

Implementing a suicide prevention module in undergraduate health and social care education: insights from a World Café and online survey

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Abstract

Purpose – Presentations to healthcare settings increase prior to suicide, making healthcare professionals optimally positioned to intervene. However, health and social care students receive insufficient training on engaging with individuals at risk of suicide or self-harm. This study aims to identify barriers and facilitators to implementing a suicide prevention module within undergraduate health and social care education.

Design/methodology/approach – A World Café methodology facilitated contributions from health and social care academics, researchers, students and representatives from governmental and non-governmental organisations. Participants took part in four rounds of structured discussion to identify key barriers and enablers to the implementation of an undergraduate healthcare suicide prevention training module. Data were gathered through a combination of group facilitator written notes and audio recordings. An online qualitative survey of participants who could not attend in-person supplemented the findings. A thematic analysis, following Braun and Clarke's approach, was conducted.

Findings – A total of 24 individuals took part, including 17 World Café participants and seven survey respondents. Analysis revealed four overarching themes: (i) a blended, integrated, sustainable model; (ii) accredited and incentivised course; (iii) an evidence and policy-based offering and (iv) a student-centred approach.

Research limitations/implications – Findings have identified barriers and facilitators to implementation of an undergraduate suicide prevention module embedded within professional and institutional frameworks.

Practical implications – Key recommendations include adopting a blended delivery model, offering formal recognition for learning and utilising a train-the-trainer approach to ensure future sustainable scalability.

Social implications – This work highlights the value of evidence-informed curriculum innovation to address a critical gap in undergraduate suicide prevention education and prepare health and social care students for compassionate, real-world practice.

Originality/value – These findings have served to inform the pilot module rollout and design of a train-the-trainer programme for this education nationally, with international collaborations also established for wider adaptation and delivery.

Keywords Suicide prevention, Participatory action research, Mental health education, Qualitative research methods

Paper type Research paper

(Information about the authors can be found at the end of this article.)

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Introduction

It is widely recognised that students pursuing degrees in health and social care professions lack appropriate training in suicide prevention, with little evidence to suggest that such

training is included in formal training requirements (Sher, 2011; Pham *et al.*, 2022; Pryor *et al.*, 2023). International research consistently indicates that a significant proportion of individuals who die by suicide have had contact with healthcare providers in the year preceding their death (Stene-Larsen and Reneflot, 2019; Chock *et al.*, 2015; John *et al.*, 2020). As a result, both practicing professionals and students are likely to encounter individuals in crisis. Despite this, suicide prevention has not been systematically embedded within the structure of most undergraduate curricula in Ireland or internationally (Sher, 2011; Gallagher *et al.*, 2023; Hawgood *et al.*, 2008).

From an educational perspective, this gap reflects not only a deficit in service preparation, but a shortfall in the pedagogical design of undergraduate healthcare programmes. There is an increasing recognition that health professional education must move beyond traditional clinical skills acquisition to also cultivate emotionally intelligent, ethically grounded graduates who can engage with complexity, risk and distress in real-world care settings (Skinner *et al.*, 2024; Harden *et al.*, 2024). Embedding suicide prevention training into undergraduate curricula aligns with these imperatives and supports broader efforts to develop compassionate, reflective healthcare professionals capable of responding to vulnerability and crisis.

In a study published in 2020, Witry and Clayden demonstrated that a significant portion of student pharmacists had encountered personal, peer and professional situations involving individuals exhibiting potential suicidal ideation (Witry and Clayden, 2020). Similarly, 70% of social work students had engaged in some sort of practice related to suicide prevention, with the majority worried about the potential iatrogenic harm (Christensen, 2024). In Ireland, O'Driscoll *et al.* reported findings from a survey of 219 pharmacists and pharmacy staff indicated that 61% ($n=134$) of participants had experienced a patient's death by suicide and 40% ($n=87$) expressed feeling either very or moderately uncomfortable when communicating with patients who may be at risk of suicide or self-harm (O'Driscoll *et al.*, 2023). However, the majority of respondents (88.5%, $n=194$) reported not receiving any formal training in suicide prevention (O'Driscoll *et al.*, 2023). Furthermore, a study by Rebar and Hulatt reported that nurses lacked skills, training and knowledge in this area (Rebar and Hulatt, 2017). With the recognition that individuals in distress may seek assistance from various healthcare professionals, not just those specialising in mental health, it becomes imperative to equip future practitioners with the skills and knowledge needed to effectively respond to such situations.

