

# Evaluation of the QPR suite of programmes 2015



**Pam Oliver** 1 Newton Road Waiheke Island Aotearoa New Zealand  
Phone **09 - 372 7749** Fax **09 - 372 2749** Email **pamo@clear.net.nz**

# Table of contents

<b>Table of contents</b>	<b>i</b>
<b>List of tables</b>	<b>i</b>
<b>Report summary</b>	<b>ii</b>
<b>1. Evaluation objectives and approach</b>	<b>1</b>
<i>The QPR programmes</i>	<i>1</i>
<i>Why evaluate the QPR suite of programmes</i>	<i>2</i>
<i>Areas of inquiry</i>	<i>2</i>
<b>2. Data collection</b>	<b>4</b>
<b>3. QPR systems and structures</b>	<b>5</b>
<i>Management structure and resource</i>	<i>5</i>
<i>Facilitators and support personnel</i>	<i>6</i>
<i>Facilitator training</i>	<i>6</i>
<i>Programme provision to date</i>	<i>7</i>
<i>Programme content and delivery</i>	<i>7</i>
<b>4. QPR programme effectiveness</b>	<b>10</b>
<i>Comparative discussion</i>	<i>10</i>
<i>Trainees' reasons for attending</i>	<i>10</i>
<i>Recruitment to the QPR programmes</i>	<i>10</i>
<i>Access to the online programmes</i>	<i>11</i>
<i>Programme content and delivery</i>	<i>12</i>
<i>Programme outcomes</i>	<i>16</i>
<i>Value of the workshop versus online programmes</i>	<i>21</i>
<i>Success factors</i>	<i>22</i>
<i>Improving the QPR programmes</i>	<i>23</i>
<b>5. Conclusions</b>	<b>27</b>
<i>Value and effectiveness of the QPR programme compared with ASIST</i>	<i>27</i>
<i>Limitation of the QPR programmes</i>	<i>27</i>
<i>Suitability to particular audiences</i>	<i>27</i>
<b>Appendix 1: QPR programmes</b>	<b>29</b>
<b>Appendix 2: Evaluation questions</b>	<b>32</b>
<b>Appendix 3: QPR trainee survey questions</b>	<b>35</b>
<b>Appendix 4: Data collection methods</b>	<b>42</b>
<b>Appendix 5: Comments from mental health clinicians</b>	<b>43</b>
<b>Appendix 6: QPR programme prices</b>	<b>46</b>

## List of tables

<b>Table 1: Summary of evaluation data collection methods</b>	<b>4</b>
---	----------

## Report summary

### Purpose of the evaluation

The QPR Institute, based in the United States (US), has developed a suite of online and face-to-face workshop programmes that are designed to provide training to a broad range of audiences in knowledge and skills for early response to suicide risk in individuals (referred to generically henceforth in this report as suicide ‘first aid’ training). The Ministry sought a rapid evaluation of the programmes to determine their suitability to diverse target audiences in terms of content, delivery, acquisition of knowledge and skills, and use of the learning. Information was obtained through interviews and a survey of QPR trainees from 2013-2015.

### Programme effectiveness

#### **Motives**

- Trainees typically undertake QPR courses for multiple reasons related to improving their suicide prevention skills in relation to both work and family/community roles. Most trainees were highly motivated to undertake the training when it was offered.

#### **Online or workshop formats**

- Trainees found both online and workshop formats valuable.
- Online formats were well suited to trainees in rural areas or with high workloads and limited time for training.
- Significant numbers of trainees undertook the online programmes in small groups and gained extra benefits from sharing the learning.
- The online training gains value by being supplemented by a workshop session to provide opportunities for discussion, skills practice and networking to determine community applications.

#### **Content and delivery**

- Course content and the QPR model were considered valuable and relevant in general to New Zealand contexts, communities and cultures. Trainees found the QPR model memorable and easy to understand.
- QPR NZ noted that at present the QPR programmes have not been adapted to Pacific audiences and they acknowledge that that adaptation should be undertaken at some point when affordable.
- The majority of trainees experienced no issues with emotional safety in the training and believed that that element was well addressed in the workshop courses. An improved coverage was suggested for the online programmes to ensure trainee safety.
- Online trainees would like more opportunity for face-to-face discussion, skills rehearsal and networking with others in their locality for effective referral of at-risk people.
- The facilitators received typically high ratings for subject knowledge and training skills from trainees of all cultures.

#### **Trainee gains**

- The majority of trainees of all ages and cultures and sectors, including family/community members, reported a high level of gain in knowledge, skills and confidence to intervene with people perceived as at risk of suicide. Trainees across all QPR programmes reported similar levels of confidence and apparent effectiveness in using the QPR model.
- Satisfaction with the training was generally high, but lower for mental health workers who had attended generic QPR training rather than training targeted to their sector. Satisfaction and gain depended on the trainee undertaking a programme suited to their

role and their prior knowledge and experience in suicide prevention.

### ***Use of the learning***

- 60% of trainees had applied the training at least once in a real context and nearly a quarter had applied it three or more times. Use was significantly greater amongst trainees from the *Advanced* programmes than the *Gatekeeper* programmes, probably due to their work sectors, and was least amongst trainees who had done the *Gatekeeper Online* programme alone (that is, without a follow-up workshop or similar).
- Perceived effectiveness of their interventions was similar across all trainee roles (that is, mental health, other work sectors, family/community members).
- Pacific trainees reported higher perceived effectiveness of the model (4.5) than other ethnicities (average 4.2).

### ***Additional uses of the training***

Trainees from all of the programmes commented on using the training in the following additional ways:

- Sharing the learning with colleagues, family and other associates
- Applying the learning in family contexts and for oneself
- Better networking generally amongst social services agencies
- More open talk in communities about suicide, and a sense that it was becoming more acceptable to raise the topic in public.

### ***Programme uptake***

- Uptake of the online programmes is highly successful where licences are disseminated by the purchaser agency and/or undertaking the programme is mandatory.
- Workshop uptake and completion are facilitated by (1) advising prospective trainees that there are limited places available and (2) retrieving online licences after 6 weeks for reallocation if the trainee has not commenced the programme.

## **Programme improvement**

- Suicide survivors need to have better information at point of recruitment on the potential for becoming retraumatised, with an option to undertake training at a later time. Mental health workers need more information about topics covered, so that they can self-select out of programmes that will be too basic and disappoint them.
- Online trainees should have opportunities for exercises, *guided* roleplays, and discussion with others. Training in small groups or using online media might be considered.
- Workshop training could be improved by providing pre-reading, to optimise use of the face-to-face time, and supplementing workshops with in-house follow-up sessions where trainees could discuss how to apply the training in their roles and workplaces, practise the skills learned, and identify local resources and improve networks.
- Better use could be made of audience input to provide ideas around effective interventions in the training locality.
- The differentiation between Gatekeeper and Advance training content, focus and outcome gains needs to be better clarified for potential purchasers and trainees.

# 1. Evaluation objectives and approach

## The QPR programmes

The QPR Institute, based in the United States (US), has developed a suite of online and face-to-face workshop programmes that are designed to provide training to a broad range of audiences in knowledge and skills for early response to suicide risk in individuals (referred to generically henceforth in this report as suicide ‘first aid’ training). The programmes draw on evidence from theory, research and practice in suicidology. The QPR model and programmes are franchised exclusively in New Zealand to Walker Psychology & Consulting Ltd. The model is based on evidence of effective approaches to intervening with people considered by other/s to be at risk of suicide; in particular it draws an analogy between physical life-saving, through ‘CPR’ (cardiopulmonary resuscitation), and saving lives by preventing suicide. *QPR Online* training presents the steps to firstly ‘Question’ a person to determine if they have suicidal thoughts or plans, then ‘Persuade’ the person to consider preventive help, and then ‘Refer’ them to appropriate services for further assessment and/or treatment.

### ‘Gatekeeper’ programmes (foundation level)

The foundation-level programmes aim to equip trainees with the skills to (1) recognise that a person may be contemplating suicide, (2) ask them appropriately about suicide risk, and (3) then refer them to appropriate services, using the ‘Question/Persuade/Refer’ model. The online module takes one to three hours to complete, depending on the preferred pace of the trainee, and may be undertaken individually or in groups. Where undertaken in groups, each participant must hold an individual license. Licences are retained for one year allowing review during that period. Ideally the online programme is supplemented with a half-day workshop for clarification of the programme model and content through question and answer, discussion of key concepts, practice with applying the model, and networking opportunities for trainees. The workshop programme takes 4 hours and is delivered to around 25 people. These workshops may be facilitated by one or two facilitators, depending on the audience’s cultural and sector composition.

### ‘Advanced’ programmes

The QPR Advanced programmes comprise an 8-hour online option and a full-day workshop. The Advanced workshops focus on teaching detailed knowledge and skills for identifying people at risk of suicide and implementing a ‘triage’ system for determining an individual’s level of immediate risk to make a decision around the urgency of referral and best options for action. The *QPR Advanced Online Training* includes all of the course content that is presented in the full-day face-to-face workshop, plus additional resources including downloadable documents, web links and streamed video content. Advanced online training can be completed in eight hours, with licenses active for one year from the date of purchase.

### ‘Targeted’ and ‘generic’ audiences

The QPR workshops may be delivered to either:

- Generic audiences, comprising people from a mix of sectors, including family/whānau and community members as well as agency workers
- Targeted audiences, comprising trainees from 1-2 organisations or sectors.

The content of the various workshops is tailored to each of the following:

- Level of trainees' prior suicide 'first aid' knowledge, skills and usage
- Whether the workshop targets a culture- or sector-specific audience, or a particular workgroup, or is for a generic audience.

A summary of the content and shape of each QPR programme is provided in **Appendix 1**.

## Why evaluate the QPR suite of programmes?

In mid-2015 the *Evaluation of the Suicide Prevention Gatekeeper Training Programmes* (the *Gatekeeper Evaluation*) reported that:

- The *QPR Gatekeeper Online Foundation Level* (short) programme demonstrated a good level of effectiveness for trainees across sectors
- Trainees and Suicide Prevention Coordinators believed that its effectiveness and outcomes would be improved significantly by supplementing it with a half-day workshop
- The short online programme might be used as a 'companion' training programme within other suicide prevention training programmes
- Better information would be available to the Ministry of Health (the Ministry) for purchasing decisions if it were to explore the suite of QPR programmes, which in combination might offer greater flexibility needed to deliver suicide first aid training to diverse audiences.

The Ministry sought a rapid evaluation of the QPR suite of programmes, excluding the *QPR Gatekeeper Online* programme that had already been comprehensively evaluated. The programmes to be evaluated were:

- *QPR Gatekeeper Workshop* Face-to-Face Training – Generic or Targeted, Half-day
- *QPR Advanced Online* Training
- *QPR Advanced Suicide Risk Management* – Face-to-Face Training – Generic, full day
- *QPR Advanced Suicide Risk Management* - Face-to-Face Training – Targeted, full day.

A brief description of each programme is provided in **Appendix 1**.

**Note:** Because it was simple for recruitment purposes, trainees who had undertaken the *Gatekeeper Online* programme (excluding the MOH-funded 2014/15 trainees) were also included in the evaluation survey sample. Doing so enabled comparisons to be made within the same survey data set. The *Advanced Intensive Follow-up Training*, for clinicians and health providers who have previously completed a *QPR Advanced* course, is a new programme offering and has only been run once (August 2015). Accordingly, it was not possible to evaluate it comprehensively. However the Evaluation Manager did attend that first Advanced Intensive Follow-up workshop focused on youth suicide and some preliminary comment on that has been included in this report.

## Areas of inquiry

The evaluation covered the following *main evaluation topics*:

- What content is covered by each programme option, and what is the evidence base for

each programme?

- What are the core features and advantages of online versus workshop delivery?
- Which audiences is each programme format best suited to?
- What quality of resources is provided, including facilitation? How sufficient is that resourcing?
- How appropriate is each programme type to diverse cultures?
- What is the level of gain for trainees based on the programme objectives?
- What factors facilitate trainee gains?
- What are the barriers to trainee gains?
- How might each of the programmes be improved for diverse audiences?

The evaluation questions are set out in **Appendix 2**.

