Assessing the social validity of a multi-modal school-based suicide prevention intervention: A scoping study

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Executive Summary

Introduction: Suicide is becoming an increasing concern among children and young people (CYP), with adolescent suicide rates in England and Wales having increased by 7.9% annually since 2010 (Bould et al., 2019). Schools have been identified as a promising location to deliver suicide prevention, providing universal access to CYP (Calear et al, 2016). The Multimodal Approach to Preventing Suicide in Schools (MAPSS) project is one such approach, and is currently being trialled in schools in Melbourne, Australia. MAPSS consists of a psychoeducation session on suicide for all year 10 pupils (universal), screening to identify students at risk of suicide (selective), and an online cognitive behavioural therapy intervention for students who disclose recent suicidal ideation (indicated). Given the lack of a compulsory school-based suicide prevention programme in the UK, it is hoped that the MAPSS programme could eventually be expanded for use in this country. However, evidence suggests that effective school-based mental health interventions in one country are not guaranteed to successfully transfer to another (Wigelsworth et al., 2016), and adaptations may be required.

Aims: This scoping study aimed to interview school staff, secondary school students, parents, and mental health professionals in Merseyside to determine the social validity of the MAPSS programme, and to identify any necessary adaptations that should be made before it can be trialled, initially in Northwest England, and eventually in the whole of the UK. More generally, the study also aimed to examine the need for and potential benefits of a school-based suicide prevention programme and investigate how this could be implemented.

Methods: Semi-structured interviews were conducted with mental health professionals (N=8), school staff (N=8), and parents whose children had experienced suicidal ideation/behaviours (N=3). Focus groups were completed with CYP (N=27) in Years 10-13 (aged 15-18) across three state secondary schools in Merseyside, UK. Data were analysed using thematic analysis.

Results: Four themes were identified: 1) the need for and importance of suicide prevention in schools, 2) raising awareness and reducing stigma, 3) the need for suicide prevention training for everyone who supports young people, and 4) delivering universal and targeted interventions. A number of subthemes were also identified.

Conclusion: Overall, participants overwhelmingly agreed that there is a need for a greater and more consistent emphasis on school-based suicide prevention, as a number of CYP are at risk of suicide but there is not enough accessible support available. School appears to be an acceptable location for suicide prevention, and participants felt discussions about suicide should begin at the start of secondary school. However, there are potential barriers that need to be considered before a universal suicide prevention intervention can be delivered effectively, including neurodiversity and disability, cultural and family beliefs, stigma, lack of existing training for school staff, and personal experiences of suicidal thoughts or previous bereavement from suicide.

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Introduction

Suicide is becoming an increasing concern among children and young people (CYP), with adolescent suicide rates in England and Wales having increased by 7.9% annually since 2010 (Bould et al., 2019). The most recent figures have shown a further increase in young people aged 15-19 years, and women under the age of 24 years (Office for National Statistics [ONS], 2022). In Northwest England specifically, the rates of young people presenting at Accident and Emergency (A&E) Departments for suicidal ideation with self-harm have increased (Ashworth et al., 2022) and hospital admissions for self-harm in 10–24 year-olds are significantly higher than the national average (Lewis et al., 2017). This is concerning given the recent finding that children and adolescents who presented at hospital following an episode of self-harm were 30 times more likely to die by suicide within a year (Hawton et al., 2020).

50% of lifetime mental health conditions start by the age of 14 (Kessler et al., 2005) and 7.4% of 17-year-olds have previously attempted suicide (Patalay & Fitzsimons, 2021), highlighting how suicidal thoughts and behaviours often arise early in life. Suicidal ideation and behaviour are associated with several negative outcomes for the individual such as risk of future suicide (Castellvi et al., 2017). Suicide can also have a catastrophic impact on a young person's family, friends, and the wider community, potentially increasing their risk of suicide too (Robinson et al., 2016). This provides a strong case for both prevention and early intervention for CYP with regards to suicidality.

Schools have been identified as a promising location to deliver suicide prevention, providing universal access to CYP (Calear et al, 2016). Suicide prevention interventions have been implemented in schools worldwide, but there are few in the UK and they have not been rigorously tested (Gijzen, 2022). WHO (2018) recommend that the most effective suicide prevention programmes incorporate universal (delivered to a whole population), selective (for those with increased risk), and indicated (for those who are already experiencing suicidal thoughts or behaviours) approaches. Whilst existing analyses of such approaches in community and school settings are encouraging (Robinson et al., 2018), only one study to date is applying rigorous economic methodology to evaluate short-term and long-term cost-effectiveness of a school-based intervention comprising universal, selective, and indicated approaches (Byrne et al., 2022).

Byrne et al. (2022) are currently trialling the Multimodal Approach to Preventing Suicide in Schools (MAPSS) project in schools in Melbourne, Australia; feasibility and acceptability have been demonstrated and their team are now conducting a full efficacy trial in Melbourne. MAPSS consists of a psychoeducation session on suicide for all year 10 pupils (universal), screening questions to identify year 10 students at risk of suicide (selective), and an online cognitive behavioural therapy (CBT) intervention for year 10 students who disclose recent suicidal ideation (indicated).

Universal psychoeducation suicide prevention programmes have been tested internationally and positive effects have been demonstrated, including increased knowledge, more adaptive attitudes, greater help-seeking intentions, and reductions in suicidal ideation and behaviour (Aseltine et al., 2007; King et al., 2011). The universal psychoeducation programme used in the MAPSS trial is a suicide prevention workshop known as SafeTALK, developed by LivingWorks Education (LivingWorks, 2019). SafeTALK is a 3.5 hour face-to-face suicide alertness training workshop, designed to help participants to identify suicide warning signs, gain knowledge of sources of support, and apply basic 'TALK' steps (Tell, Ask, Listen, and KeepSafe) to support someone who is suicidal (Grassroots Suicide Prevention, 2019).

Within the MAPSS trial, SafeTALK is being delivered to year 10 students, to equip them with the knowledge and tools to support peers who may be feeling suicidal. Given that CYP may prefer to seek support from informal sources than professionals (Rickwood, Deane and Wilson, 2007), this appears to be a sensible approach. Historically, there has been a reluctance to deliver suicide prevention to students directly due to concerns that this could elevate suicidal risk for some pupils (Miller and DuPaul, 1996). However, research evidence strongly indicates that asking about suicide and exposing people to suicide-related content is safe (Polihronis et al., 2020; Blades et al., 2018). When evaluated with secondary school students in Australia, SafeTALK did not induce suicidal thoughts or distress, and in fact increased knowledge, confidence, and willingness to talk about and/or seek help for suicide (Bailey et al., 2017).

