the programme. The section begins with contextual information about the routine written feedback and about those who participated in the interviews and then focuses on acceptability of online Eden to this attendee group.

Attendee Context

The response rates for written feedback for each group fluctuated across the duration of the programme. Similar to in-person groups the quality of the feedback varied with some attendees providing detailed comments while other provided less detail.

The interviewees (n=13) comprised 9 women and 4 men ranging in age from their 20s to their 50s. They came from varied locations and backgrounds in terms of their employment, education, and relationship status (Table 3).

Table 3: Interviewees' Socio-demographics

ID	Sex	Age	Relationship Status	Employment Status	Eden experience
1	M	40s	Separated	Unemployed	First
2	F	20s	Single	Unemployed	First
3	M	40s	Single	Employed	First
4	F	20s	Single	Student	First
5	F	20s	Single	Student	First
6	F	30s	Married	Employed	First
7	M	40s	Married	Unemployed	First
8	M	50s	Divorced	Student	First
9	F	30s	Separated	Disability	First
10	F	50s	Married	Unemployed	First
11	F	30s	Single	Employed	First
12	F	30s	Coupled	Employed	First
13	F	20s	Single	Employed	First

This was their first time participating in the Eden programme; thus, they had no prior in-person experience of the programme. They had heard about the Eden programme through a range of sources, including, family members, friends, posts on Facebook and Instagram, workshops run by SOS, community mental health services and professionals, and via the NCS.

Acceptability

"I wish I did it years ago"

This section presents the findings in relation to attendee acceptability by focusing on the relevance of online Eden to them and their perception of its benefits to them.

Relevance

"They gave me the support I needed"

Attendee participants underlined the relevance of online Eden to them as it met their needs at very difficult, trying times in their lives emotionally and psychologically *"100%, I was desperate"*. They described strong emotions and experiences that they had struggled with, such as '*despair', 'loneliness, 'sadness', 'isolation'* and *'hopelessness'.* While attendees had different expectations of online Eden, many chose to do it as there was nothing else available that might meet their needs and their regular professional / health service supports were not available or were more limited. Most attendees expressed difficulties around accessing mental health services, feeling either neglected or ignored by them, or that the responses provided were too limited: *"They can only do the kind of medical part"; "I've not had a good experience with mental health, with the people that are meant to help."; "With the [public MH services] you felt like a nuisance."* They spoke about being excluded by service criteria and service selectivity: *"I was always too high risk for one lot of support, and not high risk enough for another part of support, so I was used to being turned away."; "In the past supports might come in a crisis but then the minute you seem okay those supports are taken away.*" Thus, these participants valued that the Eden programme did not label them or *"tick the box that you are going to fit into this category."*

The attendees emphasised that they would "*definitely*" recommend online Eden to others, explaining that it would be *"helpful to anyone in distress"; "100% recommend it to others in my situation."* Given there are *"a lot of people in these situations who are very lonely who can only talk to other people that are in the same head space"*, Eden provided a place where they felt accepted, valued and "*like someone cared, someone wanted you to live."* Interestingly, despite the challenges associated with online Eden experience was "*more personal"* than mental health services "*they didn't turn me away and gave me the support I needed at that time."*

The programme facilitation was viewed as excellent. The attendees commented on how the facilitators demonstrated "*kindness", "gentleness"* and *"genuineness*". This challenged attendees' tendency to be "*most critical of yourself or the constant negative*

thoughts, or you're being hard on yourself." The compassionate and warm attitudes of facilitators was viewed as enabling the development of trust and security in the groups, whereby attendees could openly connect and reveal aspects of themselves and their lives without feeling any pressure: *"I've never felt like people have understood what I've been going though until now." "It's empathetic without going overboard."* This was seen as critical for the group safety in the online environment and to generate a supportive atmosphere despite the heavy nature of discussions. The open and honest sharing of facilitators' experiences invited "*different ways of thinking, definitely a nicer way of thinking of some of the stuff, the way they phrased it."* Attendees commented on the demands of the group and how these were made manageable. For example, they were invited to "*take one thing from*" each week, rather than overload themselves, to find their own ways of holding and taking on the new materials. The bite-sized pacing and individualised approach was underscored by several attendees

Attendees found the programme well structured. They appreciated that the groups were predictable in terms of how they were organised, following a similar structure each week. Most had positive experiences of the fortnightly individual calls with facilitators. The calls were viewed as important in exploring privately and in more detail, issues that might arise in the group or between group sessions: "*That was a positive thing, you got to chat one on one for twenty minutes with one of the counsellors."; "they were lovely and supportive. I found the dynamic between the facilitators really good and really different. They were genuine*." One person spoke about the ease of talking privately, particularly for someone who might be "*shy*" or a little more reluctant to share in the wider group: *"I guarantee you that I would not have said half as much [in the large group]".* A minority advocated having *"an option to opt in or out of the call."*