Despite an evident necessity for suicide prevention education, the majority of undergraduate programmes lack dedicated coursework or training modules that focus specifically on suicide prevention strategies and interventions (Pryor *et al.*, 2023). This absence leaves both current students and professionals inadequately equipped to recognise, assess and effectively respond to individuals at risk of suicide (Hawgood *et al.*, 2008; Pompili *et al.*, 2017; Cramer and Long, 2018). This deficiency not only hinders the ability to intervene early but also perpetuates misconceptions and stigmatisation surrounding suicide prevention which has been well documented in the literature (Yousuf *et al.*, 2013; Bonnin *et al.*, 2021; Riffel and Chen, 2020). However, in the limited instances where suicide prevention training is offered to students, evaluation data consistently shows that students experience significant improvements in their understanding, confidence and attitudes towards suicide prevention (Ferguson *et al.*, 2020; De Silva *et al.*, 2015; Blair *et al.*, 2018; Patel *et al.*, 2021; O'Brien *et al.*, 2025). This suggests that providing structured education can have a positive impact on students' readiness to address and intervene in situations involving suicidal behaviour. These outcomes are central to competency-based education models and support the case for integrating suicide prevention into curricula as a core learning objective. For such integration to be meaningful and effective, it must be consistent with constructive alignment principles – ensuring that learning outcomes,

teaching activities and assessments reinforce one another in support of the defined competencies (Kandlbinder, 2014).

In response to this identified need the Health Service Executive National Office for Suicide Prevention (HSE-NOSP) commissioned researchers at the National Suicide Research Foundation (NSRF) to develop a national standardised module in suicide prevention tailored specifically for undergraduate health and social care students (National Suicide Research Foundation, 2024). The initial phase of the project (2021–22) involved a scoping review of suicide prevention training in higher education (Gallagher *et al.*, 2023; O’ Brien *et al.*, 2025), and a mapping exercises to identify relevant student cohorts and any existing offerings. These efforts laid the groundwork for phase two (2022–23), which developed a core-competency-based module, including defined learning outcomes and corresponding learning activities. It was recognised however, that the implementation and embedding of the module into curricula would encounter a range of challenges, which needed to be fully considered prior to initial piloting and subsequent future rollout.

Therefore, the aim of this study was to identify module delivery barriers and enablers, to generate practical, educationally grounded recommendations, guided by principles of curriculum design, institutional alignment and key stakeholder engagement.

Methods

Ethical approval for this study was obtained for this study from the Social Research Ethics Committee, University College Cork (log number 2023–211).

Design

A qualitative design underpinned by participatory action research principles was employed, using the World Café (WC) methodology. This approach fosters collaborative dialogue amongst key stakeholders to explore shared challenges and co-develop solutions (Greenhalgh *et al.*, 2019; Kwon *et al.*, 2018; Löhr *et al.*, 2020). The WC format facilitates structured, inclusive conversations around key questions to elicit rich qualitative data. The design of this study was guided by the seven core principles of the WC model:

1. clarifying the context;
2. creating a hospitable space;
3. exploring questions that matter;
4. encouraging everyone’s contribution;
5. connecting diverse perspectives;
6. listening together for patterns and insights; and
7. sharing collective discoveries (The World Cafe [Internet], 2015; Schiele *et al.*, 2022).

The reporting of this study was structured by the Standards for Reporting Qualitative Research checklist (O’Brien *et al.*, 2014).

In parallel to capture all relevant input, an online qualitative survey comprising of the same key questions was made available to those unable to attend, but willing to contribute.

Study setting and event structure

The WC was conducted in-person in January 2024, as part of a wider engagement event. The session was preceded by a two-hour seminar, hosted both in-person and live-streamed via Microsoft Teams. This seminar included the formal launch of the suicide prevention module, and featured presentations from academic, student, clinical, policy and community

stakeholders, outlining the rationale and need for suicide prevention education within undergraduate health and social care programmes.

Participant recruitment

The event was advertised via multiple email and social media channels within the host university and more widely amongst stakeholders' own networks. Attendance was invited from academic staff, researchers and students in health and social care disciplines across Ireland, as well as representatives from education bodies, governmental departments and relevant non-governmental organisations (NGOs) with a focus on mental health or health education. A World Cafe was scheduled to be held immediately afterwards.

Those who registered to attend the seminar were eligible to take part in the research and were provided with the study information to participate in either the WC or an online qualitative survey. Those who attended the seminar (either online or in-person) but who were not subsequently able to attend and contribute to the WC were instead offered the opportunity to participate in the research via the online survey. The relevant Participant Information Leaflet, consent form and demographics survey were provided via a Qualtrics link, to be completed in advance of the event (see [Appendix 1](#) and [2](#)).

World Caf  procedure

The WC session was facilitated by the primary researchers (MOD and KG) and lasted approximately 90 minutes. Participants were seated in groups of four to five per table. Each table had a designated moderator who had received advance training in facilitation and note-taking. Four central questions were printed on large sheets of paper at each table:

1. What is your view of the contribution of/need for this module?
2. Where in your course do you see this module sitting?
3. What sorts of challenges do you envisage with integration of this module?
4. What innovative or tried-and-tested approaches could be taken to overcome these challenges?

Each question was explored sequentially in small-group discussions facilitated by the table moderator. After each round, moderators shared a brief five-minute summary of their table's discussion with the wider group. Participants then moved between tables to allow further pollination of ideas between stakeholders through discussion. This process was repeated for all four questions. The session concluded with an open floor for additional contributions.

Online survey

Participants who attended the seminar but could not remain for the World Caf  were invited to instead complete the online survey. The survey was distributed via Qualtrics immediately following the event and was open for one week. This comprised of the same four core questions that had been explored by WC participants but was conducted independently without sharing existing WC findings. Informed consent was obtained via the first page of the survey. Participants were invited to submit anonymous free-text responses, to supplement what their colleagues had contributed at the WC.

