Umatter for Schools: Suicide Prevention

School-Level Program Outcomes

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Overview of the Umatter for Schools: Suicide Prevention Training

In 2008, the US Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a three year Garret Lee Smith Youth Suicide Prevention cooperative agreement to Vermont, and the same award was again made to Vermont in 2012. Since the start of the first SAMHSA grant, the Center for Health and Learning (CHL) has been developing and implementing the ***Umatter for Schools: Suicide Prevention*** school-based suicide prevention program training for staff and professionals at Vermont schools with middle and high school aged children. *Umatter for Schools* received Best Practice Program designation from the American Federation for Suicide Prevention in 2011. The *Umatter for Schools* approach trains teams of educators in the skills to be a Gatekeeper, developing suicide prevention protocols, identify and build community resources, promote staff and community awareness and how to teach the Lifelines curriculum published by Hazeldon.

In early 2009, the Vermont Child Health Improvement Program (VCHIP) of the University of Vermont became the external evaluator for CHL's suicide prevention efforts throughout Vermont. The current report presents the findings of VCHIP's evaluation of the follow-up activities conducted by school teams that participated in *Umatter for Schools: Suicide Prevention* trainings. This work was supported as part of a cooperative agreement (SAMHSA CMHS SM-11-001) between SAMHSA and CHL.

Overview of the School-Level Program Outcomes Survey

Working with teams and combining training in Gatekeeping, protocol development, awareness training and curriculum delivery are key aspects of the *Umatter for Schools* approach. Teams from participating schools are encouraged to engage in these follow-up activities at their home institutions, after completing the *Umatter for Schools* training. CHL's *Umatter for Schools* two day trainings were initially modelled after the *Lifelines* suicide prevention curriculum developed in Maine.

Based on the expectation that participants will engage in post-training activities, one critical aspect of the VCHIP evaluation of CHL's school-based suicide prevention work has been to learn directly from schools about: 1) what activities and programs they have conducted following participation in these training events, and 2) what the barriers are to implementing Gatekeeper trainings and other activities at their home institutions. To address these needs, VCHIP developed the *School-Level Program Outcomes* survey, a 17-item online survey that assesses *Umatter for Schools* post-training activities conducted by schools. These surveys were distributed to each school that has participated in a CHL *Umatter* gatekeeper training and were completed by a key informant from the team trained by CHL.

An early version of the *Outcomes* survey was developed by VCHIP and distributed to schools that participated in CHL Gatekeeper trainings in 2010-2011. However, the administration of this survey had a low response rate (less than 25%) that in turn made the survey results of limited value for evaluating CHL's training activities. The current report summarizes data from a second administration of the *Outcomes* survey, that was conducted in the late spring/early summer of 2014 and that had much better participation on the part of *Umatter* trained schools. The findings in this report provide an overview of how participating schools used the training and materials they received and identifies barriers schools encounter in implementing what they learned, in order to help CHL refine its youth suicide training approach.

Methods

The data described in the current report are from *School-Level Program Outcomes* surveys collected by VCHIP between early June and early July of 2014. Surveys were distributed as email links to a SurveyMonkey version of the instrument, and were sent to each participating school's key contact. The surveys were anonymous, and individual respondent's surveys were coded with a unique, non-identifying number. In

cases where information that might lead to identification of the respondent was included in the responses, this information was removed from the data prior to analysis. Reminder emails to non-respondents were sent approximately two weeks after the first emails were sent. Emails that "bounced back" were followed with phone calls and emails to other contacts in order to learn updated email addresses. In cases where the school team member was no longer working at the school, an alternative respondent who had been at the *Umatter* training was asked to complete the survey.

The main goals of the *Outcomes* survey were to characterize each school's follow-up activities in the areas of:

- Building relationships with local public mental health agencies related to suicide prevention (in cases where a relationship was not already in place, or needed to be strengthened);
- Establishing or updating suicide prevention protocols in schools;
- Conducting suicide awareness activities for parents, school staff, and community members, and;
- Implementing the *Lifelines* curriculum with middle and high school-aged students.

Other content areas of the *Umatter for Schools* trainings, such as increasing knowledge and awareness of suicide as a community public health problem, and how to respond to someone who is suicidal, were assessed in a separate follow-up survey.

Data analysis was descriptive, consisting of percentages and counts of responses. For narrative responses, the evaluation team identified common themes from across multiple responses, as presented below. Not all respondents answered every question, therefore, where percentages are presented they are calculated based only on those surveys where a response for that item was provided. A total of 55 surveys were emailed and 31 were returned (56%).

