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ASK A QUESTION. SAFE A LIFE: SUICIDE PREVENTION EFFORTS ON COLLEGE CAMPUS

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ABSTRACT: In the United States, suicide is the second leading cause of death among university students 18-24 year olds. Approximately 1100 college students die by suicide each year but only 20% of students reporting suicidal thoughts receive mental health treatment. Most college students communicate distress to friends or romantic partners rather than mental health professionals. Therefore, many universities across the US implement suicide prevention training as critical part of “safety net” on college campuses. In March 2012, Northwestern University Counseling and Psychological Services (CAPS) implemented the QPR (Question, Persuade, Refer) Suicide Prevention Gatekeeper Training Program followed shortly by a longitudinal, IRB-approved research project to examine the effectiveness of these efforts. 90 minute QPR training teaches suicide warning signs, myths and fact about suicide, how to effectively ask someone if they have suicidal thoughts, persuade them to get help, and refer them to appropriate resources. Over 2700 Northwestern students, faculty, and staff have completed QPR training to date, with more than 325 consenting to participate in the study. Data collected at pre-test, post-test, and 6-month follow-up indicate that overall, participants report being more accurate in their knowledge of suicide facts and warning signs, and more confident, willing, and likely to intervene with potentially suicidal persons after QPR training.

Key words: suicide prevention, gatekeeper training, QPR, college students.

INTRODUCTION

Every 2 hours and 7 minutes a young person (age 15-24) dies by suicide in the United States (McIntosh, 2013). Suicide is a third leading cause of death among 15-24 year olds (after accidental injury and homicide) and second leading cause of death among college students (Center for Disease Control and Prevention, 2010). A recent National College Health Assessment survey found that 11% of college students had seriously considered attempting suicide in the past year and 6% made suicide attempt (Center for Study of Collegiate Mental Health, 2014). Furthermore, 32% of students reported feeling so depressed it was difficult to function in the past 12 months yet only 12% of students had been diagnosed or treated for depression (American College Health Association, 2014). Approximately, 1100 students die by suicide each year and 1 in 10 students make a suicide plan and this number rises each year (Center for Study of Collegiate Mental Health, 2014). Despite these alarming statistics, only 20% of students who have suicidal thoughts seek mental health services even though most universities offer free psychological services for students on university campuses (Center for Study of Collegiate Mental Health, 2014).

The major motivation cited by college students who attempted suicide included depression, relationship trouble, academic failures, hopelessness, family problems, anxiety, financial stress, and social isolation (Westfed et al., 2005). Other research on college students suggest that men, Asians, lesbian/gay/bisexual/transgender students, international students, veterans, and low socioeconomic status students may be especially at risk based on higher level of emotional distress, lower counseling center utilization pattern, and/or higher suicide completion rates (Eisenberg, Downs, Golberstein, & Zivin, 2009; Mitchell, Greenwood, & Guglielmi, 2007; Soet & Sevig, 2006).

Based on the 2013 survey conducted by National Association of Student Affairs Administration (NASPA) and the Center for Study of Collegiate Mental Health (CCMH) 64% of students who considered suicide told someone in their lives about their suicidal thoughts as opposed to going to seek help from mental health professional. Out of those in 64%, 71% told friend or romantic partner, some told trusted adult, professor or academic adviser. As a result, universities across the US recognize importance of approaching suicide as public

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health issue and engage community members as partners in suicide prevention building safety net for student at risk.

Suicide Gatekeeper Prevention Training

Gatekeeper training, a widely endorsed approach that has been identified as one of promising suicide prevention strategies (Suicide Prevention Resource Center, 2008) is designed to improve early identification of individuals in the community who may be at risk of suicide and to facilitate timely referrals to mental health services. Identifying students at risk is one of the 7 pillars of comprehensive suicide prevention model (Jed Foundation, 2014). Others include: restricting access to potentially lethal means, following crisis management procedures, providing mental health services, increase help seeking behaviors, promote social connections, developing life skills.