Data collection

Data from the in-person WC were collected through two channels: written notes captured by table moderators directly onto the discussion sheets, and audio recordings of the plenary feedback sessions. Moderator notes were transcribed into Microsoft Word and stored

securely. Audio recordings were transcribed, verified for accuracy and subsequently deleted, retaining only the written transcripts on a secure SharePoint platform. Survey responses were downloaded from Qualtrics in Excel format and similarly stored on SharePoint.

Data analysis

All qualitative data – including moderator notes, transcribed audio feedback and survey responses – were imported into NVivo for analysis. Braun and Clarke’s six-phase approach to reflexive thematic analysis was applied (Braun and Clarke, 2006). This involved:

1. familiarisation with the data;
2. generation of initial codes;
3. identification of preliminary themes;
4. review and refinement of themes;
5. definition and naming of final themes; and
6. synthesis and write-up of results.

The primary researcher led the coding process, with a second researcher independently reviewing the coding framework. Any discrepancies were resolved through discussion, with a third researcher available for consultation in the event of a consensus not being reached.

Results

Participant demographics

A total of 24 individuals participated in the study; 17 attended the WC workshop in person, and seven provided responses via the online survey. Demographic characteristics are detailed in Table 1.

Most participants were female and had between 1 and 5 years of experience in their current roles. The most represented group were governmental stakeholders (37.5%, $n=9$), followed by equal representation across health and social care lecturers, researchers and students (each 16.7%, $n=4$). Participants in the “Other” category included community volunteers ($n=2$), a member of the prison service ($n=1$) and an educational lecturer ($n=1$). Three-

Table 1 Demographics of World Café and online survey participants

Category	WC % ($n=17$)	Survey % ($n=7$)	Total % ($n=24$)
Female	76 (13)	85 (6)	79 (19)
<i>Position</i>			
Governmental stakeholder	35.3 (6)	42.9 (3)	37.5 (9)
Health or social care student	17.6 (3)	14.2 (1)	16.7 (4)
Health or social care lecturer	23.5 (4)	0 (0)	16.7 (4)
Researcher	11.8 (2)	28.6 (2)	16.7 (4)
Other	17.6 (3)	14.2 (1)	16.7 (4)
<i>No. of years in role</i>			
>5 years	35.3 (6)	42.9 (3)	37.5 (9)
1–5 years	64.7 (11)	42.9 (3)	58.3 (14)
< 1 year	0 (0)	14.2 (1)	4.2 (1)
Experience of delivering suicide prevention training	29.4 (5)	42.9 (3)	33.3 (8)
Experience of attending suicide prevention training	70.6 (12)	85 (6)	75 (18)

quarters (75%) of participants had previously attended suicide prevention training, while one-third (33.3%) had prior experience of delivering such training.

Key findings

Analysis of the WC and online survey responses identified four overarching themes related to the implementation of a national suicide prevention module for undergraduate health and social care students. These themes are visually summarised in Figure 1 and detailed below.

Blended, integrated, sustainable model. Participants consistently emphasised the importance of a flexible and embedded approach to module delivery, enabling student engagement and formal recognition of learning. A blended model – combining in-person, online and self-directed learning – was viewed as the most practical and sustainable approach. Integration across multiple stages of academic programmes (e.g. spiral delivery across years) was also encouraged, to reinforce key messages over time.

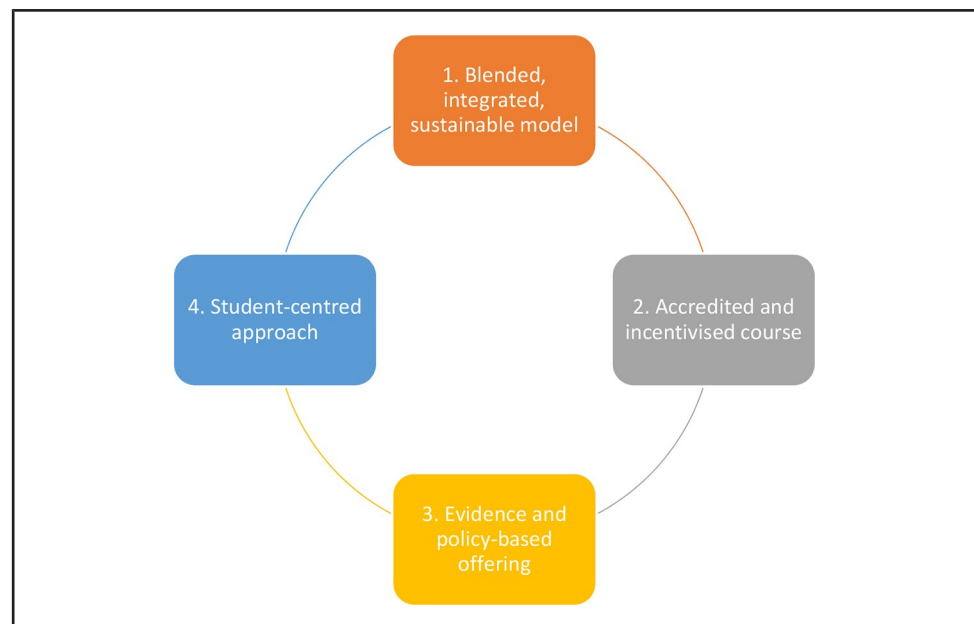
“We have relied a lot on online teaching, however we know from literature that blended learning is the way forward, as well as early training for healthcare professionals” Q2, online survey.