There is evidence to support the effectiveness of school-based indicated interventions to suicide prevention (Robinson, Calear and Bailey, 2018; Gijzen, 2022). The indicated intervention being used in the MAPSS trial is an online CBT program called "Reframe IT", designed specifically for school students presenting with suicidal risk (Robinson et al., 2016). Existing research suggests that internet-based interventions for suicidal ideation can be successful (Torok et al., 2020). Reframe IT comprises eight 20-minute self-guided CBT modules, following the stories of two young people who make video diaries about their day-to-day life and their experience of feeling suicidal. It also contains a mood diary, signposting information, and a message board through which the participant can communicate with a moderator. Reframe IT has previously been shown to reduce suicidal ideation, depressive symptoms and hopelessness in secondary school students in Australia (Robinson et al., 2016; Hetrick et al., 2017).

Given the lack of a compulsory school-based suicide prevention programme in the UK, it is hoped that the MAPSS programme could eventually be expanded for use in this country. However, evidence suggests that effective school-based mental health interventions in one country are not guaranteed to successfully transfer to another (Wigelsworth et al., 2016). Further to this, if an intervention does not have high social validity, meaning it is not viewed as acceptable, useful, and feasible by the intervention deliverers (e.g. school staff) and/or recipients (e.g. pupils), then it is likely to fail (Lendrum & Humphrey, 2012). Therefore, the MAPSS programme may need to be adapted to potentially be effective in UK schools.

The current study aimed to interview school staff, secondary school students, parents, and mental health professionals in Merseyside to determine the social validity of the MAPSS programme, and to identify any necessary adaptations that should be made before it can be trialled, initially in Northwest England, and eventually in the whole of the UK. More generally, the study also aimed to examine the need for and potential benefits of a school-based suicide prevention programme and investigate how this could be implemented.

Method

Design and Setting

This was a qualitative study whereby semi-structured interviews were conducted with mental health professionals, parents, and school staff, and focus groups were completed with CYP. The study was conducted in Merseyside and the focus groups took place in three secondary schools in Liverpool.

Participants

Eight mental health professionals (one male, seven females) with experience supporting CYP with suicidal thoughts and behaviours were interviewed. This included staff from: Child and Adolescent Mental health Services (CAMHS; 4, including 1 from the crisis team and 1 from the access team), Public Health (1), Mental Health Support Team (1), and two General Practitioners (GPs).

Eight members of school staff (four male, four female) from three secondary schools were interviewed, which included two members of staff who acted as gatekeepers by assisting with the recruitment of students for the focus groups. Their roles included: learning mentor (4), head of year (3), and assistant headteacher (1). An additional member of school staff (assistant headteacher) acted as a gatekeeper but was not interviewed.

Three parents of children who had previously experienced suicidal thoughts and/or behaviours were interviewed. All parent participants were female.

Twenty-seven CYP (nine male, eighteen female) from three state co-educational secondary schools took part in four focus groups. Two focus groups took place in the first secondary school (with nine year 12 students in the first group and eight year 10 students in the second group), another in the second school (with two year 10 and two year 11 students), and the final one in the third school (with six year 10 students). The young people were aged between 14 and 17 years. Focus groups consisted of between four and nine pupils.

Table 1: Number of participants

Mental health professionals	School staff (including 2 gatekeepers)	Parents	Children and young people (age 14-17)
8 participants (8 one-to-one interviews)	8 participants (6 one-to-one interviews; 1 joint interview with 2 staff members)	3 participants (3 one-to-one interviews)	27 participants (4 focus groups of 9, 8, 4 and 6 across 3 schools)

Recruitment

Gatekeepers were recruited from three secondary schools in Liverpool via existing contacts and links with local networks. At the start of their involvement, they were provided with the participant

information sheet, and they were asked to sign and return the consent form to confirm they were happy to take on the gatekeeper role.

To assist with recruitment of school staff, gatekeepers were asked to distribute a recruitment email around staff in their school who support CYP with suicidal thoughts and/or behaviours; this predominantly included Heads of Year and Learning Mentors. The research assistant subsequently made contact with those who expressed interest in taking part and provided them with a participant information sheet and opt-in consent form, which they returned via email.

The gatekeepers were also responsible for organising the focus groups with CYP and were asked to recruit students from years 10-13 who would be suitable to take part in a focus group discussing suicide prevention. They were advised to recruit students with an appropriate level of maturity who were unlikely to find the research distressing. Gatekeepers were asked to obtain verbal assent from CYP and written opt-in consent from their parents, who were provided with an information sheet and consent form. The research assistant provided CYP with the participant information sheet and opt-in assent form before the focus group, so CYP signed and returned the assent form in person.

Parents and mental health professionals were recruited via existing contacts and links with local networks. Those who met the recruitment criteria (i.e., worked with CYP with suicidal thoughts/behaviours or had a child who had previously experienced suicidal thoughts/behaviours) were approached and asked whether they would be interested in taking part. Those who responded positively were given the participant information sheet and opt-in consent form, which they returned via email.

Materials

Ethics

Participant information sheets and consent forms were produced for professionals, school staff, parents, CYP, and gatekeepers. All study materials were coproduced with the wider research team that included researchers, headteachers, mental health workers, clinicians, and parents of young people who had been in a suicidal crisis or self-harmed. The information sheets included the purpose, procedures, risks and benefits of the study, and contact details of the principal investigator. The consent forms asked participants to confirm they had read and understood all information, and they were happy to take part in the study. Parents of all CYP invited to the focus groups were also provided with an information sheet and consent form to confirm they were happy for their child to participate.

A 'sources of support' document was produced for all CYP who participated in the study which outlined how and where they could access support for mental health difficulties and/or suicidal thoughts and behaviours. A similar document was produced for professionals, school staff, and parents which provided information on how and where they themselves could access support for mental health difficulties and/or suicidal thoughts and behaviours, as well as how and where CYP could access such support.

Professional and Parent Interviews

Bespoke semi-structured interview schedules were developed to collect qualitative data from professionals, school staff, and parents. The schedules included questions focusing on: current support for CYP with suicidal thoughts and/or behaviours, whether and why a school-based suicide prevention programme is needed, how suicide prevention could be delivered in schools, and perceived barriers and facilitators to delivery. The schedules also asked for feedback on SafeTALK (e.g. topics, group size, opt-in or opt-out procedures, barriers) and Reframe IT (e.g. online format, CBT modality, timescale, parental involvement). The schedules did not include any questions about the participant's personal experiences relating to mental health and/or suicidality. Example questions include:

"If secondary schools did start to deliver a suicide prevention programme, which year group(s) should it be delivered to?"

"Can you think of any reasons why someone may not want/be able to take part in SafeTALK?"

