

## Sigma Theta Tau International's 29th International Nursing Research Congress

### "R U OK" Promoting Student Health Through an Effective Gatekeeper Training Program

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#### **Purpose:**

The purpose of the study is to determine if QPR gatekeeper training for new First Year Experience (FYE) student leaders can improve their self-reported knowledge, competency, and self-efficacy about intervening with suicidal individuals.

#### **Methods:**

In March 2016, an IRB-approved research study was undertaken to gather follow up assessment data related to QPR and participants' knowledge, competency, and self-efficacy toward suicide prevention. All new FYE student leaders (n=266) who completed gatekeeper training in 2016 were invited to participate in the study consisting of a pre-training survey (March 2016), an immediate post-training survey (March 2016), and a follow up post-training survey given at six-month (September 2016) and nine-month (November 2016) intervals. All surveys were accessed through a link to an online survey via Qualtrics. The QPR FYE Pre-training Survey and QPR FYE Post-training Surveys were adapted with permission from similar gatekeeper evaluation studies frequently cited in the literature (Tompkins & Witt, 2010; Wyman et al., 2008). Data files were merged to allow analysis with descriptive and inferential statistics (Friedman test) through the use of SPSS.

#### **Results:**

Of the 266 First Year Experience (FYE) student leaders receiving QPR training prior to Summer 2016, 182 (68.4%) completed the pre-training survey, 150 (56.4%) completed the immediate post-training survey, 85 (32%) completed the six-month follow up survey, and 48 (18%) completed the nine-month follow up survey.

Improvements in mean aggregate scores of statements related to knowledge, competency, and self-efficacy toward suicide prevention occurred following QPR training. The greatest improvement occurred between the pre-training survey and the immediate post-training survey, with exception of "persuade" and "how to get help," which had highest mean aggregate scores at six months. Mean aggregate scores declined from the immediate post-training survey to the six-month and nine-month follow up surveys, although responses never returned to pre-training survey levels, and few responses to the follow up surveys suggested that participants strongly disagreed or disagreed that they had knowledge, competency, or self-efficacy to intervene with a suicidal person.

Repeated measures analysis using the Friedman test was performed for three data collection points (pre-training, immediate post-training, and six-month follow up; n=41) and for four data collection points (pre-training, immediate post-training, six-month follow up and nine-month follow up; n=15). The Friedman test showed statistically significant differences in ranking of item scores for all statements except "I don't feel competent to help a person at risk of suicide." (Friedman's Q = 3.99,  $p = .263$ ).

## Conclusion:

Our findings suggest that QPR gatekeeper training produces improvements in knowledge, competency, and self-efficacy toward suicide prevention, which support continued use of QPR training for FYE student leaders. These improvements decayed over time, however, which suggested the need for refresher training to help sustain benefits of the training. Only new FYE student leaders were required to complete suicide prevention gatekeeper training. Returning FYE student leaders were neither required nor provided with the option to complete suicide prevention gatekeeper training. Based on our findings, FYE decided to implement refresher training for returning FYE student leaders.

FYE has viewed QPR training for its student leaders as means of enhancing campus-wide student wellness initiatives, and our study findings provided support for its importance. The data are being used to guide our institution in determining training priorities, training offerings, and staffing needs. Implementation of refresher training is an outgrowth of this study's findings, and additional studies are currently underway to determine effectiveness of the refresher training.

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## Title:

"R U OK" Promoting Student Health Through an Effective Gatekeeper Training Program

## Keywords:

QPR Gatekeeper Training, Student health and suicide prevention

## References:

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**Abstract Summary:**

QPR gatekeeper training for new First Year Experience (FYE) student leaders produced improvements in knowledge, competency, and self-efficacy toward suicide prevention, with decay over time. Our findings support continued use of QPR training for FYE student leaders, with refresher training now being implemented.

