<div align="center">**Counseling and Psychological Services**
Suicide Prevention Gatekeeper Training
January 2021 - August 2022</div>

Purpose of Assessment

Counseling and Psychological Services (CAPS) provides suicide awareness and prevention training workshops for students, faculty, and staff. CAPS wanted to know if participants were learning the information covered during the training and their comfort level in talking about suicide to others. Additionally, CAPS wanted to understand what participants thought about the training and how to improve it in the future. This was the first time Student Affairs Planning, Assessment & Research assisted CAPS in assessing their suicide awareness and prevention training.

Key Findings with Recommendations

Student Affairs Planning, Assessment & Research (SAPAR) identified several key findings and developed actionable recommendations the department may take based on the results. However, Counseling and Psychological Services staff may identify other findings using their knowledge and understanding of the participants attending the training workshops. Staff members are strongly encouraged to review all the results and read all qualitative comments to gain a fuller understanding of the experiences of students, faculty, and staff members.

- Participants seemed to learn the information covered during the training workshops, increased their level of comfort around the topic of suicide, and could articulate how they could use the information from the training. At least 71% of the respondents selected the correct answer for each factual question on the "after" survey compared to at least 45% on the "before" survey.

- Participants reported a high level of satisfaction with the training and the instructors. Additionally, many shared positive feedback about what they would tell peers about the training and generally high praise about the usefulness of the training.
    - Respondents did share some suggestions to improve the training and CAPS may want to consider some of these, especially some of the logistical aspects such as confirming with participants, sending out resources discussed to participants after the training, and allowing more time for the "before" survey to be completed. If time allows during the training, participants expressed wanting more time for activities, discussions, and role-playing.
    - CAPS also might look at some of the comments by participants to use in marketing future trainings.

Method and Sample

Two different surveys were developed using Qualtrics®, a software program for creating web-based surveys. Participants completed one survey before the training started and the second survey was completed at the end of the training. Due to branching technology, not all respondents saw all questions for both the "before" and "after" surveys. The "before" survey consisted of 27 questions: 14 were quantitative, three were qualitative, and 10 were demographic. The 22-question "after" survey consisted of 16 quantitative questions and six qualitative questions. Student Affairs Planning, Assessment & Research evaluated the results using for both surveys using SPSS®, a statistical software package, and Microsoft Excel®.

The surveys were distributed through an open link before the training workshops started and after the training workshops between January 2021 and August 2022. It is unknown how many participants attended the training workshops during this time or how many received the survey links, therefore, a response rate cannot be calculated. However, 2,418 individuals completed some part of the "before" survey, and 1,403 responded to some part of the "after" survey.

Results

Results are reported as means, standard deviation (sd), and frequency percentages for the number of people (n) who responded to the question. For ease of reading, frequency percentages have been rounded to the nearest whole percent, so totals may not add up to exactly 100%. Tables are in descending mean or frequency order unless otherwise specified. Summary themes are contained in this report; the entire list can be found in a separate document.

The first question on both surveys asked if the participants consented to the Texas A&M University Suicide Awareness & Prevention Office to collect and record the information in this survey. Anyone who selected the "no" response option was taken to the end of the survey and did not respond to any other questions. A vast majority of respondents selected the "yes" response option: 98% on the "before" survey and 99% on the "after" survey and then continued with the remaining questions.

Faculty and staff were asked approximately what percent of their job duties involve direct student contact and 209 wrote a response. Table 1, in order by the percent of the time, shows that almost three-fourths of the faculty and staff have 50% or more of their job duties involving direct student contact.

Approximately what percent of your job duties involve direct student contact?	2022 Percentage [n=209]
0 - 25%	15%
26 – 50%	13%
51 – 75%	22%
76 – 100%	50%

Table 1: Direct Student Contact

On the "before" survey participants were asked to list any prior training, coursework, or degrees they have related to the mental health field. A wide range of responses was provided by the 1,670 participants who shared. Several classes or degree programs were mentioned, including nursing, psychology, and mental health first aid training. Some of the more common training programs mentioned included QPR, Kognito, and Naloxone. A few mentioned places they had training, such as Resident Advisor (RA) training and Fish Camp training. Additionally, a large number of respondents indicated they had no prior training or coursework related to the mental health field.

When asked how they heard about today's training, almost half of the respondents indicated hearing about the training through their department or supervisor, as seen in Table 2. Those who selected the "other" response option had the opportunity to write a response and 425 provided a comment. Class or the training being a class requirement was the most common method shared. Others said they heard about the training from an email, in their learning community, from a professor, and during orientation.

How did you hear about today's training? (select all that apply)	2022 Percentage [n=2,135]
Department/Supervisor	48%
Student Organization	34%
Other	20%
Word of Mouth	4%
Website	3%

Table 2: Marketing

A series of questions were asked on both the "before" and "after" surveys to understand the learning that occurred during the training. Table 3, below and on the following page in descending "after" order for each question, provides each question shaded in grey with the response options; additionally, the correct answer is highlighted in yellow. A larger percentage of respondents selected the correct answer on the "after" survey for all questions. A few questions did not have much growth, because a high percentage of the respondents answered the question correctly on the "before" survey.