Bespoke semi-structured interview schedules were also produced to collect qualitative data from gatekeepers, to gain feedback on their experience of being part of the study. The questions asked about: what motivated the school to take part, how the focus groups were arranged, and the study experience from the perspective of the gatekeeper, school staff, and CYP. An example question is *"What factors did you consider when selecting students to invite to the focus group?"*

CYP Focus Groups

Bespoke focus group schedules were also developed to collect qualitative data from CYP, and a PowerPoint presentation was produced to display the questions; images and animations were included to help maintain engagement. Question topic areas were similar to those described above and did not require participants to discuss their own experiences of mental health and/or suicidality.

During some of the interviews and focus groups, participants were shown the Australian "Reframe-IT" website. This involved viewing the different pages of the website e.g., 'getting help' and 'safety plan', and watching some of the videos from the young people and the host. In some of the interviews and focus groups, the questionnaires that have been designed for a future UK MAPSS trial were also shared, in order to obtain feedback on these measures.

Procedure

Upon receipt of signed consent forms from school staff, mental health professionals, and parents, interviews were arranged. Interviews with mental health professionals, parents, and five members of school staff were conducted remotely via Microsoft teams, and three members of school staff were interviewed face-to-face in school. At the start of each interview, an overview of the study was provided, confidentiality was discussed, and participants were given the opportunity to ask questions. The interview was conducted in accordance with the schedules described above. The semi-structured nature of the interviews ensured that important topics were discussed whilst also allowing for unanticipated responses (Galletta, 2013) and providing participants with the flexibility to talk about issues that were relevant to them. Questions were open-ended, and prompts were used where necessary to elicit more detailed answers.

Focus groups were completed face to face in school. Two focus groups were conducted in the first secondary school, and one group was conducted in each of the other two schools. In the second and third school, a learning mentor was present during the group. To start, the research assistant explained what a focus group is, outlined confidentiality, and facilitated an 'icebreaker' activity. During the focus group, the PowerPoint presentation was used to display the questions and the bespoke schedule described earlier was followed. Much like the interviews, the focus groups followed a semi-structured nature which meant that key topics were covered, but the students also had flexibility to speak about issues that were important to them.

After all focus groups and school staff interviews had taken place, two of the gatekeepers were interviewed using the schedules outlined in the 'materials' section. Again, a semi-structured format was used.

Ethics

The participant information sheet made clear that participants were under no obligation to take part in the study and they were able to leave at any time. This was reiterated at the start of all interviews and focus groups. Issues relating to confidentiality were outlined in the participant information sheet i.e. participants were informed that all information would remain confidential unless potential risk was identified to themselves or others. This was again reiterated at the start of the study.

With regards to the focus groups, parents of CYP participants were aware of the date and time of the focus group and were advised to be vigilant to mood changes after their participation. Students were advised of who they could speak to in school if they required support after the group. All focus group and interview participants were provided with a sources of support document after their interview to encourage them to seek support for their own mental health if required.

The study received ethical approval from Liverpool John Moores University Research Ethics Committee (Reference: 22/PSY/011).

Data Analysis

Audio recordings were transcribed using the Otter programme (www.otter.ai). All transcripts were anonymised, reviewed and validated by the researchers. The data was then analysed in NVivo (2020) using Braun and Clarke's (2006) reflexive thematic analysis. A hybrid approach was used which enabled the exploration of themes relating to different elements of social validity (e.g. feasibility, acceptability, utility) whilst also allowing unanticipated themes to be identified.

The authors followed Braun and Clarke's (2006) six-stage process to analysis and engaged in regular debriefing and reflexive discussion, in line with guidance (Nowell et al., 2017). To start, one researcher (JT) familiarised themselves with the dataset through the process of transcription, in addition to reading and summarising the transcripts. Following discussions with the other two researchers (EA and PS), initial codes were generated by coding extracts in NVivo. These codes were subsequently explored further and the researchers collaboratively developed an initial set of themes. The remaining transcripts were analysed against this set of themes and the themes were refined and reviewed. Once the final themes were agreed upon, each theme was named and defined, and the report was produced.

Results

The main findings from the study are outlined in a summary table (appendix one). Four overall themes were identified from analysing the interviews and focus groups: 1) the need for and importance of suicide prevention in schools, 2) raising awareness and reducing stigma, 3) the need for suicide prevention training for everyone who supports young people, and 4) delivering universal and targeted interventions. A number of subthemes were also identified (discussed below).

The need for and importance of suicide prevention in schools

Across all interviews and focus groups, there was a strong consensus that there is a need for a suicide prevention programme in secondary schools, as this is an area that currently seems to be missing:

> *"I think there's definitely a need for it. I feel like at the moment self-harm is more, a lot more significant than it ever has been, the attempts are a lot more significant, so yes I would say there's definitely a need for this type of programme."* (Professional 7)

> *"I mean first off there's, there's 100% a need for it in schools. There's, even looking for support programmes and stuff like that in place, when I've looked the only sort of one that I've really come across is the Papyrus one, which is good but it's not anything that is regularly rolled out in schools."* (School staff member 4)

This theme has been further divided into four subthemes: 1) high rates of current mental health issues, 2) lack of current support available, 3) school as a location for suicide prevention, and 4) barriers to a school-based suicide prevention programme.

High rates of current mental health issues

It was clear from the interviews and focus groups that a large number of CYP are struggling with their mental health. Several participants indicated that mental health concerns are rising and are starting earlier in young people, and a range of influencing factors were proposed, including the covid-19 pandemic, bullying, social media, and school or exam stress. This apparent mental health *"epidemic"* (school staff member 2) illustrates why suicide prevention is so important in this population.

> *"So when we returned to school after COVID there was such a lot of students with low mood, anxiety, disengaged, and it was a real shock how many…and they were the ones that were coming out to us and reaching out to us. Self-harming seemed to be a lot more than we've ever experienced before, parents getting in touch to say they couldn't actually physically get the child to come into school. And then in terms of suicide there was, we've had two students now in the past few years that that have taken their own life as well."* (Gatekeeper 1)

> *"You worry about how other people view you, or for me anyway that was where a lot of like stress and stuff came about, and up to year 11 as well you think it's the end of the world when you're doing your GCSE's and you think like everything is so important."* (Year 12 student)

"I think children, it's so much down to social media as well, they're becoming more and more extra pressure on them, the younger age it's going, it's starting even earlier now I know." (Parent 3)

Lack of current support available

Interviews with professionals, school staff, and parents found that although some services offer support to CYP with suicidal thoughts or behaviours, these services can be difficult to access, waiting lists can be long, and thresholds can be high. Several participants explained that CYP can usually access support when they are in crisis, however support before and after the crisis situation is limited. Some schools offer in-house support to CYP with mental health difficulties but this appears to be inconsistent, with some schools choosing to prioritise mental health and wellbeing more than others. Overall, it appears that *"demand is definitely outweighing the supply in terms of support"* (parent 2) which again highlights the need for more support with regards to suicide prevention for CYP.

