How Do School Staff Benefit from Gatekeeper Training in Suicide Prevention?

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Support

R34MH071189-01 (Wyman, Brown) NIMH
RCT of Gatekeeper Training for Suicide Prevention

SM57405-01 (Wyman, Brown) SAMHSA
Evaluating Success of a Gatekeeper Program in Linking Suicidal Students to Treatment

P20MH071897-01 (Caine, Brown, Conwell, Knox) NIMH
Developing Center On Public Health and Population Interventions For The Prevention Of Suicide

R01-MH40859 (Brown) NIMH NIDA CDC
Methodology for Mental Health/Substance Abuse Prevention & Early Intervention

- Prevention of Suicide a priority for the US Congress and Surgeon General, 1999
- Healthy People 2010: Reduce suicides by more than ½, including youth suicides
- **To achieve goals: Need to know programs that work and how to implement them**

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Goals

- 1. Describe study testing gatekeeper training in secondary schools
  - Training intended for all school staff
  - 32 schools: **random assignment**
- 2. Not designed to determine if training reduces suicides; **can** determine if training impact consistent with changes required to identify more students at high risk for suicide.
- 3. Which staff benefit and how? What are implications for who should receive what type of gatekeeper training?

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Why Gatekeeper Training?

- Minority of youth with diagnosable mental health disorders receive treatment
- Few are identified and receive treatment (Gould & Kramer, 2001).
- < ½ of youth suicide decedents ever received mental health services (Clark & Horton-Deutsch, 1992; Moskos, 2005)
- **Population-based approach** – potential for large impact. Most young people who die from suicide not previously identified in high-risk group.

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Concept of 'Gatekeeper' Not Unique to Suicide Prevention

- Most youth are directed to MH services by 'Gateway Providers' – family, friends, education personnel, juvenile justice, etc (Stiffman, 2004).
- Gateway Providers' referral : perceptions of youth need, clinical resources
- **Increase proportion of youth at high risk for suicide identified and referred for intervention**

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What's the Empirical Evidence for Gatekeeper Training

- Gatekeeper Training one part of US AirForce Program (Knox, et al 2004).
- Training increases attitudes, knowledge in community gatekeepers -- pre-post research designs, comparison groups in several studies (Eggert et al., 1997; King & Smith, 2000)

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Limitations of Non-Randomized Comparison Designs

- Can't conclude if impact due to training or to other effects (e.g., system-wide changes, community events).
- Problem of non-random methods for studying suicides: rates of suicide relatively stable in large populations but unstable in smaller groups

Randomized trial: groups differ only on exposure to intervention.

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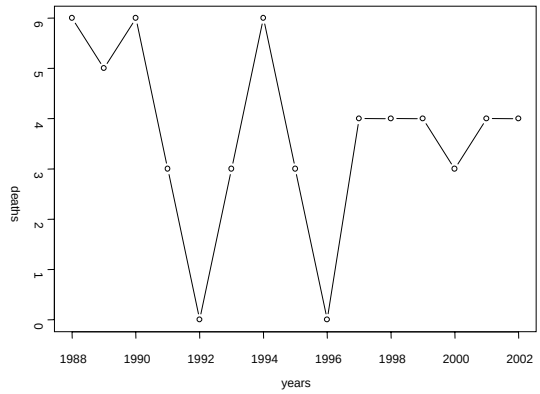
Number of Youth Suicides 1988 to 2002 in County with 60,000 adolescents



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Cobb County (Ga) School District Strengths for Collaboration

- Comprehensive suicide prevention plan since 1987
- System-wide Crisis Protocol
- Rapid mental health evaluations by community providers
- Invited research participation; Administration participated in all aspects of design
- 100K students

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QPR (Quinnett, 1995)

Question a person (showing warning signs) about suicide

Persuade the person to get help

Refer the person to the appropriate resource

Cobb County Gatekeeper Model:

- 1 ½ hr gatekeeper curriculum for all adults in school
- Advanced training for counselor in each school
- Yearly 'refresher' training for staff

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QPR Gatekeeper Training

~~QPR: (Quinnett, 1995): Integrated "system" of~~ gatekeepers and mental health professionals

- **Citizen Gatekeeper training** (1.5 hour) basic training; all teachers/school staff; warning signs, 3 steps to take; focus on youth
- **Suicide Triage training** (8 hours) for "first responders", skills for initial assessment and more advanced referral skills. Prevention-Intervention Center Staff.
- **Instructor Training course** (8+ hours) certified to provide training, triage skills, knowledge of supplemental modules (e.g., youth QPR); 1 counselor in each middle/high school.

