QUALITATIVE EVALUATION SIX MONTHS REPORT: LONDON

James’ Place Internal Evaluation

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Authors: Pooja Saini, Claire Hanlon, Ellen O’Donoghue, Dan Bracken, Jane Boland, Jennifer Chopra

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This report is the work of members of Liverpool John Moores University, a collaboration of James' Place London (JP), and front-line service providers with the aim to explore whether the JP therapeutic model is an effective form of therapy for men referred into the service based in London.

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Appendices include all of the tools used within the study for data collection.

James' Place Evaluation Team:

Dr Pooja Saini, Reader in Suicide and Self-Harm Prevention, School of Psychology, Liverpool John Moores University

Claire Hanlon, Research Assitant, School of Psychology, Liverpool John Moores University

Dr Jennifer Chopra, Senior Lecturer, School of Psychology, Liverpool John Moores University

James' Place six month Process Evaluation: London

Executive Summary

Introduction

Over 700 000 people die by suicide each year worldwide. Suicide amongst men is a major public health problem, and is the leading cause of death among men under the age of 50 and for young people aged 20-34 years in the UK. James' Place is a charity set up to help men in suicidal crisis. It opened its second centre in London in July 2021 (in temporary accommodation following an initial online service during the pandemic), and offers a proven intervention delivered by suicide prevention therapists. This evaluation aimed to examine the effectiveness of the James' Place model on reducing suicidality in men when implemented in a new, different location. The methodology was designed pre COVID19 and adapted to address the changes necessitated by the pandemic for data collectcion.

Process Evaluation Clinical data was collected for 180 men referred to James' Place London between 1st July 2021 and 31st January 2022. Demographic information was collected on the service data system. The CORE-10 Clinical Outcome Measure (CORE-OM) and 4-item entrapment measure were used pre- and post-intervention to measure clinical and psychological change. Both measures are client self-report questionnaires, which were administered before and after therapy. Men were asked to respond to 10 questions about how they have been feeling over the last week, using a 5-point Likert scale ranging from '*not at all'* to '*most of the time'* and 4 questions about feeling of entrapment. This information was supplemented with qualitative data generated through in-depth interviews (n=8) with those people involved in designing, setting up, referring into or delivering the JP therapeutic model. The study focused on the facilitators and barriers to implementing the JP service in London.

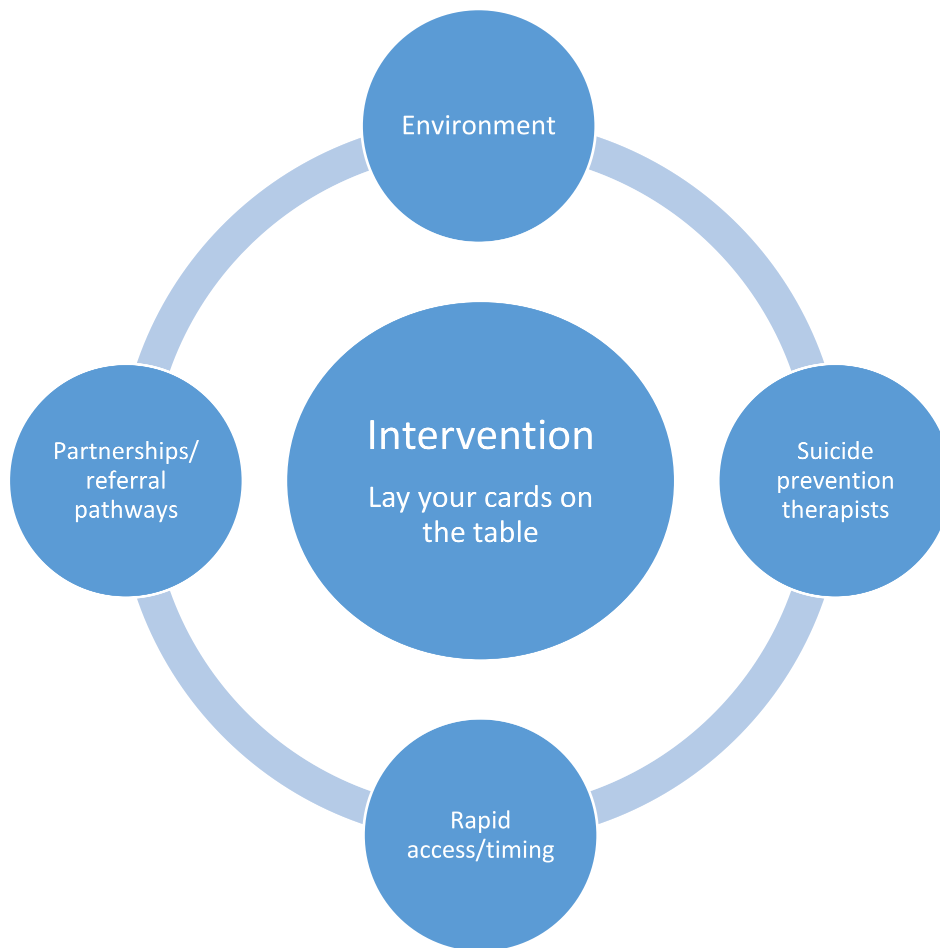
Impact of James' Place

Lives Saved For the men who completed pre- and post-questionnaires, all experienced a significant positive change in general psychological distress. Across the cohort, for men who received therapy, there was a statistically significant reduction in mean scores between initial assessment and end of therapy. There were more diverse population groups in London compared to Liverpool and variations were evident in outcomes for different populations, however, these were not significant. Overall, the results showed a significant improvement in the health of the men arriving in a crisis to the service when therapy was provided face-to-face at the centre in London.

Value of James' Place James' Place is making a life-changing difference to individuals, their families, their communities and the wider system. James' Place provides a substantial social value contribution to a wide range of stakeholders, including family members, friends, statutory and non-statutory services (including the NHS, welfare services), employers and education establishments. The service has used learning from the first centre in Liverpool and managed to implement a second service in a new location successfully.

Recommendations This evaluation has highlighted the effectiveness of the James' Place model in saving lives and the implementation of the same model in a new location. The James' Place model consists of five components: environment, suicide prevention therapists, partnerships/referral pathways, rapid access to the service and the 'Lay your cards on the Table' intervention (see Figure 1). We would recommend that James' Place use a similar model when implementing the service in other settings, but that they also take note of the local population it will serve. The charity is in the process of opening a further three more services across the UK. Based on the findings of this evaluation, we would recommend that the James' Place model developed in Liverpool and London be implemented as a model within its future centres. We would recommend that cultural diversity be taken into consideration when opening centres in new locations.

Figure 1: The James Place model (Boland and Milford-Haven, 2018)



Introduction

With over 700 000 people dying by suicide each year worldwide (World Health Organisation [WHO], 2021), suicide remains a significant, yet preventable, public health risk. Suicide among men is a major public health problem, and is the leading cause of death among men under the age of 50 and for people aged 20-34 years in the UK (Office for National Statistic [ONS], 2019). Prevalence of death by suicide among men is consistently higher than women in the majority of countries (Turecki and Brent, 2016; WHO, 2019). Recent figures show that men accounted for three quarters (4,903 deaths by suicide) of the 6,507 registered suicides in 2018 in the UK (ONS, 2019). Suicide mortality among males in England significantly increased by 14% in 2018 compared to 2017, with a 31% increase of men aged 20-24 years dying by suicide and middle-aged men (40-50 years) accounting for a third of all suicides in England in 2018 (ONS, 2019).

Previous screening for depression and follow-up with psychiatric care has resulted in reducing the high suicide rate for men (NCISH, 2017). However, maintaining psychiatric services for such screening programs is problematic and neglects the fact that a large number of men at low risk for depression produces more suicide victims than a small number of those at high risk. Between 2002 and 2012, 72% of people who died by suicide had not been in contact with their GP or a health professional about these feelings in the year before their suicide (NCISH, 2014). Suitable support provision for men in suicide crisis is needed, especially for men who communicate suicidal distress; however, service provision is lacking, particularly within community settings (Pearson et al., 2009; Saini et al., 2010; 2016; 2018). To date there has been limited published research on the effectiveness of community-based brief therapeutic psychological programmes for men in suicidal crisis (Chopra et al., 2022; Saini et al., 2021, 2022; Hanlon et al., 2022).

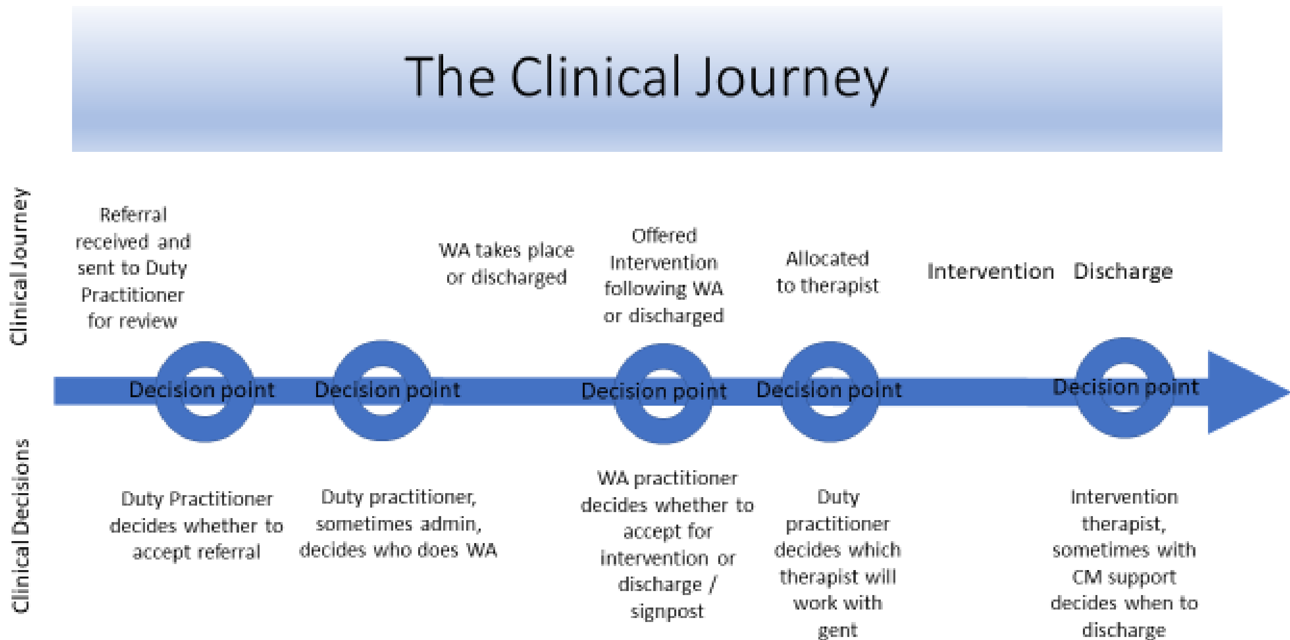
James' Place Model

JP is an innovative therapeutic centre that offers support to men in suicidal crisis within a community-setting. The centre is the second of its kind in the UK, delivering suicide prevention interventions by suicide prevention therapists. The therapeutic model of JP draws upon three theoretical models: Interpersonal Theory of Suicide (Joiner 2009), The Collaborative Assessment and Management of Suicidality (Jobes, 2012) and The