Question, Persuade, Refer (QPR) is evidence-based gatekeeper training and has been implemented on more than 160 US colleges and universities. The intention is to create a tighter safety net and intervene with students who are at risk; guiding them to get the help they need (Quinnett, 2007). More than 2700 members of Northwestern University (large, private, Midwestern university) have completed QPR training since its inception in March 2012. During 90 minute workshop, participants learn how to recognize warning signs of suicide, how to ask someone if they are having suicidal thoughts, persuade them to get help, and offer them referrals to appropriate resources. The purpose of this study is to determine the immediate and long term effects of participation in QPR training on knowledge, attitudes, and behaviors skills related to suicide prevention.

METHOD

Participants

At Northwestern University, QPR is offered by request and has been integrated into training and/or curricula for multiple student populations. Specific campus community members trained include resident assistants in University Residential Life, first year medical students at the Feinberg School of Medicine, student who belong to Greek life, Campus Ministry, faculty from various departments, peer advisors, athletic staff and peer mentors, international student office staff, dean of students office staff. Overall, more than 2700 students, faculty, staff and administrators completed training.

Since September 2012, an IRB-approved research project has been conducted. All participants were asked to voluntarily take part in the study, which yielded 325 (out of 2700) who took pre-test and post-test, and from this group, 102 completed pre-test, post-test, and 6 month follow-up test. Out of 325 study participants 43% were undergraduate students, 35% were graduate/professional students, 20% were faculty/staff, 1% were other community members. 42% were male, 56% were female, 0.3% identified as transgender and 1% identified as other.

Procedures

The QPR gatekeeper training consisted of 90 minute didactic and experiential learning activities, co-facilitated by Northwestern Counseling and Psychological Services (CAPS) psychologists, psychiatrists, postdoctoral fellows, and/or doctoral psychology interns who all had completed a certification course through the QPR Institute (www.qprinstitute.com). Through lecture, discussion, modeling, and participant role-plays, participants acquired information and experiences related to: national and campus-specific statistics on college student suicide, myths and fact about suicide, suicide risk factors and warning signs, information about campus, local, and national mental health resources, strategies to ask someone about their potential suicidal thoughts, and ways to effectively persuade and refer them to appropriate services.

The research project included pre-and post-test measures of participants' basic knowledge related to suicide prevention, their confidence and willingness to intervene with person(s) who could be considering suicide, perception of their abilities to effectively ask someone about suicide and persuade him/her to get help, and their knowledge of national and Northwestern University referral resources. This information was collected at three intervals: a pre-test taken on-line at the time of registration for the training, an evaluation immediately following the training, and a six month post-test (follow-up questionnaire) sent via email. In all three intervals, participants were asked to respond to questions using Likert scale from 1 indicating "strongly disagree" to 6 indicating "strongly agree" about their knowledge, attitudes, and behaviors related to suicide prevention. Additional items on post-test measure given immediately after QPR training included open-ended questions asking what was most and least helpful about the training, how the training might be improved, and what was the most important thing they learned in training. Additionally, pre-test and six-month post-test measures assessed whether participants had come into contact with persons they thought could be suicidal in the previous six months. If endorsed,

subsequent questions assessed whether they intervened with the individual(s), how confident they felt about intervening, their perception of their effectiveness of their interventions, what they believed most contributed to effective interventions, and any other information, training, or experiences they felt they needed to be more effective in intervening. In summary, at 6 month follow-up, participants were asked whether they implemented what they learned in QPR training and how confident and effective they felt in using the intervention.

RESULTS and FINDINGS

Preliminary analyses of the data have been completed using paired t-tests comparing participants' knowledge and attitudes about suicide prevention before, immediately after, and six months after QPR training. Descriptive data related to participants' implementation of QPR (i.e., questioning, persuading, and referring suicidal persons) before and after the training have been summarized. Additionally, open-ended responses regarding "the most important thing you learned in this training," "part(s) of the QPR training were 'most helpful' (or 'least helpful') to you," and "how might the training be improved," were also summarized.