Most attendees found the programme content very relevant: "*Didn't feel like a waste of time to me, that felt like confirmation and there was a consistency. The stuff that I was finding out for the first time was then being confirmed and reinforced by these facilitators too."* They emphasised the importance of the explicit focus on suicide and related phenomena given the high rates of suicide: *"We have a COVID pandemic, but we also have a suicide pandemic*". This also served to minimise stigma: *"When you are dealing with a subject of suicide, depression or mental health there are stereotypes and stigma around it, but they got the message across without having any of that negative*

stigma around it." Most attendees commented on the thoughtful pacing of discussion topics, while one attendee thought that suicide could be talked about more in the group: *"Like when the guy came in to talk about meditation, I think they put that quite near the end because some people would think it was a bit too woo-woo. But by the time we had got to that I found that session great."* Attendees also noted the usefulness of the psycho-educational content of Eden, describing it as "*a good support*" for new '*learning*', and one attendee while finding this "*simplistic*", noted that it initiated group comments that they found valuable.

Some experienced the content as challenging, such as WRAP, the food session and the mindfulness practice, while others found the latter helpful in remaining grounded. Specific sessions appraised positively included the 'What Keeps Me Well' topic; the 'Wheel of Life' (attendees noting the importance of valuing themselves); 'Building Community Supports'; "Resilience" (with many importantly realising their intrinsic resilience); 'Recovery and Guest Speakers' Testimonies' (which instilled hope and inspiration, and belief that they could recover); and 'Suicide'. (which many were anxious about but found it extremely helpful): *"I know this sounds weird but this might have been my favourite session because we were talking about suicide without it being this taboo subject, and it was first time I felt okay and normal discussing it and that makes this session my most important session in Eden."; "This topic surprised us all the most as anticipating it being difficult, scared some away and built up a lot of apprehension. It turned in to a great session where we were again so open and honest in all of our experiences and emotions and vulnerabilities it was eye-opening and unexpected."* Attendees found the materials used helpful but clearly had different learning styles. Most liked having access to the notes on the whiteboard and the handouts. Some would have liked additional handouts to take home while another did not like the focus on handouts and the whiteboard *"that I definitely don't learn from."*

Attendees commented on the group process, describing this as similar in many ways to the in-person experience. Despite not being able to see others or speak directly to them, a core experience expressed by most was the sense of belonging, of not being on your own, of being part of a group: *"I felt like I knew these people even though I couldn't pick them out in a line".* Some attendees believed they would have become closer with other group members if they could have seen each other's faces, while others felt the

online environment did not impede a feeling of group cohesiveness: *"We react very well considering the fact that we have no facial interactions."; "We are all very supportive of each other. I will miss the connection when it is over."*; *"It was lovely to experience such solidarity / togetherness with the members."* Others noted that, as with all groups, it took time for the group to bond: "*After about six weeks there was a lightbulb moment when I realised, we were a group and people were sharing more and deeper."* The group operated as a "*a reality check to counter the negative spiral of depression and suicide leading one to believe they are the only one going through this.*" This led to a reduced sense of loneliness and isolation and increased self-confidence "*meeting people that was doing the same thing, you know that was having the same feelings and thoughts."; "By doing Eden and meeting loads of people who struggle that way and are not bad people... I think it took a lot of the shame out of it, which kind of allowed you be you."*;*"I have come out of myself*". All attendees agreed that having a programme like Eden, which explicitly addresses suicidality, was essential and some suggested top-up sessions: "*Everyone who does Eden should get booster sessions a few years later*". They noted that while some people prefer and benefit from in-person groups, there are many factors that make the online format essential and workable.

Attendees responded differently to the online Eden format and technology used, most describing their experiences positively, while identifying both pros and cons regarding online and in-person options. Most attendees found online Eden accessible as it enabled them to attend when they were feeling low, as there were less social, emotional, and practical demands on them. They were relieved not to be concerned about the effort, time and money involved in travelling to a venue, the weather, thinking about what to wear or ruminating about what to say to others in the group: *"I just had to log on".* A number of attendees felt the anonymity of being online helped them be more open and authentic: *"I think actually the chat makes it easier to write things than if you had to say it in a face-to-face session. Which again I never expected to feel."; "I think the anonymity of Webinarjam really helps people to open up a bit more and it's a lot more comfortable knowing no one can see you."* They also found the anonymity helpful in managing negative self-judgement and the fears of being judged badly by others*: "There's self-judgement there, so when you remove the camera – to remove that barrier is huge. No-one can see how I look or what I wear. No judgement."*; "*they were not judging me by how I looked*". One attendee described feeling a sense of freedom in not

having to see other's emotional reactions, whereas in person they might become distracted by this or worry about the person. Several attendees valued that they did not have to negotiate relationships and social niceties with others in the group as this enabled them to focus on themselves, without detracting from their sense of connection and bonding in the group. A few attendees related "*the stigma of mental health*" as a barrier to engaging, but with Eden being online, they were less *"apprehensive about going."*. *"I didn't struggle online at all; I would have face to face".* Some attendees noted that knowing about being online in advance "*influenced my decision to take part*". *"I wasn't there to make friends I was there for me"*. However, some would prefer in-person meeting to the online platform: *"... I would have preferred to be just in person, been in a room."*

