RU OK: Promoting Student Health Through An Effective Gatekeeper Training Program

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Objectives

• Describe the effectiveness of a suicide prevention gatekeeper training program for student leaders

• Describe whether QPR gatekeeper training could improve self-described knowledge, competency, and self-efficacy about intervening with suicidal individuals
• Lavonne Adams, PhD, RN, CCRN
  – TCU Harris College of Nursing & Health Sciences
  – Received TCU support to attend Research Congress; no other disclosures

• Trung Nguyen, MA
  – TCU Student Development Services
  – No conflicts to disclose

• Karen Bell Morgan, PhD, MPH, CHES®
  – UNTHSC Department of Health Behavior and Health Systems/School of Public Health
  – No conflicts to disclose
Background

• Suicide is a major cause of death in persons age 15-34 years (CDC)

• Concern for student emotional well-being
  (Eagan et al, 2016)

• Increased suicidal ideation
  (SAMHSA, 2013)
• Campus-wide initiative
• Campus partners
• Faculty/staff partners
• Student leaders
• Gatekeeper Training
  – QPR (Quinnet, 2013)
    • Question
    • Persuade
    • Refer
- Identified as a strategy to promote suicide prevention (Quinnet, 2013)
- Enables those in personal or professional relationships to identify persons who may be at risk for suicide and refer them to professional services.
- 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).
• Student Affairs assessment
• Considerations after four years
  – Is the training effective?
  – Should we continue the training?
Determine if QPR gatekeeper training could improve self-described knowledge, competency, and self-efficacy about intervening with suicidal individuals.
All First Year Experience (FYE) student leaders receiving QPR training prior to Summer 2016 were invited to participate.
Methods

• Approved by TCU’s Institutional Review Board (IRB)
• Quantitative study began March 2016; follow up studies Spring 2017
• 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 months and 6-12 months)
• Adapted from similar gatekeeper evaluation studies and incorporated TCU’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)
• Knowledge items
• Individual items addressing
  – Beliefs/attitudes related to suicide
  – Competency
  – Self-efficacy
Knowledge Construct

- Facts about suicide prevention
- Warning signs of suicide
- How to ask someone about suicide
- Persuading someone to get help
- How to get help for someone
- Information about resources for help with suicide
- General knowledge of suicide and suicide prevention
If someone I know 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.
• Survey link sent to 266 people
• Pre-training survey
  – 68.4% n=182
• Immediate post-training survey (Post 1)
  – 56.4% n=150
• Six-month post-training survey (Post 2)
  – 32% n=85
• Nine-month post-training survey (Post 3)
  – 18% n=48
• Pre-training survey and at least one post-training survey
  – 42% n=113
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)
• 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 TCU

Adequate referral resources for students contemplating suicide?

- Yes: 77.6%
- Unsure: 18%

Do you have adequate knowledge of referral resources?

- Yes: 56.8%
- No: 23%
- Unsure: 20.2%

Is there a specific plan for helping students who are contemplating suicide?

- Yes: 53.3%
- Unsure: 44.5%

Suicide prevention student education materials available?

Majority said yes, but not necessarily well-displayed or accessed by students
• Repeated measures analysis (Friedman test) showed statistically significant differences in ranking of composite score for knowledge at:
  – Four data collection points (n = 15, Friedman’s Q = 28.543, \( p = .000 \))
  – Three data collection points (n = .41, Friedman’s Q = 54.205, \( p = .000 \))

• Repeated measures analysis (Friedman test) showed statistically significant differences in ranking of all individual items at both three and four data collection points
• Wilcoxon signed-rank test
• Compared mean scores on knowledge construct and individual belief/competence/self-efficacy items
• Improvement in mean scores of items related to
  – Knowledge
  – Competency
  – Self-efficacy

• Greatest improvements occurred between pre-training survey and immediate post-training survey (Post 1)
• Statistically significant differences noted from:
  – Pre-training survey to immediate post-training survey (Post 1)
    • All items
  – Pre-training survey to six-month follow up survey (Post 2)
    • All items except “can’t prevent suicide”
  – Pre-training survey to nine-month follow up survey (Post 3)
    • All items except “I would intervene”
• Statistically significant differences noted from
  – Post 1 to Post 2
    • “Raise question”
    • “Confident”
  – Post 1 to Post 3
    • “Raise question”
    • “Ask directly”
• Mean scores declined from
  – Post 1 to Post 2
  – Post 1 to Post 3
• Increase in “medium” or “neither agree nor disagree” responses
• No statistically significant differences noted from Post 2 to Post 3
• Responses never returned to pre-training survey levels
• Few post-training responses indicated “very low” or “low” or “strongly disagree” or “disagree”
Comparison of Means

- Knowledge: Pre: 2.93, Series 2: 4.22, Post 2: 3.95, Post 3: 3.86
- Raise Question: Pre: 3.21, Series 2: 4.42, Post 2: 4.02, Post 3: 3.85
- Can't Prevent Suicide: Pre: 2.22, Series 2: 1.65, Post 2: 1.94, Post 3: 1.85
- Don't Feel Competent: Pre: 2.49, Series 2: 1.74, Post 2: 1.85, Post 3: 1.9

Legend: Pre, Series 2, Post 2, Post 3
Have you used any of the information provided in QPR training?

<table>
<thead>
<tr>
<th>Survey</th>
<th>Yes</th>
<th>No</th>
<th>Total n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-training</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Immediate post-training</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Six-month post-training</td>
<td>26.6%</td>
<td>73.4%</td>
<td>79</td>
</tr>
<tr>
<td>Nine-month post-training</td>
<td>31.1</td>
<td>68.9</td>
<td>45</td>
</tr>
</tbody>
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Limitations

- Online surveys
- Timing of surveys
  - 3-6 months
  - 6-12 months
- One university
Discussion

• QPR gatekeeper training produces improvements in knowledge, competency, and self-efficacy toward suicide prevention
  – Supports continued use of QPR training for FYE student leaders
• These improvements decay over time
  – Suggests need for refresher training to help sustain benefits of the training
• Previously 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.
Recommendations

- Refresher training for returning FYE student leaders
- Development of student leaders
- Ongoing assessment and utilization of findings
• Refresher training for returning FYE student leaders
• New student leader training with implementation of refresher training
Conclusions

• Ongoing implementation and assessment of the effectiveness of gatekeeper training may assist TCU’s suicide prevention efforts and thus promote health of the campus community

• Findings:
  – Demonstrate that gatekeeper training can improve competency and self-efficacy
  – Support importance of developing student leaders to enhance campus-wide student wellness initiatives
  – Continue to guide our institution in determining training priorities, training offerings, staffing needs
• Cortney Gumbleton, MSW
  – Suicide Prevention Outreach Coordinator at Texas Christian University, 2013-2016


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