	Before Percentage	After Percentage
In the United States, approximately how many lives are lost to suicide each year?	**[n=2,124]**	**[n=1,233]**
Over 40,000	49%	84%
25,000	32%	10%
10,000	17%	6%
5,000	3%	1%
Where does suicide rank as the cause of death for college students in the United States?	**[n=2,124]**	**[n=1,236]**
#2 cause	45%	85%
#1 leading cause	43%	12%
#3 cause	11%	2%
#10 cause	2%	1%
What is the number one underlying cause of suicide?	**[n=2,124]**	**[n=1,236]**
Untreated major depressive disorder (a medical illness)	62%	71%
Acute and severe stress	36%	26%
Rejection by a loved one	2%	3%
Alcoholism, especially if the person has recently been diagnosed with terminal cancer	1%	1%
The most commonly identified psychological state of those who take their own lives has been found to be:	**[n=2,123]**	**[n=1,238]**
Hopelessness	85%	88%
Sadness	13%	11%
Anger	1%	1%
Hallucinations	<1%	<1%
Humiliation	1%	<1%
Responding to a distressed person/someone experiencing a personal crisis:	**[n=2,122]**	**[n=1,234]**
May lower the risk of suicide, the severity of sadness, and impulsiveness	91%	96%
Should have no effect on the risk for suicide severity of sadness, and impulsiveness	1%	2%
Should never be done, as pretending not to notice is beneficial for the person	1%	1%
Should only be done by professionally trained persons	6%	1%
Asking a distressed person if he or she is having thoughts of death or suicide:	**[n=2,121]**	**[n=1,230]**
May lower the risk of suicide	69%	88%
Should have no effect on the risk of suicide	8%	9%
Should only be done by professionally trained persons	19%	2%
Should never be done, as it may put the idea of suicide in the person's mind	5%	1%

	Before Percentage	After Percentage
When talking with people who may have suicidal thoughts and feelings, it is strongly recommended that you FIRST be sure to (select the MOST correct answer):	**[n=2,118]**	**[n=1,227]**
Listen carefully and talk with them about the problem or problems that they think suicide would solve	93%	98%
Tell them in no uncertain terms that suicide is a bad idea and call 911	5%	2%
Warn the suicidal persons that they might go to hell if they die by suicide	1%	<1%
Explain to them all the pain that they would cause others if they killed themselves	2%	<1%

Table 3: Learning Outcomes

Participants were asked to respond to a series of questions on both the "before" and "after" surveys to understand the impact the training had on participants' level of knowledge and comfort about suicide. Table 4, in descending order by the after statements, reveals that participants' knowledge and comfort about suicide increased after completing the training. The statement with the largest increase was participants feeling knowledgeable about suicide after the training compared to before the training. Furthermore, an independent samples t-test was used to compare the means from the "before" questions to the "after" questions. The results show significantly more agreement on the "after" responses compared to the "before" responses.

Statement	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)	2022 Mean (sd) [n]
I feel comfortable talking about suicide. (before)	18%	43%	25%	13%	2%	3.62 (.97) [2,125]
I feel comfortable talking about suicide. (after)	40%	46%	11%	3%	1%	4.23 (.78) [1,231]
I am likely to talk to someone about their suicidal thoughts or feelings. (before)	21%	45%	25%	8%	1%	3.76 (.91) [2,124]
I am likely to talk to someone about their suicidal thoughts or feelings. (after)	46%	46%	8%	1%	<1%	4.36 (.67) [1,230]
I feel knowledgeable about the topic of suicide. (before)	10%	43%	38%	8%	1%	3.52 (.82) [2,125]
I feel knowledgeable about the topic of suicide. (after)	47%	49%	4%	<1%	<1%	4.43 (.59) [1,234]

Table 4: Level of Knowledge and Comfortable

When asked on the "before" survey if they had ever asked someone if they were having suicidal thoughts, slightly more than half (51%) of the 2,122 respondents said yes, they had asked someone about having suicidal thoughts and 49% reported that they had not.

On the "after" survey, respondents were asked to rate the training program in several areas. As seen in Table 5 participants were very positive about the quality of the training in all areas. The instructor's presentation of the materials was rated the highest. While still very positive, the degree the training provided them with practical applications was rated the lowest.