Some liked the chat function as it gave them a sense of control, time to think and give considered responses: *"I can get anxious after opening up - but having the online forum created a boundary and it helps me see the words I write before blurting them out in person."* One attendee noted that they could use the chat function to speak when they found something sad or upsetting, allowing them to cry in the safety and privacy of their own home. Using the chat function was seen as helpful for some attendees who made their communication concise so that the text was easily read by others, while others felt under pressure to type quickly: *"Awkward, because you'd be typing onto an answer, and they would have moved on to something else. This made it hard to open up and say how you feel, especially when you're not feeling good and confident in yourself.*"; *"Horrible, by the time I had my thoughts together and had typed them up they were onto something else, and I would just delete it them. So, I wasn't actually really participating."* Some attendees found it difficult to pick up on nuances through comments in the chat function and wondered about the potential for things to *"get lost in translation".* They felt this was balanced by supportive comments from facilitators and other group members, and facilitators making *"an effort to respond to everyone".*

Some attendees also described problems with the online format, such as lack of familiarity with technology, over exposure to technology as a result of working online, poor internet access or signal and a sense of disconnection, experiencing lack of *"company"* and real-life connection: "*The most challenging part I had was the technology, the isolation. You know, I find that very hard I would rather be with*

people." Some attendees missed the informal opportunities for making connection with others, such as break times, while some missed the immediacy of being able *"to put my hand up in a room and have a conversation."* Another attendee, while valuing the lack of commute pressure, lamented having the travel time *"to decompress what is going on and then get into the mind set for work."* Some attendees in employment struggled to keep work at a distance while online in Eden*: "A few times I missed because a work email or phone call would come just before I was due to logon and that would take precedence."; "My work stuff was often opened in the background."; "I could get distracted. My focus just wasn't always on Eden."* One attendee in a house share spoke of concerns around privacy, *"being overheard by people in your household"*. Others emphasised the need to create a physical space when doing the group to ensure comfort.

Benefits

"I'm a different human being to when I started."

All attendees, explicitly and implicitly, reiterated the benefits they gained as a direct result of participating in online Eden. They described profound changes, such as improvements in their mood, functioning and quality of life, and moving from a place of despair to one of hope: "*The positive changes in my life in the space of a few weeks are incredible and my family and friends are so happy and encouraged by it and so am I.*"; *"By two thirds of the way through Eden I was already able to ride the waves of life and mood."* Attendees referred to important *"changes of mindset"*, having been shown *"different options"* and developing insights into *"what was causing the desperate pain and how to deal with it*." Echoed consistently was the change in their relationship with themselves, as they developed self-acceptance and self-compassion, and engaged in self-care activities: *"You're given the tools and the benefits of good coping mechanisms"* to "*stay in the present*" rather than "*reminiscing on the past*". Other attendees described learning to differentiate between thoughts and feelings and trusting themselves to know what they needed.

Many attendees described taking on a new level of responsibility for themselves and their lives: "*to really hold myself accountable. Every Wednesday it was a reminder, am*

I still doing those things?"; *"It was an island in my week that grounded me, that reminded me that I wanted to work on my mental health, that I wanted to change my life."* Many attendees highlighted the importance of: being persistent "*Be patient and hang in there*"; making a commitment to Eden *"To be part of a programme that you commit to and that commits to you for a period of time, that is huge, every week for six months"*; and being open-minded to the group and its materials "*Even if content is not relevant on one week, there is still something from group members' comments or one's own contributions that might be helpful for someone else*". Some attendees highlighted the importance of having realistic expectations of Eden as it "*is just part of one's mental health work*". One attendee, who initially did not think they needed counselling, was glad that they followed the programme's advice to have personal counselling in place throughout the programme, as the content and sharing of personal experiences can be triggering.

Attendees found the weekly routine and consistent holding of the group over the 26-week period expanded into other parts of their lives, enabling them to achieve other life goals. For example, one attendee, who at times thought they would not be able to work again, completed a course that opened new possibilities for work and set in motion plans to complete an academic qualification. Attendees described how they applied the coping strategies, skills and resources from the group to daily living, for example, to ground them. "*Each session had something that I could take away and use in my daily life".* Although some of the tools and coping strategies were not necessarily new, they implemented them to address their struggles with chronic low mood and suicidality and manage their mental health. Attendees spoke about the ongoing processing and carrying of their Eden experiences beyond the programme: "*I am still sort of shining a light back on that stuff again, reminding you of it."*

"I finally feel I can live again"

In summary, attendees found the online Eden programme acceptable in terms of its relevance and helpfulness to them. They engaged well with the amended group structures, content and format. Aspects of the Eden ethos, delivery methods and processes were identified by attendees as being helpful in facilitating important changes in them and their lives, such as the ethos of equality and collaboration, the humanity and professionalism of the facilitators, the

fostering of a sense of *"belonging and connection*", and the experience of not being alone in their suicidality and pain: *"You are not alone."* Attendees described profound changes in their thinking, behaviours, mood and approach to living. There was a recognition that people have different needs, situations and preferences and that there is room going forward for offering Eden both in-person and online.