Integrated Motivational-Volitional Theory of Suicide (O'Connor, 2011; O'Connorand Kirtley, 2018). Each of these three models seek to explain suicidal behaviour in an individual or group and suggest ways in which individuals at risk of suicide can be treated and which interventions could be helpful. The commonality of these approaches is the process of working alongside the suicidal person with a focus on helping to reduce suicidal distress and supporting the men to develop resilience, safety planning and coping strategies. The JP model that is being developed will be familiar to those of a simple 'Crisis Resolution' model (DH, 2006). The difference is that JP supports men who, whilst they may be experiencing a suicidal crisis, have not identified a serious mental health problem (e.g., Severe Depressions, Bipolar Disorder, Psychotic Illness, Personality Disorder) as the underlying cause of their suicidality. In common with the CAMS model, the therapists offer a range of therapeutic approaches and interventions but will focus on decreasing suicidal distress and supporting the men to develop resilience and coping strategies.

The model includes approximately ten sessions of therapy that typically involve assessment formulation where therapists assess the risk of the men, in a collaborative way, with a safety plan. The first stage is about managing the risk, making sure the men are safe and engaged in the talking therapy. The 'Lay your Cards on the Table' model is introduced to aid conversation and visually display how the men are being affected by their suicidal thoughts. The therapy is person centred and therapists may conduct a brief psychological intervention if someone is struggling with negative beliefs about themselves or unhelpful cognitions. This may include behavioural activation, relaxation with someone who is really struggling with anxiety, or sleep hygiene. The final few sessions will typically consist of relapse prevention and going through a very in-depth safety plan, making sure that the men know the progress they have made and they know what has actually helped them. That could be using the cards, getting all the cards out and looking at what has been useful and what has not been useful. Looking at that person's early warning signs and what is a sign for them when they are going downhill again. Planning with them for that scenario, so a lapse is less likely to turn into a relapse.

Figure 2: The Clinical Journey for men referred to the James' Place service



COVID-19 pandemic

Globally, the COVID-19 pandemic has caused unprecedented disruption, impacting on communities, livelihoods, and economies across the world (World Health Organisation [WHO], 2020). The national and devolved governments' restrictions and guidance throughout the pandemic have been ever-changing in response to the level of the coronavirus present in the various countries and regions of the UK. The World Health Organisation declared the pandemic on the 11th March 2020 (WHO, 2020). Following this the UK government imposed its first official advice on controlling the virus by announcing the introduction of 'social distancing' on 16th March 2020, closure of hospitality on 20th March 2020, and a full nationwide lockdown on the 23rd March 2020 (Prime Minister's Office, 2020a).

In England, these restrictions included all schools being closed with education moving to home-schooling, all non-essential workplaces to close or for staff to work from home where possible. The first lockdown lasted seven weeks and then gradually eased from the 10th May, with the guidance changing from "stay at home" to "stay alert" and the "rule of six" mixing outdoors (Prime Minister's Office, 2020b). Restrictions eased for a final time on 4th July, allowing up to two households to mix indoors and the hospitality industry (i.e.

hotels, pubs and restaurants) to re-open with social distancing measures in place (Prime Minister's Office, 2020c). The London service was initially delivered remotely by therapists for approximately six months due to the restrictions of the pandemic and the delays caused in the opening of a face-to-face service. However, the service was delivered face-to-face in temporary accommodation from July 2021. The service moved into its permanent location in May 2022.

The purpose of this study was to conduct a process evaluation of the face-to-face service design, setting up, delivery and use of the brief psychological intervention offered at JP, a therapeutic suicide crisis centre in London. The main aim of this study is to explore whether the JP therapeutic model is an effective form of therapy for those referred to the JP Service in another location. The key objectives are:

1) to evaluate the JP intervention for men experiencing a suicidal crisis in a different location;
2) to examine the effectiveness, acceptability and fidelity of the JP therapeutic model.

Method

Design: Mixed methods including both quantitative and qualitative data were used for this process evaluation. Cohort data was extracted from the service and one-to-one semi-structured interviews were conducted with those people involved in designing, setting up, referring into or delivering the JP therapeutic model. The study focused on the facilitators and barriers to implementing the JP service in London.

Setting: All interviews took place remotely using Microsoft Teams and were audio-recorded following consent.

Participants: Quantitative data was collected from a cohort of 180 men experiencing a suicidal crisis who had been referred to James' Place London. Qualitative data was elicited through nine in-depth interviews with therapists (n=3), executive director (n=1), centre manager (n=1), centre communications officer/experience of using the JP service (n=1), referrers into the service (A&E or crisis team staff; n=3). Interviews explored people's experiences of the information provided about the new JP service, the referral process

and rapid access to the service, delivery of the JP intervention, and their perspectives on the men's engagement and outcomes following therapy.

Procedure: Prior to the interviews, all participants were emailed (see Appendix 1) a Participant Information Sheet (see Appendix 2) to read and they signed a written consent form (see Appendix 3) to confirm participation. The study required Gatekeeper agreement with the JP Service prior to study commencement (see Appendix 4 and 5). Semi-structured interview schedules were used to elicit discussions about the design, setting up and delivery of the JP service (see Appendix 6). An additional participant sheet (see Appendix 7), consent form (see Appendix 8) and interview schedule (see Appendix 9) were adapted for the referrers using the JP Service. Staff experienced in qualitative methods conducted one-to-one interviews. The interviews and discussion lasted between 20 minutes and one hour.

Ethics: Ethical approval was received from the Liverpool John Moores University Research Ethics Committee (Reference: 18/NSP/024).

Data analysis strategy: Descriptive analyses were conducted using SPSS. Thematic analysis was used to analyse the interview transcripts and was selected as an appropriate method for examining the interview data because it provides a way of getting close to the data and developing a deeper appreciation of the content (Braun and Clarke, 2006). All data transcripts were checked for errors by listening back to the audio-recording and reading the transcripts simultaneously. PS conducted all of the interviews and listened back to the audio-recorded interviews to become familiar with the whole data set. PS and CH conducted analysis of the anonymised transcripts.

The preliminary themes and codes of interest were determined by using the steps recommended by Braun and Clarke (2006) listening to interview recordings and reading each transcript several times to establish familiarity with the whole interview and generating descriptive codes to represent the main themes. PS and CH coded the transcripts and underlined interesting segments of text - this could range from only a few words, to parts of sentences or whole paragraphs. In this approach, one piece of data (e.g., one statement, one theme) was taken and compared with all information for similarities or differences. This ongoing analysis refined the specifics and formulated the conceptual name of each of the three themes. The final part of the analysis includes the selection of

the interview extracts, relating the analysis to the research question and literature. The process of refinement and validation of findings was conducted through a collaborative exercise creating iterative feedback loops. The data were interpreted and reanalysed within the thematic framework to interpret and structure the component statements. Interviewee roles were omitted for quotes used to allow for anonymity of participants; we therefore used *P1, P2… P8* etc as identifiers for different participants.

Findings

Men referred to James' Place London in the first six months

Between 1st July 2021 to 31st January 2022, 180 men were referred to JP via secondary and primary care, third sector and self referrals. Of those, 109 (71%) men attended for a welcome assessment, with 87 (48%) accepted for therapy, of whom 75 (42%) went on to engage in therapy. For those who did not attend the welcome assessment, the reason was usually no response when the men were followed-up or some reporting that they were not feeling suicidal anymore. The mean number of sessions attended by men was 8, and the range between 2 and 11.

Demographic data

Table one shows the demographic characteristics about the men who were referred to the JP Service, the mean age was 37 years old (range 18-86). Forty nine percent (n=88) of the men were white British and 43% (n=77) non-white British. Relationship status showed that 57% (n=102) of the men were single, 17% (31) were in a relationship, and 10% (n=18) were married. Living situation varied across the men with: 17% (n=31) living alone, 15% (27) living with partners and 14% living with parents or other family members (n=26). However, there was missing data for 44% (n=80) of the men attending at James' Place. Sexual orientation of the men was 49% (n=88) heterosexual, 9% (n=17) homosexual and 1% (n=2) bisexual; however, there was missing data for 41% (n=73) of the men attending at James' Place. Forty four percent (n=79) of men were employed, 38% (n=68) unemployed, 8% (n=15) were students. There were no significant differences in any of the outcome measures at initial assessment across different demographics.

Table 1: Demographic characteristics for men using the service

Demographic	**n(%)** **of 180**
Age	
Mean	37
SD	13.44
Ethnicity	
White British	88 (49%)
Other	77 (43%)
Not specified	15 (8%)
Relationship Status	
Single	102 (57%)
Married	18 (10%)
In a relationship	31 (17%)
Divorced	4 (2%)
Separated	7 (4%)
Widowed	1 (1%)
Not specified	17 (9%)
Living Situation	
Lives alone	31 (17%)
Lives with parents/family	26 (14%)
Lives with partner	27 (15%)
Other	16 (10%)
Not specified	80 (44%)
Sexual Orientation	
Heterosexual	88 (49%)
Homosexual	17 (9%)
Bisexual	2 (1%)
Not specified	73 (41%)
Employment Status	
Employed	79 (44%)
Unemployed	68 (38%)
Student	15 (8%)
Other	4 (3%)
Not specified	14 (8%)
Location	
Hackney	82 (47%)
Camden & Islington	45 (25)
Haringey	12 (7%)
Rest of London	34 (19%)
Not specified	7 (4%)
Deprivation	
10% most deprived areas	145 (81%)
Least deprived areas	28 (16%)
Not specified	7 (4%)

Referrals to the service

Table 2: Referrer details

Referrer	N (%) (of 180)
A&E and crisis teams	110 (62)
General Practitioner (GP)	9 (5)
Self-Referral	9 (5)
Support Worker	6 (3)
University	2 (1)
Nurse Practitioner	6 (3)
IAPT	2 (1)
Occupational Health	2 (1)
Wellbeing advisors	4 (2)
Prescribers	2 (1)
Mental health teams	6 (3)
Sutton Uplift	2 (1)
Other	20 (12)

Table two shows the referral details for men who were seen at the JP Service over the first 6 months. Men were referred from a variety of places. Most of the referrals came from Emergency Departments, 5% were from GPs, and 5% via self-referrals. The 'other' category included those referrers coded by JP as other and counsellors and therapists.