"In terms of provisions after that initial safeguarding and putting safety plans in place, I don't feel like there's an awful lot of support there and there's not really an intervention other than just kind of escalating them up to CAMHS or getting them referred into CAMHS which there is then a big waiting list for, even if it's an urgent referral." (Professional 7)

"They're [the services] *not efficient at all. They're too hidden and it's, support only comes in when you become a, someone who's chosen to take their own life by an attempt whether they're, I'm not going to use the correct phrases I'm sorry, but whether they're unsuccessful or they're successful it's that that they, the child can display and the family can request support going through from when it's level one shall we say but until you're a high three or four, nobody steps in."* (Parent 1)

School as a location for suicide prevention

Most participants agreed that school is a good setting to introduce suicide prevention, as it provides easy access to a large population of CYP, and it enables students to receive support and education regardless of whether they usually get this at home.

"Yeah because if people's parents, you know some parents are like 'oh mental health isn't real, just get on with it, it's not a big deal' then the only place they have is school." (Year 10 student)

Despite this, there will still inevitably be some CYP who miss out, such as those who do not attend school. It was also suggested that some CYP do not want school to be involved with their difficulties, which could potentially act as a barrier. Further to this, there may be some logistical challenges when implementing a suicide prevention programme in schools, for example deciding when and how to fit this into the curriculum, particularly for year 11 students who are completing their GCSEs. Therefore, further consideration may be needed in regards to how to overcome some of these barriers.

"Logistics - if you've got everyone doing it, great, because it works. The only issue you've got there is timetabling, it's kind of well which lessons do they miss? How many days? How long is this, does it physically actually take place for?" (Gatekeeper 2)

"When we talk to young people who come into the surgery, often they don't necessarily want to speak to school about issues. Although there are mental health support services in school, it's almost a little bit like if it's your, if people have a problem when they work they don't necessarily want to tell their employer about it because they sort of want to keep it private. So if there is somebody having self-harm thoughts or suicidal thoughts, if the kind of support to go through the programme is from someone within school, they may find that a little bit uncomfortable." (Professional 4)

Barriers to a school-based suicide prevention programme

Throughout all of the interviews and focus groups, numerous potential barriers to a school-based suicide prevention programme were highlighted. Neurodiversity and disability was by far the most frequently identified barrier, with particular attention being drawn to autism and ADHD. Some participants suggested both SafeTALK and Reframe IT could potentially be adapted for such individuals. All eight of the professionals interviewed mentioned this barrier, with some professionals explaining how CBT does not always benefit neurodiverse CYP.

"Working with a service with autism, CBT doesn't work with, some of the parents fed back and said it doesn't work for their child who's got autism and autism's quite prevalent, isn't it? So it's acknowledging that is there something else to offer that student so they're not singled out. So I mean, there's so many different interventions you can find…it's just making sure that that's, instead of a CBT based, because sometimes if they've got a fixed thought they find it hard to sort of, they're very black and white thinking, they find it hard to challenge that thought so sometimes it's a distraction technique instead or a breathing exercise, and then it's maybe validating that emotion and that negative thought but then doing something different." (Professional 1)

Further to this, there may be barriers around cultural and family beliefs, for example *"people from ethnic backgrounds might not believe in it* [mental health]*"* (professional 2). It was also suggested that some CYP may not take the programme seriously and may not behave appropriately in the SafeTALK session. Finally, participants suggested that some young people may find this topic area challenging, especially those who have personally experienced suicidal thoughts or behaviours, as well as those who have been bereaved by suicide.

"I think obviously if they've lost someone close to them through suicide obviously is one of the main ones [barriers] *but then also it might be someone who is suicidal themselves or someone who's been suicidal in the past and then, you know it's, they're reflecting on a time where life wasn't that great for them."* (Professional 6)

Overall, further consideration will be needed in terms of how to reduce barriers, and some participants suggested that schools could help to identify and support students who might struggle with the programme.

Raising awareness and reducing stigma

When discussing how to achieve effective suicide prevention, many participants suggested that there needs to be more awareness and education on the topic of suicide. It was evident there is still a stigma in this area, which needs to be reduced to promote comfortable and open dialogue around suicide; it is hoped that this would subsequently lead to more people disclosing and seeking support for suicidal thoughts, plans, or behaviours.

These issues are explored further in the following subthemes: 1) overcoming stigma, 2) increasing education and awareness, and 3) overcoming suicide myths.

Overcoming stigma

Professionals, school staff, parents, and CYP all raised the point that there is still a stigma around suicide, with many describing it as a "taboo" subject. Some participants suggested that even the word suicide carries a stigma, with one participant describing it as *"a word that people skirt around"* (school staff member 2). In relation to the programme in question and particularly the SafeTALK workshop, it was suggested that some students may not want to take part due to concerns around peer reactions, for example they may worry that people think they are attending the workshop because they themselves are experiencing suicidal thoughts. This highlights one of the benefits of offering this programme to an entire year group, as well as the potential benefits of using an opt-out procedure, and it is especially important that students understand that SafeTALK is a universal educational workshop rather than a targeted intervention. Regarding Reframe IT, this emphasises the importance of confidentiality, as it is likely that CYP will not want others to know they are accessing the programme. Overall, it was suggested that working to reduce the stigma around suicide would be a positive step towards suicide prevention.

> *"I don't know if they should necessarily be called a suicide prevention workshop because, I mean when we, who was it, was it [NAME] when you said to your teacher before, you said 'oh I'm going to a suicide prevention workshop', it sounds like you're like participating because you need that support and it creates stigmas around it."* (Year 12 student)
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> *"We need to kind of break the taboo around mental distress if you like and kind of normalise the fact that, you know we're all on a continuum somewhere and some people suffer more than others, and I think this sort of work does that really well in a preventative way."* (Professional 8)

On a positive note, several participants expressed that there is less of a stigma now than there was previously, and some members of school staff spoke about how they are actively trying to reduce the stigma further within school.

Increasing education and awareness

When discussing the specific mechanisms that may help with suicide prevention, a large number of participants referred to increased education and awareness around suicide for CYP, school staff, and parents. This could include greater awareness of warning signs, where to seek support, and how to ask questions around suicidal ideation. Over time, this would hopefully help to normalise the experience of suicidal thoughts and encourage openness around the topic. This would in turn promote help-seeking and early intervention, which were also identified as keys factor in suicide prevention.