3.2 Quantitative Analysis

The quantitative analysis comprised the attendance records, the pre-programme BSS, the pre and post-programme CORE, and the post-programme CSQ-8.

Uptake and completion rates

A total of 76 people applied for online Eden, of which 49 attended a selection interview. Forty-three people (88%) were subsequently offered places on the programmes, two of whom did not take up a place, an uptake rate of 95% (Table 4).

Table 4. Online Eden Uptake and Completion

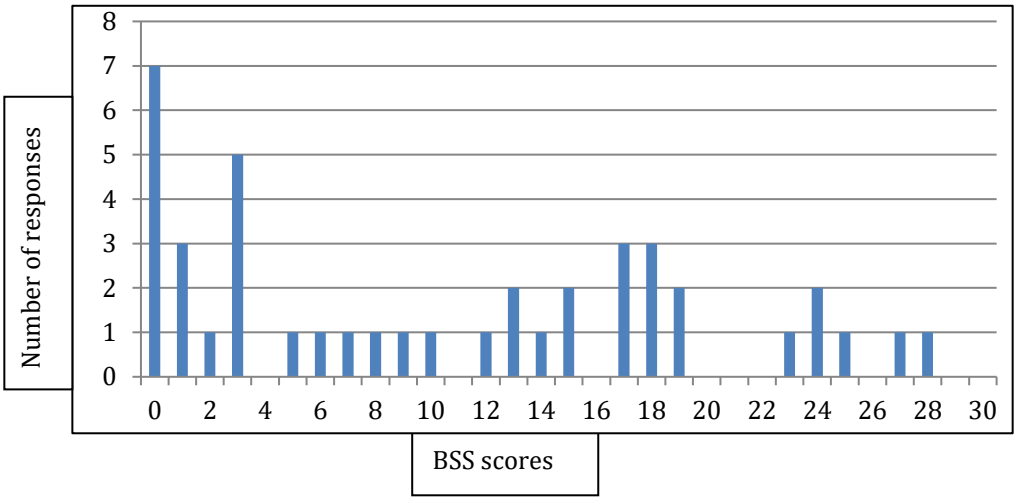
	Eden Applicants	Attended Interview	Offered a Place	Commenced Programme	Completed Programme
Number	76	49	43	41	36

The completion rate for online Eden was higher than usual at 88% (36 out of 41) compared with 81% in previous programmes. Most of the attendees who did not complete the programmed cited practical reasons for non-completion: one returned to work and was unable to complete; one became employed and could not complete; one left for physical health reasons. Another left because they believed Eden did not meet their needs, and one left the programme in last quarter without providing a reason for this decision. Weekly attendance records indicate that the average attendance was 10 people in each of the three groups. One person due to attend the programme, who subsequently did not attend, had already completed the BSS and CORE-OM pre-Eden and this was included in the data set.

Severity of suicidality

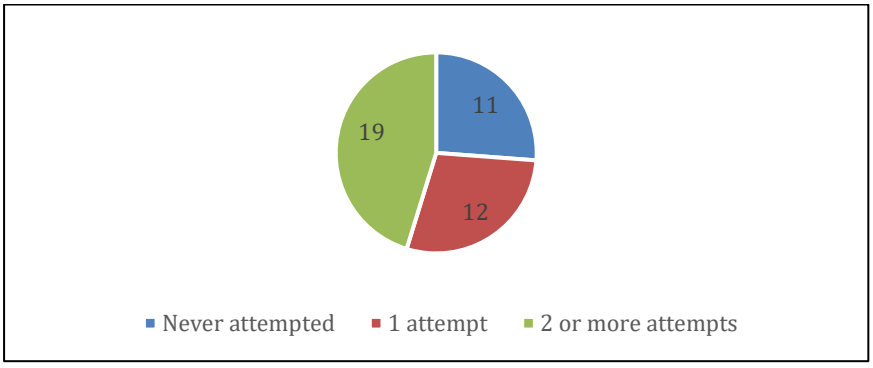
Analysis of the BSS, which provides information about the group of attendees who commenced the programme in relation to the severity of their suicidality and their lifetime history of suicide attempts. The pre-Eden BSS scores (Figure 1) give an indication of the level of suicidality in this group (n=42). This shows that in the 2 weeks prior to completing the BSS 87% (n=39) were reporting some level of suicidality. Due to a cyber-attack on the HSE, HSE NCS sites did not gather post-programme BSS and as there were a limited number of post-programme, no pre-post comparisons were done.