Factors related to the current suicidal crisis

Table 3: Factors related to the current suicidal crisis

Factor	N (%)
Family Problems (including domestic abuse)	32 (18)
Bereavement	25 (14)
Relationship Breakdown	20 (11)
Work	20 (11)
Victim of past abuse or trauma	18 (10)
Debt	16 (9)
Covid lockdowns	16 (9)
Physical health	15 (8)
Bereaved by suicide	13 (7)
Mental health	12 (7)
Relationship problems	10 (6)
University	7 (4)
Sexuality	7 (4)
Perpetrator of crime	6 (3)
Alcohol misuse	6 (3)
Housing Issues	5 (3)
Related to asylum seeking	4 (2)

Table three shows some of the most common factors related to the current suicidal crisis the men were in at the time of referral into the JP Service. There was no relationship between the precipitating factors and the levels of general distress found at initial assessment ($p > .05$). There were also no significant differences in general distress between those with and without each precipitating factor ($p > .05$).

Psychological factors

Within the sessions, therapists recorded data on the psychological variables listed in Table four. The data highlights the psychological factors that affect men the most, for example rumination, defeat, entrapment, and thwarted belongingness. As can be seen for the men who completed the intervention, the number of men reporting these issues generally decreased at discharge. For example, less men report defeat, entrapment, humiliation and rumination at discharge.

Table 4: Number of psychological variables reported by men at initial assessment

Variable	Reported at initial assessment (n=109) (%)	Reported at discharge (n=75) (%)
Rumination	71 (49)	49 (34)
Entrapment	63 (44)	23 (16)
Thwarted Belongingness	63 (43)	28 (19)
Past suicide attempt/self-harm	59 (42)	n/a
Defeat	57 (41)	19 (14)
Humiliation	56 (39)	19 (13)
Absence of positive future thinking	49 (35)	12 (9)
Impulsivity	48 (34)	n/a
Coping	46 (33)	20 (14)
Burdensomeness	41 (29)	0
Social problem solving	40 (30)	12 (9)
Memory biases	36 (26)	15 (11)
Not engaged in new goals	35 (26)	7 (5)
Imagery of death & suicide	35 (26)	22 (16)
Resilience	34 (25)	14 (10)
Social support	23 (17)	13 (10)
Suicide plan	18 (14)	5 (4)
Attitudes	15 (11)	n/a
Exposure to suicide	14 (11)	n/a
Pain sensitivity	9 (7)	n/a
Unrealistic goals	8 (6)	3 (2)
Fearlessness of death	7 (5)	n/a
Social norms	3 (2)	n/a

Impact of James' Place on service users

Clinical outcomes

For the CORE 10 there was a statistically significant reduction in mean scores between assessment, mid point, and discharge, demonstrating a medium effect size (Table 5).

Table 5: CORE 10 Outcome Statistics

Outcome	Mean (SD) at Assessment	Mean (SD) Mid point	Mean (SD) at Discharge	F	p	Partial eta squared
General Distress	29.46 (5.92)	25.46 (7.06)	22.00 (9.81)	22.87	<0.001	.41

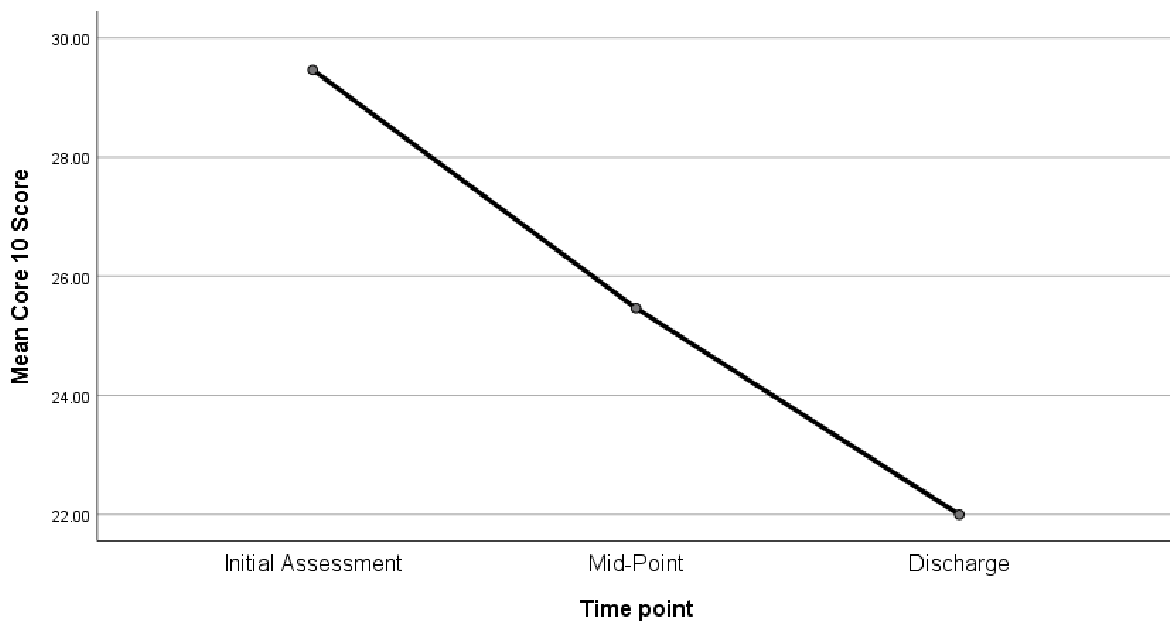


Figure 2: Core 10 Scores at Initial Assessment, Mid-Point and Discharge.

General distress severity

The Core 10 gives cut off points to categorise the severity of psychological distress reported. As can be seen in Table 6, the majority of men entered JP in severe distress, and this reduced by discharge. Figure two highlights the reduction in general distress over time from initial assessment to discharge.

Table 6: Core 10 Severity Categories at Initial Assessment and Discharge

Severity Category	Initial Assessment N (%)	Discharge N (%)
Severe distress	63 (84)	28 (37)
Moderate-severe distress	8 (11)	13 (17)
Moderate distress	2 (3)	17 (22)
Mild	2 (3)	7 (9)
Non-clinical/healthy	0	10 (13)

Entrapment

For entrapment there was a statistically significant reduction in mean scores between assessment, mid point, and discharge, demonstrating a medium effect size (table 7). Figure three highlights reduction in entrapment over time from initial assessment to discharge.

Table 7: CORE 10 Outcome Statistics

Outcome	Mean (SD) at Assessment	Mean (SD) Mid point	Mean (SD) at Discharge	F	p	Partial eta squared
Entrapment Score	13.17 (2.86)	11.90 (3.77)	10.30 (4.99)	14.27	<0.001	.30

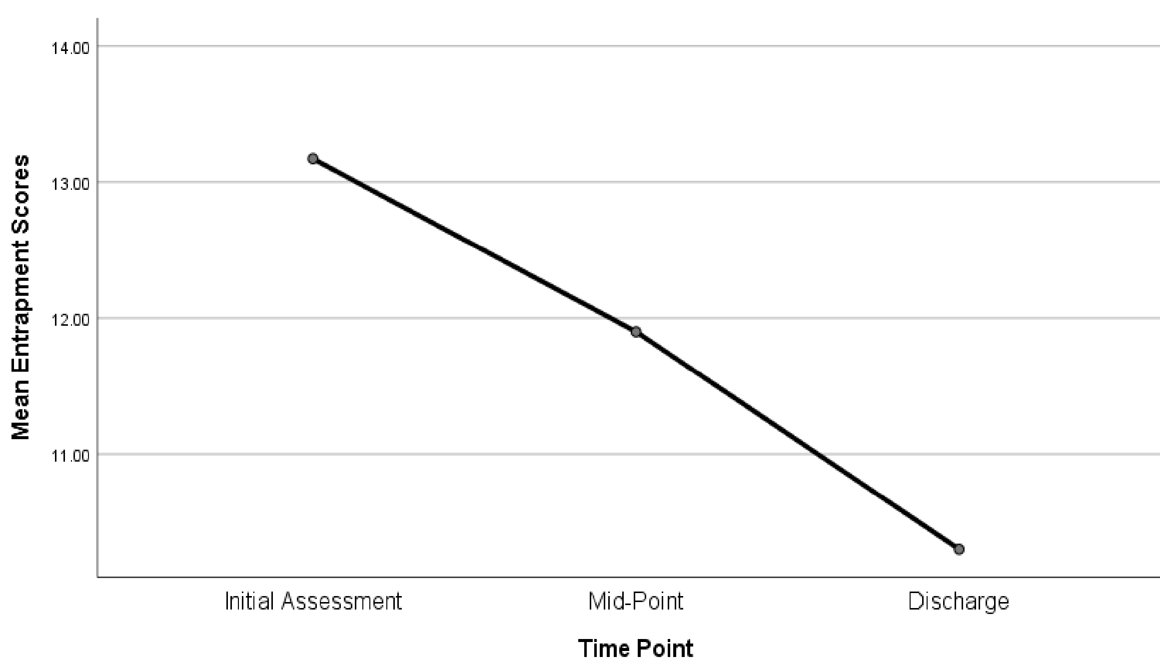


Figure 3: Entrapment Scores at Initial Assessment, Mid-Point and Discharge.

James' Place Satisfaction Questionnaire

Feedback from the evaluation forms that men have filled in since completing therapy at James' Place, suggest that they are finding the service useful and most importantly that it is helping them in their suicidal crisis (see Table 8).

