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

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?
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.

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**
What’s the Empirical Evidence for Gatekeeper Training

• Training increases attitudes, knowledge in community gatekeepers -- pre-post research designs, comparison groups in several studies (Eggert et al., 1997; King & Smith, 2000)

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.
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
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.
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.

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
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

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

<table>
<thead>
<tr>
<th>‘Strongly agree’ or ‘agree’ with --&gt;</th>
<th>Would talk to counselor</th>
<th>Believe counselor could help</th>
<th>Friends would want me to talk to adult</th>
<th>Family would want me to talk to adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide attempt</td>
<td>18%</td>
<td>22%</td>
<td>35%</td>
<td>36%</td>
</tr>
<tr>
<td>None</td>
<td>38%</td>
<td>47%</td>
<td>45%</td>
<td>53%</td>
</tr>
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</table>
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

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
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

Randomized Wait-List Design

<table>
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<tr>
<th></th>
<th>Jan04</th>
<th>May05</th>
<th>Apr06</th>
</tr>
</thead>
<tbody>
<tr>
<td>E (1-16)</td>
<td>X</td>
<td>-----QPR-----</td>
<td>X</td>
</tr>
<tr>
<td>C (17-32)</td>
<td>X</td>
<td>X</td>
<td>-----QPR-----</td>
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</table>

E – Early Intervention Schools
C – Wait List Control Schools
X staff assessment
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

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.
### Significant Improvements from Training in Knowledge

<table>
<thead>
<tr>
<th>Trained group 1-yr Effect Size</th>
<th>Null</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of Warning Signs and QPR behaviors</td>
<td></td>
<td></td>
<td>0.46</td>
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</table>

### Highly Significant Improvements from Training in Attitudes and Access to Resources

<table>
<thead>
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<th>Med</th>
<th>High</th>
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</thead>
<tbody>
<tr>
<td>Self-Evaluation of Suicide Prevention Knowledge</td>
<td></td>
<td></td>
<td>1.06</td>
<td></td>
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<tr>
<td>Access to Clinical Resources</td>
<td></td>
<td></td>
<td>0.99</td>
<td></td>
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<tr>
<td>Efficacy to Perform Gatekeeper Role</td>
<td></td>
<td></td>
<td>1.22</td>
<td></td>
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<tr>
<td>Reluctance to Engage Suicidal Students</td>
<td></td>
<td></td>
<td>-0.29</td>
<td></td>
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</table>
Smaller Improvements from Training in Self-Reported Intervention Behaviors

<table>
<thead>
<tr>
<th>Trained group 1-yr Effect Size</th>
<th>Null</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask Student about suicide (how many students asked about suicide in past 6 months?)</td>
<td>0.23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gatekeeper Behaviors (immediate referral, keep safe, etc.)</td>
<td>0.23</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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”
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.
## 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

## 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*
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

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
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**

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