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## Adolescent Suicide Prevention via Parental Education

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# Adolescent Suicide Prevention via Parental Education

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# Ethical Considerations & Acknowledgements

- This was approved by the IRB as non-research on May 14<sup>th</sup>, 2021
- Participants joined via Eventbrite on a volunteer basis
- No monetary incentive was offered, nor was payment requested
- Names and emails addresses were used only for event planning and not shared
- No conflict of interest
- Thanks to the Center for Health and Learning



# Purpose

- This project aimed to increase parent and community knowledge of the symptoms of suicidal ideation in adolescents aged 12 to 17 by at least 25% by December 2021 in Caledonia and Orange Counties.



# Introduction

- Suicide is the 10<sup>th</sup> leading cause of death across all age groups (2021)
- 4<sup>th</sup> leading cause of death globally from ages 15-29 (2019)
- VT: 12% of those in grades 9-12 created a suicide plan in Caledonia County, and 17% in Orange County (2019)



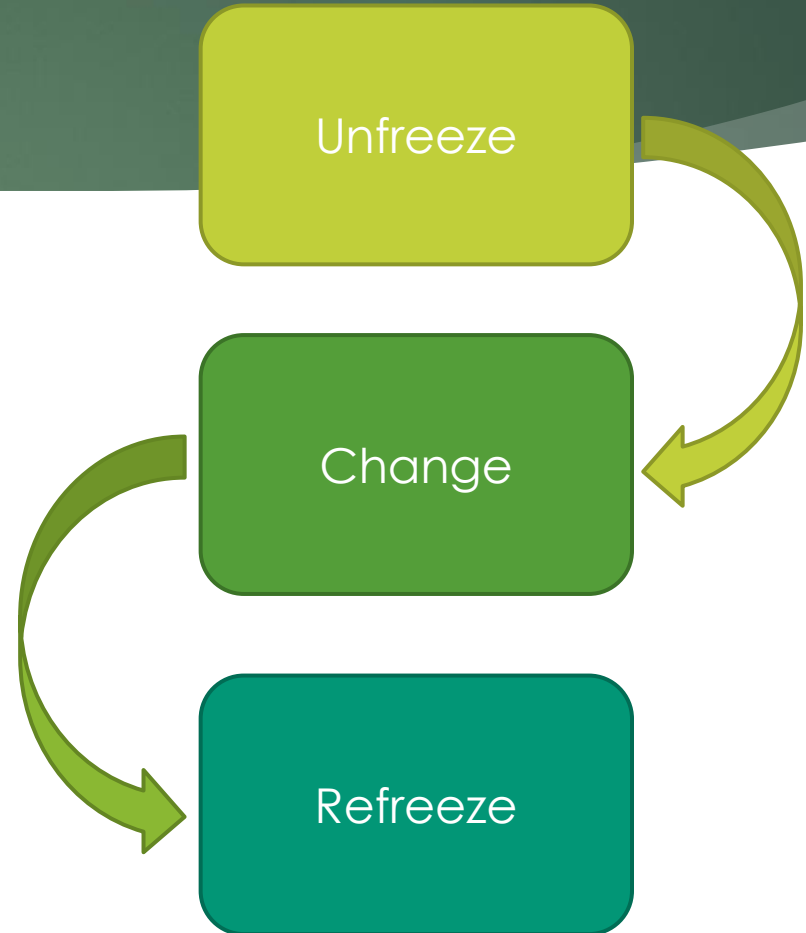
# Available Knowledge

- Parents-CARE, Hooven (2013): Parents-CARE program. Statistically significant changes between session one and 2.5 month follow up
- Statewide QPR, Cerel et al. (2012): Question-Persuade-Refer gatekeeper training ( $p < 0.001$ )
- SafeTALK, Holmes et al (2020): Improved preparedness, efficacy and knowledge, effects declined over time



# Rationale

- Lewin's Three-Step Model of Change
- Reasons why the intervention was expected to work