> *"I think it's also, going back to the girl who did take her own life, because we're not doing it as an education programme for all, if that educate, you just think hindsight is a wonderful thing isn't it? But if you think back and if, if she was aware, if we'd have educated then it may not have come to her taking her own life."* (School staff member 1)

As well as increasing education and awareness around suicide, it was suggested that people may benefit from a greater understanding of mental health in general. More specifically, education on self-care, coping strategies, and signs and symptoms of mental health problems may help to prevent people getting to crisis point, which again may be facilitated through early intervention.

> *"I suppose it's around education isn't it, of the children themselves to be able to enable them to identify that there's a problem or a difficulty? Because they may not necessarily understand what them feeling the way they do actually means, so they might feel sick every morning but they just think that they're feeling physically sick or they may, you know, have physical symptoms that they are presenting with when actually anxiety is the underlying sort of mechanism for those or you know, they're not recognising that the issue is a mental health issue perhaps."* (Professional 4)

Overcoming suicide myths

As raised by professionals, school staff, and CYP, there is a common misconception that if we talk or ask about suicide it may 'put thoughts in people's head' or increase their risk of suicidal thoughts or behaviours, despite research evidence to the contrary. Several participants spoke about other people having this belief, and there was a small minority of participants who appeared to have this concern themselves. It was suggested that this may act as a barrier, for example parents may opt their child out of the programme if they hold this belief. It may therefore be beneficial to dispel this misconception prior to inviting people to attend the programme, for example in a letter or factsheet.

> *"If you're talking about something like that it might get into the other person's head and they might feel stuff like that as well."* (Year 11 student)

> *"When you're talking about suicide and self-harm there's a lot more people who are very wary of that kind of thing of 'well if we talk about it, it becomes a trigger, it becomes reality' and like if we talk about drugs and alcohol, there's no fear that kids are going to go straight out to the offy, go and buy a load of booze you know drink in the park. But there is a fear I think with,*

with parents that as soon as we start talking about self-harm and suicide, they're more likely to want to engage in that kind of activity." (Gatekeeper 2)

Interestingly, one member of school staff shared her experience of learning that asking about suicide does not increase risk, and she explained how helpful this knowledge has been.

"And even myself as a professional, so I had to ring a parent about their child and the child had expressed really, really low mood and the parent was a mental health nurse and so she actually, she was right away "has she had suicidal thoughts?"…and she kind of gave me the confidence because she, the parent was saying to me, you know talking about suicide doesn't make it more likely to happen and that definitely gave me more confidence. So I'd sent the child back to class and said "I'm gonna phone your mum" and I had to go and get the child back out of class and ask "Have you had suicidal thoughts? Have you made any plans? Have you researched anything?" And I don't think that I would have asked those questions not having had that conversation with a parent who was like 'look, this won't make it more likely to happen but we need to know if this is going to happen'." (School staff member 2)

The need for suicide prevention training for everyone who supports young people

As well as providing direct support to CYP with suicidal thoughts or behaviours, it was clear from the data that participants felt that those who support CYP should also receive training and education. This would equip them with the skills to identify CYP who are experiencing suicidal thoughts and behaviours, and support these individuals appropriately. Specifically, it was suggested that training should be offered to school staff, parents, and peers, which could help to promote a holistic and consistent approach to suicide prevention.

This theme will be explained further via the following subthemes: 1) methods of delivery, 2) support for school staff, 3) support for parents, and 4) support for peers.

Methods of Delivery

The possibility of delivering SafeTALK to children, teachers, and parents all at the same time was explored, which would enable all groups to be targeted at once. However, the vast majority of participants felt it would be preferable to offer separate sessions to parents (and potentially school staff), as young people may be less open if parents are present, and parents, teachers, and CYP may have different learning needs.

"A lot of kids like, the reason they go to school is because they don't feel comfortable going to their parents and I feel like sitting with your own mum like in a room about like suicide prevention, if you're having those thoughts like sometimes your parents think it's not like a real thing. And I feel like a lot of kids would probably not want to be with their mum or their dad or whoever while they're doing it." (Year 12 student)

"I think a lot of kids wouldn't engage as much if their parents, certainly their parents and possibly their teachers were there. I think parents might ask different questions, probably

would ask different questions if their kids were in the room. Kids would certainly ask different questions." (Parent 2)

Support for school staff

It was emphasised by all groups, including teachers themselves, that despite often being the first port of call for students who are struggling with their mental health, many teachers lack formal training, specialist knowledge, and confidence to support young people with suicidal thoughts or behaviours. This can increase pressure and emotional demand on teachers and other school staff who already have numerous responsibilities, and it can ultimately mean that CYP do not get the right support. It was also raised by some participants that there may be inconsistencies in terms of how comfortable and knowledgeable school staff currently are in suicide prevention, and some staff may be more motivated to improve in this area than others. Despite this, it seems evident that school staff feel they would benefit from further training in suicide prevention, as would the CYP who they support.

> *"Especially with the levels of, you know again, no mental health training but you're the triage for it and because of the waiting lists have been so long, we end up dealing with it week after week after week which is okay but then it's our own mental health."* (School staff member 1)

> *"I feel that there is a huge need for teachers to have a bit of an understanding around mental health and how to manage these type of thoughts as well, because I feel that from my experience, it sounds like teachers are burning out because of it. It sounds like teachers are feeling really, really anxious because of it, they don't know what to do, and it's caused, and it does cause unnecessary attendances to A&E."* (Professional 2)

> *"I think a lot of them* [school staff] *would feel very uncomfortable, like I would put that a very large percentage if I'm honest. One of the things in my last role in my old school was to be part of a whole school mental health approach rollout and that was one of the biggest issues... When we were talking to staff they all felt like they were really, really out of their depth if somebody said anything about mental health."* (School staff member 4)

Support for parents

School staff, professionals, CYP, and parents themselves suggested that parents would benefit from being involved in the suicide prevention programme for a number of reasons. Firstly, it would enhance their knowledge and understanding of this topic, as most are unlikely to have received education or training on this previously. In addition, parents generally spend more time with their child than anyone else, therefore it is important that they are educated on how to support their child if they do experience suicidal thoughts or behaviours. Finally, parent participants in particular raised the importance of ensuring that parents have support if their child is experiencing these difficulties, as this can be a challenging time for parents.