The opportunity to incorporate interprofessional learning through this topic was also identified as a strategy that could help promote integration of the module across healthcare programmes. This approach would address the learning outcomes of multiple courses simultaneously, making the module more valuable and widely applicable within curricula. An interprofessional offering would also support cross-disciplinary collaborative competency development which is highly valued in healthcare curricula.

“There were arguments for the benefits of it being interprofessional because everyone could learn from each other, everyone coming with different backgrounds and that” Q2, group feedback, Group 4.

The need to establish a sustainable approach for rolling out this module on a national scale was highlighted at several points throughout the discussions. It was recognised that while

Figure 1 Key themes from World Café and online survey



the researchers could deliver this content at pilot level, they would be limited in their capacity if all health and social care courses were ultimately wishing to implement this training. It was generally agreed that an internal model of delivery, which allows for course-specific autonomy and oversight, would be most effective. A train-the-trainer approach was highlighted as being an important enabler of sustainable delivery, facilitating the appropriate upskilling of academics so that “facilitators have the confidence and a solution that was talked a lot about at our table was train-the-trainer” Q3, group feedback, Group 2.

Accredited, incentivised course. Linked to the above theme of integration, was the specific consideration of “award” or “reward” for this module. The debate around whether a certain number of credits was required or not emerged on a number of occasions, “how this could be a credit module [...] what would be the workload, and assessment wise, what kind of assessment would you consider for this, not to be over prescribing for those who are already overloaded with work” Q4, group feedback, Group 2.

While the exact number of credits was debated, there was a consensus that the credit value might not be crucial, with one comment noting, “do credits really matter to students and like is crediting it, like giving it five credits actually incentivising it at all?” Q4, group feedback, Group 3.

It was generally agreed however that a form of incentivisation from both a student and staff perspective could serve as a positive enabler to module acceptance. Students needed to feel that this was contributing to their degree as a whole in terms of marks or credits, and/or would respond positively to evidence of completion to include in a CV. Otherwise, “if it's voluntary people may not come, people may not turn up so to incentivise people” Q2, group feedback, Group 4.

Staff involved in delivery in the future also needed to see this as a way to contribute towards their career trajectory e.g. teaching hours, tenure or promotion path. As one participant suggested, “perhaps delivering a module like this could contribute towards their tenure track because in a lot of cases it's somebody who's interested in it you know they get involved, it's not compulsory” Q3, group feedback, Group 2.

Evidence and policy-based offering. For both integration and incentivisation to be made possible, participants were generally in agreement that the module needed to meet professional core competency and university requirements, as set out by the accrediting healthcare regulatory bodies, and aligning with university frameworks that inform priorities for learning and student experience. “(It) must be embedded in the curriculum for it to align with other areas of study and be supported by all rather than only some relevant programme coordinators” Q2, online survey.

Firstly, mapping the module learning outcomes to requirements at course, profession and university level was deemed prudent, specifically outlining the module's contribution towards meeting professional core competencies and course learning outcomes. In an Irish context, it was noted that university-level frameworks such as the National Student Mental Health and Suicide Prevention Framework (Fox *et al.*, 2020) would also provide useful rationale for its integration, and incentivise the Higher Education Authority to support its roll-out, and “put it on the agenda” Q2, online survey.

Secondly, creating a strong evidence-base for the module's effect and impact through findings from a pilot was also deemed important. Analysing the module's effect on suicide awareness, knowledge and confidence, as well as content acceptability and suitability would promote its integration. As highlighted in the feedback, “getting evidence from the pilot, kind of with measurable outcomes is also a really important part of getting this through to kind of next stages and that needs to happen to push it forward” Q4, group feedback, Group 4.

Communication with leadership at profession and university level was advised, to generate buy-in and explore future strategic and financial support of this module, “Head of College (will be) informed by evidence-based research” Q4, online survey.

Student-centred approach. An important theme that emerged from the data was the need to place the student at the centre of the module design and delivery. The lived experience contribution to module design from students to date was commended, and the importance of bringing this through to implementation and expansion of the module was emphasised. “Lived experience = so important. The voice and co-produced” Q4, written feedback.

Participants also felt that the module should be a safe space for students to learn about suicide prevention, considering the potential sensitivities and experiences of those present during its delivery. “We also (discussed) challenges around creating a safe and engaging space for people. Given that students will be coming to this from different international and cultural backgrounds, their own attitudes and their own kind of personal experiences, the challenge around creating that safe space is that people will be willing to engage with the module” Q3, group feedback, Group 2.