**Content Outline:**

**Background:**

According to the Cooperative Institutional Research Program (CIRP) Freshman Survey, incoming first-year students' self-rated emotional health has declined, the lowest levels being noted in 2014 and 2015 (Eagan, Stolzenberg, Bates, Aragon, Suchard, & Rios-Aguilar, 2016). Because suicide is the second leading cause of death among persons aged 15-34 years (CDC, 2013), this continuing downward trend is of concern. Between 2012 and 2013, the percentage of full-time college students aged 18-22 years who had serious thoughts of suicide increased from 6.6% to 8% (SAMHSA, 2013). Gatekeeper training such as QPR (Question, Persuade, Refer) has been identified as a strategy to promote suicide prevention (Quinnet, 2013) by enabling those in personal or professional relationships to identify persons who may be at risk for suicide and refer them to professional services. Its purpose is to increase the possibility that those trained will intervene with a potentially suicidal person by asking if he/she is suicidal, persuading the individual to seek assistance, and referring to healthcare professionals prior to the occurrence of an adverse event. Studies related to gatekeeper training suggest it leads to improvements in skills, attitudes, and knowledge of people who complete training ((Harrod, Goss, Stallones, & DiGiuseppi, 2014; Mitchell, Kader, Darrow, Haggerty, & Keating, 2013).

In response to growing concern over students' emotional well-being, heightened by the loss of several students to suicide within a short period of time (6 students completed suicide from 2010-2013), our institution committed to an expansion of suicide prevention and awareness efforts, including providing QPR gatekeeper training to students, faculty, and staff. To target efforts toward first-year students, all new First Year Experience (FYE) student leaders were required to complete QPR gatekeeper training beginning in 2013. The training was provided through a partnership between FYE and the Counseling & Mental Health Center. Staff from the Counseling & Mental Health Center provided 90-minute trainings for groups of 50 student leaders at a time. The training provided the students the knowledge and skills of Question, Persuade, and Refer.

**Purpose:**

The purpose of the study was to determine if QPR gatekeeper training for FYE student leaders can improve their self-reported knowledge, competency, and self-efficacy about intervening with suicidal individuals.

**Methods:**

University's Institutional Review Board (IRB) approved study

Quantitative study begun in March 2016

## Survey methodology addressing

- Demographic data
- Pre-training knowledge, beliefs, and perceived self-efficacy of participants
- Post-training knowledge, beliefs, and perceived self-efficacy of participants

Online access to survey via Qualtrics

## *Survey Instruments*

- QPR FYE Pre-training Survey
- QPR FYE Post-training Surveys
  - Immediate post-training survey
  - Follow up post-training surveys given at intervals (3-6 month and 6-12 months)
- Adapted from similar gatekeeper evaluation studies and incorporates University's previous Post-QPR Survey
  - Tompkins & Witt, 2010 and personal communication, 2016; Wyman et al., 2008 and personal communication, 2015, University of Arizona, personal communication, 2013

Data files were merged to allow analysis with descriptive and inferential statistics (Friedman test) through the use of SPSS.

## **Results:**

### *Response Rate*

- All new First Year Experience (FYE) student leaders receiving QPR training prior to Summer 2016 were invited to participate; survey link was sent to 266 people
- Pre-training survey
  - 4% n=182
- Immediate post-training survey
  - 4% n=150
- Post-training survey (6 month--September)
  - 32% n=85
- Post-training survey (9 month--November/December)
  - 18% n=48

### *Participant Characteristics*

- Age: 19 years 40.7% (74)
- Gender: Female 67.4% (124)
- Year in college: Freshman 58.7% (108)
- Ethnic/racial background: White/Caucasian 76.4% (139)
- Majority agreed "nearly always" or "always" that people:
  - "Talk to me about their thoughts and feelings" 74.9% (137)
  - "Come to me for advice" 73.2% (134)
  - "Turn to me when they are concerned about a friend or family member" 59.6% (109)

### *Previous Training & Experience*

- Personal experience with suicide:
  - No 66.7% (122)
  - Yes 33.33% (61)
- Previous training about suicide prevention:
  - None 28% (52)
- Previous QPR training: No 79.2% (145)

#### *Referral and Resources at University*

- Anything that would prevent you from referring students to resources?
  - No 99.5% (182)
- Adequate referral resources for students contemplating suicide?
  - Yes 77.6% (142)
  - Unsure 18% (33)
- Do you have adequate knowledge of referral resources?
  - Yes 56.8% (104)
  - No 23% (42)
  - Unsure 20.2% (37)
- Suicide prevention student education materials available?
  - Majority said yes, but not necessarily well-displayed or accessed by students
- Is there a specific plan for helping students who are contemplating suicide?
  - Yes 53.3% (97)
  - Unsure 44.5% (81)