## 2. Data collection

<b>Table 1: Summary of evaluation data collection methods</b>	
<b>Method</b>	<b>Focus</b>
<i>Documentation review</i>	<ul style="list-style-type: none"> <li>Review of workshop documentation, strategic and operational</li> </ul>
<i>Interviews</i>	<ul style="list-style-type: none"> <li>Interviews with the two QPR managers, the two other NZ QPR facilitators (one Māori), and six Suicide Prevention Coordinators who had undertaken a QPR workshop</li> <li>To obtain detailed insight into programme features (content and delivery), implementation, effectiveness and outcomes/impacts</li> <li>To inform the survey development, and supplement and clarify quantitative data</li> </ul>
<i>Survey</i>	<ul style="list-style-type: none"> <li>Online survey (<b>Appendix 3</b>) of all trainees in the past two years from both online and workshop programmes (excluding those surveyed for the <i>Gatekeeper Evaluation</i>), to gather their perspectives on programme content and delivery and trainee outcomes</li> </ul>
<i>Observation</i>  <i>Participant observation</i>	<ul style="list-style-type: none"> <li>Observe three workshops: <ul style="list-style-type: none"> <li>✧ Half-day <i>QPR Gatekeeper Workshop</i> - generic</li> <li>✧ One-day <i>QPR Advanced Workshop</i> - targeted</li> <li>✧ Half-day <i>QPR Advanced Intensive</i> workshop - targeted at youth services</li> </ul> </li> <li>Undertake the 8 hour online programme (evaluation team member)</li> </ul>
<i>Secondary data analysis</i>	<ul style="list-style-type: none"> <li>Review of the programmes' data on trainee enrolment, retention, completion, progress, achievements and gains, including pre- and post-training assessments (where those exist)</li> </ul>

The data collection methods are detailed in **Appendix 4**.

Of the 2,082 people who received an invitation<sup>1</sup> to take part in the survey, 596 (29%) completed it. The programmes they had undertaken were as follows:

<b>Programme undertaken</b>	<b>N=</b>	<b>%</b>
<i>QPR Gatekeeper Online</i> (2 hour course)	189	32%
<i>QPR Advanced Online</i> (8 hour course)	25	4%
<i>QPR Gatekeeper Workshop</i> – half-day course	121	20%
<i>QPR Advanced Workshop</i> – full-day course	326	55%
Both an online and a QPR workshop course	37	6%
<b>Base</b>	<b>596</b>	

Of the workshop participants, approximately equal numbers had attended generic (53%) versus targeted (47%) training.

<sup>1</sup> The email invitation was sent to 2,225 people but 143 bounced back 'undeliverable'.



## 3. QPR systems and structures

### Management structure and resource

#### Current operations

Key features of the QPR programmes' management are as follows:

- QPR New Zealand is owned by Walker Psychology & Consulting Ltd and managed by two directors; no other management personnel are involved. Walker Psychology & Consulting specialises in workforce development in mental health and suicide prevention and postvention.
- Walker Psychology also provides other services, but focuses mainly on the provision of the QPR programmes, which are currently purchased by a range of government agencies and NGOs.
- The two directors work together closely, respectively undertaking management of: programme development, personnel management, training, research, and contract relationships (Louisa Walker); and the technical and business management aspects (Grant Walker). Some other aspects of management, such as programme marketing and reporting to clients, are shared. Collectively they share all of the skills needed to undertake management tasks to a high calibre. They buy in additional expertise as required (e.g. IT/website development support; marketing advice; additional trainer capability) to cover workload fluctuation. Because they share an office, the directors are in constant communication about the QPR programmes and can address any emergent issues quickly, including managing capacity and addressing trainee issues or occasional critical feedback on the programme.
- Louisa Walker also undertakes QPR workshop facilitation and is a registered clinical psychologist in New Zealand. QPR NZ employs two other QPR Master Trainers, including one Māori, on a casual basis as needed to facilitate QPR workshop programmes. Both of these facilitators are qualified clinical psychologists with significant experience working in both the training of agency workers and intervention with people and communities at risk of suicide.

#### Resourcing

There appear to be no issues in the resourcing of QPR programmes. The various programme options are budgeted on a per capita basis and discounts available to purchasers for bulk purchase. Because QPR programmes are purchased currently by a range of other government agencies, their sustainability does not rely on funding from a single purchaser.

#### Future operations

Because the management work is undertaken in consultation, there is good succession planning. However the QPR NZ managers acknowledge that they are a small organisation and will need to build significant management and administrative resource if their services expand significantly. They have scoped that possibility previously and have embryonic plans that can be developed reasonably quickly, as they have identified individuals with relevant expertise who are interested in joining their enterprise. During both evaluations of QPR programmes undertaken over the past 12 months, the evaluation team have found QPR management very responsive, available and ready to provide information even at relatively short notice.

## Facilitators and support personnel

The current facilitators are Louisa Walker, Annette Beutrais and Paora Joseph. Louisa is acknowledged as having strong expertise in suicide ‘first aid’ training; Annette is an acknowledged international expert in suicidology; Paora is a clinical psychologist with 16 years clinical experience working in a range of contexts and agencies, with a Masters degree in suicidology related to Māori and extensive experience working with both mental health clients and practitioners.

QPR NZ management are aware that, if the demand for their workshops increases significantly, they will need to train other local facilitators. A priority is to train a Pacific facilitator, but there could be a need for additional Māori and Pākehā facilitators also. Individuals with relevant clinical expertise have already been identified who are interested in training for and taking on these roles with QPR NZ.

Currently the technical and other support role is undertaken by Grant Walker. Most trainee inquiries are from people seeking technical support, which Grant Walker is fully able to provide. People seeking pastoral support are referred on to either Louisa Walker or another appropriate help agency, depending on the caller’s preference.

## Facilitator training

The QPR Institute espouses an ‘apprenticeship’ model of facilitator training. It is not externally accredited. Trainee facilitators undertake the following activities (bearing in mind that they are required to already have clinical or similar experience in suicide intervention):

- Reading about the QPR programme content and evidence base
- Undertake both QPR Online programmes<sup>2</sup>
- Attendance as a participant at each of the QPR workshop types
- Undertake training in adult learning and pedagogy
- Act as a co-facilitator, together with a QPR Master Trainer, for Gatekeeper and then Advanced workshops, first presenting segments of the workshop
- Facilitate 3-4 whole workshops (both Gatekeeper and Advanced) with a QPR Master Trainer observing.

The two additional facilitators both found this training regime effective. Both the internal QPR programme evaluations and the survey for this evaluation provided good feedback in general on all of the New Zealand QPR facilitators, who were rated as ‘above average’ or ‘outstanding’ by 75% or more of trainees.

The two current Pākehā facilitators are both QPR-accredited Master Trainers. QPR Master Trainer training is undertaken at the QPR Institute in the US.

The three facilitators meet approximately six-monthly to review course evaluation data and fine-tune content and delivery as appropriate.

---

<sup>2</sup> The Māori facilitator has not as yet undertaken these programmes.

## Programme provision to date

QPR NZ has been providing QPR programmes in New Zealand since 2012<sup>3</sup>, providing around 20-25 workshops per year in addition to purchases of the *Gatekeeper Online* programme. Since the beginning of 2013 they have run 25 *QPR Gatekeeper* workshops and 38 *QPR Advanced* workshops, including generic and targeted versions of both. Current purchasers of the *Gatekeeper Online* programme include Victim Support, Child Youth and Family, and a number of District Health Boards (DHBs).

## Programme content and delivery

### Core content

The focus of the QPR programmes generally is on early detection of suicide risk in individuals and early intervention to prevent a suicide attempt and then refer the person to appropriate mental health services. The core content is evidence-based and revised regularly on the basis of recent research and changes in good practice. The content of the various programmes available is graduated to provide knowledge and skills that are suited to different audiences, as follows:

<i>Gatekeeper Online</i>	<ul style="list-style-type: none"> <li>• Basic knowledge and skills on: <ul style="list-style-type: none"> <li>✧ Prevalence of suicide and suicide risk</li> <li>✧ Identifying suicide risk – risk factors, common causes and warning signs, and relationship to mental illness</li> <li>✧ Responding using the ‘Question, Persuade, Refer’ model and steps</li> </ul> </li> <li>• Video scenarios of risk situations and applying the QPR model</li> <li>• Exercises and opportunities for roleplay rehearsal of the QPR model</li> </ul>
<i>Gatekeeper Workshop - generic</i>	<p>As above, <i>plus</i>:</p> <ul style="list-style-type: none"> <li>• More opportunities to discuss the programme content and practice the QPR steps, in particular asking the ‘S’ question</li> <li>• Opportunities to network</li> </ul>
<i>Advanced Workshop - generic</i>	<p>As all above, <i>plus</i>:</p> <ul style="list-style-type: none"> <li>• Additional information on each of the ‘core’ topics</li> <li>• Additional exercises and opportunities for practice of the QPR skills and approach</li> <li>• More opportunities for discussion in small and plenary groups, allowing for better networking and information about local resources</li> </ul>
<i>Advanced Workshop - targeted</i>	<p>As all above, <i>plus</i>:</p> <ul style="list-style-type: none"> <li>• Content that is customised to both (i) the agencies or sectors to whom the training is being delivered and (ii) to at-risk groups with whom the trainees work most commonly</li> <li>• Focus on identifying level of risk and triage skills for determining urgency of referral</li> <li>• In-depth information relevant to mental health practitioners’ client groups</li> </ul>

<sup>3</sup> Note, Louisa Walker was integrally involved in the delivery of QPR online and workshop programmes for 3 years prior to that under the umbrella of CASA.

	<ul style="list-style-type: none"> <li>• Greater detail in assessment tools and approaches</li> <li>• More exercises relevant to mental health workers</li> </ul>
<i>Advanced Online</i>	As for <i>Advanced Workshops</i> , in an online medium, including detailed clinical information in lieu of face-to-face discussion
<i>Advanced Intensive workshop</i>	<ul style="list-style-type: none"> <li>• Focus on in-depth knowledge and understanding plus assessment skills and approaches relevant to a particular at-risk target group, e.g. youth, rural males, Māori</li> <li>• Opportunities to develop the best approach to working with those risk groups</li> </ul>

## Targeted content

The content of a targeted programme customises the core content to a particular audience (e.g. Police; nurses; Māori Wardens; mental health sector) and the particular suicide risk group/s relevant to that audience (e.g. people in custody; primary care; youth; etc). The material is tailored to provide:

- Information about the contexts, risk factors and warning signs for the at-risk groups relevant to the workshop audience/s
- The practice context of the audience, including sector and organisational constraints and role requirements.

As with the core content, the targeted content is all evidence-based, including information from New Zealand research and current practice expertise. In addition to Louisa Walker's own expertise in the New Zealand context, input is provided by the two other QPR NZ facilitators, one of who is an international expert on suicidology and the other an experienced Māori mental health and suicide prevention practitioner.

Delivery is also customised to the particular audience. Having people who share a sector focus allows for case examples, discussion and role plays to be tailored to that sector. Wherever possible, the Māori facilitator works with audiences who have a significant Māori composition.

Examples of outlines for targeted *Advanced* training workshop are provided in the *Supplements* to this report (following the appendices).

## Relevance to the New Zealand context

The content and delivery of the QPR programmes undergo regular ongoing adaptation to the New Zealand context. The initial US-based material and delivery approach were modified comprehensively in 2010-2012, when the QPR franchise in NZ was held by Clinical Advisory Services Aotearoa (CASA), in the following ways:

- Modification of the content to include information and examples that are relevant to the local context (e.g. prevalence statistics; cultural factors; particular risk groups; colloquial language)
- Delivery approaches and media that are appropriate to local preferences (e.g. visual materials that have faces and other features relevant to New Zealand; Kiwi-accented voice-overs and presenters where possible)
- The workshop handbooks and online slides written for New Zealand contexts

- Facilitation styles that reflect local practitioner populations.

Input into the adaptation process was provided by a Working Group of people chosen for their expertise in suicide prevention (see **Appendix 5**). Continuing kaupapa Māori input is provided by QPR facilitator Paora Joseph. To date there has been no formal process of tailoring the programmes to Pacific cultures, but QPR NZ have made some adjustments to the programme materials in response to specific feedback from Pacific participants.