Figure 1. Frequency distribution of BSS scores pre-Eden



The pre-Eden BSS also gives an indication of the severity of suicidal challenges of this group of attendees (Figure 2). 42% had 2 or more suicide attempts, 27% had made 1 attempt and 24% had never attempted suicide.

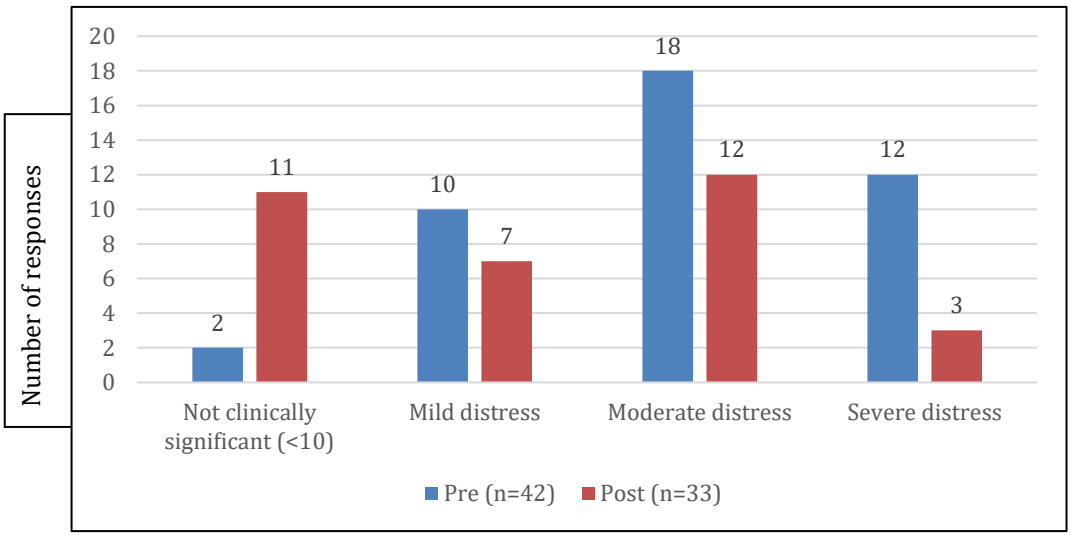
Figure 2: Pre-Eden history of suicide attempts



Pre and post-programme CORE-OM

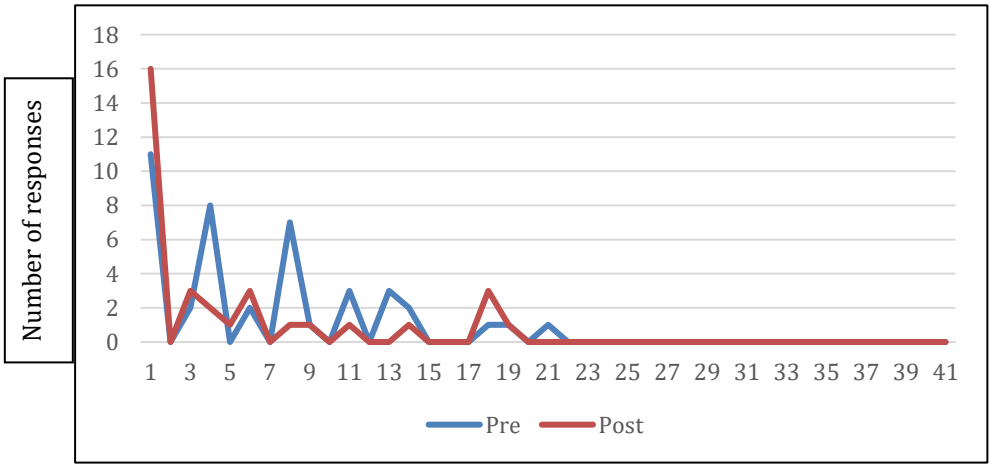
Pre-Eden assessments comprised 42 CORE-OM and post programme assessments compromised 33 CORE-OM (Figure 3).

Figure 3. Frequency distribution of CORE-OM scores pre and post online Eden



CORE-OM scores from pre to post Eden indicate a trend in a positive direction as there was an increase in the number of attendees who scored within the non-clinically significant range and a decrease in the number of attendees who scored within the mild, moderate and severe levels of distress. As the online Eden programme focuses on suicidality, the 6 items of the Risk domain of CORE-OM were examined in more detail (Figure 4). These items pertain to risk to self (4 items) and risk to others (2 Items).

Figure 4. Frequency distribution of CORE-OM Risk items pre and post-Eden.