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Theories of Gatekeeper Impact 2 Contrasting Models

- 1. **'Gatekeeper Surveillance'** --
- Students reveal warning signs of suicide and well-known risk factors (CDC, 2004)
- Adults with knowledge of signs and protocol will identify more students at high risk
- Benefits of training similar across staff; the more train the better.

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Many More Suicidal Students Can Be Identified by School System

- 6 – 7% of secondary students report attempt
- 200 crisis referrals annually – only 5% of those reporting attempts.
- **Likelihood that individual staff member will identify suicidal student: 0.03%**
- Even in School District w/ strong suicide prevention, many suicidal youth undetected.
- **If training increases detection to 3%, increased surveillance rate by factor of 60 in typical school**

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Alternative Theory to Surveillance

- **2. 'Gatekeeper Engagement'**
  - Recognition of youth problems limited, even professionals (Burns et al., 1995; Earls, 1989)
  - Many adults nonresponsive to suicidality (Wolk-Wasserman 1986)
  - Many students don't communicate distress
  - **Many 'observable' risk factors not specific to suicidality – detection requires engagement by competent adult**

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Suicidal students negative attitudes about help at school from adults

- "If overwhelmed by life …"
- Students w/ suicide attempts 2 – 3 times less likely to endorse help-seeking w/ school staff
- Conclusion: those students at highest risk may be least likely to talk to adult at school

'Strongly agree' or 'agree' with -->	**Would talk to counselor**	**Believe counselor could help**	**Friends would want me to talk to adult**	**Family would want me to talk to adult**
Suicide attempt	18%	22%	35%	36%
None	38%	47%	45%	53%

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Gatekeeper Engagement: Implications for Training Impact

- **2. 'Gatekeeper Engagement'**
  - **Training impact will come from increasing interaction between competent adults and students**
  - **Impact greatest for adults already talking to students about distress**

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School-Based Wait-Listed Randomized Trial

32 Schools 55,000 students
12 High Schools
20 Middle Schools

342 School Staff enrolled in longitudinal study of training (stratified, random selected sample)

60% teachers, 22% Support Staff
10% Administrators, 8% Health/Social Service

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School-Based Wait-Listed Randomized Trial

Stratify 32 schools on

High / Middle School

Number of School Referrals Last Year

Random Assignment:

½ of schools receive QPR training in 1st phase; remainder in 2nd phase

Trial began in January 2004

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Randomized Wait-List Design

	Jan04	May05	Apr06
E (1-16)	**X** -----QPR----- **X**		**X**
C (17-32)	**X**	**X** -------QPR----- **X**	

E – Early Intervention Schools

C – Wait List Control Schools

X staff assessment

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Longitudinal Survey of Training Impact in the Midst of a Randomized Trial

- Knowledge of warning signs and QPR intervention behaviors
- Attitudes/Efficacy to perform role
- Knowledge of Resources for Suicidal Students
- Gatekeeper Behaviors, self-reported past 6 months
- Staff role, engagement w/ students

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3,600 Staff Trained

- **76% trained in 16 early intervention schools (Jan 04 – May 05)**
- 50% of trained staff received refresher training
- Training started with administrative leadership and principals in District.