The QPR Institute, as proprietor of the programmes, encourages and supports on-going adaptation of the QPR programmes to diverse societal and cultural contexts, as part of good practice and as an essential assurance of the relevance of the programmes to the diverse countries in which they are franchised.

## 4. QPR programme effectiveness

### Comparative discussion

Where relevant, the findings reported in this chapter are compared with findings reported in the *Gatekeeper Evaluation*. To this end, the ratings and open response questions used in the survey for this evaluation were mostly identical to those used in the survey for the *Gatekeeper Evaluation*.

References to ASIST participants and data all refer to information from the *Gatekeeper Evaluation*.

### Trainees' reasons for attending

People's motives for attending are shown below. Survey participants could identify multiple motives, and the majority did.

To add to my existing skills in mental health	50%
To help my community or family/whānau when it was at risk of suicides	41%
Required for my job	33%
My manager/supervisor suggested it	29%
It was free	15%
Volunteer training, mainly for Victim Support	13%
Caregiver training, foster care	5%
Individuals in work and community roles who initiated attendance	4%

Over the past two years, it appears that an increasing number of agencies in the social services and mental health sectors are making suicide 'first aid' training mandatory for staff and volunteers. The DHBs envisaged that this demand will continue with the natural attrition of staff and volunteers in those agencies. However there is also a keenness to "saturate" communities now with suicide first aid training.

### Recruitment to the QPR programmes

Question	QPR <sup>4</sup>	ASIST
Was information about the course easily available before you started it?	3.8 <sup>5</sup>	3.8
Were you given enough information about the course beforehand to decide whether it would be useful to you?	3.8	3.9
Were you really keen to do the course at the time that it was offered?	4.5	4.6
Was registering for the course easy?	4.6	4.5

<sup>4</sup> Workshop and online programmes.

<sup>5</sup> Where 1=not at all and 5=definitely yes.

### **Aspects of programme recruitment and uptake**

- Trainees across all programmes were equally satisfied or dissatisfied with the amount of information available to decide whether to undertake the programme offered. However, around 25-35% of trainees felt that they had not received enough information to decide whether they wanted to do the programme offered. Based on the suggestions for programme improvements, it appears that these people tended to be either mental health workers or suicide ‘survivors’ who were not sufficiently screened out from participating in the workshop programmes (see also **Emotional safety** p 13).
- 3% of survey respondents indicated that they were not keen to do the training when it was offered to them, and a further 10% were equivocal about doing the training at that time. People who were less than keen were significantly more often those offered the online programmes. Ideally these people might be screened out and offered either a later opportunity or the less emotionally challenging *Gatekeeper Online* programme with support.
- 19% of Gatekeeper Online trainees and 23% of Advanced Online trainees undertook the training together with one or more other trainees. Comments from trainees interviewed in the *Gatekeeper Evaluation* were that trainees found this option both rewarding and emotionally safer for them than undertaking the programme alone.

### **Access to the online programmes**

Question	Yes
Did you have enough computer skills to do the course without difficulty?	92%
Did you have good access to a computer that had enough capacity to do the QPR course?	92%
Was the QPR support service readily available and effective?	90%
Did it take you more than one month to <i>start</i> the QPR Online course after you’d received the online registration details?	11%
Did it take you more than one week to <i>complete</i> the QPR Online course once you’d started it? - <i>Gatekeeper</i> - <i>Advanced</i>	15% 35%

### **Access factors**

- Access was found simple and easy by the large majority of trainees (mean 4.8). Only 1% of trainees identified barriers in receiving the licences or accessing them online. QPR NZ have noted that access to licences is extremely smooth where the purchaser or their delegate agency control the process of disseminating the licences, as have some DHBs already.
- Only 1% of participants rated the support service as unsatisfactory, and another 10% as less than fully satisfactory. The comments on programme improvements suggest that trainees would like an option to go to an appropriate professional for emotional support if needed, rather than use the same contact details as for technical support.



- Delays in starting the online courses (13%) were due primarily to (i) not having time to do it/other priorities (n=23) and (ii) issues related to computer/online access (n=7), and occurred equally across the two online programmes.
- 11% of *Gatekeeper Online* and 30% of *Advanced Online* took more than one month to complete the programme. The main barriers to completing *Gatekeeper Online* were (i) not having time/other priorities (n=25), and (ii) difficulties in finding someone appropriate to do the roleplay with (n=5). Barriers for the *Advanced Online* trainees to completing the 8-hour material were the amount of material and trainees' typically full-time work priorities; it may in fact be desirable to take a longer time to do this programme, given the density of the material.

## Programme content and delivery

### Programme content and materials

Question	QPR <sup>6</sup>	ASIST
Was the QPR model easy to understand?	4.6 <sup>7</sup>	4.5
Was the course material easy to understand?	4.6	4.5
Do you think the QPR model is relevant to the kinds of potentially at-risk people that you work with or are likely to come into contact with?	4.5	4.5
Was the training sufficiently relevant to the sector or communities that you work or live in?	4.4	4.4
Did the course give you enough information and practice opportunities to feel that you could use the QPR model with confidence?	4.2	4.4

- The model and the course materials were found somewhat easier to understand for trainees of the *Gatekeeper Online* programme than those in the three other QPR programmes, and least easy for trainees in the *Advanced Online* programme (mean 4.5 and 4.4), possibly due to the density of information in a course undertaken solo in the online medium and a lesser focus on the model itself. Based on participant suggestions for programme improvements, these differences may also be attributable to:
  - ✧ The audiences for the *Gatekeeper Online* programme being more often family/community members
  - ✧ The simplicity with which the model is presented in the *Gatekeeper Online* programme
  - ✧ The greater density generally of the information presented in the other programmes.
- The model was seen as equally relevant by trainees in generic workshops, including family/community members, as in the targeted workshops involving solely agency workers.

<sup>6</sup> Workshop and online programmes.

<sup>7</sup> Where 1=not at all and 5=definitely yes.



- The perceived relevance of the training to trainees' sectors and communities was similar across all programmes and in both generic and targeted workshops.
- The sufficiency of information and practice opportunities to build confidence was higher for *Gatekeeper Online* trainees than for others. This may be because (i) there is no check on whether *Gatekeeper Online* trainees have actually undertaken the role play, and (ii) these trainees do not get to witness others experiencing difficulties in the role plays, so possibly underestimate the challenges in applying the skills in a real context. This interpretation is supported by the lower actual usage of the training by *Gatekeeper Online* trainees than workshop trainees (see p 18).

### **Resource materials**

The evaluation survey did not question trainees specifically about the value of the workshop workbooks or additional resource materials provided to all trainees by QPR (e.g. additional handouts and readings that are emailed to them or available with the online programmes). However those materials are available to trainees and contain useful information that is regularly updated.

### **Workshop facilitation**

<b>Question</b>	<b>QPR<sup>8</sup></b>	<b>ASIST</b>
Did the facilitators have good knowledge of the course content?	4.8 <sup>9</sup>	4.8
Did the facilitators present and explain the material in a way that was easy to understand?	4.6	4.7
Did the facilitators answer trainees' questions and comments satisfactorily?	4.6	4.6
Did the facilitator/s have sufficient cultural competencies for the trainee group?	4.3	Not asked

### **Facilitation competence**

- Māori and Pākehā facilitators were seen as equally competent in terms of their knowledge of the material, presenting the information in ways that were easy to understand, and ability to answer trainees' questions and comments in a satisfactory way. Ratings for all three facilitators were generally high on both subject knowledge and trainer skills in all of the collated course evaluation feedback reports reviewed (all workshops 2013-2015).
- The Pākehā facilitators were seen as having somewhat less cultural competence (4.2) for the survey respondents than the Māori facilitator (4.4). The lower ratings were made most often by Māori participants.
- The relatively few negative comments made about facilitators came most often from trainees from South Island and MidCentral DHBs.
- Several participants commented that the facilitation sometimes focused on getting through the material at the expense of drawing out the valuable and relevant experience

<sup>8</sup> Workshop and online programmes.

<sup>9</sup> Where 1=not at all and 5=definitely yes.

of trainees present.

## Cultural relevance

Question	QPR <sup>10</sup>	ASIST
Do you think the QPR model, as it is presented, is relevant to people of your culture?	4.5 <sup>11</sup>	4.4
Was the other content of the course relevant to your culture/s (e.g. video and roleplay examples; concepts and principles used; other information presented)?	4.4	4.2
Was the way the course was delivered culturally relevant to you (e.g. online medium; use of slides and roleplays to present the information)?	4.3	4.3
Did the facilitator/s sufficiently cover cultural factors in how to apply the QPR model with people of different cultures?	3.9	3.9

### Factors in cultural relevance

- Trainees in workshops delivered to significantly or mostly Māori audiences rated the content relevance slightly lower (4.2) than did all other trainees (4.35 average).
- *Gatekeeper Online* was rated as having slightly better cultural content relevance (4.5) than the workshop programmes (average 4.3).
- The cultural relevance of the delivery approach was rated as slightly lower by Māori and Pacific trainees (4.1) than by other trainees (average 4.35), and as better in the *Gatekeeper Online* course (4.5) than in the workshop programmes (average 4.2).
- Coverage of cultural application was rated as somewhat better by trainees in the two online programmes (4.0) than those in the workshop programmes (average 3.8). Perception that cross-cultural application was lacking was roughly equal across trainee ethnicity.
- QPR NZ noted that at present the QPR programmes have not been adapted to Pacific audiences, mainly for reasons of resource, but they acknowledge that that adaptation should be undertaken at some point when affordable. (The adaptation for Māori was internally funded.)

<sup>10</sup> Workshop and online programmes.

<sup>11</sup> Where 1=not at all and 5=definitely yes.

## Emotional safety

Question	QPR <sup>12</sup>	ASIST
Were there enough protections for your emotional safety in how the course was delivered?	4.4 <sup>13</sup>	4.4
Was there anything in the way the course was delivered that made you feel unsafe or uncomfortable?	1.5	1.8

### Safety factors

- The quantitative data showed that the majority of participants did not experience safety issues, with only 10% of participants overall identifying some level of discomfort or issue with emotional safety in the course/s they did. In contrast, 14% of the ASIST participants reported safety issues.
- Safety issues were identified rarely by online participants. This is consistent with the finding in the *Gatekeeper Evaluation* that online participants may have (1) lower safety expectations, because the programme is delivered online, and (2) less opportunity to feel discomfort because they are not involved in intense discussion or a series of role plays.
- Two online participants noted that they recalled no safety briefing before starting the programme and no directory of services to call if they experienced distress.
- The issues summarised below were identified by survey respondents in the workshop programmes and are listed in the approximate frequency with which they were raised.
  - ✧ The lack of sufficient support and debriefing for participants following participation in or observation of either video scenarios or ‘live’<sup>14</sup> role plays, resulting in participants being retraumatised; live role plays were recognised as having a high potential to retraumatise because the participants, consciously or otherwise, bring their own real experiences into those enactments
  - ✧ Insufficient structured opportunities for participants to process their emotional reactions to aspects of the workshop content generally
  - ✧ Insufficient acknowledgement by facilitators that many programme participants have attended because of their own personal or professional experiences of loss to suicide (e.g. perceived ‘failure’ to save a family member or client; see verbatim quotes **Appendix 6**)
  - ✧ For some Māori, a lack of spiritual acknowledgement of the individuals lost to suicide when their deaths were disclosed in discussion
  - ✧ Room set-up that did not allow for participants to support one another when they recognised that others were experiencing distress (e.g. people seated in straight rows, or in a very large circle); this resulted in participants becoming distracted by their inability to attend to others’ distress.
- Several participants commented in their additional comments that people attending suicide prevention programmes, whether attendance is mandated or otherwise, typically come with their own suicide losses; this includes professionals who have lost family or community members and/or clients.

<sup>12</sup> Workshop and online programmes.

<sup>13</sup> Where 1=not at all and 5=definitely yes.

<sup>14</sup> As distinct from the video scenarios.

- Some Māori and Pacific participants commented that a lack of food, or of emotionally sustaining food, exacerbated the inevitable feelings of discomfort that arose in the workshops.
- For the purposes of programme improvement, the safety issues identified most frequently are presented verbatim in **Appendix 6**.