> *"In an ideal world, because I don't know the content of all of it, it should be detailing what has been shared with the younger generation and then a section of how you can support as parent,*

carer, whoever it is, and then where there is support for you as a parent because it's hard." (Parent 1)

"I think there could be a lot more like psychoeducation and resources for parents available so that they've got the skills to feel equipped and able and confident to support their child if they have mental health difficulties, or I suppose more specifically self-harm and suicidal thoughts and behaviours…If the people around the child and the systems around the child are equipped and skilled enough to be able to manage those I think a) we'd see less of them and b) there'd be that more equipped team to deal with those situations if they do arise." (Professional 7)

However, a few participants (mainly school staff) suggested that not all parents would engage in a programme like this, especially if their child was not experiencing suicidal thoughts or behaviours. Therefore, thought should be given on how best to promote this programme to parents, to ensure maximum engagement.

"I think unless the parents been through it themselves, I wouldn't necessarily say our parents would take part…unless they're going through it now and thinking they need to understand a little bit more about how their kids feeling. But I don't think parents would go 'oh I think I need to do that because in five years' time my son or daughter…', they tend to stay away from school and we've had parents drop-ins or tea and coffee mornings but you don't really get, once they get to secondary school in the UK they tend to just be on their own." (School staff member 6)

Support for peers

Participants from all groups agreed that it is important for CYP to be aware of how to support their friends with suicidal thoughts and behaviours. During the focus groups, CYP identified that they would like to know *"how to spot the signs of it"* (Year 10 student) and CYP need to know what to do if their friends disclose suicidal thoughts, including how and where to seek advice and support. It appears that many young people turn to their friends when they are experiencing difficulties rather than going straight to an adult, meaning peer education is vital.

"Just going back to the suicide review that I mentioned, I think it was 2017 that we did in Liverpool, there was six suicides within an 11 month period and one of the key focus, there was like about six to eight themes that came out of that and one of the things that came out was that each of the young people had told a friend within the last few days that they were planning, and each of those friends in those individual cases hadn't shared that with anyone and they didn't know what to do with it, and they'd been like sitting with that. So that, when I mentioned about relationships and stuff that, that peer support, that's exactly what is needed." (Professional 8)

"I think there needs to be an awareness amongst school staff, but not only school staff, I think young people need to be aware of it as well like fellow students because there is instances where say a young person, because obviously when you're young your friends are your life aren't they? And I think they do sort of sometimes tell their friends about suicidal thoughts and

then sometimes their friends don't know what to do and so they need to be, you know everyone needs to be educated within the school setting." (Professional 6)

Delivering universal and targeted interventions

When conducting interviews and focus groups, specific questions were asked about SafeTALK (a universal intervention) and Reframe-IT (a targeted intervention). This enabled the collection of views and feedback on how universal and targeted interventions can best be delivered, some of which is outlined in the summary table (appendix one). This data will also be explored further in the following subthemes: 1) when to deliver suicide prevention (age), 2) content and delivery of suicide prevention, 3) the importance of choice, and 4) the utility of online interventions.

When to deliver suicide prevention (age)

There was mixed feedback from all participants in regards to when suicide prevention should first be introduced into schools, with responses ranging from year 6 to year 11. Interestingly, the most common answer was to first introduce suicide prevention at year 7, when students have just transitioned from primary to secondary school, although others felt it would not be needed this early. A number of participants suggested that suicide prevention education should be repeated and built upon every one or two years, as opposed to being a single standalone session.

> *"I mean it could be delivered to all because we're getting students as young as 11 coming in with it. It probably if possible could be a staggered approach so year seven, year nine and then it's those, the transition from year six to year seven is very stressful for some students more than others, isn't it?... It's making sure that those students who are not having those thoughts are aware that their friends might be and what they could do to help…so it's more of 'how could they help their friends?' perhaps at the start and then as they get older it might be like, 'okay so if this is continuing what other mechanisms to be put in place?' So I would probably consider doing a staged approach."* (School staff member 1)

In the Australian MAPSS trial, SafeTALK and Reframe IT are being offered to year 10 students, which is equivalent to UK year 11. Although participants acknowledged that year 11 is a difficult year due to GCSEs (therefore students may be more likely to struggle in this year), many felt that year 11 was too late to initiate this support, and it would be preferable for students to have completed the programme in advance of their GCSEs. It may also be practically difficult to deliver the programme during year 11 due to the impact of exam pressures on the curriculum.

> *"[Year 11 is] far too late. Patterns are embedded, behavioural patterns are well and truly embedded. They have got to a point where they've established their personality and how they cope with things so in that sense it's far too late for that…it's right that there should be an age appropriate and the detail to be there but to just come in at that age – no."* (Parent 1)

Content and delivery of suicide prevention

When discussing the content that should be incorporated into a school-based suicide prevention programme, numerous suggestions were raised, with coping strategies and help-seeking being the

most common. In terms of coping strategies, it was suggested that all CYP should be taught strategies to manage and improve their mental health generally, as well as strategies that could be used to manage suicidal ideation specifically. This could include hobbies, self-care, and distraction techniques. In regard to help-seeking, a large number of participants, including CYP, parents, school staff, and professionals, highlighted that young people need to know how and where to seek help if they or someone else is experiencing suicidal thoughts or behaviours. In relation to MAPSS, help-seeking is a key aspect of the SafeTALK workshop, and coping strategies are covered in Reframe IT. However, it may be useful for schools to ensure all students are taught about coping strategies, regardless of whether they are currently experiencing suicidal ideation.

> *"I suppose the emphasis would be on, you know, about reaching out for help and about how they can access help either via you know, speaking to someone within their families or providing them with contact details for organisations that can help them if they are in crisis or before they get to the crisis point, giving them pointers as to who, who can actually help in a situation like this."* (Professional 4)

In terms of the delivery of a suicide prevention workshop, participants were very positive about the delivery methods that are used in SafeTALK, including discussions, videos, and case studies. Several participants emphasised the benefits of having a mix of activities (and not just someone talking) which helps to maintain engagement and address individual learning styles and needs. It was suggested that students could complete some activities in smaller groups, for example some CYP may struggle in whole-class discussions but may be more open in smaller groups. Finally, CYP expressed that the workshop should not feel like a lesson, and it needs to be interactive and engaging.

> *"So I think delivering to the whole group in kind of like a lecture style but then giving them the opportunity to break off into smaller groups and have them group discussions and interactions and doing them activities together…, I feel like that's the most effective way to get the most out of them. If you're delivering in a lecture style it doesn't feel like it's really targeted…but then when they get the opportunity to break off into small groups they can share their own personal experiences and it doesn't feel as overwhelming and exposed."* (Professional 7)

> *"I just think don't make it seem like a lesson because kids our age, like if I was going on a lesson about suicide I'd just be like, you know it just seems like it's going to be something boring like something you don't want to listen to, especially if you're not struggling with those problems. But obviously if you're not struggling it's still good to know in case you are one day, but just don't make it seem like it's a lesson."* (Year 10 student)

The importance of choice

The importance of choice was highlighted in the data, particularly by CYP; offering choice can help to increase feelings of control and comfort, and may promote engagement. One of the most frequent suggestions from CYP was that they should be able to choose who is in their group for the SafeTALK workshop, and this was independently raised in all four focus groups. CYP explained that this would allow them to feel more comfortable and encourage openness in the session.