Table 8: James' Place Satisfaction Questionnaire completed by men who attended the service

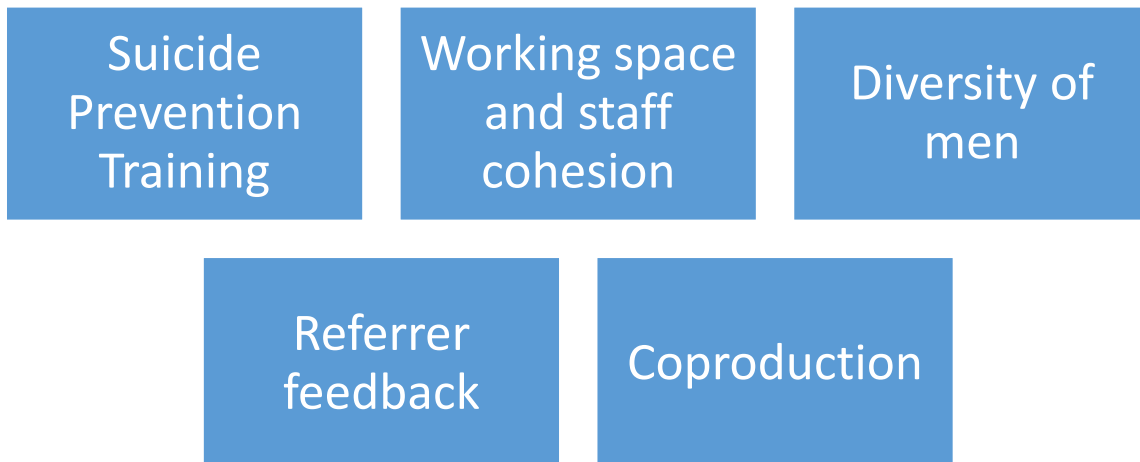
Feedback Questions	Response
Were you happy with the time it took us to get in contact with you?	Yes - 28/30 Partly – 2/30
I felt able to say what I wanted to	Strongly agree – 26/30 Agree – 4/30
I felt listened to	Strongly agree – 28/30 Agree – 2/30
I felt treated with respect and dignity	Strongly agree – 29/30 Agree – 2/30
Were you happy with the emotional and practical support you were offered?	Yes - 29/30 Partly – 1/30
Were you happy with the quality of therapy you received?	Yes - 29/30 Partly – 1/30
Were you kept informed of your progress?	Yes - 26/30 Partly – 4/30
Do you feel you were signposted to correct support services?	Yes - 28/30 Partly – 1/30 No – 1/30
I felt better after my contact with James Place	Yes - 26/30 Partly – 4/30
The service at James place was a service with which I am:	Very satisfied - 26/30 Satified - 3/30 Neither satisfied or unsatisfied - 1/30

Most men seemed very thankful of the service they received and had formed good relations with the staff: *"Everyone I interacted with at James' Place treated me with the utmost respect at all times and displayed an immense amount of compassion."* Many of the men commented on how fast they were seen by the service, highlighting that it was within two days and how helpful this was to them: *"I was amazed at how quickly James' Place made contact with me. I understand that everyone's under a lot of pressure at the moment so it made an instant impact to my well being that the response was so rapid; it really felt like I was letting off a release valve/weight from my shoulders and that my challenges were being addressed."* The environment also played a factor in providing a safe, welcoming, comfortable setting for men to speak about their crisis and work with therapists in their sessions: *"Whenever I attended James' Place I was always welcomed calmly and politely and it made me feel like I wasn't an inconvenience to them and that I was understood and listened to throughout the whole process."* Going forwards it seems that the service should continue to work the way it is and keep the environment the same. Men reported how they felt better than they had done in years, they felt listened by therapists, were treated with respect and dignity and felt they could speak about their issues, some for the first time ever: *"I never opened up with anyone like I did with you [therapist] not even with my closest family."* Men also enjoyed learning about their progress through feedback from the therapists and some spoke about being signposted to useful support after the therapy was completed: *"We always recapped the last few sessions and took the time to celebrate progress when the opportunity arose."* The only negative critism that was shared by two men was about the number of sessions as some felt they would have benefitted from having more or just wanted more time when seeing the therapist: "*As mentioned earlier I would have loved to have had more sessions, especially longer sessions as it always felt like we were cut short of time whenever we were finally making a breakthrough."* Men compared their negative experience of using NHS services previously and many commented on how important the therapy was for their recovery: *"I am satisfied with the help and very glad with the support. I have tried agencies connected to the NHS which actually made me feel worse so I am glad that I was able to get the support when I was feeling at my lowest. I believe this is a pivotal step in my recovery."*

Qualitative interviews

Following the thematic analysis process, five inter-related themes were conceptualised as reflecting the corpus of this material. The themes illustrate the areas where the service is working well and areas for improvement. The first theme related to the the 'suicide prevention training' provided to staff for the bespoke service. The second theme identified was 'Working space and staff cohesion' when finalising the building design for the service to be situated in. The third theme 'Diversity of men' highlights the differences in the local population groups (e.g. ethnic minority groups) that need to be taken into consideration when setting up new JP services. The fourth theme 'Referrer feedback' informs on the experience of services referring into the JP service and where it fits within the NHS and community settings. The fifth theme 'Coproduction' discusses the involvement of local stakeholders when setting up service in new locations. Each of these themes is developed below.

Figure 1: Qualitative Themes emerging from the Interview Data



Theme 1: Suicide Prevention training

The therapists reflected on the importance of the suicide prevention training they received for how to deliver the James' Place model including the *'Lay your cards on the table'* tool. Thorough training of the model was reported by all therapists and they reflected on the quality of the training that was given. The cards used in the *'Lay your cards on the table'* tool were something new and novel that the therapists had not used

before. They reported nervousness around using the cards initially, but after training they seemed to 'buy in' to the concept and felt they were really good and got onboard:

"You're asking a therapist to go outside their comfort zone, and they're being employed to do something different from that they've usually done. And there is a certain level of trust then that this is going to be something that works well and fits in with lots of different modalities, I suppose, and how someone delivers therapy. And for me yes, I was a little bit nervous around cards and went through it with [clinical lead] . And I think that was really useful, very useful to do that, and for her to really talk through how she does it, how she uses the cards. That worked really well." P5

Therapists reported the cards working well when utilised and they keen to use them with men who did not initially seem keen as it could help with engagement in the sessions:

""I think, even when people are not into it, it's probably worth doing. Then, I think, with some people it would be valuable in terms of getting them talking for the first time, especially if they've dried up, or are just unable to express themselves. Yes, I think they're useful." P8

Many also appreciated the flexibility of when they could introduce the cards, although cards were strongly encouraged to be used within particular sessions throughout the therapy:

"I think having that flexibility reflects that we work differently. There are core things we're expected to do running through with the practice, but it's just, like you say, when and how, exactly what that looks like, there's where we've got that kind of choice. I think, given the diversity of men that we're seeing, again, that's how it should be." P7

Therapists spoke about the usefulness of being informed on the theoretical underpinnings of the model and the signposting to further reading, however, one reported needing greater knowledge about theoretical underpinnings. Overall, therapists liked the interactive nature of the cards (e.g., men can take photos with them) and reported that they were a good communication tool with supporters (e.g., have cards to show supporters). The important values held by JP and the inclusion of evaluation from

the outset showed therapists how the service took itself seriously. Therapists reported that the systems and processes used in Liverpool were also adopted by the London team. The database system was useful for recording information about the men and each session but took longer for the London team to get used to and they felt that they were not as efficient as Liverpool but also recognised that they had not been running as long. Therapists also commented on the added value of using validated questionnaires for collecting data on general psychological distress. This seemed to be an aspect of importance to the service that they had not always encountered in their previous roles

"So I think people find it relatively easy, but we've got still quite a bit of work to do in terms of just how people put their notes together and how quickly they put the notes on the system. I'm surprised how good the data information was and we had this conversation a while back, like probably early summer last year about CORE forms [validated questionnaire collecting data on general psychological distress]. I am just genuinely surprised in coming to a service where we've got so much involvement with CORE forms." P8

Supervision was reported to be vital but some therapists were confused as to when this should take place (e.g. within working time) and how much was needed:

"To have the caseload and the risk managed in-house [during supervision] can be a bit confusing, I think, and it's more as a benefit, employee benefit, rather than a line of support. And I think there is a question about how much support is needed. These external therapists are always needed, external supervisors are always needed, but I think we need to probably clarify at some point how much support we think is necessary for each therapist, and potentially think about having it as a more standard model or easier to understand model for therapists." P5

Theme 2: Working space and staff cohesion

Staff highlighted the importance of having the required working space for them at the centre to provide them an area to speak about work-related matters confidentially:

"But the biggest issues, I suppose, things we miss have also been team cohesion [in the temporary accomadtion]. Like teams feeling like we're able to speak to each other confidentially about the work we're doing without having to go down one flight of stairs and into a room, or find a room, to have a two-minute conversation, but then come back up again. That kind of stuff is really, really tricky to do because we don't have that area completely to ourselves, so you're confidentially…We've got just the therapy rooms and then a co-working space." P5

This was reported as an issue due to the service being temporarily delivered from a building with shared spaces with other organisations whilst the permenant setting was in the process of being refurbished . This included the need for private spaces for staff handling calls of a confidential and sensitive nature. Additionally, the spread of the workforce across different locations was reported as a negative aspect that affected team cohesion. All of the staff at JP highlighted the need for colleagues to spend time together regularly for weekly reviews and for discussions between sessions when needed.

Another aspect that was important, was the idea of the working space being designed with the ethos of the charity but also that it should include the characteristics of the population they were serving:

"Yes, it is way more diverse, and the building (permenant space) is slightly different as well. So kind of balancing and giving it its own identity, I guess. I think that will be, essentially, the challenge with opening up further centres as well. Each centre, kind of, having its own identity, be fit for purpose to serve the community that it is based in, while still achieving that objective of being James' Place, and still retaining the James' Place authenticity as well." P3

Theme 3: Diversity of men

All of the participants reported on the diverse population in London, in terms of housing, ethnicity and complex health needs and how more outreach work was needed to further understand the population differences for men using the new service.