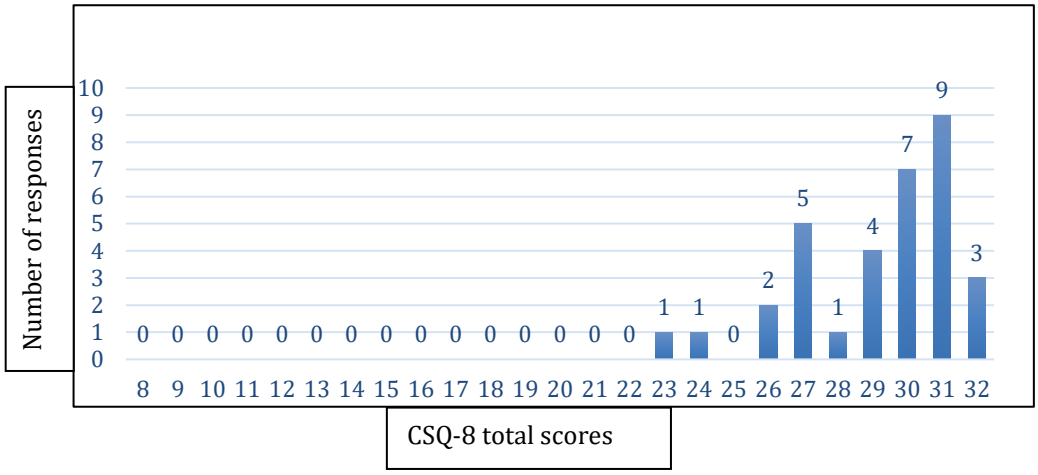


The Risk items demonstrated a positive trend with more attendees scoring 0 post-Eden. The average risk score for the group of attendees at pre-Eden (n=42) was 11 with a range between 0 and 20, and post-Eden (n=32) was 8 with a range of 0-18.

CSQ-8

In total 33 attendees completed the CSQ-8 after completion of online Eden. Levels of satisfaction with the programme overall were very high (Figure 5).

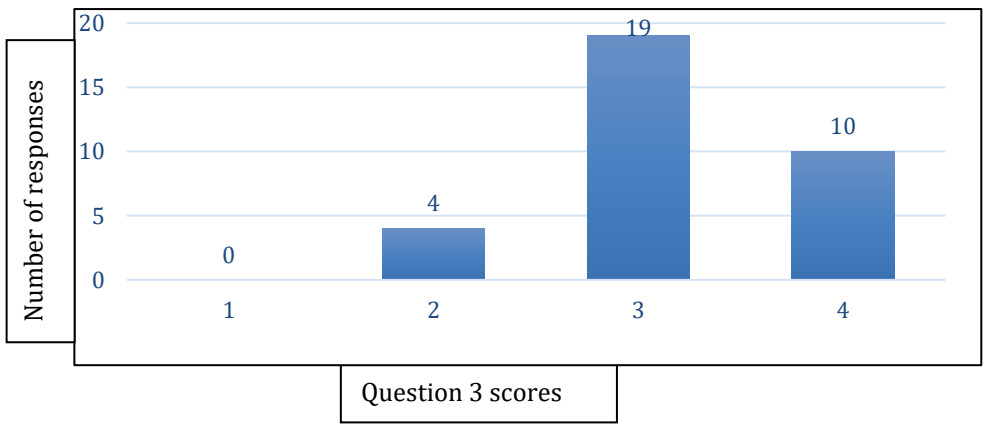
Figure 5. Frequency distribution of CSQ-8 scores



Scores on the CSQ-8 can range between a minimum of 8 and a high of 32. The average satisfaction score for online Eden was 29, with the lowest score 23 and the highest 32.

As the evaluation was specifically interested in the relevance of online Eden to attendees' needs, question 3 on the CSQ-8 was examined in more detail.

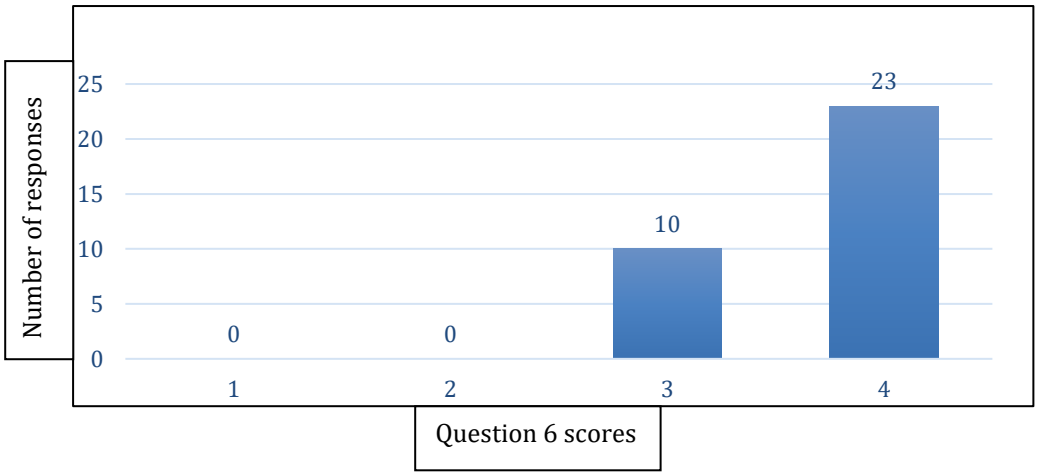
Figure 6. Frequency distribution of scores on question 3 of the CSQ-8



Question 3 asks: To what extent has our service met your needs? This question is scored between 1 and 4, with higher scores indicating higher satisfaction. Figure 6 shows responses to question 3 were loaded in a positive direction and that most respondents were satisfied that online Eden had met their needs.