The results showed significant short-term and long-term increases in suicide prevention knowledge, attitudes, and behaviors at $p < .05$ level from the pre-test to the post-test and from the pre-test to the 6 month follow-up. Participants were more accurate in their knowledge of suicide facts and warning signs after completing the training (see Figure 1). Additionally, participants reported significant increase in willingness to ask someone if he/she is thinking about suicide (with an average score of 4.63 at pre-test to 5.50 at post-test). The biggest difference appeared in increase in confidence in ability to intervene effectively with someone who may be having suicidal thoughts from mean responses of 3.4 (falling into "slightly disagree") to 5.19 (falling into "moderately agree" responses) (see Figure 2).

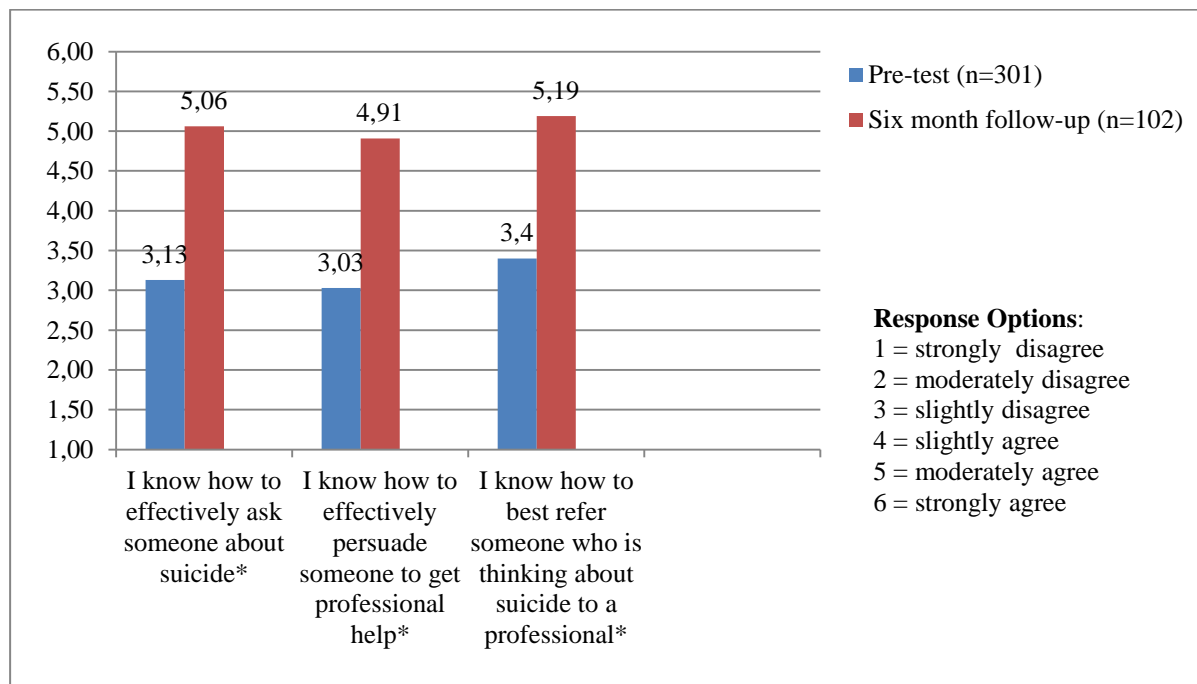


Figure 1. Knowledge About Intervening. Mean Score Before and Six Months After the Workshop * $p < 0.5$