Findings

Relationship With Mental Health Agency

After indicating which school they were representing, respondents were presented Question 2: *Please select the type of relationship your school has with a mental health agency,* and were asked to select one of the options presented in Figure 1 below; percentages and counts of responses are presented in the right-hand column. 28 respondents answered this question.

Question 3 was a narrative response item and asked: *What are the barriers for working with local mental health agencies?* Review of the 26 answers received suggests the following as factors impeding collaboration between schools and mental health agencies:

- Long wait lists for non-emergency mental health care
- Costs to families for care, even when covered by insurance
- Inability to share information without signed releases
- Lack of parent follow-through for appointments
- Parent refusal of services
- Agencies not collaborating to set up formal agreements/relationships
- High rate of worker turnover at agencies/lack of consis-

Figure 1: *Please select the type of relationship your school has with a mental health agency*

	% Yes (count)
Formal relationship (e.g. protocols have been developed and/or Memorandum of Understanding (MOU) is in place about roles and responsibilities)	46% (13)
Informal relationship (e.g. making referrals without a formal agreement)	50% (14)
No relationship	4% (1)

tent relationship
- Distance to and/or location of the agencies
- Lack of staff to whom schools can make referrals
- Poor reputation of/negative prior experiences with agencies
- Inability to access services in a different state (if in a border community)

Question 4 asked: *After attending the suicide prevention training, did your school follow up with local mental health agencies about suicide prevention?* 25 schools provided responses, of which 18 (72%) replied yes, and seven (28%) replied no.

A follow-up to Question 4 asked the respondents who indicated "No" the following question: *What prevented your school from following up with local mental health agencies about suicide prevention?* Looking at the seven schools that indicated no follow-up, the responses reflected:

- An existing ongoing relationship with the mental health services/agency (even when the school indicated dissatisfaction with the relationship)
- Ongoing use of the First Call program, and
- Lack of time

Respondents indicating they followed-up with a mental health agency after the *Umatter for Schools* training were asked: *In what ways did your school follow-up with local mental health agencies about suicide prevention?* 18 schools responded, and key themes included:

- Meeting with the agency to share or develop protocols
- Mental health agencies making presentations at schools
- Presenting *Umatter* to the agencies
- The school is already part of an agency
- Phone calls between school and mental health agency staff
- Shared training opportunities with agency staff

In addition to the above, two respondents indicated that despite reaching out to mental health agencies after the *Umatter* training, they were unsuccessful in establishing more formal agreements with their local mental health agency. A third respondent shared an observation that there was no local mental health agency for them to reach out to.

A follow-up item asked all survey participants to share their suggestions for establishing or modifying suicide prevention protocols at their schools. Respondents from 15 schools shared their perspectives, with the following themes emerging as being helpful for successfully adopting protocols:

- Additional guidance in the protocols for when a clinician is not present and how to handle situations outside the school day
- Including broader teams at the trainings, including administration and district-level representatives
- Periodic re-training on protocols
- Support for periodic reviews and/or updates to protocols
- Having the opportunity to review other schools' protocols

Umatter Awareness Activities Following Trainings

Question 7 asked schools that had implemented *Umatter for Schools* awareness activities to provide details about the number, duration and approximate number of participants for the events held. 24 schools indicated at least one activity following the *Umatter for Schools* training. Figure 2 summarizes this information. The most common included staff awareness activities, followed by parent/family and community events. Examples of "other" awareness activities included training with a peer support team, setting up a resource table during lunch, classroom/hallway awareness work, and taking students to a presentation by John Halligan, among others.

A subsequent item asked participants to indicate what changes could be made to improve the effectiveness and participation in suicide prevention awareness activities. Among the suggestions for increasing effectiveness and participation were:

Figure 2: *Did your school conduct any of the following awareness activities (awareness activities can include workshops, exhibits, flyers, newsletter inserts, etc.)?*

Type of Activity	Number of schools reporting trainings	Duration < 1 hour	Duration 1 to 2 hours	Duration > 2 hours	Number of trainees < 10	Number of trainees 10 to 20	Number of trainees >20
Suicide Prevention Staff Awareness	21	6	15	0	3	0	18
Suicide Prevention Parent/ Family Awareness	11	0	7	1	2	4	4
Suicide Prevention Community Awareness	7	0	5	2	2	2	3
Other (please describe)	10	2	3	3	0	2	5

- Having strategies for increasing parents/community attendance at activities
- Implementing strategies for promoting discussion and feedback from attendees at activities
- Providing schools with updated *Umatter for Schools* and related materials
- Tips for increasing awareness while making the topic of suicide prevention seem less threatening
- Strategies for increasing buy-in with reluctant school leadership and community members
- Guidance around rural-specific challenges to awareness efforts
- Examples of what and how other schools are implementing awareness activities

Suicide Prevention and Lifelines Curriculum Implementation

Questions 8 and 9 addressed, respectively, whether the school had adopted a suicide prevention program prior to attending the *Umatter* training, and whether they had implemented *Lifelines* at their schools following the *Umatter* training. Figure 3 shows that relatively few schools had adopted a suicide prevention program prior to attending the *Umatter for Schools* training, and that after the training three quarters of schools had implemented Lifelines. 22 schools provided answers to each of these questions.