Ensuring that appropriate signposting and support would always be available, as well as appropriate training for facilitators was important. It was noted that “lecturers have a pastoral role” and there would be a need to “support staff to respond correctly/appropriately” Q1, written feedback, Group 1. Consideration of student preferences and support availability with regards to which day of the week to offer the course was also discussed. “(Something) that did come up here too was not doing it on a Friday, not delivering it on a Friday when services may not be available if people might be triggered, so you know scheduling it early in the week so that you know people can access services should they need to” Q4, group feedback, Group 3.

The importance of sensitivity to culture and personal experiences of suicide was repeatedly highlighted as being an important component, both for students and facilitators of the training.

“Training for all who will be completing this module should also include some kind of suicide competency component in it to recognise different needs of different cultures in the society” Q4, group feedback, Group 1.

The self-care element of the module was highly praised and recognised as being “invaluable” for students in navigating current academic and personal experiences, as well as future challenges as healthcare professionals. In particular “its emphasis on self-care for students entering the helping professions” (Q1, online survey) was noted as being an important aspect of the offering.

Discussion

The findings from this World Café and accompanying online survey highlight the need for a student-centred, blended and sustainably integrated suicide prevention module for undergraduate health and social care students. They also underscore the importance of aligning the module with institutional and professional frameworks, while generating robust evidence for its effectiveness, feasibility and impact on learning outcomes. Internationally, there have been heterogeneous efforts to offer suicide prevention training to health and social care students across a range of disciplines (O’ Brien *et al.*, 2025), integration into core undergraduate curricula remains inconsistent and, in many contexts, absent. This study identifies a key gap in the pedagogical literature, which is the inclusion of all key stakeholders in identifying the barriers and facilitators to implementation and integration, thus informing a structured and cohesive approach to national delivery of undergraduate suicide prevention education.

National implementation of this training would not come without its challenges. The comprehensive discussions that explored potential barriers to implementation – such as

limited curricular space, insufficient facilitator training, concerns about triggering student distress and a lack of institutional infrastructure – mirror broader obstacles encountered internationally when attempting to widely embed new content into professional healthcare curricula (Christensen, 2024; Pilbrow *et al.*, 2023; Kasal *et al.*, 2023; O'Brien *et al.*, 2022). However, several important key enablers to module implementation were identified which help mitigate these challenges.

The prioritisation of a student-centred approach to module delivery emerged clearly from both stakeholder consultation and earlier research involving students during the module's development. Previous focus groups with healthcare students (Gallagher *et al.*, 2025) identified key preferences and needs – such as a blended format combining in-person and online elements, and flexibility around engagement with emotionally sensitive self-care components. Facilitating these preferences where possible would enable student engagement with content and align with broader pedagogical imperatives to foster psychologically safe, inclusive and responsive learning (Lackie *et al.*, 2023; McClintock *et al.*, 2023). The topic of suicide prevention is often viewed with trepidation by healthcare educators due to its emotional sensitivity. However, pedagogical theory demonstrates that adult learners experience meaningful growth when prompted to critically examine assumptions and perspectives, particularly on emotionally complex or value-laden topics (Mezirow, 1991; Van Schalkwyk *et al.*, 2019). Suicide prevention education inherently demands such reflective engagement. It may also represent a threshold concept – transformative, integrative and often conceptually challenging – yet essential to forming a compassionate and ethically grounded professional identity (Meyer and Land, 2003; Nicola-Richmond *et al.*, 2018; Barradell, 2013). By supporting students in a safe, controlled environment, with appropriate protocols in place, they are enabled to examine their beliefs, emotions and experiences in relation to suicide prevention encouraging lasting epistemological and professional shifts.

Two promising approaches to sustainable delivery of this module at a national level identified through stakeholder feedback were the use of micro-credentials and the development of a train-the-trainer framework. Micro-credentials offer students a flexible and recognisable way to demonstrate competency in specific skill sets – an approach increasingly adopted in higher education to promote workforce readiness and lifelong learnings (Xu *et al.*, 2024). Their successful deployment, however, hinges on strategic collaboration between academic institutions, regulatory bodies and professional networks (Varadarajan *et al.*, 2023) – as modelled in this World Café.

The train-the-trainer approach also holds considerable promise, particularly as a means of building institutional capacity for long-term delivery and has proven to be successful in other contexts. For example, a study of the Safe and Competent Opioid Prescribing Education (SCOPE of Pain) train-the-trainer program examined its impact on (Sher, 2011) disseminating the SCOPE of Pain curriculum and (Pham *et al.*, 2022) knowledge, confidence, attitudes and performance of the participants of trainer-led compared with expert-led meetings. Findings showed that 89 trainers were trained, with 33% of them conducting a total of 79 meetings that educated 1,419 participants. Promisingly, no significant differences were seen between expert-led and trainer-led meetings in improvements in participant knowledge, confidence and attitudes (Zisblatt *et al.*, 2017).