"The men we see in London are very different to the men we see in Liverpool, in terms of nationality, background, ethnicity." P3

One suggestion from JP staff was to complete a comparison between the London and Liverpool data to gain more insight on whether this may affect the outcomes for diverse men using the services. This will be an element included in the James' Place Year 4 report.

Therapists and referrers spoked about the increased complexity of crisis within A&E and crisis team referrals in London and that there were higher numbers of men with long-standing crises rather than a recent crisis and people with more trauma (e.g., childhood trauma). Referrers reported that in their local area they had the highest number of personality disorder diagnoses compared to the rest of the country thus highlighting the complexity of potential referrals in London. Upon reflection, referrers thought that some men they initially referred, would benefit from a multi-agency approach within NHS mental health services and that they realised that JP was not the appropriate service for them:

"We get a lot of complex cases coming through A&E, people with backgrounds, even if they, you know, maybe they haven't even disclosed it, but backgrounds of trauma, lower ability to cope in general, and problems that might have been going on for quite a long time. So, I think we began referring a lot of those types of patients. I have since met with [centre manager] and, you know, we've spoken in more detail about referral criteria, so I'm trying to get that out to the team and, kind of, understand it more. It's more of a crisis, sort of, social stress criteria." P2

Additionally, referrers reported that the biggest issue faced by their local A&E's was people attending in crisis. Many of the men were brought in by police, family or self-presented and most had more complex underlying issues, subsequently that may not fit JP criteria which they felt was more of a social stress criteria, as stated above. They informed that within A&E and crisis teams there were more men who need medical treatment following a crisis and that they were usually more suitable for medical psychiatric treatment. The referrers reflected that the reason why a lot of men did not meet the JP criteria was because they had more medical psychiatric needs rather than

more social needs that precipitate the suicidal crisis. With this in mind, participants reported that it would be beneficial to widen the referral partners into the service, for example including primary care and benefit advisors (e.g., housing advisors) who see men with more social issues:

"But I think because of working in A&E, which I guess is a, kind of, medical or psychiatric setting, the people we see maybe aren't quite appropriate for you guys [JP]. So, when you're trying to build up the service and get more referrals, I wonder if it will be better to try and get referrals from places like benefits advisers or housing advisers or legal aid services, because they'd be more likely to be having people in this kind of social crisis." P1

All of the referrers commented on how IAPT [Improving Access to Psychological Therapies] within primary care was not suitable for treating men in suicidal crisis due to their low level mental health criterias and the waiting list being too long. They also reported that the Home Treatment Team situated in secondary mental health care was not suitable for treating all men who find themselves in a suicidal crisis because it was more of a medical model and the lack of time for biopsychosocial assessments to be completed:

"Because, you know, typically when someone is considering suicide, the interventions of the Home Treatment Team, you're seeing a different person each day, you're not building any sort of rapport. It's a rushed meeting, so it's not going to make you feel any better about yourself when, you know, that person that you're seeing has to get through 10 assessments that day. The whole model is set up around medication and, sort of, preventing psychotic relapse further." P8

Referrers from A&E and crisis teams reported using third sector organisations more for men attending in suicidal crisis, such as counselling/listening services which also has rapid access for men with suicidal needs but these services did not deliver psychological therapy. Notably, therapists at JP also reported using same third sector services if they did not accept men within their service and how they valued the use of these third sector services:

"They see anyone who's, kind of, experiencing suicidal thoughts. It's not a drop-in or a helpline. It's scheduled appointments, usually every two weeks, but it can be every week, and it's face-to-face. It's not anything therapy-based like they do at James' Place. It's very much like a listening service, like you'd get if you called the Samaritans, but delivered in a face-to-face setting." P1

At the point of interview, there was fewer referrals from GP and self-referrals. However, therapists reported that the few referrals they had received seemed more appropriate compared to some of the A&E referrals for the area where JP London is situated. An indirect outcome of this may also be a reduction in A&E presentations. Therapists reported that a positive about where the JP London centre was situatedwas that they had lots of different third sector organisations they could choose from that may be appropriate to refer men to following on from their therapy.

Theme 4: Referrer feedback

Although referrers were very impressed with the JP service, they had one roccuring criticism about the referral criteria for men needing to be clarifyed. One referrer suggested about having explicit bullet points about what meets criteria, including being in current crisis, not long standing suicidality, being able to engage in therapy and whether men using drugs or alcohol, for example, could be referred:

"I think making the referral criteria really clear and potentially just drawing in the, kind of, what's not suitable because I think it's obvious. I've spoken with [JP staff member] face to face, but I think when the referral, sort of, guidelines are written, it's a little less softer, and less open to interpretation." P2

Referrers appreciated that the JP staff introduced their community based service to A&E and crisis team staff, that the website was informative and that JP informed referrers where men were referred on to once therapy was completed or if not accepted. They appreciated being told the reasons why men were not suitable and where they may have referred to instead. Another positive that the referrers reported was how quickly the

therapists gave feedback on referrals to A&E and crisis teams, many times within the same day:

"Well, I had a look on the website. My impression of the service is it is really professional. The response time is quite amazing. I mean, I think they respond to people within two days, and they can offer an appointment really, really quickly. And I know that it's not only one appointments, it's a few appointments, and it's quite flexible." P1

"I think every time I've sent a referral that has been declined, someone's given me a call and, sort of, gone through it with me. So, that's been helpful." P1

"And from emails that I had with a therapist over there and from telephone conversations, I got the impression that it's a very, very good, professional, effective service." P8

Overall, all of the participants commented upon the good communication between JP and A&E services and crisis teams.

Both referrers and therapists reported the importance of opening up self-referrals for students as both A&E and crisis teams see a lot of young people in suicidal crisis. Some referrers highlighted that they only became aware of self-referrals opening as some outreach work that was being conducted in universities was shown on the JP website. They commented that it would have been useful to have been informed about this update sooner:

"All of this was relating back to a rise in the numbers of suicides on student campuses and in student communities and environments, and we [James' Place] felt that, with that in mind, this was a really bespoke and specially curated piece of outreach that we could really go at and there was a big enough community there for us to positively impact." P4

"I think it's so important. Because of course, we [A&E and crisis teams] see a lot of young people in crisis, students. And usually we ask them to contact [voluntary listening service] or we contact the counselling service in the university on their behalf. But when James' Place extended into students, and I think students can self-refer themselves, I think it's really good for us to know an update like that, yes." P8

Referrers reported being confident that the service has some level of accountability for the men using the service, especially for the men who were not suitable, and were surprised that the service had an 'open door' policy for men to come back if needed. They also liked that they were shown cases studies when the service was introduced and thought this was effective. Participants were impressed with the service and both new staff and referrers reported that the service sounded *'too good to be true'.* Unanimously, the referrers stated that JP would be their first choice for men attending in a suicidal crisis as they were extremely impressed with the rapid, professional, flexible, effective service that they perceived was acceptable to men.

"To be honest, for me, if I need to choose between the options that I've got, I will choose James' Place. This will be my first choice and, if it's appropriate, I will refer to James' Place. Because my impression that I am very happy with the service. So, this would be my first choice, really." P2

Referrers reported that they had no follow up data but they all commented on those men they referred not coming back to A&E seeming like a positive indication. For one man who did return to A&E, he requested to be referred to JP again after some time because he had such a positive experience:

"They tend to not become repeat attenders. There was one person I referred who came back maybe six months later and he was seen by a colleague of mine, and he was asking to be referred to James' Place again because he had a good experience." P2

Theme 5: Coproduction

Coproduction was an important element when setting up the JP London service and participants emphasised the need for continuous engagement with local stakeholders. Building capacity and relationships with local partners was a vital element for increasing referrals into the new service;

"We were really clear that the service that the team in Liverpool were delivering should be the same service that the team in London would ultimately deliver. And so what we were doing with [name of Mental Health Foundation Trust], and with other partners, who then came on board, was really trying to understand what a service like would look like in London, and what kind of referral partnerships we might be able to create, because referral partnerships, you know, are absolutely key to the success of James's Place. And so we wanted to have those conversations before the centre even existed, so that we knew that when we were ready to open to men, they'd all be in place." P9

JP staff reflected on how they built relationships with local partners in London as they were aware that these relationships already existed in Liverpool prior to the centre opening. Staff reflected how this needed to be considered when setting up additional centres around the UK;

"So we very much, I think, recognised that they [local partners] were the experts on the local populations and local delivery. And so whilst we wanted to deliver the core intervention as per the model that we've used in our evaluation - the intervention, the therapists, the time, the nature, and so forth - what we really wanted was to get from local referral partners, was a sense of how men might reach us how they might engage with us and how referral partners might engage with us. And I think we were really conscious that London is obviously a lot bigger than Liverpool, but also that it has very different populations, not just to Liverpool, but even within itself…. That means that lots of different people will be coming into contact with different services that will ultimately need to make their way to James's Place. And one of the things that was flagged to us quite early was that the way that people use, a&e in London, can be quite different to the rest of the country." P9

Building new elements of this type of innovative community based suicide prevention service - referral pathways, relationships with partners, locating suitable building space, recruiting and training staff - takes time. JP staff reported that it may have been beneficial to have additional time to get "buy-in" from a wider range of referrers and to establish where they fitted within the current crisis care pathways:

"JP is the radical use of a third sector resource that is able to sit alongside the NHS in this way, at this level of risk, but whilst also being able to be trusted and accountable." P5

This service was being set up during the pandemic and participants discussed the increased difficulty of establishing new partners online, and that it seemed more productive when meetings were held face to face. They reported how it took longer to build and maintainrelationships with partners online:

"I do remember attending a couple of those early meetings and they were a little bit challenging. I think online meetings when you are trying to present, sometimes it would be a group of people and they would all be in the same room crowding around one computer, phones would be ringing, they would be in and out of the room, and that kind of thing... It is quite difficult to build that trusting relationship. P7

"I would say doing online meetings is good, but you keep having to work away at it quite a lot. You couldn't just present to them once and then expect to get referrals, or at least not sustained." P5

Additionally, referrers and JP staff reported that even when relationships or partnerships were established, there was a need to continually meet, update, maintain and cultivate this relationship to remind people that the service still exists and what it is like:

"So when they are meeting patients in A&E or in the crisis team, to be able to say, "I have met the team, I have been there..." I think as we have seen that level of engagement rise with their teams coming to open days and us being able to go to them, share, maybe, I think, examples of when referrals have gone really well to highlight the type of men that James' Place works really well for." P6