As the evaluation was specifically interested in the perceived benefits that attendees experienced, question 6 of the CSQ-8 was examined in more detail (Figure 7).

Figure 7. Frequency distribution of scores on question 6 of the CSQ-8



Question 6 asks: Have the services you received helped you to deal more effectively with your problems? This question can be scored between 1 and 4, with higher scores indicating higher satisfaction. Figure 7 shows responses to question 6 were loaded in a positive direction and indicates that all respondents were satisfied that online Eden was beneficial to them in helping them deal better with their problems.

In summary, the quantitative results support the findings from the qualitative analysis in terms of acceptability of online Eden. Attendance data indicate that completion rates for online Eden were higher than for previous in-person Eden groups, suggesting good levels of engagement. The CORE-OM scores were indicative of change in a positive direction, with a decrease in the number of attendees who scored within the mild, moderate and severe levels of distress and an increase in those who no longer reported significant distress levels after completing online Eden. The risk domains of the CORE-OM indicated a positive trend with more attendees scoring 0 indicating no risk behaviours or thoughts within the 2 weeks of completing Eden. The CSQ-8 indicated overall high satisfaction with online Eden, most respondents found it met their needs

and all respondents found online Eden beneficial in helping them deal better with their life problems.

3.3 Summary of Results

The combined qualitative and quantitative results suggest that online Eden is experienced as acceptable to facilitators and attendees, mirroring the findings from previous evaluations of Eden when delivered in-person. Attendees found that online Eden met their needs in terms of managing their distress and life struggles. Facilitators found the amended online Eden model relevant in responding to the needs of attendees. The core aims, focus and ethos of the Eden programme were retained, and facilitators adjusted to the online delivery of the programme quickly despite challenges. Perceived benefits to attendees included managing their lives more effectively, having an improved sense of hope for the future, gaining belief and trust in themselves, reduced levels of distress and suicidality, and increased motivation for change.

Attendees highlighted key aspects of online Eden that facilitated engagement and change, such as: the positive impact of facilitators and guest speakers; the strength of peer support that created a sense of belongingness; and the quality of programme in terms of content, structure, and delivery.

Wider stakeholders endorsed the delivery of Eden online noting that it increased accessibility for many who might not otherwise be able or willing to attend due to concerns about, for example, stigma and anonymity.

Limitations of the evaluation

There were many strengths to the evaluation of online Eden in terms of access to important stakeholders and route programme evaluations, however, there were also limitations. There was no data available from non-completers and this might be useful for reviewing engagement patterns and developing strategies to enhance completion rates. The quantitative data was anonymised, which meant it was not possible to pair the pre and post data for each individual or to examine tends related to age or gender, which appear significant in the literature in terms of online preference and uptake. It is

possible that attendees who came forward for interview had more positive experiences than those who chose not to, perhaps influencing the analysis. The wider stakeholders and facilitators have in general been receiving feedback and reflecting on the 2021 online delivery for some time and it is possible that this may have resulted in a group bias / group think.

4.0 Conclusions and Recommendations

4.1 Conclusions

Acceptability

This evaluation has demonstrated that the online delivery of the Eden programme was acceptable to those delivering and receiving it. It addressed the needs of attendees in relation to their suicidality and associated life problems and provided facilitators with a model that allowed them to address the needs of attendees in a focused, structured and compassionate manner. Thus, the core elements of Eden were successfully replicated. Attendees benefited from attending the programme in terms of reduced levels of suicidality, psychological distress and emotional upheaval, and increased coping skills and levels of hope for the future, mirroring results from in-person evaluations of Eden.

Quality

The specific needs of attendees and consideration of contextual issues were monitored and attended to at the assessment phase and throughout the programme delivery. This is consistent with the literature, which recommends awareness of environmental constraints when using technology, particularly in the area of mental health, to ensure the safety and success of an online intervention. (McKay and Markin, 2010).

Eden Online Model

Planning: It was noted that the initial partial move online in 2020 happened quickly with little time to plan, for example to attend to changing techniques and acquiring knowledge (Bekes & Aafjes-van Doorn, 2020). The 2021 delivery, however, was meticulously planned with attendee safety and well-being to the forefront of decision-making. The successful transition to the online delivery of Eden was made possible by the commitment, attention to detail, and skill of facilitators and the support and guidance provided at a partnership level by NCS and SOS, who problem-solved potential barriers and challenges throughout the planning and delivery of the programmes in 2021.

