Partners in Prevention

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Outcomes of the Ask Listen Refer Online Suicide Prevention Training Program

Ask. Listen. Refer. (ALR) is a free online suicide prevention training program. Funded by the Missouri Department of Mental Health, ALR was designed to help individuals prevent suicide by educating those who take the training to identify people at risk for suicide; recognize the risk factors, protective factors, and warning signs of suicide; and respond to and get help for people at risk. In addition, the training discusses language associated with suicide, as well as environmental factors and psychological factors that contribute to why individuals die by suicide.

Missouri College Students

According to the Centers for Disease Control and Prevention (CDC), suicide is the second leading cause of death for 10-34 year-olds. Missouri Partners in Prevention's 2019 Missouri Assessment of College Health Behaviors (MACHB) survey reports that 44% of Missouri college students have had suicidal thoughts in their lifetime, 23% have had suicidal thoughts in the past year, and 1.8% have attempted suicide in the past year. Of students who have had suicidal thoughts or attempted suicide, only 37% have sought assistance in the past year.

Forty-seven percent (47%) of Missouri college students have been concerned about a friend having suicidal thoughts or behavior in the past year, and 54% of students report that they would be willing to complete an online suicide prevention training program specializing in the detection, intervention, and referral of friends at risk for suicide. However, only 31% of students have heard about ALR.

ALR and Discussion about Suicide

ALR emphasizes to students, faculty, and staff that college life can be challenging, encompassed with academic, financial, and social pressures in addition to the unknown of the future. The training also clarifies that people in crisis often try to tell others, talking with someone will not give them ideas or cause them to carry it out, and most suicides are preventable. In addition, ALR explains that suicide is more frequent in the spring and summer months, it is most frequent in the mid to late morning or afternoon, and socioeconomic status is not a major factor in suicide risk.

As language continues to change, it is important to recognize and demonstrate language that is respectful. ALR points out that terminology such as "died by suicide" and "suicide attempt" are recommended over previously used terms "committed suicide" and "completed suicide" as these tend to criminalize and perpetuate the stigma associated with suicide. More information regarding language describing suicide behavior can be found on the Maine Suicide Prevention Program's website at www.maine.gov/suicide/about/language.htm.

ALR also highlights protective factors that can positively impact an individual such as having a support system or community, practicing self-care, having access to mental health services, and willingness to accept help. The training provides both written and video scenarios of having a conversation with someone for whom the individual is concerned, as well as provides campus, community, and national resources and hotline numbers.

Individuals are administered a pretest that highlights important information regarding suicide prevention prior to the training, and a posttest following ALR.

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In 2018, over 12,500 individuals across the country completed the ALR pretest, training, and posttest. Results from pretest and posttest scores report that knowledge of suicide, risk and protective factors, and willingness to bring up the topic of suicide with someone at risk increased following ALR training.

High Risk Groups

Individuals are asked about high risk groups, facts about suicide and suicide attempts, risk factors, and protective factors. When comparing pretest and posttest responses regarding groups at risk of suicide, average results report that there was an increased understanding that the following groups were at-risk: European American/white men (43% pretest v. 65% posttest), African Americans, aged 18-24 (57% v. 89%), Asian and Asian American women (31% v. 76%), lesbian, gay, and bisexual youth (91% v. 97%), and students ages 25 and older (32% v. 52%). In addition, on both the pretest and posttest, most individuals identified that being heterosexual (68% v. 67%) and being religious/spiritual (80% v. 77%) are not at as high risk.

Statements about Suicide

When presented with specific statements about suicide, results show that individuals increased understanding that suicides are more frequent in the spring and early summer months (16% pretest v. 70% posttest) and returning veterans are twice as likely to die by suicide than civilians are (81% v. 90%). In addition, most (90%) individuals report knowing both prior to and following the training that the statement, “People who talk about or threaten suicide don’t do it,” is false, and there was an increased understanding that the statement “Most suicide attempts occur late at night or early in the morning,” is false (38% v. 64%).

Risk Factors

When asked about risk factors for suicide, individuals increased understanding that anxiety among African American students (65% pretest v. 86% posttest) and being an immigrant adjusting to new culture (54% v. 83%) were risk factors. Posttest averages also report that, following the training, more individuals understand that being overweight (29% v. 38%) and occasional cigarette smoking (74% v. 78%) are not risk factors of suicide. Prior to and after the training, most respondents also recognize that depression (98% v. 99%), chronic sleep problems (68% v. 69%), withdrawing from friends and family (89% v. 91%), increased alcohol or drug use (93% v. 94%), and legal problems (79% v. 81%) are risk factors.