Figure 3: *Use of Suicide Prevention Programs/Lifelines*

Question	% No (count)	% Yes (count)
Q8. Before attending the Umatter Suicide Prevention Training, did your school have a Suicide Prevention Program in place?	64% (14)	36% (8)
Q9. Has your school implemented the Lifelines Curriculum?	22% (5)	77% (17)

A follow-up question for respondents who had not implemented anything following the *Umatter for Schools* training asked: *What are some of the challenges that have prevented you from implementing the Lifelines curriculum?* The responses provided were:

"The plan is to teach it next quarter - fall 2014."

"Appropriateness to elementary aged students. Did not purchase curriculum, but copy of curriculum available at Middle School in district."

"Too many expectations and responsibilities of what I'm expected to teach."

"Not so much prevention but how we will work together. We have a new TA system we are implementing which will provide opportunity to do more prevention. We also have health classes."

"I believe the health teacher used pieces of the curriculum but did not implement it exactly as written. My understanding is the teacher wanted to deliver the information in a different manner because of time and teaching style."

Another follow-up question targeted respondents who indicated they had not implemented *Lifelines* or other activities following the *Umatter for Schools* training, and asked: *Are you using other Suicide Prevention Programs in your school?* Among five responses provided, four answered "No" and the fifth shared that they relied on staff that had mental health training rather than using a specific program.

Question 12 asked respondents to indicate the numbers of students that have been taught the *Lifelines* curriculum at their school, broken out by grade level. Respondents from 17 schools provided this information. Figure 4 reflects that a total of 2,727 young people were trained using the *Lifelines*.

A follow-up question asked survey participants to share suggestions for how to better implement the *Lifelines* curriculum at their schools. Based on 14 responses, suggestions for how the *Lifelines* implementation could be improved included:

- Tips for scheduling trainings
- Include strategies for helping schools find time for implementing trainings
- Provide updated materials
- Offer strategies for "selling" the approach to teachers and others

Figure 4: *Reported number of students Lifelines was offered to (based on 17 schools)*

Grade	Number of Students Trained
6	79
7	183
8	489
9	731
10	352
11	415
12	447
Other grade/level	30
Total	2,727

- Share how other schools are modifying the curriculum with other materials/lessons.

Additional Thoughts About and Additional Resources Needed for Suicide Prevention

The final two survey questions asked respondents to share their general thoughts about the *Umatter for Schools* suicide prevention approach, and to indicate what other opportunities and resources school teams are interested in. Regarding the first question, the main themes that emerged from 11 responses were:

- The trainings were crucial for schools to improve their suicide prevention efforts
- There is a need for trainings for younger-aged children
- The importance of having training for students, families and communities
- There is ongoing resistance to the topic because administrators, parents and others are afraid of addressing suicide

Figure 5: *Are you interested in any of the following training opportunities and/or resources (check all that apply)?*