Crucially, stakeholders emphasised the importance of grounding the module in both educational and policy frameworks. For example, aligning with the National Student Mental Health and Suicide Prevention Framework (Fox *et al.*, 2020), ensures that the module contributes to broader institutional mental health strategies. In parallel, mapping the module's learning outcomes to relevant professional competency frameworks, such as those of the Pharmaceutical Society of Ireland [Pharmaceutical Society of Ireland (PSI), 2022] and the Nursing and Midwifery Board of Ireland [Nursing and Midwifery Board of Ireland (NMBI), 2023], supports curriculum integration and regulatory alignment. This type of alignment not only enhances the module's legitimacy but also facilitates adoption by

academic programme coordinators and professional accrediting bodies. Drawing on curriculum change theory, it is clear that successful implementation will require a balance of bottom-up and top-down endorsement (Weiss *et al.*, 2021).

Limitations

This work is not without its limitations. Firstly, despite efforts to include all key stakeholders, not every table during the World Café had a full representation of these stakeholders in every conversation. This inconsistency could have impacted the comprehensiveness of the discussions, and the diversity of perspectives gathered. Secondly, while the online survey was designed to capture the views of those unable to attend the World Café in person, this method lacked the interactive, collaborative dynamic provided by the World Café. Consequently, the survey responses may not have fully captured the depth of insight and nuanced feedback that the face-to-face discussions facilitated.

Finally, the time constraints of the process meant that conversations had to at times be cut short, where potential for even more of an exploration of ideas might have been possible via other methodological approaches such as interviews.

It should also be considered that the researchers were acquainted professionally with some study participants, which may have indirectly influenced some of the responses via desirability bias.

Future work

Insights from this study have directly shaped key adaptations to both the module pilot and the planned national rollout of the suicide prevention module. In particular, stakeholder feedback highlighted the need for a scalable and sustainable delivery approach, resulting in a successful funding award to develop a national train-the-trainer programme for the module in 2025. This initiative aims to build institutional capacity and ensure consistent, high-quality facilitation of the module across a range of academic contexts. Future evaluation will assess the wider impact of both the module and the train-the-trainer programme, focusing on changes in students' knowledge, confidence, attitudes and perceived readiness to engage with individuals at risk of suicide. These findings may also inform broader educational scholarship by contributing to the evidence base on curriculum innovation, student wellbeing and the development of professional identity within suicide prevention education.

Conclusions

This study underscores the critical need for structured, evidence-informed suicide prevention education within undergraduate health and social care curricula in Ireland. Through the use of participatory methods, valuable insights were gathered from a diverse range of stakeholders to guide the sustainable integration of a national training module. The findings highlight the importance of a student-centred, blended and policy-aligned delivery approach, supported by scalable models such as micro-credentials and train-the-trainer programmes to enable successful implementation. Embedding the module within professional and institutional frameworks while fostering transformative learning offers a promising path forward in preparing future healthcare professionals to respond confidently and compassionately to those at risk of suicide.

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Appendix 1. World Café Participant Information Leaflet

Study title: A National Healthcare Undergraduate Module for the Prevention of Suicide and Self-Harm – Overviews, Insights and a World Café

About the study

Thank you for your interest in taking part in this research project. The purpose of this leaflet is to tell you about the study and what your involvement would entail so that you can make an informed decision about participation.

This study is being carried out by researchers at the National Suicide Research Foundation (NSRF) and the Health Service Executive's National Office for Suicide Prevention (NOSP). Ethical approval for this study has been obtained from University College Cork's Social Research Ethics Committee (SREC).

The aim of this study is to explore the opinions of healthcare academics, stakeholders and students regarding the implementation and integration of a suicide prevention training module for health and social care students in Ireland.

The study specifically seeks to:

- obtain insights from the academic community, student representatives and key stakeholders into the perceived challenges, opportunities and barriers to implementation and integration of the module within healthcare curricula; and
- to generate solutions to these complex challenges via participatory action research, to inform successful future piloting.

This research will provide valuable information to inform the integration and rollout of the suicide prevention module for health and social care students, ensuring that it meets the needs and desires of the health and social care students who will take the module, and academics who facilitate it.

What is involved?

If you choose to participate in this study, you will be agreeing to take part in a *World Café* event.

The World Café will start with a short introduction to the suicide prevention module, followed by a series of questions being posed in a small group setting to elucidate your opinions on its future implementation and integration.

There will be approximately five participants and two researchers assigned to each table, and key questions will be posed for your group to discuss and brainstorm, using written methods of recording or illustrating your discussion points. Participants may be invited to move between tables during the session to allow for more interactions between colleagues.

The session will conclude with a whole-group discussion where key elements of the smaller discussions will be presented and further discussed. The session will last for approximately ninety minutes. Participants in the session will adhere to a group confidentiality agreement, and UCC's respect and dignity policy.

Who can take part?

You are eligible to participate if you are a healthcare academic, a higher education or suicide prevention stakeholder, or a health or social care student representative who is 18 or older and proficient in the English language.

Participation in this study is completely voluntary. Once you have shown interest in participating in the study, you are under no obligation to do so. During the session you can choose not to answer a question, or you can decide to cease participation at any time if you wish. You can withdraw your contributions to the whole group discussion up to two weeks after completion of the interview by contacting the researchers. However, please note that your contributions to the written data generated on flipcharts or during the small group discussions will not be possible to withdraw, as it will be unidentifiable and merged with the contributions of others.