Protective Factors

ALR also covers protective factors that may lower a person’s risk of thinking of or attempting suicide. Posttest results report an increased understanding that family harmony among Asian and Asian American students (66% pretest v. 89% posttest), good communication, planning, and problem-solving skills (91% v. 94%), access to mental health care and willingness to accept help (94% v. 97%), religiosity, among African American students (50% v. 82%), and school environment that encourages help seeking and promotes health (92% v. 97%) are all protective factors. In addition, most correctly identified that having a friend or family member who died by suicide (72% v. 69%), previous unsuccessful suicide attempts (90% v. 90%), and difficulty managing strong emotions (92% v. 97%) are not protective factors.

Missouri College Students

Overall, ALR training appears to offer information and resources for individuals to better understand suicide and suicide prevention, as well as feel more confident in discussing the topic and provided support and resources for someone that they consider to be at risk. According to pretest and posttest averages, final scores increased by 17% (21.39 v. 25.10) following the training. However, as for any survey, it is important to consider how information is relayed and how questions are asked. More information is given throughout the training than information covered in the pretest and posttest. It is critical to consider how to improve such a training so that information is relayed thoroughly and understood by individuals who want to feel prepared in situations regarding suicide. For example, ALR recently added the video examples portraying conversations with someone at risk. It is important to

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consider various methods to enhance and improve the training to better inform and educate individuals on the topic of suicide prevention.

Confidence and Willingness to Help

Individuals are also asked about their willingness to and confidence in bringing up the topic of suicide for someone who is perceived to be at risk. For these questions, on average, individuals initially responded "neutral" to "agree," (average score: 3.48) whereas posttest averages report that individuals responded "agree" to "strongly agree" (average score: 4.36). For instance, in response to "I know what to say to someone I think is at risk for suicide," and "I know what to say to someone who tells me that they have been thinking about suicide," average scores increased by 38% (3.21 v. 4.42) and 34% (3.28 v. 4.40), respectively. In addition, in response to "I know what to say to someone who tells me they are going to attempt suicide," average scores increased by 40% on the posttest (3.10 v. 4.36). Following the training, individuals appear to feel more confident in discussing the topic and provided support and resources for someone that they consider to be at risk.

Very Unlikely (1) to Very Likely (5)			
Question	Pretest Response Average	Posttest Response Average	Percent Increase
How likely are you to bring up the topic of suicide with someone you think is at risk?	3.58	4.24	18%
How likely are you to refer some-one who tells you they are thinking about suicide to a local resource?	4.38	4.53	3.5%
I know what to say to someone I think is at risk for suicide.	3.21	4.42	38%
I would feel comfortable talking about suicide to someone I think is at risk.	3.49	4.36	24%
I know what to say to someone who tells me that they have been thinking about suicide.	3.28	4.40	34%
I would feel comfortable talking to someone who tells me they have been thinking about suicide.	3.56	4.40	22%
I know what to say to someone who tells me they are going to at-tempt suicide.	3.10	4.36	40%
I would feel comfortable talking to someone who tells me they are going to attempt suicide.	3.27	4.28	31%

Suicide Prevention in the State of Missouri

According to the terms of the 2017 Senate Bill No. 52 (www.senate.mo.gov/17info/BTS_Web/Bill.aspx?SessionType=R&BillID=57095443), public institutions of higher education in the state of Missouri must develop and implement policy focused on suicide prevention programming for students, faculty, and staff. Such programming includes crisis intervention access, mental health program access, student communication plans, and post intervention plans. These policies are to provide information for students, faculty, and staff relating to risk and warning signs and how to address these situations.

With the terms of this bill, ALR fits well as a resource to provide for students, faculty and staff. In addition to these prevention efforts, Senate Bill No. 52 also calls for research efforts and assessment of medical school culture in order to decrease stress and reduce the risk of depression and suicide within the medical school community.

Across the state of Missouri, Partners in Prevention campuses participate in efforts to reduce stigma and support suicide prevention efforts, such as Suicide Awareness or Prevention Weeks and outreach campaigns for suicide prevention. Some campuses across the state of Missouri even require incoming students to participate in ALR training. For more information about ALR, or to access the training, visit www.asklistenrefer.org.

If you or someone you know is at risk, help is available:

- **National Suicide Prevention Lifeline:** 1-800-273-TALK
- **LGBTQ Helpline:** 1-866-488-7386
- **Trans Lifeline:** 877-565-8860
- **Veterans' Suicide Prevention Lifeline:** 1-800-273-8255, then press 1
- **Crisis Text Line:** Text CONNECT to 741741
- **Suicide Text Lifeline:** text "hello" to 741741

Contact Partners in Prevention at (573) 884-7551.

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