### **QPR Advanced Intensive Workshop**

The Advanced Intensive Workshop option has been run only once so far, and was attended by the Evaluation Manager as a participant observer. Some brief observations are that the workshop:

- Received positive evaluations from the seven other participants, noting especially excellent facilitator knowledge and presentation skills, and value of the QPRT Inventory presented in the workshop
- Was highly relevant to the audience
- Allowed for good networking and sharing of trainee knowledge and skills within a half-day workshop
- Was clearly valued by all participants
- Used visuals that had a strong white middle-class focus.

## **Programme outcomes**

### **Knowledge and skills acquisition**

The results below reflect the extent to which the training enhanced participants' prior knowledge and skills.

<b>Question</b>	<b>QPR<sup>15</sup></b>	<b>ASIST</b>
Knowledge about suicide risk in the community generally	4.0 <sup>16</sup>	4.1
Understanding the impacts of your own values on people at risk of suicide	3.9	4.1
How to detect signs of suicide risk in someone	4.0	4.3
Skills to intervene safely and constructively with someone at risk	4.1	4.4
Confidence and willingness to intervene with someone at risk of suicide	4.1	4.3
Ability to make a safety plan with someone at risk	3.9	4.3
Knowledge of the national, regional and local services that are available to support people at risk of suicide	3.7	3.9
Useful and relevant networks with other agencies	3.6	3.9

<sup>15</sup> Workshop and online programmes.

<sup>16</sup> Where 1='very little' and 5='lots'.

### **Comparative programme gains**

- Perceived gains in all of the areas above were approximately the same across all programmes, except for the following differences (*not statistically significant*):
  - ✧ *Advanced Online* trainees gained less in detecting suicide risk
  - ✧ Confidence gained to intervene was greater from the two *Gatekeeper* programmes
  - ✧ Ability to make a safety plan was greatest for the *Gatekeeper Online* trainees
  - ✧ Increased knowledge of available services was least for the *Advanced Online* trainees.
- The lower rating for QPR trainees than ASIST for making a ‘safety plan’ may be attributable to the explicit focus on that outcome, labelled as such, as a key feature of the ASIST programme.
- The lower ratings for gaining knowledge about local resources and building local networks suggests that this is an area that might be enhanced, because it has been identified as important in trainees’ comments in both this evaluation and the *Gatekeeper Evaluation*.
- It is worth noting that the reported gains in all areas above were substantially greater for the *Gatekeeper Online* trainees in this survey than for the Ministry-funded trainees surveyed for the *Gatekeeper Evaluation*.<sup>17</sup> It may be that the perceived value of the training increases over time as trainees use their learning in real settings.

### **Usefulness of the training**

Question	QPR <sup>18</sup>	ASIST
In general, how much did you get out of the QPR training?	4.3 <sup>19</sup>	4.6
How much did the QPR training meet your needs and expectations?	4.2	4.5
Was the training sufficiently relevant to the sector or communities that you work or live in?	4.4	4.5 <sup>20</sup>
How much do you remember of what was included in the training?	3.8	4.1

### **Factors in programme usefulness**

- Trainees ratings of satisfaction and benefit (first two questions above) were similar across programmes and across trainees’ ethnicity.
- Given that trainees are commencing the QPR programmes with a wide range of prior knowledge and experience in suicide prevention that is not always apparent at point of recruitment, the similar ratings of satisfaction across the four programmes suggests that, in general, the programmes are being reasonably well targeted.
- The satisfaction and benefit ratings were somewhat lower for mental health workers (4.0) than for all other trainee types (average 4.4 and 4.2 respectively). Verbatim comments showed that many mental health workers had higher expectations of programme

<sup>17</sup> Because they are separate data sets, it is not possible to test for statistical significance.

<sup>18</sup> Workshop and online programmes.

<sup>19</sup> Where 1=‘very little’ and 5=‘lots’.

<sup>20</sup> This question was phrased slightly differently in the *Gatekeeper Evaluation*, but had essentially the same meaning.

relevance to their jobs and sector.

- The programmes were considered equally sector-relevant by generic and targeted audiences.
- *Advanced Online* trainees found the training somewhat less relevant to their sector or community (4.3) than did trainees in the other three programmes (4.5). However the ratings are still high.
- Retention of programme information was equal across programmes.

### ***Most useful gains from the training***

Trainee comments identified the following as the most useful aspects of the training. While these comments were similar across all programmes, comments in blue below were especially common to trainees in the advanced programmes.

#### **Knowledge**

- Greater awareness of the extent of the problems and the risk indicators
- Insight into the thinking of people at risk of suicide
- Busting the myths around suicide

#### **Understanding**

- *Understanding the relationships between suicide and mental illness and depression*
- Recognising the impact of social and temporal context on suicide risk
- Opportunities to check out one's understanding of suicide with others
- That "it's not my fault if someone takes their own life, but I can help to prevent that"
- *Understanding the cultural contexts and factors in suicide risk*

#### **Skills**

- How to notice the risk signs
- Best ways to ask about suicidal ideation, and behaviours to avoid when doing so
- Getting to feel comfortable using the terminology of suicide
- Learning a simple, easy-to-remember model to apply
- The value of the roleplays in finding one's own way to ask the questions and follow through, including recognising one's own limitations
- *Having better tools for assessing suicide risk, including better interviewing skills*

#### **Application**

- Being generally more alert to the signs of risk
- *Application and relevance to one's work role*
- Application and relevance to one's family and community
- Gaining the confidence to ask the question and intervene, rather than hold back
- That you don't have to be an "expert" to intervene
- Networking with others in the area to know about local resources and supports
- *Enhanced relationships with people in other agencies*
- That others in the area shared their concerns and were available to collaborate
- The importance of talking more about suicide and suicide risk as a means to destigmatising suicide.

## Applying the training

### Frequency of use

Use of the training	% QPR	% ASIST <sup>21</sup>	% QPR Online (MOH) trainees
1-2 times	36	38	31
3-5 times	13	14	9
More than 5 times	11	12	7
Not yet	40	36	53

- Use was significantly greater amongst trainees from the *Advanced* programmes than the *Gatekeeper* programmes.
- Use was least amongst trainees who had done the *Gatekeeper Online* programme alone (that is, without a follow-up workshop or similar).
- Use was significantly greater amongst trainees of the *Advanced Online* training than those undertaking other programmes. However these trainees were mostly mental health workers.
- Use 'more than 5 times' was greater amongst trainees who had done a full day programme than a half-day one; however these people were also more often mental health or other social services sector workers than family or community members.
- While usage showed somewhat different patterns across trainees' ethnicity, they did not show any consistent pattern and may be a function of other factors that were not tested for.
- Use was greater than for MOH-funded *Gatekeeper Online* trainees, suggesting that use increases over time.

### Factors related to use

Question	QPR <sup>22</sup>	ASIST
How confident have you felt using the QPR model?	4.1 <sup>23</sup>	4.1
How effective have you found the QPR model when you've used it?	4.3	4.4
Realistically, how valuable do you think your intervention was for the person/s at risk whom you've tried to help?	4.2	4.3

- Trainees from all programmes reported similar levels of confidence and apparent effectiveness in using the QPR model.
- Perceived effectiveness was similar across all trainee roles.
- Pacific trainees reported higher perceived effectiveness of the model (4.5) than other ethnicities (average 4.2).

<sup>21</sup> Not including Lifeline personnel.

<sup>22</sup> Workshop and online programmes.

<sup>23</sup> Where 1='very little' and 5='lots'.



- *The value of their interventions was perceived as somewhat lower by Advanced Online trainees (4.1) and Asian trainees (3.9) than other trainees (average 4.3).*

### **Additional uses of the training**

Trainees from all of the programmes commented on using the training in the following additional ways:

- Sharing the learning with colleagues, family and other associates
- Applying the learning in family contexts and for oneself
- Better networking generally amongst social services agencies
- More open talk in communities about suicide, and a sense that it was becoming more acceptable to raise the topic in public.

## **Assessment of trainee learning**

### **Online programmes**

Trainee competence is assessed in the *Gatekeeper* and *Advanced Online* programmes through a post-test that trainees must pass (75% correct of 20 and 24 questions respectively).

*Gatekeeper Online* trainees in the *Gatekeeper Evaluation* commented as follows, in summary:

### **Benefits of assessment**

- Having a test up-front and knowing that they would be tested again at the end made trainees take the programme seriously and focus on absorbing the information.
- Passing the post-test reassured trainees of having achieved a basic knowledge competence.
- No one identified the pre-test as a barrier to commencing or completing the course.
- Only 2.5% of trainees experienced the post-test as a barrier to completing the course.
- Several trainees said they would return periodically to the test questions to refresh their knowledge.

### **Issues in competency assessment**

Several participants identified problems and frustrations with the post-test, mostly centering on the following aspects of the test:

- Some of the questions were poorly phrased, causing confusion.
- The questions tested rote learning rather than understanding.
- Trainees were not aware that there was an option to view which answers they had got wrong, resulting in frustration for some trainees when they changed their previously correct answers when on resitting the test.
- Several trainees of varying cultures challenged the 'correct' answers to some of the questions, in particular the question relating to involvement of kaumātua.

### **Advanced Online**

Competence assessment was not included in the survey for the present evaluation. However the Evaluation Manager undertook the course and offers the following comments:

- Having the assessment is a valuable check of the trainee's understanding of the course material, and for identifying areas where the trainee needs to repeat aspects of the course.
- Given the density of the material in the programme, it would be useful for trainees to be



able to see what the correct answers were in the pre-test, so they can focus on areas where they answered incorrectly as they undertake the programme.

### **Workshop programmes**

Workshop trainees' competence was assessed from March 2011 to August 2013, through pre- and post-testing of trainees' knowledge via a pencil and paper test comprising 30 questions on programme content, within the workshop context, to measure knowledge gains. Trainee post-tests for approximately 50 workshops showed an average score of 90%. Accordingly the QPR Institute decided that the effectiveness of the programme had been established and no further in-workshop testing has been conducted since.

### **Evaluation of the programmes**

Evaluation of the programmes involves the following:

- Trainees in the online programmes complete a short course evaluation after they have passed the 'post-test' that assesses their learning.
- Trainees in the workshops complete a feedback form in approximately five minutes before they exit the venue.

Trainee feedback is collated and the forms sent to the facilitator of each workshop. All collated evaluation data are analysed every six months to inform programme development and adjustments where necessary (for example in relation to support requests). Programme modifications are discussed by the trainer team (all three trainers) before being finalised.

In its contracts with other purchasers of QPR programmes, QPR NZ holds regular feedback meetings with the purchasers to discuss trainee and manager feedback and address any issues in service provision. That feedback feeds directly into programme development.

From an evaluator's perspective, the current evaluation processes are less than robust, as follows:

- There is no external analysis of the open response feedback.
- The questions in the evaluation forms are insufficiently clear and poorly phrased (e.g. 'How well did the course meet its objectives', rather than the trainee's objectives).
- The questions do not cover some important factors such as: cultural relevance and appropriateness; the relevance of the training to the sector or trainee's role and context; facilitator's facilitation skills (as distinct from their knowledge of the subject matter).
- The evaluations do not ask trainees to suggest improvements (as distinct from 'Suggestions for future QPR trainings').
- The response options are poorly phrased (e.g. 'Below average' to 'Above average' without clarifying what the course is to be compared with).
- Trainees are asked for feedback too soon, and in a situation that is not conducive to thoughtful or valid evaluative feedback.
- No valid outcomes data are collected on actual application of the training.

QPR NZ are open to reviewing their evaluation systems.

## Value of the workshop versus online programmes

The survey data indicate that trainees were in general equally satisfied with online and workshop programmes.

However, factors to be taken into account are:

- Satisfaction and gain depended on the trainee undertaking a programme suited to their role and the prior knowledge and experience in suicide prevention.
- 12% of trainees had undertaken the online programmes together with one or more other trainees, involving discussion and roleplays; this occurred more often with *Advanced Online* trainees.
- 49% of the 37 trainees who had undertaken both an online programme and a QPR workshop rated the workshop as more valuable; 38% rated them as equally valuable, and 13% thought that the online learning was more valuable.