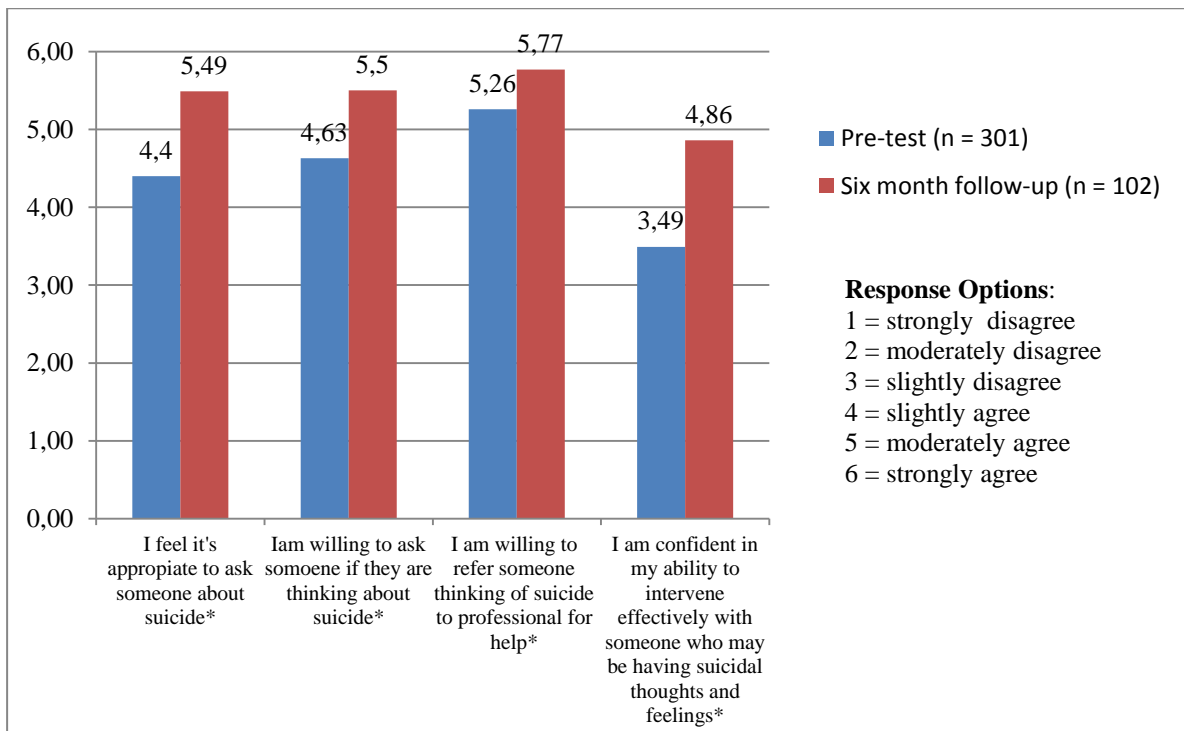


Figure 2. Attitudes About Intervening. Mean Score Before and Six Months After the Workshop *p<0.5

There was no significant difference between pre-and post-test in terms of number of participants indicating that they had come into contact with person(s) they thought might be suicidal (pre-test 35% ‘yes’, post-test 32% ‘yes’). However, participants’ behavior had changed, such that they were more likely to intervene with persons who could be contemplating suicide. For example, six months after QPR training, 70% of participants who endorsed coming into contact with person(s) who they thought could be suicidal reported that they directly asked the person(s) if they were thinking about suicide, compared to only 44% of participants at pre-test (see Figure 3). Furthermore, most felt “very” to “extremely” confident in their ability to respond (58%) and most felt “moderately” (46%) vs. “very” (27%) or “extremely” (12%) comfortable talking about suicide.