# Methods – Context

- Umatter® designed by the Center for Health and Learning
- Varying audiences
- Participants were recruited through physical advertisement posters posted throughout Orange and Caledonia counties and through a paid advertisement on Front Porch Forum





# Intervention(s)

- Single 1.5hr session
- 2<sup>nd</sup> trainer also trained through Umatter Training of Trainers
- 5 total sessions



# Study of the Intervention(s)

- Smith, Silva, Covington & Joiner's Suicide Knowledge and Skills Questionnaire
- Pre/Post Questionnaire, 1 month follow up
- Suicide Knowledge and Skills Questionnaire via Qualtrix
- Likert Scale
- Being online only, the cost was low in terms of implementation, with the largest cost being the cost of the Umatter Trainer of Trainers program, which is a requirement for teaching this material.



# Analysis

- Compared percent change in Pre-training v Post-Training v One Month Post-Training
  - Prior knowledge versus post-training knowledge
  - Prior skills versus post-training skills
  - Post-training knowledge versus one month knowledge
  - Post-training skills versus one month skills
  - Prior knowledge versus one month knowledge
  - Prior skills versus one month skills



# Analysis

- Breakdown of Likert Scale for Knowledge
  - Each question has a correct or incorrect answer, which varies per question.
  - e.g.: "If a person is serious about suicide, there is little that can be done to prevent it"
  - Correct Answers: Completely Disagree, Disagree
  - Incorrect Answers: Don't know, Agree, Completely Agree
  - Correct Answer = 1
  - Incorrect Answer = 0
  - Max Average per question: 1
- Breakdown of Likert Scale for Skills
  - Completely Disagree = 1
  - Disagree = 2
  - Don't Know = 3
  - Agree = 4
  - Completely Agree = 5
- Scores were averaged per question and then percent change was calculated
- Max Average per question: 5