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Significant Improvements from Training in Knowledge

Trained group 1-yr **Effect Size**	Null	Low	Med	High
Knowledge of Warning Signs and QPR behaviors			**0.46**	

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Highly Significant Improvements from Training in Attitudes and Access to Resources

Trained group 1-yr **Effect Size**	Null	Low	Med	High
Self-Evaluation of Suicide Prevention Knowledge				**1.06**
Access to Clinical Resources				**0.99**
Efficacy to Perform Gatekeeper Role				**1.22**
Reluctance to Engage Suicidal Students		**-0.29**		

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Smaller Improvements from Training in Self-Reported Intervention Behaviors

Trained group 1-yr **Effect Size**	Null	Low	Med	High
Ask Student about suicide *{how many students asked about suicide in past 6 months?}*		**0.23**		
Gatekeeper Behaviors *{immediate referral, keep safe, etc}*		**0.23**		

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No Effect of Training on:

- Asking Students About Distress
  - "How many students about you asked about distress or depressed mood in last 6 months?"
- Relationship with Students –
  - "Students come to me for help with problems";
  - "Students talk to me about their feelings"

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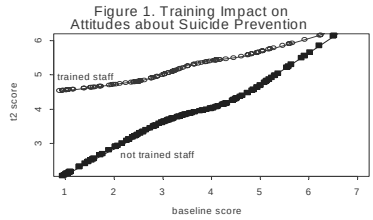
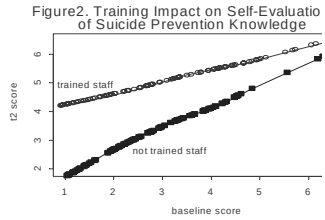
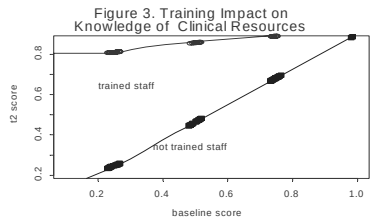
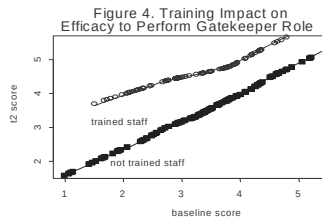
Attitudes: Training Benefit Highest for Least Prepared in 2003









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Ask about Suicide: Training Benefit Highest for Most Prepared

- 87% of staff did not benefit
- More than 75% did not ask a student about suicide at any time point.
- Benefit for trained staff concentrated in those already asking students about suicide or about distress before training.

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Large Differences in Training By Job Role

- Teachers: gains in knowledge/attitudes; asking about suicide for already ‘engaged’
- Health Staff: ‘bumped’ up awareness
- Support Staff: gains in attitudes; no change in behaviors
- Administrators: training increased asking about suicide

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Predictors of Referral of Students Self-report 1 year later

- Referrals not predicted by changes in knowledge or attitudes
- Predicted by *Gatekeeper Behaviors* and *Natural Gatekeeper Relationship, Asking Students about distress*

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Conclusions about Training Impact

- Positive impact from QPR training after 1 year.
- Large gains in knowledge and efficacy; greatest for those least prepared initially.
- Smaller impact on gatekeeper behaviors.
- Impact on gatekeeper behaviors concentrated among 'engaged' staff

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Conclusions about Training Impact

- Unexpected positive benefit for counselors and health staff – training 'bumped up' awareness
- Teachers 'engaged' showed positive benefit on behaviors – more asking about suicide
- Increase likely to come from enhancing gatekeeper 'engagement' – knowledge and attitudes not enough
- 2 levels of training may be optimal
- Limitations: impact may be different in other communities (less priority on suicide); cultural differences

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2 Complementary Stages of 'Gatekeeper' Training?

Population-oriented training

- Raise everyone's awareness, vigilance
- QPR as CPR: saturated training

More directed training toward those more likely to talk to suicidal youth

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Second Level 'Gatekeeper' Training?

Deliberative-Systemic model

- Culture change in school/community
- Training tailored to role/relationship w/ youth
- Practice gatekeeper behaviors for skill and to decrease emotional barriers to suicide
- Enhance skills for engaging students
- Multiple 'entry' points necessary –Juv Justice, Emergency Departments
- Train youth leaders, parents; engagement for high-risk groups

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