Online presence of the service via the website was seen as informative in its current form but that there was also room for improvement. Participants commented on how the website could be more explicit about the defined roles within the organisation and for

external organisation. For example, being clear on the website about why this is a men's only service and to take ownership of this aspect:

"We need to answer the questions that we're getting from a challenging perspective. One of the questions I've had in university environments constantly has been: "Why do you only see men?" Now, I think that should be visible on our website. I think it should be something that we're fronting up as a sense of: "We know this is a question. We understand why somebody would ask this. Here is our answer, which is a very valid answer." And we own that, in a way. I think, maybe with time, we should move more to owning those sorts of things and actually, in many ways, showing that we're proud of what we're doing within this very specific role that we're playing." P4

Co-design was reported as being less visible in the setting up of JP London and most of the learning was based on the Liverpool centre, the process evaluation conducted at Liverpool and JP Liverpool staff feedback. However, a previous user of the Liverpool service was part of the JP London team at the time of setting up the new centre. With regards to building relationships with local partners, participants commented on how partnerships were developing more positively since people could meet face to face:

"I have been quite involved in setting up open days at the London centre. So now we are, sort of, at the stage where, about monthly, we host our partner stakeholders, basically, to come in and find out a bit more about the service, so setting those types of things up has helped." P4

From the interview data service improvements that were recommended by participants included: 1) more clarity for referrers about the criteria for men who should be referred to the service to reduce the number of incorrect referrals; 2) further understanding on where the JP service fits within the current suicide prevention pathway; 3) considering which NHS trusts were located close by; and, 4) having increased knowledge about the local community and including stakeholders within the team who come with a wealth of knowledge about the area. Participants reported that there was a need for having someone passionate included within the JP 'setting up team' in new locations to

champion, embed and integrate James' Place into services rather than 'making those connections from scratch':

"I think when you are a new service in London, where each borough has its own way of doing things, each borough might have one or two hospitals, there are so many community organisations, so many charities… Really, what we do is something quite unique. We are a charity, but we are very willing to work with this quite high level of risk. I think we do have quite specific referral criteria. I think it is quite difficult for services to get their head around what we are able to offer." P2

Learning from setting uo two services in Liverpool and London has given time for reflection about setting up further JP services. Considering the unanticipated delays that may be caused by external factors, including locating a suitable building space, contracting, refurbishments and relationship building. For future centres the suggestion is to open three centres simultaneously to avoid unnecessary delays in the process of opening in other locations. The aim is to be more efficient over a set period of time;

"I think one of the things that we really learned is that it can be very unpredictable, the process of finding, securing and refurbishing a building. And I think the big impact that recognising that, not just from London, but also from Liverpool, has had is that for our next three centres we have consciously built in that uncertainty to our planning. So we know we want to open another three centres over the next three years. And rather than saying now, we'll open centre three here, centre four here and centre five, there, we're actually working alongside each of the centres at once, so that what we're doing is really beginning to get a sense of who our referral partners are, what a James' Place in each of these cities would look like, and then what kind of buildings are available to us to house the new James' Place. So whilst we can't necessarily speed up that process, we can then move faster with one centre than the other, if those kind of barriers aren't in place. So that's for me a key learning. I don't think you can necessarily iron out those delays, but I think you can mitigate against them impacting on the service." P9

Discussion

Summary of the main findings.

The main findings of this study have shown that the first six months delivery of the brief psychological JP therapeutic model have been effective and acceptable to staff in the London centre. The five themes that emerged from the data provided information on what did and did not work within the design, setting up and delivery of the JP service. The first theme demonstrated how useful the suicide prevention training was for the therapists to enable them to understand the theoretical underpinnings of the therapy and how to implement the *'Lay your cards on the table'* tool within the sessions. The second theme relates to staff requirements for the day-to-day running of the centre, including a suitable working space that enables staff cohesion within the centre. The third theme highlighted the diversity of the men using the service and how this aspect needed to be taken into consideration when setting up new services in different regions across England. The fourth theme informs on the acceptability of the JP service by referrers and need for clarification on the criteria of men who should be referred. The fifth theme discusses the importance of coproduction in setting up the London service and emphasises the need for continuous engagement with local stakeholders.

Strengths and Limitations

A strength of this process evaluation is that the effectivieness of the model is being reviewed for men using the suicide prevention service in the first six months since opening. Another strength is that the interviews were conducted with different people who were involved in the design, setting up, delivery and referral into the service. As the data collected for this project is current, some of the findings should reflect current clinical practice. However, the findings in this report should be interpreted in the context of some methodological limitations as the results may not be representative of the rest of the UK (data was only collected in London) although many of the issues we identified are likely to apply across other services.

Recommendations

The core values and principles of coproduction have been demonstrated throughout the inception to the delivery of the service and the JP team have established how to put these into practice. However, these principles have been more challenging when setting up a

service in a new city where stakeholder relations were required to be made from scratch. Future JP Services can use a similar approach when setting up in other cities across England but should be mindful to include time to build stakeholder relationships needed for the referral process to be established sooner and should review the diversity of the local population where the service is to be situated. The first recommendation would include using the learning from both JP sites in London and Liverpool. This would include a comparison of the outcomes for men using both services and differences encountered when setting up the two services. The team have shown that they have learned, listened and valued different perspectives and identified some of the challenges which have or now need to be addressed. The report informs on the identification and importance of the initiator within a chosen city to form the coproduction group and how this can help and hinder the process.

This study has highlighted several areas of learning that would improve the delivery of the JP Service in London and lessons to be learned before another JP Service is opened in another city. The recommendations would be as follows:

- The ethos of coproduction should continue in all aspects of the service and sufficient time should be included for this prior to the opening of a new service.
- Need to embed key stakeholders from the local area in the JP set up group.
- Review of the local population and how the service may need to be adapted to meet the needs of more diverse groups.
- Provide more information to referrers on the criteria for men being referred into the service.
- Ongoing evaluation needs to continue to gain more in-depth information on the impact of the JP Service on those using the service, their supporters, referral agencies and local NHS services.
- A review on case complexity and thresholds of complexity we are using to accept men into the service.
- Ensure JP staff follow consistent processes and procedures required to deliver and evaluate the model (e.g., getting CORES complete, inputting demographic info, photos of Cards)
- Establish a national strategy in terms of culture and what they do as this will help with Governance, especially across multiple sites.

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Appendix 1: Invitation Letter

Dr Pooja Saini

Rm 2.47d Henry Cotton Building
School of Psychology
Liverpool John Moores University
Liverpool L3 3AF

Date XXX

Dear XXX

You have been invited to take part in this study as you have been involved in some way in the design, implementation or delivery of the JP Therapeutic Model or you have referred into the service. The purpose of this study is to conduct a process evaluation of the implementation of the pilot brief psychological intervention offered at JP (JP), a non-clinical suicide crisis centre in Liverpool to improve and refine the therapeutic model if required.

Your participation will involve being interviewed for the study but before you decide whether you would like to take part or not, it is important for you to understand why the research is being done and what it will involve. Please take time to read the Participant Information Sheet carefully and discuss it with others if you wish. Ask us if there is anything that is not clear, or if you would like more information.

We would like to stress that: the study has full ethical approval from the Liverpool John Moores University Research Ethics Committee, any information that you provide is strictly confidential and accessible only to the lead researcher carrying out the study, and that you may terminate the interview and withdraw from the study at any stage.

If you are interested in the study but are concerned about what it might involve please do not hesitate to contact me at any time on 01512318121 or via email on P.Saini@ljmu.ac.uk to discuss this further.

Please do not feel that there is any pressure to take part in this study and thank you for taking the time to read this letter. The Participant Information Sheet and Consent Form are attached to this email.

Yours sincerely,

Dr Pooja Saini
Lead Researcher
0151 231 8121
P.Saini@ljmu.ac.uk

Appendix 2: Participant Information Sheet

LIVERPOOL JOHN MOORES UNIVERSITY

PARTICIPANT INFORMATION SHEET

Participant Information Sheet for Staff working with/at JP Non-Clinical Crisis Service for Suicidal Men

LJMU's Research Ethics Committee Approval Reference: 18/NSP/081

Title of Study: A process evaluation of the design, implementation and delivery the pilot JP Therapeutic Model

School/Faculty: Natural Sciences and Psychology

Name and Contact Details and status of the Principal Investigator: Dr Pooja Saini, Lead Researcher, Natural Sciences and Psychology Room 8.01,James Parsons Tower Block, Byrom Street, Liverpool, L3 3AF, e: P.Saini@ljmu.ac.uk

You are being invited to take part in a research study. Before you decide if you want to take part, it is important that you understand why the research is being done and what it involves. Please take time to read the following information. Ask us if there is anything that is not clear or if you would like more information. Take time to decide if you want to take part or not. Thank you for reading this.

1. **What is the purpose of the study?**

The purpose of this study is to conduct a process evaluation of the implementation of the pilot brief psychological intervention offered at JP (JP), a non-clinical suicide crisis centre in Liverpool.

This study hopes to answer the following questions: What are the lessons learnt throughout the design and process of implementing the JP, non-clinical suicidal crisis service?

- Is the bespoke therapeutic model implemented by James Place effective for treating men in suicidal crisis?
- What is the acceptability of the bespoke therapeutic model offered by James Place?
- What is the fidelity of the James Place intervention?

2. **Why have I been invited to participate?**

You have been invited to take part because you were either involved in designing and implementing the JP service or you are currently working at JP in an administrative role and/or involved in delivering the brief psychological intervention pilot at JP. The exclusion is that no one under 18 years old can participate and those who have not been involved in the setting up or delivery of the JP service.

3. **Do I have to take part?**

No. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. You can withdraw at any time by informing the investigators without giving a reason and without it affecting your rights in any way.

4. What will happen to me if I take part?

We would like to invite you to attend a one-to-one interview which will last about one 30-40 minutes and will take place at JP during your working hours. Approximately eight questions, relating to the implementation and delivery of the JP Service, will be presented. Open and honest answers will be encouraged.