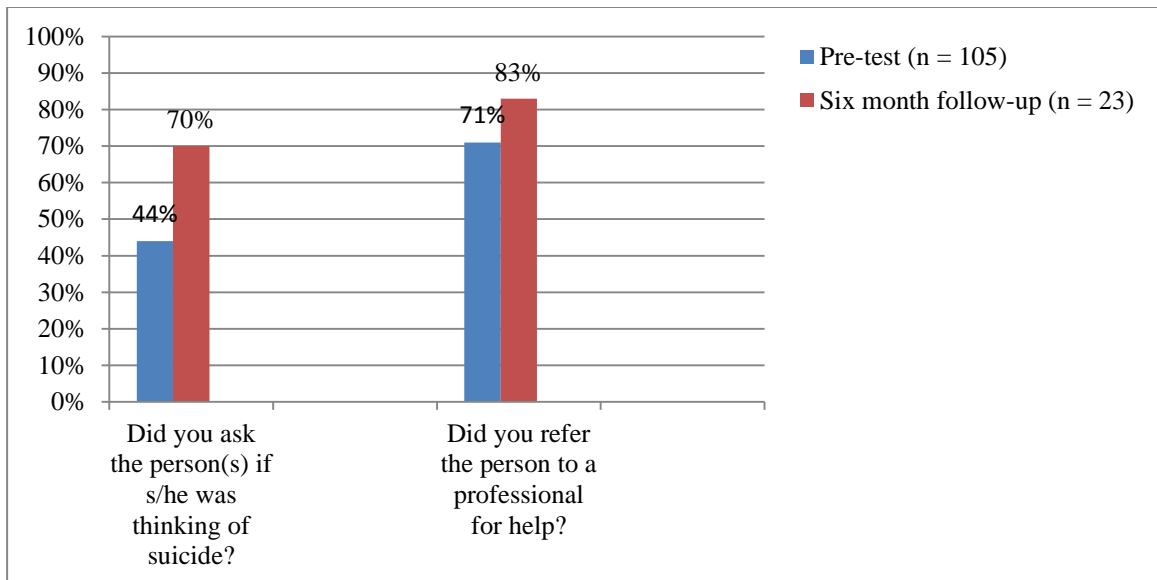


Figure 3. Response to Contact with Someone Who May Have Been Suicidal (Percent of “Yes”). Before and Six Months After the Workshop

The participants further indicated the out of people they come to contact who were suicidal, 48% were Northwestern students, 34% “Others” (usually non-NU friends), 13% NU graduate/professional students and 5% faculty/staff. When asked what contributed most to their effective intervention, they cited ability to listen and express concern, recognition of warning sign and clues for suicide, and knowledge what resources were available to help the person they were in contact with.

Open ended questions from participants immediate after the training revealed their desire for more opportunities to discuss and practice interventions related to suicide prevention. Even though their confidence increased, they still felt that they would like to know more about effectively asking about suicide and effectively persuading others to get help. This desire and lack of comfort in talking about suicide is understandable, as intervening with someone who is suicidal often raises anxiety that continues even with practice. Given this feedback, changes in the training structure are being considered such as modifying the training program to allow for more time for participants to role-play QPR and/or developing a QPR Training Part II to allow for consolidation of learning with continued discussion and practice.

CONCLUSION

QPR suicide prevention gatekeeper training had several positive learning outcomes. Knowledge of the warning signs of suicide, how to ask someone about suicide, persuading someone to get help, how to get help for someone, and local resources to help with suicide increased significantly in the short-term and those gains were maintained over long-term. More importantly, participants put those skills into practice and were able to intervene when met with suicidal person with more willingness to ask the question about suicidal thoughts and more confidence in their abilities to effectively intervene with someone who might be suicidal referring them to professional for help, despite not feeling fully comfortable with talking about suicide.

QPR Suicide Prevention Gatekeeper training is grounded in the belief that suicide prevention is a public health issue and that all members of our community have a role in saving lives to suicide. The primary goal of QPR training is to create community "safety net" for individuals considering suicide. QPR was initiated at Northwestern University to promote a safety net for students, offering guidance to campus community on how to best identify and intervene with students in distress. During the training, however, it is also emphasized that the acquired information and skills can be used with any individual in the participants' lives (e.g., family member, co-worker) and for other issues of concern (e.g., approaching someone who appears to struggle with unhealthy eating behaviors).

RECOMMENDATIONS

Although the results of this study are encouraging, several limitations must be noted. Participants were not asked to identify their ethnicity/race and it would be beneficial to conduct additional analysis with students' diversity characteristics in mind. Only 30% of the participants completed all three administration of test. There is no way to determine if these participants were different from those who chose not to participate. Further statistical analysis needs to be conducted to fully determine effect of QPR training. Replication of the study at colleges that are diverse in size, locale, and student characteristics would also be beneficial. Lastly, faculty and staff were underrepresented in this sample and it is vital that they will be involved in campus suicide prevention efforts because academic difficulties are one of the primary reasons students consider suicide. It may be more effective to incorporate gatekeeper training in orientation of new faculty and staff to raise awareness of students' mental health issues. Having this knowledge, they will be more equipped to notice warning signs of emotional distress and reach out to students to get them the help they need and save their lives.

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