Online adaptations

Adaptations were made to the Eden programme to ensure it was technology safe and friendly, without compromising the quality of the Eden programme. This involved finding the most suitable online platform for delivery of a programme of this nature, focused on a suicidal population often experiencing high levels of distress as evident in the pre-Eden assessments. Langarizadeh et al. (2017) suggest that the match between the technology being used and programme itself is important to ensure achieving the fine balance between adaptability and stability. The technology functioning initially posed some challenges for attendees and facilitators as identified in the literature (Regueiro, 2016). This may reflect the age profile of the attendees and facilitators or their lack of ongoing experience with it (Goldschmidt, 2020). While some attendees expressed a clear preference for in-person groups, as reflected in the literature (March et al., 2018), the facilitators concerns about the online delivery reduced over time and their confidence in the online delivery grew. The chosen online platform met the goals of the programme in the 2021 online delivery, however, given that technology is a rapidly evolving phenomenon, the choice of platform may need to be reviewed over time to ensure ongoing fit.

Another change concerned the introduction of formal one-to-one support meeting (online or telephone) of thirty-minute duration between the attendees and group facilitators on a fortnightly basis. This provided a private and personalised space for discussion, which suited some participants who were less vocal online, and helped to maintain programme focus and boundaries. Van Dijk et al. (2020) also note the importance of having individual contact group members when delivering online interventions. A further programme change involved shortening the duration of each meeting from three hours to one and a half hours. This also seemed to work well in terms of maintaining a clear group structure and focus, and the facilitators found that they could better manage group boundaries, which has been identified in the literature as a challenge in an online environment (Drum & Littleton, 2014). The removal of the WRAP module from online Eden online was deemed necessary as the platform chosen was not suited to WRAP delivery. While some attendees availed of this prior to or during Eden delivery others did not, and it is not clear what impact this might have had

on engagement and outcomes, therefore, this requires further consideration into the future.

Engagement

The facilitators noted that rates of completion were higher suggesting a good level of engagement with online Eden overall. Levels of active involvement in the group process varied, similar to previous in-person groups. This is in keeping with the literature that suggests that the online environment can enhance involvement for those who appreciate the anonymity (Barak et al., 2008), whereas others may hold back and prefer to observe rather than contribute ("lurking") in this environment (Dickerson et al., 2000; White, 2001).

The Future Vision

The online delivery of Eden in 2021 opened possibilities for programme extension and increased accessibility of Eden through remote delivery into the future. As noted by March et al. (2018) the online environment does not appeal to everyone and despite growing evidence of effectiveness, some prefer face-to-face contact. Therefore, it would be desirable to consider a number of delivery options into the future.

The online activities developed over the past year and a half by SOS, such as webinars for the general public and professionals, have increased awareness of Eden, which may increase demand over time. The cost-effectiveness of online interventions is debated in the literature; therefore, it would be worthwhile monitoring this closely. While the current resources and management and support structures are adequate for the current level of Eden delivery this may need to be expanded with increased activity and may need to be revised moving forward.

In summary, the online Eden programmes in 2021 were acceptable to those receiving and delivering them in terms of meeting their needs and being helpful to attendees. There were good levels of engagement and satisfaction with the service provided overall. The online model fits with many of the quality hallmarks identified in the literature, such as alliance between the programme and the delivery methods and attention to specific attendee needs and context. The successful delivery of these

programmes was made possible by the commitment and conscientiousness of all concerned, and this needs to continue to be nurtured. The experience of online Eden has opened possibilities for expanded and varied delivery of Eden going forward. While expansion is to be welcomed it needs to be matched with resources and this will need some consideration moving forward.

4.2 Recommendations

1. Expand delivery of Eden through different fora, in-person and online, to accommodate personal needs and preferences, to increase accessibility, and to expand delivery nationally.
2. Continue to work in the strong partnerships that have been developed in recent years that have now successfully delivered Eden in different fora and in different regions across Ireland.
3. Continue routine internal evaluations to gather relevant feedback and outcomes that can be used to ensure high standards and quality assurance and inform programme development and provision.
4. While Eden acceptability is now well established some future external evaluation may also be warranted depending on expansion strategy and modes of delivery.

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Appendix 1

Description of psychometric tests and Satisfaction Questionnaire

1. Beck Scale for Suicidal Ideation (BSS; Beck & Steer, 1991): 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 minimum score is 0 and maximum score is 38.

2. Clinical Outcome in Routine Evaluation – Outcome Measure (CORE-OM; Evans et al., 2002): 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. The possible score range is 0-40 with higher scores indicating more risk.

3. Client Satisfaction Questionnaire (CSQ-8; Larsen et al., 1979): 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 minimum score is 8 and maximum score is 32.