5. Will I be recorded and how will the recorded media be used?

The audio recordings of the interview made during this study will be used only for analysis in reports and publications and for illustration in conference presentations. No other use will be made of them without your written permission, and no one outside the research team will be allowed access to the original recordings accept for the transcription service – UK Transcription Limited http://www.uktranscription.com/. Interviews will be audio recorded on a password protected audio recording device and as soon as possible the recording will be transferred to secure storage and deleted from the recording device.

6. What are the possible disadvantages and risks of taking part?

The interview will take time to conduct (usually about 30 to 40 minutes) and could involve conversation that may cause you to become upset. However, as noted at any point you may leave the study, without detriment to yourself. Moreover, you do not need to respond to any questions you do not wish to. The topic may be sensitive or upsetting for some participants and in this case we can signpost you to support services if required such as Samaritans or Listening Ear.

7. What are the possible benefits of taking part?

It is hoped that this study will help provide useful guidance for all those involved with the implementation and delivery of JP Brief Psychological Therapeutic Intervention. We also hope the study will prompt further debate about future research or project priorities within the centre. By taking part you have the opportunity to receive and reflect upon you're own feedback and those of the wider group within the write up in the report (all anonymised), which may be of interest to you.

8. What will happen to the data provided and how will my taking part in this project be kept confidential?

The information will be audio recorded, anonymised and treated confidentially. The interviews will be transcribed and the researchers will undertake a themed analysis of the data. Interviews will be audio recorded on a password protected audio recording device and as soon as possible the recording will be transferred to secure storage and deleted from the recording device. The interview recordings will be sent to an independent company who will produce a transcript and anonymise any identifiable information, such as names of people or places. You will not be directly identifiable in any ensuing reports or publications. We will use pseudonyms in transcripts and reports to help protect the identity of individuals and organisations unless you tell us that you would like to be attributed to information/direct quotes etc. Anonymised data might be used for

additional or subsequent research studies. All personal information that could identify you will be removed or changed before information is shared with other researchers or results are made public. If necessary, personal data will be stored confidentially for as long as it is necessary to verify and defend, when required, the process and outcomes of research. The time period may be a number of years. Personal data will be accessible to *the research team only.* Personal data collected from you will be recorded using a linked code – the link from the code to your identity will be stored securely and separately from the coded data.

9. Limits to confidentiality

Please note that confidentiality may not be guaranteed; for example, due to the limited size of the participant sample, the position of the participant or information included in reports, participants might be indirectly identifiable in transcripts and reports. The investigator will work with the participant in an attempt to minimise and manage the potential for indirect identification of participants.

In certain exceptional circumstances where you or others may be at significant risk of harm, the investigator may need to report this to an appropriate authority. This would usually be discussed with you first. Examples of those exceptional circumstances when confidential information may have to be disclosed are:

- The investigator believes you are at serious risk of harm, either from yourself or others

10. What will happen to the results of the research project?

The investigator intends to write up the results for publication within a peer reviewed journal. A summary of findings will also be made available to individuals with an interest in this area. If you wish to receive a summary of the findings upon completion of the study please tick the box at the end of the survey asking whether you would like to receive feedback on the study findings.

11. Who is organising and funding/commissioning the study?

This study is organised by Liverpool John Moores University and funded by the JP Trust Fund.

12. Who has reviewed this study?

This study has been reviewed by, and received ethics clearance through, the Liverpool John Moores University Research Ethics Committee (Reference number: **18/NSP/081**).

13. What if something goes wrong?

If you have a concern about any aspect of this study, please contact Dr Pooja Saini (0151 231 8121 or P.Saini@ljmu.ac.uk) who will do their best to answer your query. The researcher should acknowledge your concern within 10 working days and give you an indication of how they intend to deal with it. If you wish to make a complaint, please contact the chair of the Liverpool John Moores University Research Ethics Committee (researchethics@ljmu.ac.uk) and your communication will be re-directed to an independent person as appropriate.

14. Data Protection Notice

The data controller for this study will be Liverpool John Moores University (LJMU). The LJMU Data Protection Office provides oversight of LJMU activities involving the processing of personal data, and can be contacted at secretariat@ljmu.ac.uk. This means that we are responsible for looking after your information and using it properly. LJMU's Data Protection Officer can also be contacted at secretariat@ljmu.ac.uk. The University will process your personal data for the purpose of research. Research is a task that we perform in the public interest.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained.
You can find out more about how we use your information by contacting secretariat@ljmu.ac.uk.

If you are concerned about how your personal data is being processed, please contact LJMU in the first instance at secretariat@ljmu.ac.uk. If you remain unsatisfied, you may wish to contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/

Contact for further information
Dr Pooja Saini, Lead Researcher/ Senior Lecturer in Psychology, School of Psychology 2.47D Henry Cotton building, Byrom Street, Liverpool, L3 3AF,
t: 0151 231 8121 e: P.Saini@ljmu.ac.uk

Thank you for reading this information sheet and for considering taking part in this study.

Appendix 3: Participant Consent Form

LIVERPOOL JOHN MOORES UNIVERSITY

CONSENT FORM

Title: A process evaluation of the design, implementation and delivery the pilot JP Therapeutic Model

Name of Researcher: Dr Pooja Saini, Natural Sciences and Psychology - LJMU

1. I confirm that I have read and understand the information provided for the above evaluation study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and that this will not affect my legal rights. ☐
3. I understand that any personal information collected during the study will be anonymised and remain confidential. ☐
4. I agree to take part in the interview study. ☐
5. I understand that the interview will be audio recorded and I am happy to proceed. ☐
6. I understand that parts of our conversation may be used verbatim in future publications or presentations but that such quotes will be anonymised. ☐

Name of Participant	Date	Signature
______________________	___/___/___	______________________________

Name of Researcher	Date	Signature
______________________	___/___/___	______________________________

Note: When completed 1 copy for participant and 1 copy for researcher

Appendix 4: Gatekeeper Information Sheet

LIVERPOOL JOHN MOORES UNIVERSITY

GATEKEEPER INFORMATION SHEET

Title of Project: A process evaluation of the design, implementation and delivery the pilot JP Therapeutic Model

Name of Researcher and School/Faculty: Dr Pooja Saini, Natural Sciences and Psychology

1. **What is the reason for this letter?**
   We are looking to conduct research on JP premises as part of the JP process evaluation study**.**

2. **What is the purpose of the study/rationale for the project?**
   The purpose of this study is to conduct a process evaluation of the implementation of the pilot brief psychological intervention currently being offered at JP.

3. **What we are asking you to do?**
   We are asking you for permission for the lead researcher, Dr Pooja Saini to contact your staff to be part of an interview study, and to allow her to interview them on-site, within their working hours. The interviews will last between 30-40 minutes. Additionally, Dr Saini will request access the staff meeting notes for the process evaluation to gain an understanding of discussions with regards to the therapists feedback about the intervention being used and implemented at JP. For example, how staff were finding the model? Was it easy to use, was anything changed with the intervention since the service started, etc. Dr Saini will follow the JP data privacy and confidentiality procedures and will not record any patient or staff data from the review notes. The only data to be recorded is that about the JP Therapeutic intervention/model and how it is being used and implemented.

4. **Why do we need access to your facilities/staff/students?**
   Dr Saini has been contracted to conduct a process evaluation of the design and implementation of JP and the first six months delivery of the JP Therapeutic Model. This information will be collated through staff interviews and staff meeting notes.

5. **If you are willing to assist in the study what happens next?**
   Dr Saini will apply for ethical approval from the Liverpool John Moores University Ethics Research Committee. Once this is approved Dr Saini will conduct the research for this study.

6. **How we will use the Information/questionnaire?**
   The qualitative information from both the interviews and meeting notes will be used to inform the process evaluation in order to report on the lessons learned from the first six months of the implementation of the service. The data will be written up and presented in a

report for JP and presented at national and international conferences. The data may be used in the future for peer review publications.

7. **Will the name of my organisation taking part in the study be kept confidential?**'
The name of the organisation will not be kept confidential as the information being collected is for the organisation themselves.

8. **What will taking part involve? What should I do now?**
We require the Centre Manager at JP to sign the consent form below in order for the study to commence (once approved by the Liverpool John Moores University Ethics Research Committee).

Should you have any comments or questions regarding this research, you may contact the researcher: Dr Pooja Saini, Lead Researcher, 2.47D Henry Cotton building, Liverpool John Moores University, Byrom Street, Liverpool, L3 3AF.

This study has received ethical approval from LJMU's Research Ethics Committee *(*18/NSP/081)

Contact Details of Researcher

Dr Pooja Saini, 2.47D Henry Cotton building, Liverpool John Moores University, Byrom Street, Liverpool, L3 3AF.

If you have any concerns regarding your involvement in this research, please discuss these with the researcher in the first instance. If you wish to make a complaint, please contact researchethics@ljmu.ac.uk and your communication will be re-directed to an independent person as appropriate.

Appendix 5: Gatekeeper Consent Form

LIVERPOOL JOHN MOORES UNIVERSITY

GATEKEEPER CONSENT FORM

Title of Project: A process evaluation of the design, implementation and delivery of the JP Therapeutic Model London

Name of Researcher: Dr Pooja Saini

Please tick to confirm your understanding of the study and that you are happy for your organisation to take part and your facilities to be used to host parts of the project.

We are asking you for permission for the lead researcher, Dr Pooja Saini to contact your staff to be part of an interview study, and to allow her to interview them on-site, within their working hours. The interviews will last between 30-40 minutes. Additionally, Dr Saini will need access to the staff meeting notes for the process evaluation. Dr Saini will be in agreement of your data privacy and confidentiality procedures.

1. I confirm that I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that participation of our organisation and students/members in the research is voluntary and that they are free to withdraw at any time, without giving a reason and that this will not affect legal rights. ☐

3. I understand that any personal information collected during the study will be anonymised and remain confidential. ☐

4. I agree for our organisation and students/members to take part in the above study. ☐

5. I agree to conform to the data protection act ☐

Name of Gatekeeper:	Date:	Signature:
___________________	_________________	_________________
Name of Researcher:	Date:	Signature:
___________________	_________________	_________________

Appendix 6: Participant Interview Guide

LIVERPOOL JOHN MOORES UNIVERSITY

Interview Guide

Title of Project*:* A process evaluation of the design, implementation and delivery of the JP Therapeutic Model in London

Name of Researchers: Dr Pooja Saini, School of Psychology

You are being invited to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it involves. Please take time to read the following information. Ask us if there is anything that is not clear or if you would like more information. Take time to decide if you want to take part or not.