"I mean I think it'd be better to pick who's in your group because like if you are gonna talk about stuff like that, you'd want the people who you actually know." (Year 10 student)

Further to this, when asked whether pupils should complete the online Reframe IT modules independently or with face-to-face support from a member of staff, participants from all groups agreed that this should be an option, rather than enforced. This helps to create a more individualised approach to treatment.

"I think like from our experience it would kind of depend, like I think there's some of our year 11s who, despite their struggles, they'd be quite probably keen to do it on their own if I'm being honest with you, maybe with the ability to you contact someone if they need it. But then I also think there are some who would struggle on their own, so I think it really is a case of, you know case by case with that one, it's what works for one person may not be ideal for the other so having the two options would probably be the best like." (School staff member 3)

The utility of online interventions

Feedback on the online format of the Reframe IT intervention was mixed from all groups, with some participants expressing very positive views towards this, and others preferring a face-to-face approach. However, most participants agreed that having an added option of face-to-face support with the online modules would be good, and this could potentially bridge the gap between online and face to face support. Suggested benefits of an online intervention include the flexibility to access it as and when it is needed, and CYP may find it easier to write about how they are feeling rather than vocalising this in person. On the other hand, some participants reported that an online intervention feels less personal, and some young people may prefer to speak to someone face-to-face. There are also potential barriers to consider, for example CYP would need to have access to the internet and an appropriate device, and some young people may struggle to engage if they forget to use the programme or struggle with motivation, particularly if they are experiencing low mood. Consideration should be taken in terms of how to overcome these barriers.

"It's sort of easier to open up to like online, like when you're texting people you're more willing to say stuff because you don't have to face it and you don't have to face the person, look them in the eyes and tell them something that can be really uncomfortable." (Year 10 student)

"I think that would be hugely beneficial and it can be done in their own time as well… it's up to them, it might be like 10 o'clock at night and they're sitting there and 'I'm not feeling too good so I'm gonna do the next session'. I think that's a really good, I think that's a positive move." (School staff member 1)

"I think my worry is that sounds like 'right you've got these suicidal… here, sign up to this and do it yourself in your own time'. And I would worry that that wasn't enough support. What if that young person is feeling that way because home is chaotic, or they don't have access to the internet, or they don't have a quiet place to sit and reflect. Or also sometimes when we feel low we don't want to sit and examine those thoughts… I would worry about them having to sort of take themselves through that process." (School staff member 2)

Conclusions

This report analysed responses from interviews and focus groups with mental health professionals, school staff, parents, and CYP about the need for and potential delivery of a suicide prevention programme in secondary schools. Participants also provided feedback on the interventions being used in the Australian MAPSS trial (SafeTALK and Reframe IT) and this feedback can be used to adapt the programme for use in the UK.

Overall, participants overwhelmingly agreed that there is a need for a greater and more consistent emphasis on school-based suicide prevention, as a number of CYP are at risk of suicide (e.g., those who struggle with their mental health) but there is not enough accessible support available. School appears to be a sensible location for suicide prevention, as this is where CYP spend a lot of their time. However, there are barriers that need to be considered, for example some CYP do not want school involved with their difficulties. Other more general barriers to a suicide prevention programme for young people include neurodiversity and disability, cultural and family beliefs, and personal experiences of suicidal thoughts or bereavement through suicide.

To achieve suicide prevention in schools, participants suggested that there needs to be more education and awareness of suicide, to encourage open dialogue, normalise the topic and promote early help-seeking. Suicide still appears to be a taboo subject and work needs to be done to reduce the stigma. In relation to a school-based suicide prevention programme, it was suggested that stigma may prevent some people from attending due to fear of what others will think. Similarly, the erroneous belief that talking about suicide "puts thoughts into people's heads" may also act as a barrier. Therefore, reducing stigma and challenging myths may be an important first step towards suicide prevention.

Participants agreed that school staff, parents, and CYP should all be involved in suicide prevention and that training should be offered to each of these groups, although not in the same session. Many school staff lack specialist knowledge and confidence to support CYP with suicidal ideation or behaviours, even though this is something they are dealing with more and more. If CYP are experiencing suicidal thoughts or behaviours, this can be very difficult for parents who are often desperate to support their child but unsure of how to do so. Finally, it is apparent that young people often turn to one another when they are struggling; therefore it is vital that CYP are educated on how to support their friends with suicidal risk, as well as receiving intervention themselves if necessary.

Finally, it appears that there is no "perfect" age to start suicide prevention, although several participants suggested it should be introduced lightly at year 7 and built upon each year or two. CYP particularly need to know how and where to seek help, and all students could benefit from learning coping strategies, regardless of whether they are currently experiencing suicidal thoughts. When delivering suicide prevention to CYP, it was suggested that this should be interactive and varied, and participants should be given choice where possible. In relation to targeted support, there are pros and cons to online interventions, and some may benefit from this format more than others. For example, some CYP may appreciate the flexibility and independence, whereas others may prefer face to face interaction and direction.

MAPSS (SafeTALK and Reframe IT)

Overall, participants were positive about both SafeTALK and Reframe IT being implemented as an intervention in schools. Feedback for SafeTALK was positive regarding the topic areas and delivery methods; however, many participants felt that delivering this in a single 3.5 hour session may be too much unless breaks and activities were included. Participants generally agreed that a group size of 30 would work fine although smaller and self-selecting groups may be preferable, if logistically possible. Many reported that delivery by an external professional would work best, but it was suggested that school staff should still be present to support with the workshop and provide a clear 'go-to' person for the students after the workshop.

As outlined above, participants provided mixed feedback on the online format of Reframe IT, and most people agreed that an additional offer of face-to-face support with the modules would be beneficial. Feedback was positive about the 24/7 access to Reframe IT due to the flexibility this provides. Most participants felt that CBT was an appropriate treatment modality, but it was highlighted that CBT does not work for everyone. The Reframe IT website was generally well received, and participants found the video diaries relatable, but suggested they could be improved further for use in the UK if English actors were used.