## Supplementing online training with workshop or similar

- Half of the *Advanced Online* trainees and one third of the *Gatekeeper Online* trainees had had a follow-up face-to-face session or workshop. Those trainees rated their gains significantly higher (4.5) than trainees who had not experienced a follow-up workshop or similar (4.1).
- 90% of online trainees saw the workshop as definitely valuable and a further 7% as somewhat valuable. These findings echo those in the *Gatekeeper Evaluation*. Suicide Prevention Coordinators (SPCs) who had facilitated such sessions commented that they were essential for purposes of consolidating the learning, building confidence to apply the learning, and obtaining information about availability and accessibility of local resources, in particular for effective referral of at-risk people.

## Success factors

Evaluation participants collectively identified the following key factors as facilitating optimal gains from the training:

### Programme content and delivery

- The importance of including practice and discussion opportunities in the training
- The use of illustrative material (scenarios, roleplays) and other content that is relevant to the New Zealand context and cultures
- The use of delivery mechanisms and techniques that are culturally relevant
- Workshop facilitators who have a clinical practice background in suicide treatment – this is essential for (i) being able to give *competent, accurate* answers to questions about QPR application from mental health workers and other trainees (e.g. safe application in a particular context) and (ii) being able to identify and respond appropriately to trainee/survivor distress when it occurs during training
- Skilled facilitators with significant teaching and/or training experience in the social services and/or health sectors
- Tailoring the training to the prior knowledge and skills of trainees, so that the training is pitched at an optimal level and not wasted
- Short programmes, followed by practice sessions later, and refreshers – few agency workers can take more than one day at a time from work.

## Programme uptake

- Uptake of the online programmes is highly successful where licences are disseminated by the purchaser agency and/or undertaking the programme is mandatory (e.g. uptake by Victim Support volunteers has been 82% and completion 71%; failure of uptake and completion is attributable to volunteers exiting that role).
- Workshop uptake and completion are facilitated by advising agencies that there are limited places available. Because workshops have to be organised well in advance, it is usual to have 2-3 people become unable to attend as a result of unanticipated work requirements due to the nature of trainees' work, so waiting lists are valuable.

## Programme purchase

- Collaboration between the Ministry and the DHBs to determine the most effective ways for the available funds to be spent
- Accurate targeting of priority at-risk groups (e.g. cancer patients and others with terminal illnesses; elders living alone)
- Accurate identification of at-risk groups, and therefore priority training targets, per individual DHBs
- Attention to the relative value of spend on suicide 'first aid' training and mental health response services, since the ultimate utility of 'first aid' training relies on there being sufficient and competent treatment services to refer to<sup>24</sup>
- More targeted selection of who attends the training (e.g. no value in GP receptionists, but school administration staff may be relevant, depending on the person's role).

## Improving the QPR programmes

Evaluation participants collectively suggested the following ways in which the programmes could be improved.

### Recruitment

- Recruitment to programmes needs to be better screened for optimum use of the funding and benefit to trainees. Suicide survivors<sup>25</sup> need to have better information at point of recruitment on the potential for becoming retraumatised, with an option to undertake training at a later time. Mental health workers need more information about topics covered, so that they can self-select out of programmes that will be too basic and disappoint them. Some health sector work roles may not be suited to suicide first aid training; for example, ambulance officers attend at-risk people after the event when QPR skills are not immediately useful (though the same people might have other roles that make training appropriate).
- Where employers make attendance mandatory, there needs to be a screening process offered so that people vulnerable to being retraumatised can be screened out to a later opportunity.

---

<sup>24</sup> This point was also made by trainees in both the QPR and ASIST programmes in the *Gatekeeper Evaluation*.

<sup>25</sup> This term is used here to refer to people who have survived either a suicide attempt by themselves or the trauma associated with an attempted or completed suicide by another person.

## Online programmes

The main suggestion for improvement to the online programmes was to have more opportunities for exercises, *guided* roleplays, and discussion with others. Given the ready availability of various online communications technologies, some of those options might be considered for improving interactive participation.

### **Gatekeeper Online**

- Training options that have been used successfully by *Gatekeeper Online* trainees are undertaking the programme in pairs or small groups and/or following up with a local session for discussion, practice and networking (for detail, see the suggestions in the *Gatekeeper Evaluation* report).
- Additional suggestions for improvement were (in no particular order):

#### **Delivery**

- ✧ Better safety briefing<sup>26</sup>, and phone numbers for professional support
- ✧ A way to download and print the content before commencing, to use to make notes
- ✧ Subtitles in the videos, for people with hearing impairments
- ✧ Guided roleplays; suggestions for whom to engage in roleplays
- ✧ A way to see what questions trainees got wrong
- ✧ Allow only one month for programme commencement, then re-allocate the licence
- ✧ Wallet card

#### **Content**

- ✧ More up-to-date reference materials
- ✧ A stronger youth focus
- ✧ Refresher session 6 months later.

Two people commented that they never received their certificate, even though they had passed the test.

### **Advanced Online**

The main criticism of the Advanced Online programme was that it became boring. Suggestions were for:

- Less dense information
- Less repetition (e.g. different lists of risk factors)
- A more engaging New Zealand presenter, preferably a credible Māori psychiatrist or psychologist with good presentation skills
- More exercises to retain interest
- More information about cultures relevant to New Zealand.

### **Follow-up face-to-face sessions**

Some SPCs noted that there were cost and intellectual property barriers associated with running follow-up workshop sessions for *Gatekeeper Online* trainees where those are not facilitated by QPR facilitators. These barriers might be avoided or addressed by a collaborative negotiation involving the Ministry, the DHBs wanting to purchase and/or use QPR programmes and QPR NZ, to find ways in which costs can be kept affordable to the

---

<sup>26</sup> This could use the Informed Consent protocol that QPR use in the workshops – see **Appendix 8**.

DHBs. This might be possible through programme combinations that allow for local facilitation or co-facilitation of workshops or practice/networking sessions locally or regionally, where either the Ministry or the DHB is purchasing significant volume of QPR programmes.

## **Workshop programmes**

### ***Gatekeeper and Advanced workshops***

The main suggestion for improving the workshops was for there to be more time for the training. However trainees recognised the need to balance that against cost and their ability to be away from work. Further suggestions for improvements were:

- Provide pre-reading, and emphasise its importance, especially for mental health worker trainees
- Improve the relevance of the content to Pasifika trainees
- That the initial training of half or whole day workshop be supplemented by follow-up sessions where trainees could discuss how to apply the training in their roles and workplaces, practise the skills learned, and identify local resources and improve networks; the SPCs believed that these sessions were best either facilitated by a local person or possibly co-facilitated together with a QPR facilitator. Follow-up sessions could be provided at high benefit and low cost through in-house sessions undertaken by QPR purchasers or trainee groups, supported by some structured guidelines provided by QPR NZ.

Other suggestions were:

- Where workshop programmes are held in and for a particular community, the suicide issues for *that* community are addressed within the workshop; local issues could be canvassed with trainees prior to the workshop
- For improved workshop benefit, survey prospective trainees prior to attending to assess their existing knowledge in mental health and suicide prevention
- Manage the mihimihi process so that valuable workshop time is not wasted
- More exercises and roleplays and less didactic delivery
- Workshops where there are significant numbers of Māori and Pacific trainees incorporate not only appropriate cultural protocols, but also address the need for people of particular cultures to undertake learning in ways that work for them
- Where non-Māori are a minority of the trainees and te reo is used by the facilitator, translation is readily available for non-Māori
- Ensure that the workshop covers cultural taboos around suicide and practice of appropriate ways to ask the 'S' question with diverse cultures in the New Zealand context
- Better use of audience input to provide ideas around effective interventions in the training locality
- Discussion of rational suicide (e.g. wish for assisted dying), which was perceived as an emerging topic
- Seating arranged to facilitate trainee participation and interaction
- Provision of sustaining 'comfort' food, not "rabbit food"
- Ensuring the facilitator arrives on time
- Ideally, all QPR facilitators will have undertaken both of the QPR online programmes,

and be aware of whether workshop trainees have undertaken these programmes, so that they can tailor their facilitation to take into account prior knowledge.

### **Full-day workshops**

- More interactive discussion in the afternoon
- More short, fun, 3 minute ‘energisers’ throughout the day
- Venues that are suitable to training (e.g. temperature, size, seating, parking availability)

### **Trainee competence assessment**

The feedback from Gatekeeper Online trainees in the Gatekeeper Evaluation was that they appreciated the post-test because it reassured trainees that they had achieved a basic knowledge competence. ASIST trainees interviewed in that evaluation commented that they would like some competence assessment at the end of the workshop programme to reassure them that they were safe to use their new learning in a real situation. QPR may want to consider reinstituting the post-tests for the value to the trainees themselves.

### **Programme evaluation**

The current programme evaluation systems are inadequate to provide accurate or useful data on the programmes, and should be revised to allow trainees an opportunity to provide feedback on meaningful parameters that can inform programme development for the New Zealand context. Ideally evaluations of the programmes should be undertaken around two weeks following programme completion, not on the same day. Ideally also, to obtain valid outcomes data, trainees should feed back on outcomes at least six months after completing the training.

### **General**

Other suggestions by the SPCs were for:

- The QPR programmes to become NZQA-accredited, to add to their value for trainees as a qualification
- The Ministry to allocate a fund for the *Gatekeeper Online* or *Workshop* programmes to be made available to key people receiving Community Postvention Response Service interventions
- Using *Gatekeeper Online* or *Workshop* programmes as an adjunct to the suicide prevention strategies being implemented by Le Va and Te Rau Matatini
- Ideally, negotiations between the Ministry and each DHB, or clusters of DHBs, to determine the best spend for suicide first aid training alongside other suicide prevention initiatives.

## 5. Conclusions

### Value and effectiveness of the QPR programme compared with ASIST

The evaluation findings indicate, in summary, that the QPR programmes:

- Are all well received by the full range of audiences to whom they have been targeted to date
- Match the ASIST programme in terms of trainee ratings of programme suitability, effectiveness and outcomes, and are preferred to the ASIST programme due to their flexibility and features such as post-testing of trainees and workshop delivery by experienced clinicians
- In combination, have high accessibility and allow for options for the full range of target audiences
- Are highly cost-effective compared with ASIST, and more accessible due to providing half-day, one day and online options
- Have high rates of uptake and completion where effective recruitment systems are in place.

### Limitations of the QPR programmes

The main limitations of the QPR programmes are:

- Difficulties in providing workshop opportunities to mental health workers within their own location, due to the need for an audience of around 25 to make a full-day workshop financially viable in a particular location. Solutions to this might be for workshops to be widely advertised within each DHB well in advance, to optimise uptake, or to be shared across two or more adjacent DHBs.
- Difficulties in providing programmes to suit trainees with a very wide range of prior knowledge and skills, so that it is inevitable that some trainees in the Gatekeeper programmes will find those courses too basic. That issue may be addressed by having the *Gatekeeper Online* programme supplemented by a workshop session and the *Gatekeeper Workshop* programme improved by tapping into the expertise of audience members present.

These limitations apply equally to the ASIST programme.

### Suitability to particular audiences

The findings suggest that different audiences have different needs both in terms of how much detail is useful to them and what the focus of the information should be.

#### **Gatekeeper Online**

- The *QPR Gatekeeper Online* programme is well suited to three main audiences:
  - ✧ Family and community members – it ideally needs to be supplemented with a forum or workshop in which trainees can discuss how to use the model, have several opportunities to practice doing so with other trainees to gain competence and confidence, and identify valuable local networks



- ✧ Social services agency workers, as ‘basic’ training, to be supplemented with a workshop session to discuss and practice application to the client groups of those trainees
- ✧ People in rural areas who have difficulty travelling to a workshop, or people who lack the time to attend a workshop (e.g. GPs; school teachers).
- It is clear that the programme is optimally effective where it is supplemented with a half-day workshop. The follow-up sessions are ideally facilitated by a local person who understands the local suicide risk context and/or practice context of the service organisation/s, with or without a QPR facilitator. QPR’s intellectual property and the viability of its business enterprise need to be taken into account in arrangements for those follow-up sessions.
- It is *not* suited to mental health workers in general, since most already have some understanding of suicide risks and prevention (if not these particular skills), but may be appropriate as a refresher or as a ‘starter’ to sector-targeted workshop training.