What will happen to the information I give?

The demographics form that you complete prior to the session will be anonymous, and this data will be stored securely on an encrypted and password protected device.

The facilitator at each small group table will take notes about what is being discussed, and as a participant you will contribute to the creation of written summaries of the ideas and comments generated. These will be scanned and stored securely on an encrypted and password protected device.

The whole-group discussion will be audio and video recorded, and the audio recording will be transcribed for further analysis. These transcriptions will contain no personally identifying information, and the audio and video recordings will be erased once the transcription has been completed and cross checked by researchers.

Your anonymity will be preserved throughout the study, and all information you provide will be kept confidential. All data will be anonymised and will be stored electronically on MS Teams and the NSRF secure service which can only be accessed by the dedicated researchers' password protected, encrypted laptops.

The National Suicide Research Foundation is compliant with the General Data Protection Regulation (GDPR) and is registered with the Data Protection Agency. Under the UCC Data Protection policy, transcription files from focus groups will be kept for a period of ten years. This data will only be accessible to members of the research team.

The information you provide will only be shared in aggregated form with the NSRF and NOSP, so you will not be identified. No personally identifying information (such as name, date of birth or address) will be collected. The information you supply may also be used in research papers and/or conference presentations, however all results will be summarised as a group, so you will not be identified as an individual in these publications or presentations. If you wish, the final results from this study can also be shared with you.

Are there any risks to taking part?

We do not anticipate any risk to you from participating in this study. We have explained the procedures that we will use to safeguard the confidentiality and the anonymity of your data above. However, we recognise that discussion regarding suicide can be upsetting. If you experience distress as a result of taking part in the session, our researchers will be on hand to support and signpost, or after the event please contact the researchers using the information provided below. We have also provided a list of support services below that may be of assistance to you:

- If you, or someone you know, needs support or is in crisis, contact your local GP.
- In an emergency, go to/contact the Emergency Department of your nearest hospital
- Samaritans provide a listening service, free of charge, 24/7 (call 116 123) or email jo@samaritans.ie
- To access individual counselling services, visit the Psychological Society of Ireland webpage: www.psychologicalsociety.ie

How do I get further information or take part in the study?

If you are interested in participating or would like more information, please proceed to complete the consent form and demographics form.

For further information you can contact the researchers using the information provided below:

Researcher: Dr Michelle O'Driscoll (michelle.odriscoll@ucc.ie)

Chief investigator: Dr Eve Griffin (evegriffin@ucc.ie) or 021 420 5551.

Informed Consent Form

Collected through Qualtrics

Study title: A National Healthcare Undergraduate Module for the Prevention of Suicide and Self-Harm – Overviews, Insights, and a World Café

Thank you for agreeing to participate in this research. The purpose of this survey is to ensure that you understand what the research entails and consent to participate in this study. Please indicate below to show that you agree with the terms and conditions of participation as follows.

- I confirm that I have read the study's information leaflet and that the study has been fully explained to me. I have also received a copy of this information and have been given the chance to ask any questions I have to researchers.
- I understand that my participation in this study is completely voluntary, and that I may withdraw my participation at any time from the session without any repercussion.
- I agree to adhere to UCC's policy for College Dignity and Respect Policy during my participation in the research study.
- I understand that I have until two weeks after the World Café to confirm my desire to withdraw my contributions to the whole-group discussion, in order to ensure that I have done so before the processing and writing up of the data has begun.
- I understand that my contributions in the small group discussion and creation of written data cannot be withdrawn, due to it being unidentifiable, and merged with the contributions of others.
- I consent to follow the focus group etiquette and adhere to the confidentiality, respect and dignity policy.
- I understand that any information I share in this study is confidential and any data collected will be anonymised and stored securely in line with Data Protection Regulations.
- I consent for my anonymized data from this study to be used in future publications or reports.
- I consent to being video and audio recorded (i.e., camera on) during the World Café and for any comments I make during the whole group discussion to be transcribed for analysis purpose.
- I understand that if I have additional inquiries about the study, I can contact Dr Eve Griffin, the Chief Investigator, at evegriffin@ucc.ie

I confirm that I am over 18 years of age (explicit tick box)

"I agree to the above statements" - digital signature here via Qualtrics.

(continued)

Demographics Form

Gender:

- Male
- Female
- Other
- Prefer not to say

Position

- Researcher
- Healthcare lecturer
- Health or social care student representative
- Stakeholder (e.g. HSE, NOSP, HEI) please specify
- Other (please specify)

If healthcare academic,

- What institution?
- What healthcare course?

Number of years in role

- >1 year
- 2-5 years
- <5 years

Are you a member of the consultation group for this module?

Yes/No

How did you hear about this event?

Do you have experience of delivery of suicide prevention training to university students?

Yes/No If yes, please specify

Do you have experience of attending suicide prevention training?

Yes/No If yes, please specify

Appendix 2. Qualitative online survey – Participant information leaflet

Study title: A National Healthcare Undergraduate Module for the Prevention of Suicide and Self-Harm – Overviews, Insights, and a World Café

About the study

Thank you for your interest in taking part in this research project. The purpose of this leaflet is to tell you about the study and what your involvement would entail so that you can make an informed decision about participation.