Recommendations

- When delivering suicide prevention work to CYP, schools should be considered as a location for this. Researchers should liaise with school staff regarding the logistics of where this can fit in the curriculum. School staff could also help to identify and support specific CYP who may struggle with the programme.
- Consideration should be given in terms of how suicide prevention programmes can be adapted for those who are neurodiverse or have a learning disability. For example, resources could be adapted, or additional support could be provided.
- Sensitivity should be applied when offering suicide education to CYP who have personal experience of suicidal thoughts or behaviours, or those who have been bereaved by suicide. These young people and their parents may benefit from a conversation with a member of school staff or the research team, and additional support should be offered during and after the programme.
- Suicide prevention education should be offered to all students and an opt-out procedure should be used to encourage as many CYP to attend as possible. This helps to normalise and break down the taboo. Small group work with friends is preferable.
- Confidentiality should be maintained to ensure that other students are not aware of who is taking part in a targeted intervention.
- Prior to introducing a suicide prevention programme, efforts should be taken to challenge myths that may prevent engagement, for example the belief that talking about suicide may increase the risk. Comprehensive information should be provided to school staff, students, and parents to try to reduce stigma and encourage engagement.

- School staff, CYP, and parents should all be involved in suicide prevention. Training should be offered to each of these groups individually, and targeted support should be offered to CYP with higher suicidal risk.
- Where possible, schools should offer education and support on mental health and suicide and encourage open discussion and help-seeking with regards to this. Education could start from year 7 and be revisited and built upon each year.
- All students in school should be aware of how and where to seek help in relation to suicidal thoughts or behaviours. Students should also be taught about topics such as self-care and coping strategies. Teaching methods should be interactive and varied.
- Online interventions should be considered for CYP, although some CYP may benefit from alternative or additional face-to-face support. Online interventions should be made accessible to all CYP, for example schools may be able to provide CYP with laptops or devices if they do not already have access to these. Other barriers could be addressed through strategies such as reminders to log onto the online programme.

Further recommendations and action points specific to the adaptation of MAPSS in preparation for a UK-based trial are outlined in Table 2 below.

Table 2: Summary of suggested adaptations

Need for suicide prevention (SP) in schools	SafeTALK
• Currently lots of children and young people (CYP) struggle with mental health & suicidal thoughts/behaviours but there is not enough support available – services can be hard to find, thresholds are high, waiting lists are long, support in schools is inconsistent, "demand outweighs supply". • Influencing factors: school/exams, bullying, social media, COVID. • Teachers are often the first port of call for CYP with suicidal thoughts or behaviours but most don't have any formal mental health training, so lack knowledge and confidence to manage this. • There was strong agreement that a SP programme for CYP is needed, which should help to educate and increase awareness of suicide. • School is a good place to run a SP programme as CYP spend a lot of time there. It is also good for those who wouldn't get support out of school. However some CYP don't like school or don't want school involved and there may be issues with attendance. • There is still a stigma around suicide – even the word suicide carries a stigma. Some people may not want to take part in SP because of what others may think – training may help to reduce this stigma in the long term. • Some people believe talking about suicide increases the risk – this may put parents off consenting for their children to attend. • It's important to support CYP, parents, and school staff – this helps to ensure that everyone is on the same page. • Ideas on what age SP should start from ranged from year 6-11. Many people agreed mental health education could start in year 7 and this could be built on each year to incorporate SP.	• This could be built into the PSHE curriculum. • Year 11 may be too late to deliver SafeTALK. • There were mixed views on group size but most agreed it should be no more than a class size – 30 should be ok and they could work in smaller groups for some activities. Engagement may be higher if CYP are in groups with friends. • 3.5 hours is long - it may be better to divide this into 2/3 shorter sessions. However it could work if there are enough breaks and variation e.g. varied activities, possibly different rooms and facilitators. • The workshop needs to be interactive and engaging, and it shouldn't feel like a lesson. People were positive about using videos, discussions, and case studies. It may be useful to involve someone with lived experience. • Topics could include: where to seek help, how to support friends, possible causes, resilience, coping strategies, self-esteem. • Most adults feel external delivery would be better but CYP feedback is mixed between external providers, school wellbeing staff, and some teachers. People reported benefits to both internal and external delivery. • Most people disagreed with the idea of having CYP, parents and teachers in the same session as people may feel less comfortable. Parents and teachers should be involved but in a separate session. • Everyone agreed an opt-out approach would be preferable. • Support needs to be available during and after SafeTALK for CYP who struggle. • Potential barriers include: learning difficulties, personal or family experience of suicidal thoughts or behaviours, cultural or family beliefs, disruptive behaviour.

Reframe IT	Overall Findings
• Feedback on the online format of the intervention was mixed. Pros include that it is private and may feel more comfortable than face-to-face sessions. Cons include that it loses its personal touch and may feel less supportive. • Most people were positive about the idea of completing modules with face-to-face support from staff – this could be a helpful prompt and it provides a weekly anchor point. Many agreed this support should be an optional add-on. • People were generally positive about the CBT modality but expressed that it doesn't work for everyone all the time. • People liked the flexibility of the intervention e.g. 24 hour access, people can log in as and when they need to. • Some CYP may struggle to engage due to difficulties with concentration, energy levels, or motivation. Some may forget to use it, see it as extra work, or may not have access to a device or internet. • Some people felt the videos may be too 'cartoony'. People found the video diaries good and relatable but were less keen on the host videos. Videos may be more relatable with English actors. Most people agreed that parents should be given some information about Reframe IT but CYP have a right to privacy. • If Reframe IT is not effective for some CYP, alternative support should be considered.	• Both aspects of the programmes may need adapting for neurodiverse individuals e.g. those with ADHD or autism. SafeTALK may be distressing for some of these people, and shorter sessions and more support may be preferable. CBT is often less effective for this population but could be adapted in the future. There is currently a lack of support for neurodiverse individuals, even though their suicidal risk may be elevated. • Having choice and control is important, particularly to CYP e.g. they should have choice over whether to take part, who is in their SafeTALK group, whether they complete Reframe-IT with face-to-face support etc. • The questionnaires are somewhat lengthy and some questions/answers may need amending e.g. additional services could be added to service use questions. • Questionnaires could be completed online and could include a trigger warning. Adults should be present and support should be available after. • CYP felt that some people may lie on the questionnaires e.g. they may be in denial or may lie 'for a laugh'.

Recommendations/action points for UK MAPSS trial

- Allow more time to recruit diverse schools from across Northwest England.
- Develop a Reframe-IT UK based website.
- Update Reframe-IT videos with diverse English actors.
- Review and update questionnaires based on feedback.
- SafeTALK and Reframe-IT will now be delivered to year 10 students, rather than year 11.
- 5-6 staff members in each school will be trained on suicide prevention.
- At least one member of school staff will be present during SafeTALK.
- An information session will be offered to parents of students attending SafeTALK.
- IT equipment will be sourced for those who need it, for Reframe-IT.
- CYP will complete Reframe-IT modules with a staff member present.

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