Statement	Outstanding (5)	Above Average (4)	Average (3)	Below Average (2)	Poor (1)	2022 Mean (sd) [n]
Instructor's presentation of the material	70%	25%	4%	<1%	<1%	4.65 (.59) [1,240]
Training program organization	64%	28%	7%	<1%	<1%	4.57 (.64) [1,232]
Overall value to you	63%	29%	8%	1%	<1%	4.53 (.69) [1,231]
Training program content	60%	33%	7%	<1%	--	4.52 (.65) [1,234]
Degree this training program provided you with practical applications	60%	33%	7%	1%	<1%	4.51 (.66) [1,232]

Table 5: Training Program

On the "after" survey, participants were asked to share any suggestions for improvements. A majority of the 445 responses were positive and praised the instructors and the training. Some suggestions included having more activities, interaction, discussion, or role-playing. A few recommended giving more time to complete the "before" survey prior to the presentation starting, sharing the resources after the training, and sending a confirmation after someone signs up.

When asked how they saw themselves using the Gatekeeper Training on the "after" survey, 651 wrote a response. Many shared they would use what they learned by asking more questions, listening to others, knowing what signs to look for, checking on people more, and referring to others. Some indicated the information was helpful, especially based on their role or position such as being an RA, an advisor, a nurse, and just generally working with students. Many talked about who they would help with the information they learned such as other students, friends, peers, and family members.

On the "after" survey, respondents were asked what they felt was the most beneficial and unique aspect of the training. A variety of responses were shared by the 629 who wrote a comment. Many talked about learning information such as how to approach others, what to look for, or how to ask questions. Respondents appreciated the examples, resources, discussions, and being able to practice. Some talked about clearing up misconceptions they had about suicide before attending the training. A few reported that everything was beneficial.

Respondents were asked what they would tell someone if they were recommending this training to others on the "after" survey. Many would tell others about how great the program is, that it is informative, that it provides good resources, examples, and information, and that it helps you feel prepared. Some mentioned that this training is important for everyone to take and that you never know when you would need it. Some would simply just tell others to do it.

The final question on the "after" survey provided the opportunity for participants to share any other comments or suggestions. A majority of the 229 comments were positive saying it was a great presentation, informative, well done, and comprehensive. Several thanked the presenters and that they enjoyed the presentation.

All respondents were asked to identify their primary affiliation with Texas A&M University. A majority of the 2,230 respondents (90%) reported they were students and 10% indicated they were faculty or staff. There were several additional questions on both surveys that are not included in this report; however, the results can be found in a separate document. The "before" survey asked all participants for their group, the training date, their name, their UIN, and their email address. Furthermore, students were asked for their major, class year, and student organization or department. Faculty and staff were asked for their position and their department or office. The "after" survey asked participants to provide the name of the instructor.

Student demographics were gathered through university student records based on the UINs provided on the "before" survey. Results are displayed in Table 6, below, and on the following page in descending order for each category based on the student respondents. Please note that the colleges are based on the college names before the changes were made in fall 2022. Most students responding to the survey were female, juniors, White, not first-generation, and in the College of Education and Human Development.

Demographic Category	Students [n=1,730]
Campus	
College Station	82%
Health Science Center	17%
Galveston	<1%
Classification	
Junior	24%
Senior	22%
Sophomore	20%
Freshmen	15%
Vet (all years)	8%
Nondegree/ Postbaccalaureate	6%
Masters	4%
Doctoral	1%
Pharmacy (all years)	<1%
First-Generation Status	
Not First-Generation Student	66%
First-Generation Student	27%
Unknown	7%
Race/Ethnicity	
White	54%
Hispanic/Latinx	28%
Asian	8%
Black or Multiracial with Black	4%
Multiracial excluding Black	3%
International	2%
Unknown or Not Reported	1%
Native Hawaiian or Pacific Islander	<1%
American Indian	<1%

Demographic Category	Students [n=1,730]
Sex	
Female	67%
Male	33%
Top Ten Percent	
Top 10%	52%
Not Top 10%	48%
College	
Education and Human Development	22%
Engineering	17%
Nursing	17%
Liberal Arts	13%
Veterinary Medicine	11%
Agriculture and Life Sciences	5%
Sciences	5%
Mays Business School	3%
General Studies	3%
Geosciences	1%
Architecture	1%
Public Health	1%
Bush School	<1%
Pharmacy	<1%
Exchange	<1%
Galveston	<1%

Table 6: Demographics

Department Background

According to its website (https://caps.tamu.edu/about/), Counseling & Psychological Services "contributes to student learning and development. We provide exceptional services and programming focused on student mental health." CAPS provides individual and group counseling services, crisis counseling, resources, screening for learning disabilities and ADHD, career exploration and counseling, and alcohol and other drug services. Additionally, CAPS provides training and resources on a variety of mental health concerns, including suicide prevention training.

Project Details

Student Affairs Planning, Assessment & Research (SAPAR) provides quality assessment services, resources, and assessment training for departments in the Texas A&M University Division of Student Affairs and student organizations. Services by SAPAR are funded, in part, by the Texas A&M University Advancement Fee. Results of this project and other assessment projects done through SAPAR can be found at https://sapar.tamu.edu/results/. Additionally, anyone can follow SAPAR on Facebook. To work with SAPAR for future assessment projects, please fill out the Assessment Questionnaire at https://sapar.tamu.edu/aqform/.