This study is being carried out by researchers at the National Suicide Research Foundation (NSRF) and the Health Service Executive's National Office for Suicide Prevention (NOSP). Ethical approval for this study has been obtained from University College Cork's Social Research Ethics Committee (SREC).

The aim of this study is to explore the opinions of healthcare academics, stakeholders and students regarding the implementation and integration of a suicide prevention training module for health and social care students in Ireland.

The study specifically seeks to:

- obtain insights from the academic community, student representatives and key stakeholders into the perceived challenges, opportunities and barriers to implementation and integration of the module within healthcare curricula; and
- to generate solutions to these complex challenges via participatory action research, to inform successful future piloting.

This research will provide valuable information to inform the integration and rollout of the suicide prevention module for health and social care students, ensuring that it meets the needs and desires of the health and social care students who will take the module, and academics who facilitate it.

What is involved?

If you choose to participate in this study, you will be agreeing to take part in an online qualitative survey.

The survey will be sent via Qualtrics after the seminar event hosted at UCC and will consist of a series of questions being posed to elucidate your opinions on the suicide prevention module's future implementation and integration.

A free-text box will be provided for you to type your answers, and the survey should take approximately ten minutes to complete.

The survey will remain open for two weeks, and you will also receive a reminder email.

Who can take part?

You are eligible to participate if you are a healthcare academic, a higher education or suicide prevention stakeholder, or a health or social care student representative who is 18 or older and proficient in the English language.

Participation in this study is completely voluntary. Once you have shown interest in participating in the study, you are under no obligation to do so. During the survey you can choose not to answer a question, or you can decide to cease participation at any time if you wish. You cannot withdraw your contributions once submitted as there will be no way to identify them, and they will be merged with other responses.

What will happen to the information I give?

The demographics form that you complete prior to the session will be anonymous, and this data will be stored securely on an encrypted and password protected device.

Your anonymity will be preserved throughout the study, and all information you provide will be kept confidential. All data will be collected anonymously and will be stored electronically on MS Teams and the NSRF secure service which can only be accessed by the dedicated researchers' password protected, encrypted laptops.

The National Suicide Research Foundation is compliant with the General Data Protection Regulation (GDPR) and is registered with the Data Protection Agency. Under the UCC Data Protection policy, research data will be kept for a period of ten years. This data will only be accessible to members of the research team.

The information you provide will only be shared in aggregated form with the NSRF and NOSP, so you will not be identified. No personally identifying information (such as name, date of birth, or address) will be collected. The information you supply may also be used in research papers and/or conference presentations, however all results will be summarised as a group, so you will not be identified as an individual in these publications or presentations. If you wish, the final results from this study can also be shared with you.

Are there any risks to taking part?

We do not anticipate any risk to you from participating in this study. We have explained the procedures that we will use to safeguard the confidentiality and the anonymity of your data above. However, we recognise that discussion regarding suicide can be upsetting. If you

experience distress as a result of taking part in the survey, our researchers will be contactable to support and signpost. We have also provided a list of support services below that may be of assistance to you:

- If you, or someone you know, needs support or is in crisis, contact your local GP.
- In an emergency, go to/contact the Emergency Department of your nearest hospital
- Samaritans provide a listening service, free of charge, 24/7 (call 116 123) or email jo@samaritans.ie
- To access individual counselling services, visit the Psychological Society of Ireland webpage: www.psychologicalsociety.ie

How do I get further information or take part in the study?

If you are interested in participating or would like more information, please proceed to complete the consent form and demographics form.

For further information you can contact the researchers using the information provided below:

Researcher: Dr Michelle O'Driscoll (michelle.odriscoll@ucc.ie)

Chief investigator: Dr Eve Griffin (evegriffin@ucc.ie) or 021 420 5551.

Qualitative survey – Informed consent form

Collected through Qualtrics

Study title: A National Healthcare Undergraduate Module for the Prevention of Suicide and Self-Harm – Overviews, Insights, and a World Café

Thank you for agreeing to participate in this research. The purpose of this survey is to ensure that you understand what the research entails and consent to participate in this study. Please indicate below to show that you agree with the terms and conditions of participation as follows:

- I confirm that I have read the study's information leaflet and that the study has been fully explained to me. I have also received a copy of this information and have been given the chance to ask any questions I have to researchers.
- I understand that my participation in this study is completely voluntary, and that I may withdraw my participation at any time prior to submission of the survey, and without any repercussion.
- I understand that my contributions once submitted cannot be withdrawn, due to it being unidentifiable, and merged with the contributions of others.
- I understand that any information I share in this study is confidential and any data collected will be anonymous and stored securely in line with Data Protection Regulations.
- I consent for my anonymised data from this study to be used in future publications or reports.
- I understand that if I have additional inquiries about the study, I can contact Dr Eve Griffin, the Chief Investigator, at evegriffin@ucc.ie

"I agree to the above statements" – attach digital signature here via Qualtrics.

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