#### *Beliefs about suicide*

#### *Survey Results Related to Level of Knowledge, Self-Efficacy, Competency, and Use of Information*

- Level of Knowledge
  - Facts about suicide prevention
  - Suicide Warning Signs
  - How to ask someone about suicide
  - Persuading someone to get help
  - How to get help for someone who may be suicidal
  - Information about local resources for help with suicide
  - General level of understanding about suicide and suicide prevention
- Self-efficacy and Competency
  - If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them
  - If a person's words and/or behavior suggest the possibility of suicide, I would ask the person directly if he/she is thinking about suicide
  - If someone told me they were thinking of suicide, I would intervene
  - I feel confident in my ability to help a suicidal person
  - I don't think I can prevent someone from suicide
  - I don't feel competent to help a person at risk of suicide
  - I can recognize warning signs of suicide
  - I can intervene to help prevent suicide
- Use of information provided in QPR training

#### **Discussion and Analysis:**

- Improvements in mean aggregate scores of statements related to knowledge, competency, and self-efficacy toward suicide prevention occurred following QPR training.
- The greatest improvement occurred between the pre-training survey and the immediate post-training survey, with exception of “persuade” and “how to get help,” which had highest mean aggregate scores at six months.
- Mean aggregate scores declined from the immediate post-training survey to the six-month and nine-month follow up surveys
  - responses never returned to pre-training survey levels
  - few responses to the follow up surveys suggested that participants strongly disagreed or disagreed that they had knowledge, competency, or self-efficacy to intervene with a suicidal person.
- Repeated measures analysis using the Friedman test
  - performed for three data collection points (pre-training, immediate post-training, and six-month follow up; n=41)
  - performed for four data collection points (pre-training, immediate post-training, six-month follow up and nine-month follow up; n=15).
  - The Friedman test showed statistically significant differences in ranking of item scores for all statements except “I don’t feel competent to help a person at risk of suicide.” (Friedman’s Q = 3.99,  $p = .263$ ).

#### *Limitations*

- Online survey
- Timing of surveys
  - 3-6 month
  - 6-12 month
- One university

#### **Implications, Recommendations, and Conclusions:**

Our findings suggest that QPR gatekeeper training produces improvements in knowledge, competency, and self-efficacy toward suicide prevention, which support continued use of QPR training for FYE student leaders. These improvements decayed over time, however, which suggested the need for refresher training to help sustain benefits of the training. Only new FYE student leaders were required to complete suicide prevention gatekeeper training. Returning FYE student leaders were neither required nor provided with the option to complete suicide prevention gatekeeper training. Based on our findings and recommendations, FYE decided to implement refresher training for returning FYE student leaders.

FYE has viewed QPR training for its student leaders as means of enhancing campus-wide student wellness initiatives, and our study findings provided support for its importance. The data are being used to guide our institution in determining training priorities, training offerings, and staffing needs. Implementation of refresher training is an outgrowth of this study’s findings, and additional studies are currently underway to determine effectiveness of the refresher training.

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**Primary Presenting Author**  
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**Professional Experience:** Currently an Associate Professor at Texas Christian University Harris College of Nursing & Health Sciences (2010-present), with over 25 years experience as an academic educator. 2006 - present: Active faculty partner for First Year Experience (FYE) activities Multiple publications and presentations on leadership and management, disaster preparedness, surge capacity for disasters. Has begun a research trajectory including suicide prevention. Completed QPR gatekeeper training. Professional background includes critical care and emergency nursing.

**Author Summary:** In addition to having more than 25 years experience as an academic educator, Dr. Adams is an active faculty participant in First Year Experience activities including Frog Camp, Common Reading, and Orientation. She has published and presented on leadership and management, disaster preparedness and surge capacity, and more recently, suicide prevention. Her background includes experience in critical care and emergency nursing disaster preparedness, management, and response; and interprofessional education and collaboration.

Second Author  
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**Professional Experience:** 2015- present, Director of First Year Experience (FYE), Texas Christian University Maintains overall responsibility for all FYE activities including Frog Camp, Frogs First, Orientation, and Connections 2012-2015, Assistant Director of First Year Experience, TCU Specific responsibility included Frog Camp Responsible for Fro

**Author Summary:** Currently Director of First Year Experience at TCU, Mr. Nguyen has overall responsibility for all FYE activities. Program assessment of QPR training for FYE student leaders has led to research collaboration about effectiveness of the training.

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**Author Summary:** Currently Assistant Professor and Director- Public Health Practice and Maternal and Child Health Programs, UNTHSC Department of Health Behavior and Health Systems School of Public Health; previous experience as an Assistant Dean of Students in the Campus Life- Dean's Office at Texas Christian University.