### ***Gatekeeper Workshops***

- The *Gatekeeper Workshops* are well suited to agency workers in social services, education, primary health care and other areas where staff come into contact with at-risk populations
- Ideally they are targeted to particular sectors or agencies, but where that is not affordable, generic workshops are effective.

### ***Advanced Workshops***

- The full-day workshops are well suited to:
  - ✧ People in roles that have a higher likelihood of contact with at-risk populations, including mental health practitioners and people working in primary health care
  - ✧ Targeted trainee audiences from the same or similar sectors or agencies
  - ✧ Trainees who already have some familiarity with suicide prevention work.

### ***Advanced Online***

- The *Advanced Online* programme is well suited for mental health practitioners who are not easily able to travel a long distance to a workshop. It was seen by those who had undertaken it as not suited to people other than mental health professionals, due to the level at which the information is pitched. However it is probably best done by a group of such trainees, with an arrangement made for a series of group discussions over a period of 3-4 weeks, to allow and provide for:
  - ✧ A reasonable time frame to complete a dense, 8 hour programme
  - ✧ Opportunities to discuss the information in each section, in particular its application to the trainees’ own practice contexts
  - ✧ Opportunities for practice of the skills
  - ✧ Networking by trainees.
- Participants in this programme would have preferred workshop training where possible.



## Appendix 1: QPR Programmes

### Online programmes

#### ***QPR Gatekeeper Online Training - Foundation Level***

Online QPR Gatekeeper Training can be completed in as little as 2 hours and includes core suicide prevention training content. Its curriculum is evidence-based, practical and accessible to whānau, family members, friends, work colleagues and/or any one in a position to notice people at risk and intervene to get them to safety.

#### ***QPR Advanced Online Training***

Online QPR Advanced Training includes all of the course content that is presented in our full-day face-to-face workshop plus additional resources including downloadable documents, web links and streaming video content. Advanced online training can be completed in eight hours, with training licenses active and available for a period of one year from the date of purchase.

### Workshop programmes

#### ***QPR Gatekeeper – Expanded Face-to-Face Training – Generic or Targeted, Half-day***

Offered as a half-day (four –five hour workshop), face-to-face QPR Gatekeeper training includes all of the basic QPR suicide prevention information found in online training, and is expanded to include additional content such as: suicide risk and protection, warning signs and clues, suicidal communication, suicide capability, as well as essential information regarding mental illness, substance abuse and suicide. Face-to-face Gatekeeper Training can be presented to a mixed group of professionals from different disciplines and settings, or to a particular sector or workgroup, as follows:

- *Generic* training does not specifically focus on any particular population (youth, elderly, residential, mental health consumers, etc.) nor is training specifically geared to any professional group (community NGO support workers, youth workers, primary care non-clinical staff, teachers and other school personnel, etc.), but is offered such that the needs of specific professionals working with a given population can bring their individual queries and concerns to the material and to the group. Although not tailored and specific to any one group, this generic training does offer opportunities for networking and sharing of professional concerns, as well as offering information about different populations for the benefit of all.
- *Targeted* training draws on additional evidence-based information and specific skills and strategies are added to the Advance training curriculum in order to tailor training content to the specific needs of the organisation or population focus.

#### ***QPR Advanced Suicide Risk Management – Face-to-Face Training – Generic, One day***

Face-to-face QPR Advanced level training is offered as a full-day workshop that can be presented to a mixed group of professionals from different disciplines and settings. This generic QPR Advanced training does not specifically focus on any particular population (youth, elderly, residential, mental and addictions) nor is training specifically geared to any professional group (MH clinicians, community NGO support workers, youth workers, primary care, etc.) but is offered such that the needs of specific professionals working with a

given population can bring their individual queries and concerns to the material and to the group. Although not tailored and specific to any one group, this generic training does offer opportunities for networking and sharing of professional concerns, as well as offering information about different populations for the benefit of all. For example, at a recent Advanced training workshop geared for a general audience, there were providers present from settings including: intellectual disabilities service, in-patient MH unit and MH residential care settings, university student counselling services, Maori and Pacific community organisations, primary care and acute MH crisis services.

### ***QPR Advanced Suicide Risk Management - Face-to-Face Training – Targeted, One day***

Face-to-face QPR Advanced level training is offered to specific professional groups (school personnel, primary care clinicians, MH support workers, youth workers, nurses, psychologists, counsellors or social workers) and/or aimed for those working with a specific population (youth, older adults, residential care, MH & Addictions clients, Maori and Pacific, primary care patients, e.g., those with long-term/chronic health conditions). These targeted training workshops are often requested by, or offered to, organisations and presented in-house (youth mental health services, DHB in-patient units, hospital emergency departments, the NZDF, schools, primary care organisations, etc). The following list describes some of the targeted training offered both to organisations by request, as well as those offered to communities without specific organisational support. QPR Advanced Level Training Targeted Programmes include training programmes that focus on:

- Primary care
- In-patient and residential care settings
- Corrections/probation and NZ Police
- Ex: NZ Police Child Protection Unit – coop with CYFs
- Residential care concerns re: environmental safety factors for prison populations
- NZDF – Army, Air Force and Navy – both tailored Gatekeeper and Advanced training
- Corrections, Probations, and NZ Police
- Schools – school nurses, counsellors, deans
- MH and Addictions – DHB Secondary Services
- Child and Youth Suicide Intervention
- Older Persons – Suicide Risk and Prevention
- Farmers and Agricultural Workers (Rural Support, Dairy NZ)
- Victim Support – Bereavement Service with a focus on postvention

In each case of targeted training listed above, additional evidence-based information and specific skills and strategies are added to the Advance training curriculum in order to tailor training content to the specific needs of the organisation or population focus.

### ***QPR Advanced Intensive Follow-up Training – Face to Face Workshops – Targeted, Half-day***

QPR NZ offers half-day intensive follow-up training that is available only to those who have completed QPR Advanced training – either online or face-to-face. These half-day intensive training workshops are designed to delve into more detail, with specific practice-related and/or population-specific evidence, information and skills practice. Intensives focus on the

use of case studies, case scenarios elicited from participant experience, with small group work to enhance triage and intervention skills for use with a specific population or in a specific treatment setting. The following are QPR Advanced Intensive Follow-up Training Workshops:

- Child and Youth Suicide Intervention
- QPR Suicide Prevention training for Schools
- In-Patient and Residential Care Settings – Risk and Protection and the Development of Highly Reliable Organisations.
- Suicide Risk and Prevention for the Primary Care Setting

## **Appendix 2: Evaluation questions**

### **Current programme delivery**

#### ***Programme structure and content***

- Learning medium – online or face-to-face
- What key topics are included in the programmes?
  - ✧ How do they differ between:
- The online and face-to-face formats
- Half-day and full-day programmes?
- Supplementary and stand-alone programme
- Generic and targeted programmes?
- What resources are used and to what extent are they ‘fit for purpose’ (e.g. well structured; relevant and customised to the target audiences)?
- Are the workshop formats appropriate to audiences?
- Is the workshop duration and scheduling effective for trainees?
- What is the impact of international standards on programme content?
- How do the providers ensure the emotional safety of trainees, (e.g. people bereaved or otherwise affected by suicide)?

#### ***Planning and monitoring***

- What good practice education features inform the planning and delivery of the training (e.g. personnel; delivery mediums; evidence base)?
- Is training informed by an evidence-based scope, timetable, intended priority audience or population reach, quality measures/indicators, and cost?
- How is trainees’ progress measured, monitored and assessed for successful achievement and non-achievement, and for gains for trainees, employers and the sector?
- How have previous evaluations informed programme development?

#### ***Facilitators’ skills***

- What are facilitators’ skill sets and key competencies?
- What does facilitator training comprise? Is it accredited?
- What are the future training needs for facilitators?

#### ***Resourcing***

- Are sufficient facilitators available?
- Are there sufficient Māori and Pacific facilitators?

#### ***Reach and population served***

- How is facilitation tailored to ‘targeted’ audiences?

### **Cultural competency of programme content and delivery**

- How well are programme content and delivery adapted to the New Zealand cultural context, in particular:
  - ✧ What cultural frameworks are used for the programmes?
  - ✧ How are trainers recruited and/or trained for cultural competencies?
  - ✧ What information about cultural content and delivery is available at point of recruitment?
  - ✧ Are trainers culturally matched to trainees?

### **Māori**

- How well have trainers acquired and understood knowledge of tikanga Māori principles and practices and te ao Māori concepts?
- How well do the training materials represent concepts and principles of tikanga Māori and te ao Māori?
- How appropriate is the Māori-specific knowledge provided to the suicide prevention sector?
- How are concepts and principles of tikanga Māori and te ao Māori represented in the training materials (e.g. tangi protocols, symbolism, languaging)?
- Is information on Māori suicide statistics and other at-risk groups in the New Zealand context included in the training?
- How could the cultural relevance of the programme material and delivery be improved in relation to Māori (e.g. for Māori trainees, and for Māori at risk of suicide)?

### **Other cultures**

- How culturally appropriate was the delivery of Pacific-specific information?
- Did that information clarify diversity amongst Pacific cultures (e.g. varying cultural beliefs and practices re death and burial)?
- Did that information meet the needs of:
  - ✧ Pacific participants?
  - ✧ Participants from other cultures?
- Does the training have appropriate cultural competencies for other ethnic groups in New Zealand?
- How could the cultural relevance of the programme material and delivery be improved in relation to Pacific and other cultures in the New Zealand context?

## **Impact/outcomes**

### **Gains for trainees**

- In what ways has the training equipped trainees to respond more effectively to individuals at-risk of suicide:
  - ✧ In appropriate and effective ways?
  - ✧ Across trainee cultures?
  - ✧ Relevant to LGBTI (lesbian, gay, bisexual, transgender and intersex people)?
  - ✧ Relevant to the services and contexts in which trainees work?
  - ✧ By improving specific skills or behaviours (e.g. greater confidence, sense of comfort to support people at risk)?
- To what extent are trainees' gains from the programmes sustained?
- Knowledge and skills
  - Attitudes (e.g. willingness and confidence to provide help)?
  - Behaviour (e.g. involvement in suicide prevention activity)?

### **Programme effectiveness, enablers and barriers**

- What is working well in the training, and what is not working so well?
- What are the main strengths and enablers of effective outcomes for each programme?
- What learning support is available to trainees?
- Which aspects of each programme were valued most by trainees? Which were seen as being most useful for suicide prevention interventions?

- Are there any barriers to the programmes achieving their goals for trainees? or to trainees achieving course completion?

**Probe:**

- ✧ Aspects of programme content and delivery
- ✧ Constraints on programme effectiveness as a result of these being international programmes licensed in New Zealand?
- Are there any evident gaps in the training? What else is needed?

**Programme improvement and suggestions for future programme direction**

- What are the opportunities for improvement of the current training models?
- What scope is there for further adaptation of the QPR model to better meet the needs of trainees?
- How feasible is a co-purchasing model of suicide first aid training, delivered in collaboration with other agencies?

## Appendix 3: QPR trainee survey questions

### Introduction

This short survey of people who have undertaken QPR Suicide Prevention Training programmes is being undertaken by the Ministry of Health. The purpose is to obtain information on how effective and suitable these programmes are. The evaluation will be used to make improvements to the programmes where appropriate and inform future funding decisions.

**We would value your feedback on these programmes. Your input through this survey will be anonymous. It will take around 15 minutes.**

**Everyone completing the survey by 7 September 2015 will be entered into a prize draw for four Warehouse vouchers to the value \$50.**

Please note that your comments may be used in a report that may be published; however *all comments will remain completely anonymous*.

Please only do this survey once, even if you have undertaken more than one QPR training programme.

If you would like more information about this survey, please feel welcome to contact either:

- Pam Oliver, Evaluation Manager 09 372 7749 / pamo@clear.net.nz
- Gavin Koroi, Portfolio Manager, Family and Whānau Health 09 580 9107/ 021 242 5150  
Gavin\_Koroi@moh.govt.nz

### Experience of undertaking QPR programmes

1. Which of the following QPR training programmes have you undertaken in the past 2-3 years? (Select all that apply)
  - a. QPR Gatekeeper Online (2 hour course)
  - b. QPR Advanced Online (8 hour course)
  - c. QPR Gatekeeper Workshop – half-day course
  - d. QPR Advanced Workshop – full-day course
  - e. I haven't completed any QPR training

If respondent doesn't tick a workshop, skip to #3.