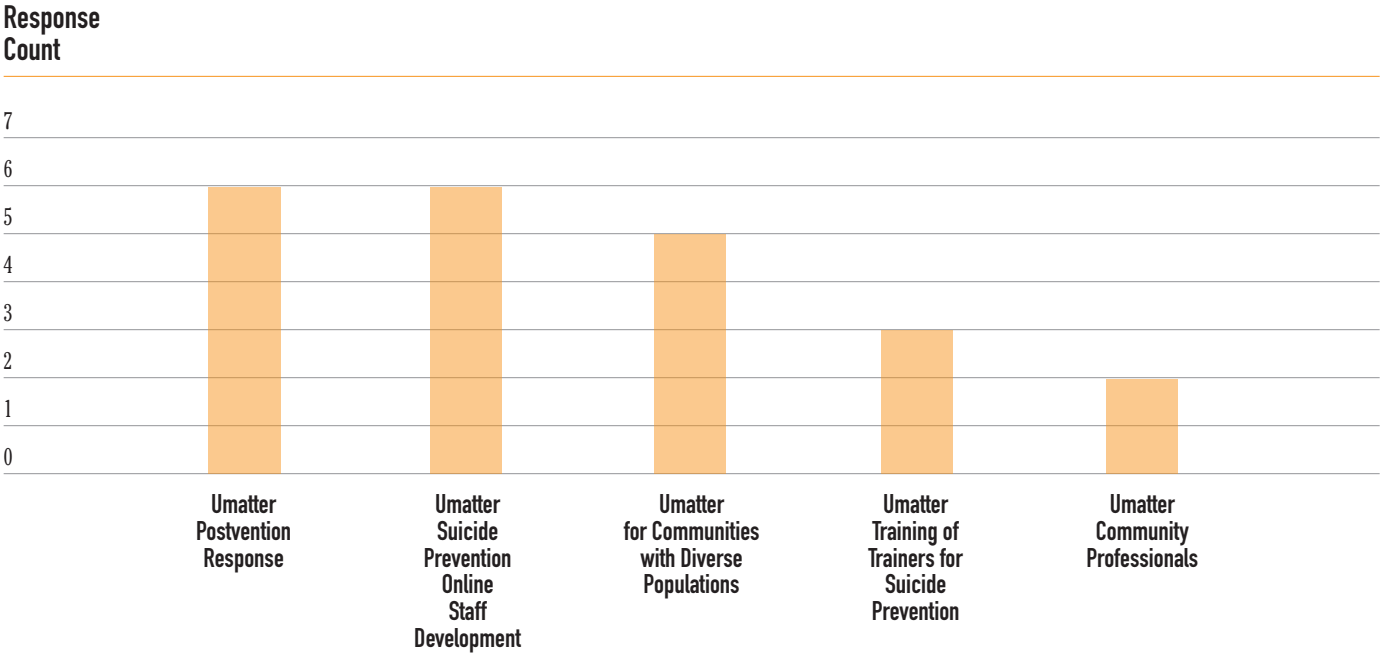

Figure 5 summarizes the interest in additional training reported by 14 survey participants. The greatest interest shown was in *Umatter* postvention and online staff development trainings, followed by trainings aimed at diverse populations, suicide prevention training-of-trainers and training for community-based professionals (see Figure 5).

Conclusions and Recommendations

Major themes throughout the responses to the *School-Level Program Outcomes* survey include the importance of having suicide prevention protocols, implementing a suicide prevention curriculum and conducting awareness activities in school communities. Similarly, most respondents expressed that they either had already, or were actively planning to use at least some of the skills and materials they obtained as part of *Umatter* trainings. This is clearly reflected in the findings that: 1) schools reported providing the *Lifelines* curriculum to over 2,700 students, 2) most schools that had not previously done so, subsequently developed suicide-related protocols, 3) the majority of schools conducted awareness activities, and 4) the majority of schools reported collaboration with mental health agencies.

Survey participants noted the following challenges to implementing what they learned in the *Umatter for Schools* trainings, including:

- For schools with existing relationships with mental health agencies, these relationships can be challenging, particularly around issues of wait times, lack of personnel/high turnover, location of services and financial barriers.
- Several schools indicated previous relationships with mental health agencies that needed to be re-established, and that doing so was challenging.
- Some respondents shared that they are challenged in implementing a suicide prevention curriculum due to lack of available teaching time and lack of administrative/teacher support.
- There is a need for additional strategies and supports related to engaging parents and communities in suicide prevention activities.
- There is a need for strategies to for increase parent/family willingness to support their children's access to

treatment for problems that put them at risk for suicide and self-harming behaviors.

Specific recommendations for strengthening the *Umatter for Schools* training approach include:

1. Provide additional strategies and guidance to schools related to respondents' suggestions and needs in the areas of developing suicide prevention protocols, conducting awareness activities and implementing the *Lifelines* curriculum.

2. Provide additional support related to the formation and/or improvement of relationships between mental health agencies and school teams.

3. Provide periodic outreach and technical assistance following trainings, such as providing updated materials, checking in about protocol development, and arranging for speakers at events (among other ideas).

4. Promote the review or sharing of suicide prevention protocols and awareness activities among different *Umatter for Schools*-trained schools.

Limitations that may affect the findings of the *Outcomes* survey and this report include that the response rate (56%), while improved over the first *Outcomes* survey several years ago, remains lower than optimal. The lack of information from schools where we were unable to locate *Umatter* training team members is concerning, given that the feedback from these schools might differ from the information used for this report. It should also be noted that the surveys obtained in 2014 were from schools that had very different implementation times since their trainings occurred, ranging from six months to three years. A final limitation is that some respondents opted not to complete parts of the survey, leaving open the possibility that their answers would have yielded different findings had they been included.