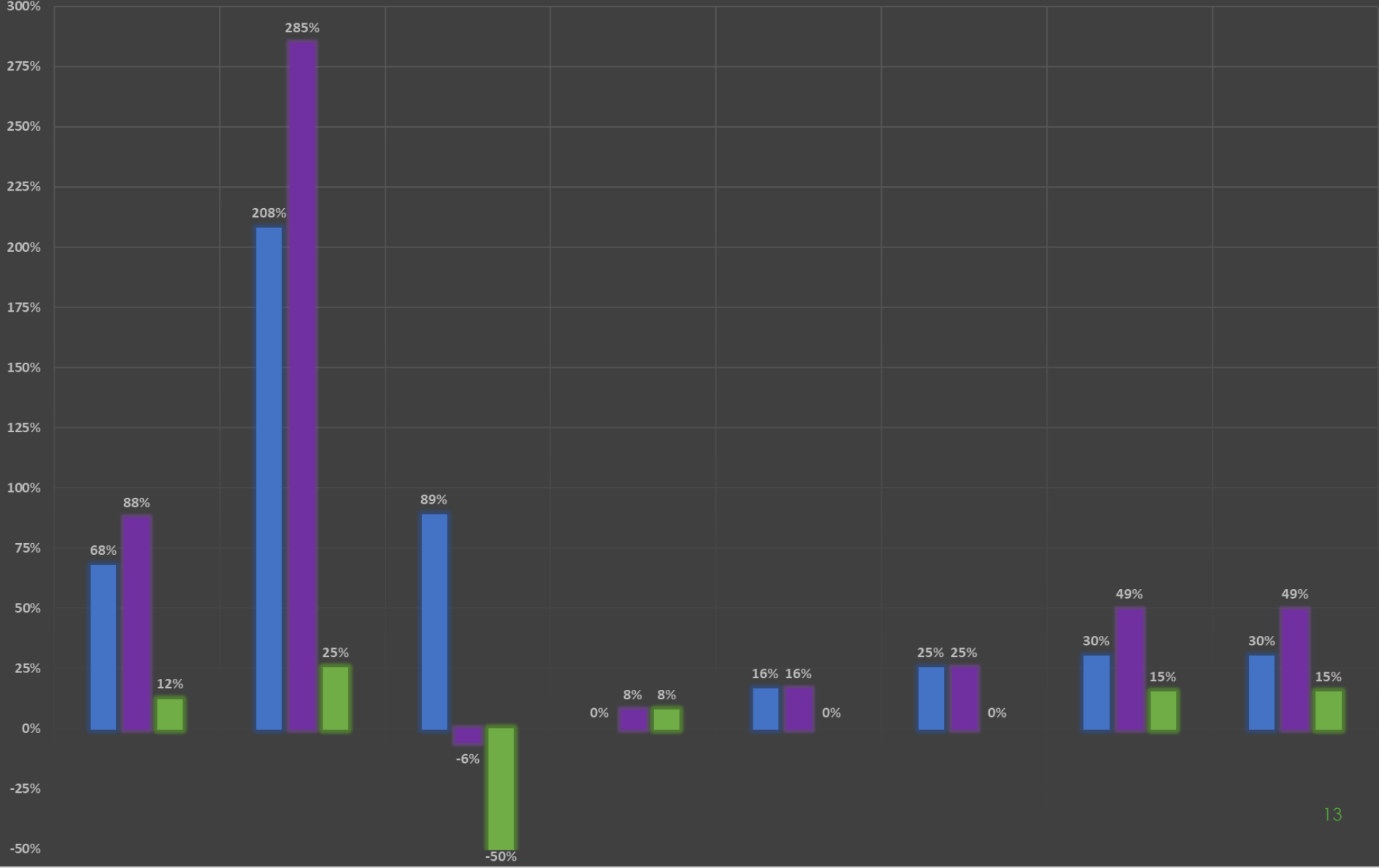
# Results

- 15 participants responded to the pre and post training questions.
- 4 participants responded to the one-month follow up.

# Suicide Knowledge Change

■ % Increase from Pre-Training to Immediate Post-Training   ■ % Increase from Pre-Training to One Month Post-Training   ■ % Increase from Immediate Post-Training to One Month Post-Training

Few people want to kill themselves   Youth ages 10-24 have a significantly greater risk of suicide than individuals aged 65 and older.   The rate of suicide among those with severe mental illness is 6 times the general population   If a person is serious about suicide, there is little that can be done to prevent it   If you talk to a person about suicide, you may inadvertently give them permission to seriously consider it   Depression indicates a suicide risk   Suicide is always unpredictable   Suicidal people want to die



