

# **Using Cross-site Instruments to Understand Change in Attitudes and Perceptions about Suicide**

A Cultural Shift: Changing Attitudes  
and Perceptions about Suicide

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# What is the CIFI?

- The Campus Infrastructure Interviews assess campus infrastructure development, the impact of GLS program activities as perceived by five key informants per grantee:
  - (1) campus administrator
  - (2) faculty in a health services department
  - (3) faculty in a non-health services department
  - (4) student group leader
  - (5) counseling center staff member
- The cross-site evaluation team conducts the interviews over the phone. The interviews include close-ended background questions and open-ended and semi-structured questions.

# Questions addressing Changing Perceptions and Attitudes about Mental Health and Suicide

**Q1: Why has suicide prevention been made a priority at your university?**

“I think there’s been more publicity. I know when I came to interview for this position three years ago it wasn’t one of the topics that was discussed at my interview. So I think there’s more public awareness of adolescent and young adult suicide. I don’t think there were any concerns that the campus was aberrant with a large number of suicides, but I think it was just out there in the public consciousness and the university wanted to be proactive.”

**Q9: How effective have these efforts been to educate faculty, staff, or students on suicide and suicide prevention?**

“Students are more educated...more students report concerns with other students. As far as faculty go, I know the res life is more attuned to this and are quicker to involve students in services now that they know that’s an option. And I know they receive ongoing training on recognizing any patterns that might be a concern for suicide.”

# Questions addressing Changing Perceptions and Attitudes about Mental Health and Suicide

**“I think it has made faculty more comfortable talking about it. I guess that kind of goes along with just a general heightened awareness.”**

**Q11: What are the primary ways in which your suicide prevention effort has impacted your campus?**

**“Our numbers at the counseling center were the highest they’ve ever been. I mean they always climb a little each year, but they were off the charts last year...I guess the main thing I would say is increased visibility for the issue, increased awareness, and people really taking those risk factors seriously. So that’s what I think I would say is increased awareness and...increased utilization of counseling center services.”**



# What is the SPEAKS?

- The purpose is to assess the exposure, awareness, and knowledge of suicide risk factors at multiple points in time across students and faculty/staff
- Web-enabled; cross-sectional design
- Five content areas: (1) exposure to suicide prevention program activities; (2) views on the stigma of suicide, depression, and seeking mental health services; (3) agreement with myths and facts about suicide; (4) availability of resources; and (5) demographic information
- Sections to assess change in attitudes and perceptions:
  - Knowledge Scale
  - Stigma Scale
  - Myths & Facts

# SPEAKS Knowledge Scale

- The Knowledge Scale on the SPEAKS allows respondents to rate their knowledge from “very little” to “a great deal” across six questions (items 3-8)
- This scale can be used by campus staff to:
  - assess knowledge at different points in time
  - obtain general baseline or pre-test information from groups on campus prior to targeting them for training or with suicide prevention efforts
  - determine which groups of students to target or train, based on the level of knowledge (e.g., athletes, first-year, etc.)
  - determine what types of efforts still need to be made
- Campuses can use the data collected by the cross-site evaluation team for local project purposes, presentations, etc.

# SPEAKS Stigma Scale

- The Stigma Scale consists of five items about stigma around suicide and seeking help for suicide. Respondents score items on a 5-point scale; items 12-16 represent the Stigma Scale NOTE: Scale was adapted; reliability/validity not yet established
- Campus staff can use this scale to:
  - assess the shift in attitudes about suicide and seeking help for suicide-related behaviors (pretest/posttest)
  - assess change in attitudes over time (cross-sectional or longitudinal)
  - determine what types of efforts still need to be made or what populations may need to be targeted
- Campuses can use the data collected by the cross-site evaluation team for local project purposes, presentations, etc.

# SPEAKS Myths & Facts

## True/False Statements

- The myths and facts section include published myths and documented risk factors about suicidal thoughts, behaviors, attempts, and completions; items 17-44 on the SPEAKS NOTE: The cross-site team is developing scoring guidelines for these items (e.g., high knowledge, low knowledge)
- Campus staff can use these items to:
  - assess change in knowledge over time from groups who have been targeted or should have been exposed to efforts
  - obtain general baseline or pre-test information from groups on campus prior to targeting them for training or with suicide prevention efforts
  - determine what groups of students need to be targeted
- Campuses can use the data collected by the cross-site evaluation team for local project purposes, presentations, etc.

**QUESTIONS?**