If respondent ticks (e), go to the following message – “This survey is for people who have undertaken QPR Suicide Prevention training programme. Apologies if you were included in the invitation email by mistake.”

2. If you undertook a QPR workshop programme, to the best of your knowledge, did you undertake that as part of a mixed group of trainees from varying organisations, or as training for a particular organisation or service sector? (Select one)

Mixed group of trainees

Trainees all from the same one or two organisations

Trainees all or mostly from the same service sector (e.g. youth; education; health; justice)  
Don't know

3. What were your main reasons for doing QPR training? (Select any that apply to you)  
My manager/supervisor suggested it / Required for my job / It was free / To help my whānau/family / To help my community or family/whānau when it was at risk of suicides / To add to my existing skills in mental health / Other (please specify)

## Registering for QPR training

	Yes, definitely			No, not at all		Don't know/Not applicable
4. Was information about the course/s you took easily available before you started the training?	5	4	3	2	1	D/K or N/A
5. Were you given enough information about the course/s beforehand to decide whether the training would be useful to you?	5	4	3	2	1	D/K or N/A
6. Were you really keen to do the training at the time that it was offered?	5	4	3	2	1	D/K or N/A
7. Was registering for the course/s easy?	5	4	3	2	1	D/K or N/A

- If the trainee has undertaken only a workshop programme, or a workshop programme plus the short QPR Online, skip to Q 15

## QPR Online training

	Yes, definitely			No, not at all		Don't know/Not applicable
8. Did you have enough computer skills to do the course without difficulty?	5	4	3	2	1	D/K or N/A
9. Did you have good access to a computer that had enough capacity to do the QPR course?	5	4	3	2	1	D/K or N/A
10. Was the QPR support service readily available and effective?	5	4	3	2	1	D/K or N/A

11. Did it take you more than one month to *start* the QPR Online course after you'd received the online registration details?

Yes / No

If no, skip to Q 12

11A. [If yes] What caused the delay in *starting*? (Select any that apply to you)



Problems with getting set-up online / Not having time to do it / Lack of computer skills / Lack of access to a computer or broadband / Trying to arrange to do it together with other people / Other priorities / Emotional issues in undertaking the course / Other (please specify)

12. Did it take you more than one week to *complete* the QPR Online course once you'd started it?

Yes / No

If no, skip to Q 13

12A. [If 'yes'] What caused the delay in *completing*? (Select any that apply to you)

Problems with getting online / Not having time to finish it / Arranging to get together with others / Other priorities / Difficulty doing the roleplay / Difficulty doing the final test / Not interested in getting the certificate / Emotional issues in undertaking the course/ Other (please specify)

13. Did you do the QPR Online course by yourself or together with other/s? (Select one answer)

By myself / With one other person / With a group of people

14. Was the QPR Online course you did followed up by a group session or workshop? (Select one answer)

No / Yes / Not yet, but I've been advised that one is planned

## Course content

	Yes, definitely			No, not at all		D/K or N/A
15. Was the QPR model easy to understand?	5	4	3	2	1	D/K or N/A
16. Were the course materials easy to understand?	5	4	3	2	1	D/K or N/A
17. Do you think the QPR model is relevant to the kinds of potentially at-risk people that you work with or are likely to come into contact with?	5	4	3	2	1	D/K or N/A
18. Was the training sufficiently relevant to the sector or communities that you work or live in?	5	4	3	2	1	D/K or N/A

## Course delivery

	Yes, definitely			No, not at all		D/K or N/A
19. Were there enough protections for your emotional safety in how the course was delivered?	5	4	3	2	1	D/K or N/A
20. Was the material presented and explained	5	4	3	2	1	D/K or

in a way that was easy to understand?						N/A
21. Did the course give you enough information and practice opportunities to use the QPR model with confidence?	5	4	3	2	1	D/K or N/A
22. Was there anything in the way the course was delivered that made you feel unsafe or uncomfortable?	5	4	3	2	1	D/K or N/A

- If the trainee answers 3-5, send them to # 22A

22A. Can you please describe what aspect of the training made you feel unsafe or uncomfortable? [Open response](#)

- If the trainee has undertaken only the online programme course, skip to Q 28

## Workshop facilitation

23. Your workshop facilitators were: (Select any that apply to the workshop you did)  
[Māori](#) / [Pacific](#) / [Pākehā](#) / [Not sure](#)

	Yes, definitely			No, not at all		D/K or N/A
24. Did the facilitators have good knowledge of the course content?	5	4	3	2	1	D/K or N/A
25. Did the facilitators present and explain the material in a way that was easy to understand?	5	4	3	2	1	D/K or N/A
26. Did the facilitators answer trainees' questions and comments satisfactorily?	5	4	3	2	1	D/K or N/A
27. Did the facilitators have sufficient cultural competencies for the trainee group?	5	4	3	2	1	D/K or N/A

## Cultural relevance

	Yes, definitely			No, not at all		D/K or N/A
28. Do you think the <i>QPR model</i> , as it was presented, is relevant to people of your culture?	5	4	3	2	1	D/K or N/A
29. Was the general <i>content of the course</i> relevant to your culture/s (e.g. video and roleplay examples; concepts and principles used; other information presented)?	5	4	3	2	1	D/K or N/A
30. Was the <i>way the course was delivered</i> culturally relevant to you (e.g. use of slides and roleplays to present the information)?	5	4	3	2	1	D/K or N/A

31. Did the course sufficiently cover cultural factors in <i>how to apply the QPR model</i> with people of different cultures?	5	4	3	2	1	D/K or N/A
--	---	---	---	---	---	------------

## Programme improvements

32. What suggestions do you have for improving the QPR training *for people like you*? Feel welcome to comment on any aspect of the programme/s, including the programme model, programme content and delivery, and cultural appropriateness. (*Open response*)

## Programme impacts

How much did undertaking the QPR programme/s add to your existing skills and knowledge in the following areas:

	Lots			Very little		D/K or N/A
33. Knowledge about suicide risk in the community generally	5	4	3	2	1	D/K or N/A
34. Understanding the impacts of your own values on people at risk of suicide	5	4	3	2	1	D/K or N/A
35. How to detect signs of suicide risk in someone	5	4	3	2	1	D/K or N/A
36. Skills to intervene safely and constructively with someone at risk	5	4	3	2	1	D/K or N/A
37. Confidence and willingness to intervene with someone at risk of suicide	5	4	3	2	1	D/K or N/A
38. Ability to make a safety plan with someone at risk	5	4	3	2	1	D/K or N/A
39. Knowledge of the national, regional and local services that are available to support people at risk of suicide	5	4	3	2	1	D/K or N/A
40. Useful and relevant networks with other agencies	5	4	3	2	1	D/K or N/A

## How useful was the training?

41. In general, how much did you get out of the QPR training?	5	4	3	2	1	D/K or N/A
42. How much did the QPR training meet your needs and expectations?	5	4	3	2	1	D/K or N/A
43. How much do you remember of what was included in the training?	5	4	3	2	1	D/K or N/A

44. What was the *most* useful thing that you got out of the QPR training overall? (*Open answer*)

## Use of the training

45. How often have you actually used the QPR training to intervene with someone you

thought was at risk of suicide?

Not yet / 1-2 times / 3-5 times / More than 5 times

[If answer 'not yet', skip the following questions]

## Your use of the QPR model

	Very			Not at all		D/K or N/A
46. How confident have you felt using the QPR model?	5	4	3	2	1	D/K or N/A
47. How effective have you found the QPR model when you've used it?	5	4	3	2	1	D/K or N/A
48. Realistically, how valuable do you think your intervention was for the person/s at risk whom you've tried to help?	5	4	3	2	1	D/K or N/A

49. Has the QPR training been useful for you in any other ways? (*Open answer*)

50. Would you like to make any other comments about the QPR programme/s? (*Open response*)

- If the trainee has undertaken only a workshop programme, skip to Q 53

## Comparing QPR Online and workshop programmes

If you have undertaken both a QPR Online programme and a QPR workshop, please answer the following questions.

51. Was the workshop of value in addition to the online module?

Yes definitely / A bit / Not much / Not sure

52. Which did you gain the most from – the online training or the workshop?

Online / Workshop / Both about equally / The one I did first

## About you

Please answer the following questions – remember, *your answers are anonymous*. You are welcome to omit any questions that you prefer not to answer.

53. Your gender is: (Select one)

Female / Male / Transgender/Intersex

54. Your age group is: (Select one)

Under 25 / 26-35 / 36-45 / 46-55 / 56-65 / Over 65

55. Your cultural affiliation is: (Select any that apply to you)

Māori / Pākehā/NZ European / Pasifika / Asian / Other (please specify)

56. Your sexual orientation is: (Select one)

Heterosexual / LGBTI / Other (please specify)

57. The DHB area that you mostly worked in when you undertook the QPR training is: (Select one)

Northland / Auckland / Waitemata / Counties Manukau / Waikato / Bay of Plenty / Lakes / Tairāwhiti / Taranaki / Hawke's Bay / Whanganui / MidCentral / Capital and Coast / Hutt Valley / Wairarapa / Nelson Marlborough / West Coast / Canterbury / South Canterbury / Southern

58. The agency who paid for you to do the programme is/was: (Select one)

Central government / Local government / DHB / PHO / NGO / I paid for it myself / Other (please describe)

59. Your work role in relation to undertaking the QPR training is/was: (Select the roles that were relevant to the reasons that you undertook the training)

Community/health worker (including volunteer, administrator or management) / Youth worker / Family member of person/s at risk of suicide / Primary or secondary health care (including hauora) / Mental health worker or manager / Teacher / Counsellor/therapist / Manager social services / Lifeline volunteer / Member of an at-risk community / Police/Corrections / Student / Trainer/educator / Minister/pastor / Other (please describe)

60. The reason/s you were interested to do the training was: (Select all that apply)

Relevant to my work / Relevant to my family or friends / Relevant to my community / Improve skills I already have / Acquire new skills / Help with my personal feelings about suicide / Manager asked me to / Other (please describe)

*If you would like to be entered into the prize draw, please [click here](#) to provide your email address. (To ensure anonymity, it will be recorded separately from your survey responses.)*

*If undertaking this survey has caused you any discomfort and you would like to talk with someone about your feelings, you are welcome to contact the QPR support staff 0800 448909.*

*Thank you for giving your valuable time and thoughts for this survey, it's greatly appreciated.*

## Appendix 4: Data collection methods

### Documentation review

Documentation reviewed included:

- Workshop policy, strategy and operational documents, including programme content, structures, systems and processes
- Reports on internal monitoring or evaluation (e.g. post-training data; regular provider reports to the Ministry).

### Interviews

Interviews were held with QPR management (face-to-face, 3 hours), the Māori and South Island QPR facilitators (1 hour each) and six Suicide Prevention Coordinators (phone, 30 minutes each).

### Workshop observation

Members of the evaluation team attended three QPR workshops:

- Half-day *QPR Gatekeeper* workshop in Hawkes Bay, generic focus, mixed sector audience including Māori
- One-day *QPR Advanced* workshop in Wellington, targeted at clinicians and/or health professionals, including Māori
- Half-day *QPR Advanced Intensive* workshop in Auckland, targeted at the youth services sector, including Māori and Pacific participants.

### Survey

The survey structure and questions were based on the survey undertaken for the evaluation of the *Gatekeeper Online* programme earlier this year, specifically so that comparisons could be drawn between the QPR workshops and the ASIST workshop programme. The questions and response options are set out in **Appendix 3**. An email invitation was disseminated by QPR NZ to all trainees who had participated in QPR online and workshop courses in the past two years, including the full range of programme options (excluding the *QPR Advanced Intensive* – see above). The survey invitation was received by 2,082 people and was completed by 596 (29%).

### Secondary data analysis

Secondary data from the providers comprised information on:

- Rates of trainee enrolment, retention and completion (against programme specifications)
- Other outcomes for trainees, including internal programme/course evaluations
- Evidence of adaptation of the programmes to the New Zealand context.

## Appendix 5: Contributors to QPR cultural adaptation

All of the people in the Working Group had significant clinical experience working in suicide prevention and treatment. Two members were Māori. There was no Pacific member.