As someone who has been involved in the set up and delivery of the new JP (JP) Service, we are very interested in your experience over the past few months/weeks. We want to recognise and document lessons learned so that the future implementation of the service can do more of the successes and less of the unsuccessful aspects. You are, therefore, being invited to take part in an interview discussion about your experience.

Topics for discussion:

1. What was your role at JP and how have you been involved in implementing or setting up the JP Service?
2. Did you find your induction and training useful and would you improve it in any way?
3. How has the referral process been of men into JP Service? From A&E, universities?
4. If a therapist, did you use the 'Lay your Cards on the Table' intervention as part of the therapy you offered?
   a. If yes, how you find that process? What were the pros and cons? What would you change, if anything to improve the intervention?
   b. If no, why not?
5. How do the various elements of the service work together (administration/management/ therapy/stakeholder involvement)
6. How has the referral process been of men out of JP Service? Where are they referred to?
7. What could be some lessons learned from the initial pilot stage
8. What could be improved in the delivery of the JP Service going forwards?

Appendix 7: Participant Information Sheet - Referrer

LIVERPOOL JOHN MOORES UNIVERSITY

PARTICIPANT INFORMATION SHEET

Participant Information Sheet for Staff working with JP Therapeutic Crisis Service for Suicidal Men

LJMU's Research Ethics Committee Approval Reference: **18/NSP/081**

Title of Study: A process evaluation of the design, implementation and delivery of the JP Therapeutic Model in London

School/Faculty: **School of Psychology**

Name and Contact Details and status of the Principal Investigator: **Dr Pooja Saini, Lead Researcher, School of Psychology, e: P.Saini@ljmu.ac.uk**

You are being invited to take part in a research study. Before you decide if you want to take part, it is important that you understand why the research is being done and what it involves. Please take time to read the following information. Ask us if there is anything that is not clear or if you would like more information. Take time to decide if you want to take part or not. Thank you for reading this.

15. What is the purpose of the study?

The purpose of this study is to conduct a process evaluation of the implementation of the pilot brief psychological intervention offered at JP (JP), a non-clinical suicide crisis centre in Liverpool.

This study hopes to answer the following questions: What are the lessons learnt throughout the design and process of implementing the JP, non-clinical suicidal crisis service?

- How is the referral process for services referring into James Place?
- Is the bespoke therapeutic model implemented by James Place effective for treating men in suicidal crisis?
- What is the acceptability of the bespoke therapeutic model offered by James Place?
- What is the fidelity of the James Place intervention?

16. Why have I been invited to participate?

You have been invited to take part because you were either involved in designing and implementing the JP service or you are currently working at JP in an administrative role and/or involved in delivering the brief psychological intervention pilot at JP or you refer men into the service.

The exclusion is that no one under 18 years old can participate and those who have not been involved in the setting up, delivery of the JP service or referring to the service.

17. Do I have to take part?

No. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. You can withdraw at any time by informing the investigators without giving a reason and without it affecting your rights in any way.

18. What will happen to me if I take part?

We would like to invite you to attend a one-to-one interview which will last about one 30-40 minutes and will take place at your place of work or LJMU meeting room. Approximately eight questions, relating to the implementation and delivery of the JP Service, will be presented. Open and honest answers will be encouraged.

19. Will I be recorded and how will the recorded media be used?

The audio recordings of the interview made during this study will be used only for analysis in reports and publications and for illustration in conference presentations. No other use will be made of them without your written permission, and no one outside the research team will be allowed access to the original recordings accept for the transcription service – UK Transcription Limited http://www.uktranscription.com/. Interviews will be audio recorded on a password protected audio recording device and as soon as possible the recording will be transferred to secure storage and deleted from the recording device.

20. What are the possible disadvantages and risks of taking part?

The interview will take time to conduct (usually about 30 to 40 minutes) and could involve conversation that may cause you to become upset. However, as noted at any point you may leave the study, without detriment to yourself. Moreover, you do not need to respond to any questions you do not wish to. The topic may be sensitive or upsetting for some participants and in this case we can signpost you to support services if required such as Samaritans or Listening Ear.

21. What are the possible benefits of taking part?

It is hoped that this study will help provide useful guidance for all those involved with the implementation and delivery of JP Brief Psychological Therapeutic Intervention. We also hope the study will prompt further debate about future research or project priorities within the centre. By taking part you have the opportunity to receive and reflect upon your own feedback and those of the wider group within the write up in the report (all anonymised), which may be of interest to you.

22. What will happen to the data provided and how will my taking part in this project be kept confidential?

The information will be audio recorded, anonymised and treated confidentially. The interviews will be transcribed and the researchers will undertake a themed analysis of the data. Interviews will be audio recorded on a password protected audio recording device and as soon as possible the recording will be transferred to secure storage and deleted from the recording device. The interview recordings will be sent to an independent company who will produce a transcript and anonymise any identifiable information, such as names of people or places. You will not be directly identifiable in any ensuing reports or publications. We will use pseudonyms in transcripts and reports to help protect the identity of individuals and organisations unless you tell us that you would like to be attributed to information/direct quotes etc. Anonymised data might be used for additional or subsequent research studies. All personal information that could identify you will be removed or changed before information is shared with other researchers or results are made public. If necessary, personal data will be stored confidentially for as long as it is necessary to verify and defend, when required, the process and outcomes of research. The time period may be a number of years. Personal data will be accessible to *the research team only.* Personal data collected from you will be recorded using a linked code – the link from the code to your identity will be stored securely and separately from the coded data.

23. Limits to confidentiality

Please note that confidentiality may not be guaranteed; for example, due to the limited size of the participant sample, the position of the participant or information included in reports, participants might be indirectly identifiable in transcripts and reports. The investigator will work with the participant in an attempt to minimise and manage the potential for indirect identification of participants.

In certain exceptional circumstances where you or others may be at significant risk of harm, the investigator may need to report this to an appropriate authority. This would usually be discussed with you first. Examples of those exceptional circumstances when confidential information may have to be disclosed are:

- The investigator believes you are at serious risk of harm, either from yourself or others

24. What will happen to the results of the research project?

The investigator intends to write up the results for publication within a peer reviewed journal. A summary of findings will also be made available to individuals with an interest in this area. If you wish to receive a summary of the findings upon completion of the study please tick the box at the end of the survey asking whether you would like to receive feedback on the study findings.

25. Who is organising and funding/commissioning the study?

This study is organised by Liverpool John Moores University and funded by the JP Trust Fund.

26. Who has reviewed this study?

This study has been reviewed by, and received ethics clearance through, the Liverpool John Moores University Research Ethics Committee (Reference number: **18/NSP/081**).

27. What if something goes wrong?

If you have a concern about any aspect of this study, please contact Dr Pooja Saini (0151 231 8121 or P.Saini@ljmu.ac.uk) who will do their best to answer your query. The researcher should acknowledge your concern within 10 working days and give you an indication of how they intend to deal with it. If you wish to make a complaint, please contact the chair of the Liverpool John Moores University Research Ethics Committee (researchethics@ljmu.ac.uk) and your communication will be re-directed to an independent person as appropriate.

28. Data Protection Notice

The data controller for this study will be Liverpool John Moores University (LJMU). The LJMU Data Protection Office provides oversight of LJMU activities involving the processing of personal data, and can be contacted at secretariat@ljmu.ac.uk. This means that we are responsible for looking after your information and using it properly. LJMU's Data Protection Officer can also be contacted at secretariat@ljmu.ac.uk. The University will process your personal data for the purpose of research. Research is a task that we perform in the public interest.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained.

You can find out more about how we use your information by contacting secretariat@ljmu.ac.uk.

If you are concerned about how your personal data is being processed, please contact LJMU in the first instance at secretariat@ljmu.ac.uk. If you remain unsatisfied, you may wish to contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/

Contact for further information

Dr Pooja Saini, Lead Researcher/ Reader in Suicide and Self-Harm Prevention, School of Psychology, Room 2.47d Henry Cotton Building, Byrom Street, Liverpool, L3 3AF,
t: 0151 231 8121 e: P.Saini@ljmu.ac.uk

Thank you for reading this information sheet and for considering taking part in this study.

Appendix 8: Participant Consent Form

LIVERPOOL JOHN MOORES UNIVERSITY

CONSENT FORM

Title: A process evaluation of the design, implementation and delivery of the JP Therapeutic Model in London

Name of Researcher: Dr Pooja Saini, School of Psychology - LJMU

1. I confirm that I have read and understand the information provided for the above evaluation study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and that this will not affect my legal rights. ☐

3. I understand that any personal information collected during the study will be anonymised and remain confidential. ☐

4. I agree to take part in the interview study. ☐

5. I understand that the interview will be audio recorded and I am happy to proceed. ☐

6. I understand that parts of our conversation may be used verbatim in future publications or presentations but that such quotes will be anonymised. ☐

Name of Participant	Date	Signature
______________________	___/___/___	_______________________________
Name of Researcher	Date	Signature
______________________	___/___/___	_______________________________

Note: When completed 1 copy for participant and 1 copy for researcher

Appendix 9: Interview Guide - Referrer

LIVERPOOL JOHN MOORES UNIVERSITY

Interview Guide

Title of Project*:* A process evaluation of the design, implementation and delivery of the JP Therapeutic Model in London

Name of Researchers: Dr Pooja Saini, School of Psychology

You are being invited to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it involves. Please take time to read the following information. Ask us if there is anything that is not clear or if you would like more information. Take time to decide if you want to take part or not.

As someone who has been involved in the set up and delivery of the new JP (JP) Service, we are very interested in your experience over the past few months/weeks. We want to recognise and document lessons learned so that the future implementation of the service can do more of the successes and less of the unsuccessful aspects. You are, therefore, being invited to take part in an interview discussion about your experience.

Topics for discussion:

1. How or when did you hear about James Place?
2. What was your role for referring men to JP?
3. Did you find the information about the referral process useful and would you improve it in any way?
4. Where would you have referred students/men to if James Place was not an option?
5. How did you and the service work together (administration/management/ therapy/stakeholder involvement)
6. What has the feedback from the men/students been about JP?
7. How has the referral process been of men out of JP Service? Where are they referred to?
8. What could be some lessons learned from the initial pilot stage?
9. What could be improved in the referral processes into the JP Service going forwards?