# Suicide Skills Change

■ % Increase from Pre-Training to Immediate Post-Training

■ % Increase from Pre-Training to One Month Post-Training

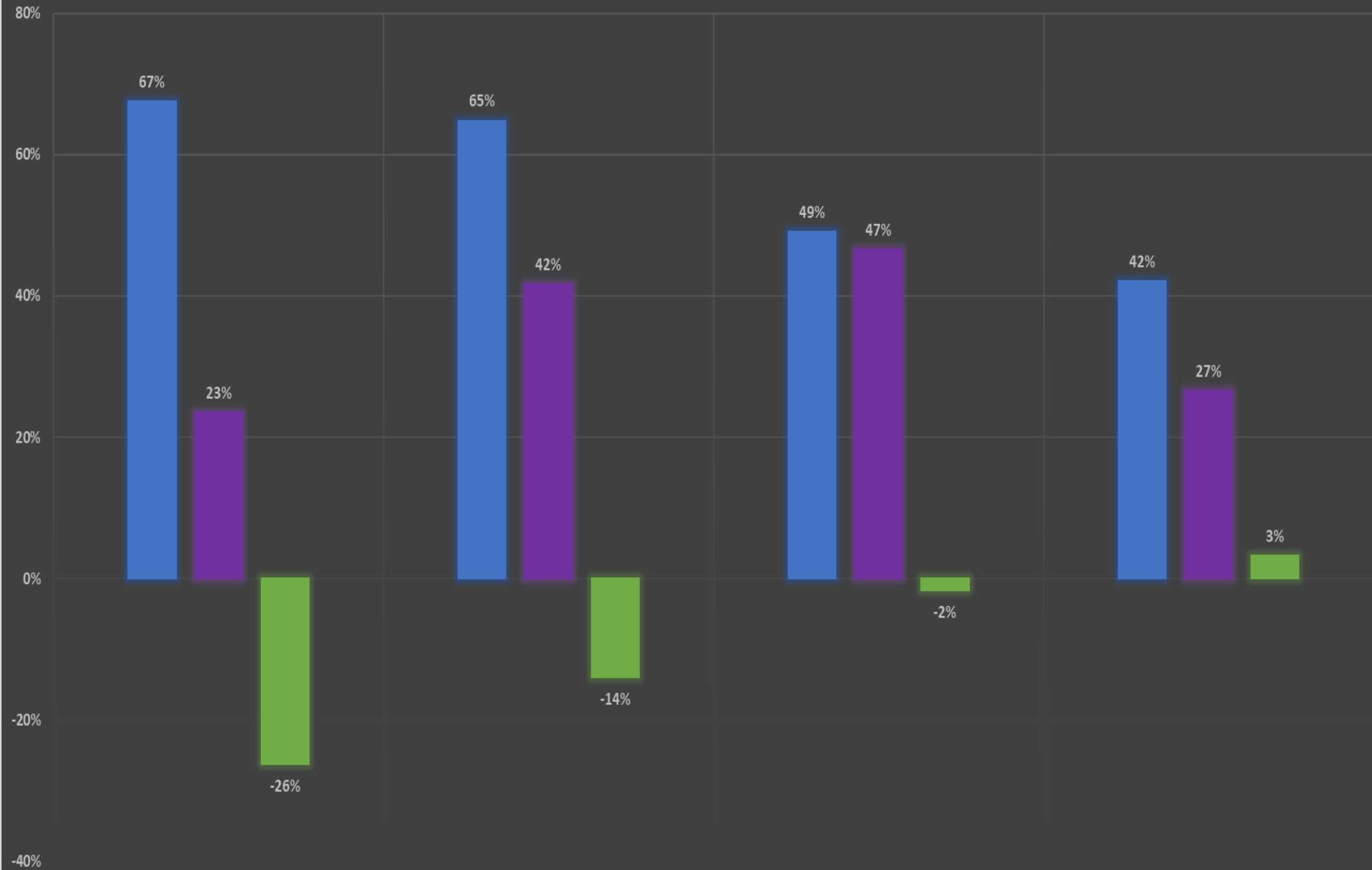
■ % Increase from Immediate Post-Training to One Month Post-Training

I have received the TRAINING I need to engage and assist those with suicidal desire and/or intent

I have the SKILLS I need to engage those with suicidal desire and/or intent

I have the SUPPORT/SUPERVISION I need to engage and assist those with suicide desire and/or intent

I am comfortable asking direct and open questions about suicide



# Discussion

- Training increased knowledge in all questions except one between pre-training and post-training.
- Knowledge was retained at one month follow up.
- Self-reported skills increased after training compared to pre-training.
- Skills decreased one month after training compared to immediate post-training, but remained higher than pre-training levels.





# Interpretation

- Results showed a general increase in knowledge and skills immediately after training.
- There was an increase in knowledge and skills between pre-training and one month post training.



# Limitations

- Low sample size limits generalizability to other settings
- Key limitation included that these presentations were only available online

# Conclusions

- Umatter® suicide awareness program is a low-cost and potentially effective way of educating parents and community members about suicidality in adolescents
- Given the online format, it is easily repeatable, given access to mental health specialists and Umatter® trainers.
- Easy to adapt for multiple settings, including upscaling for a larger audience.
- Could easily train advanced practice providers in Umatter®, as they are uniquely posed to reach many parents.
- Suggested next steps: Repeat the Umatter® suicide awareness program and also incorporate in-person sessions, especially if targeting rural areas



# References

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