Name	Credentials
Dr Sandra Palmer	Clinical psychologist; Manager CASA
Dr Louise Smith	Clinical psychologist
Frances King	Māori clinical psychologist (Ngāti Porou)
Professor John Bushnell	Clinical psychologist
Daryl Gregory	Tikanga Māori advisor to CASA; counsellor; trainer
Dr Annette Beutrais	Clinical psychologist
Rachel Moriarty	Clinical psychologist

## Appendix 6: Comments from mental health clinicians

**Survey #22A. Can you please describe what aspect of the training made you feel unsafe or uncomfortable?**

Note – original spelling retained.

<b>Maori</b>
culturely insentivity
After a pretty intense role play where a person may have chosen to take their life and succeeded, there was no good debrief or karakia.
The role playing disturb me, I person had to pretend to want to commit suicide and the other person had to try and talk them out of committing suicide, no way was I doing that.
There was a very american slant to the material and i work with maori and felt the tool was limited in measuring what was happening for them and how whanau could be part of giving feedback on their suicidal person.
There are times when you are discussing a situation where a youth has taken their life, and when it is heavy like that, there is a need to culturally identify what needs to happen to bring people back into the now space, and leave the wairua of the deceased in the other space. De-roling or debriefing that scenario in a culturally appropriate way.
i did not kknow how vulnerable some of the participants may be. I did not have time for rapport building and understanding their position. quick introductions and in to the course. It would have been better with an indigenous facilitator also.
Not knowing where available help was if I had to support more than giving a number, not having a directory of services that could give assistance in this matter - where I would accompany a person/friend or whanau member.
<b>Pacific</b>
The most unsafe was the food For a cold and wet all day suicide training at a Marae an assumption of a hangi or at least a hot meal would be provided for. Please think of those kaumatua and elders of the community giving up their time too and not to be received well at least providing the crackers and dip and carrots make it enough for everyone People sugar levels were low , the subject is intense I saw many people going to eat heavy food after because all day starving on rabbit food. Think of your culture and how can you serve elders those food ??? that's good for morning tea afternoon tea but lunch ??? That was the most complaints of the day Even a pot of chop suey and rice something hot
I think due to time constraint we ended up as one whole group in role play. I felt that was too open for participants and still needed to be split in sub groups to better practice and confidently engage opportunity for everyone.
<b>All other cultures</b>
The training instructor was not very good at checking in with the participants. Her way of delivering was very poor and impersonal, she was to busy emphasising facts and statistics than the information.
I feel that the training had too much of an emphasis on risk and on the health practitioner (not surprising as that is who developed the training) and not enough on the suicidal person itself- that is why Applied Suicide Intervention Skills Training (ASIST) is superior to QPR training, in my view. I was uncomfortable with the medical model emphasis and with the lack of basic consideration and humanity in the QPR approach.



My own inexperience made me feel uncomfortable
The course was some time ago but if I remember rightly we were not offered time to exit if the material became sensitive or stirred personal memories.
Nothing about the training, it was more the venue and the way it was set up. Everyone was around the edge of a fairly big room which made I think made it difficult for people to feel at ease to discuss the topic.
when we the role play, it was way to close to my own situation that it had a negative effect on me, i was unaware at the time that this would have come up
<b>Mental health workers</b>
The training was a mandatory requirement for mental health clinicians in the organisation i work for. We had experienced a series of deaths by suicide of clients in the 6 or so months prior to the training. I know in the room there were a number of clinicians who had 'lost' clients to suicide - I am one of them. We have a our own grief and loss responses and certainly I have experienced a complicated range of guilt loss worry regret etc. this experience of loss was not acknowledged in the training. Some clinicians will also have their own personal histories with suicide. There was no introductory acknowledgement that this training may raise painful feelings and memories there was no permission given for self care. In fact I felt I really 'should' stay in the room and i worried about being when at times all I wanted to do was leave as I was swamped with emotion. I worried about leaving because the training was mandated i also worried about how I would be perceived. I found the graphic descriptions of the suicide acts and attempts particularly distressing. I left the session feeling traumatised and with a loss of confidence in my professional ability (I am a clinician with more than 25 year in Mental Health). To be honest I have struggled to think about the training without remembering these feelings. I believe that staff and clinicians should be treated in the way in which we would want clients and their families to be treated. This is much more likely to result in healthy relationships with clients and each other. I am disappointed that an otherwise pretty good training was so incongruent in its treatment of participants. I don't believe this was intentional on the behalf of the trainer - she was passionate and well informed about suicide research. She clearly cares deeply about people who experience suicide. This was conveyed! However caring for our experience wasn't. I think she needed someone assisting her who could attend to the needs of the group, acknowledge potential painful responses and set up a safe environment so the painful material which is the nature of the topic would be more likely integrated.
No opportunity to acknowledge the impact many suicides our service has had recently. For some of us there is little known by the team about what happened and what could be improved. Sentinel reviews are happening at a higher level but the information is not being passed on to those around the key workers/Drs involved. One report has been released at the insistence of the family to our great relief as it acknowledged needs that we as clinicians agree with - that was very validating. Many of us were also sitting there thinking about those tangata whaiora and whanau and their understandable anger with us, and wanting to breach that gap - fortunately we also did an Open Disclosure training shortly after which helped a little with this aspect. Not sure if you are going to ask this later in the survey but after the day in the classroom with Annette Beutrais we wanted to follow-it up with clinical reflection and discussion at a team level/service improvement but while the organiser inside our DHB suggested this also, it hasn't happened and that is now a year ago. Classic training mistake - information, brilliant though it was, needs to be followed up in practice. i personally took it to supervision but I know a lot of my colleagues didn't or can't as they don't have regular supervision.

## Appendix 7: QPR programme prices

All costings below include all workshop expenses, including trainee materials, venue, catering and facilitator travel and accommodation, unless otherwise indicated. Recruitment costs may be separate.

Programme type	Audience/s	Duration	Focus	Prerequisites	Cost Auckland pp	Cost pp other North Island	Cost pp South Island
QPR Gatekeeper – <i>Foundation Level Online Training</i>	Open	2-3 hours approx	Basic skills	Nil	\$52 + GST (volume discounts available)	N/A	N/A
QPR <i>Advanced Online Training</i>	Open	8 hours approx	Basic + expanded skills	Nil	\$200 + GST (volume discounts available)	N/A	N/A
QPR Gatekeeper – <i>Expanded Face-to- Face Training – Generic or Targeted</i>	Open / mixed sector group OR Sector- or culture- specific group	Half-day	Expanded skills – can stand-alone or supplement <i>QPR Online</i>	Nil	\$185 (GST inclusive)	\$210 (GST inclusive)	\$230 (GST inclusive)
QPR <i>Advanced Face-to-Face Training - Generic</i>	Open / mixed sector group	Whole day	Basic and advanced skills	Nil	\$290 (GST inclusive)	\$310 (GST inclusive)	\$335 (GST inclusive)
QPR <i>Advanced Face-to-Face Training - Targeted</i>	Sector- or culture- specific groups	Whole day	Basic and advanced skills	Nil	\$290 (GST inclusive)	\$310 (GST inclusive)	\$335 (GST inclusive)
QPR <i>Advanced Intensive Follow-up Training</i>	Clinicians and health providers	Half-day	Advanced Skills	Completion of <i>QPR Advanced Training (online or face-to- face</i>	\$185 (GST inclusive)	\$210 (GST inclusive)	\$230 (GST inclusive)

## **Cost factors**

Cost factors are:

- Whether the venue and catering are provided by the workshop purchaser/s
- Location of the workshop and facilitator travel costs
- How many facilitators are required (normal ratio is one facilitator: 25 trainees)
- Significant bulk purchase discounts are available by negotiation.

## **Appendix 8: QPR Workshop Participant Informed Consent Protocol**

### **Personal Experience with Suicide**

As an allied health professional – a nurse, social worker, emergency services professional, clergy, or a first responder, you may have lost someone you were attempting to help to suicide. Or, you may have lost a friend, colleague, or family member to suicide. Few of us that reach middle age have not been personally touched by suicide. While suicide is a difficult subject, even for professionals, in this course we will make every effort to make talking about suicide as comfortable as possible. We do this because lives depend on it. Having lost someone to suicide or having personally survived a suicide crisis can teach important lessons, lessons you may have the opportunity to share with other suicidal persons, your supervisor, or other professionals.

If you have had personal experience as a suicide survivor (lost a friend, loved one, family member, or someone, you were hoping to help, to suicide), we wish you to understand that some portions of this course may be upsetting to you. If they are, we encourage you to discuss the matter with your supervisor, a therapist, or a close advisor. You may also choose to take a break from the course and otherwise see to your own emotional needs. We also wish to acknowledge all survivors of suicide and to let you know that we are sensitive to your needs and situation. We hope to support your brave efforts to help others avoid the pain you have experienced.

If you are recently bereaved, it may be too soon to take this course. Only you can make this decision. You may already have started down the road to healing and are on your way to recovery and helping others. If you are concerned about your emotional capacity for proceeding with this course, again, please see your supervisor or personal advisor.

Last, because suicidal behaviour is such a common occurrence among human beings, it is possible that you, personally, may have seriously considered suicide at some time in your life, or perhaps even made a suicide attempt. Should you be actively considering suicide as you read this, we strongly recommend you let your supervisor or someone who can help know, and that you put off taking this course until you have received support from a qualified professional.

It is our belief that persons currently experiencing suicidal thoughts or feelings should not work with suicidal persons. Similarly, anyone who has very recently suffered the loss of a family member or loved one to suicide should be referred to a grief counsellor, survivor of suicide group, or other qualified professional. This referral is made, however, with the welcome-to-return mat out. For information on surviving a death by suicide, visit the Suicide Prevention Information New Zealand at <http://www.spinz.org.nz> or the New Zealand Ministry of Health Suicide Prevention site at <http://www.moh.govt.nz/suicideprevention> where, among other resources, you can also find important information support after a suicide.

### **Consumer Safety and Your Services**

Because we believe education and training are critical to the safety of the people with whom you may come into contact, we encourage you to take this course seriously. Your ability to learn this assessment and intervention methodology will bring you to the same knowledge and skills used by thousands of mental health and substance abuse treatment professionals. To facilitate your learning, we have kept professional jargon to a minimum. Our express intent is help crisis volunteers, clergy, police, emergency services professionals, allied health professionals and others, to assist suicidal persons in the setting in which they serve them,

whether over the phone or in person. By learning to conduct an initial assessment interview and to immediately reduce the risk of a suicide attempt, participants will also learn to effectively communicate their findings to third parties who may receive the referral for further evaluation and/or acceptance into treatment. Basically, we want to make you as comfortable and competent in your assessment of immediate risk for suicide as the professionals to whom you may make a referral for additional assessment or care.

## QPR invites you to a Gisborne training:

### 'Advanced Training for Youth Suicide Prevention'

QPR is an **internationally-renowned, peer-reviewed** and **evidence based** suicide prevention training programme designed to train healthcare professionals in how to provide competent suicide risk detection, initial assessment, and intervention to prevent the risk of a suicide attempt.

This QPR Advanced Training has a specific focus on **youth suicide risk management** and **adolescent mental health issues**. It includes training in the use of the QPR Suicide Risk Management Inventory®, a widely tested, practical and user-friendly guided interview protocol that was developed as a patient safety tool to help professionals who assist, evaluate, manage, counsel or treat suicidal persons.

With a focus on suicide prevention and patient safety, this training programme has been researched and tested internationally in hundreds of sites over the past 13 years, and is currently in use in service provider organisations and hospitals worldwide.

#### The Advanced Training for Youth Suicide Prevention covers:

- Size and scope of suicide in New Zealand
- Risk factors for suicide
- Relationship of mental illness to suicide
- Current status of suicide risk assessment
- How to **Question** suicidal persons
- How to **Persuade** them to accept help
- How to **Refer** them to resources
- How to determine immediate risk for suicide
- Learning "How to Ask the Suicide Question"
- Learning triage questions, rationale and samples



*"I would like to express my sincere gratitude for the skills and knowledge that you passed onto me at the QPR training. The week following your programme I was able to assist in saving the life of a 14 year old girl. Without this training I'm not sure that things would have unfolded as straight forwardly as they did. I felt so empowered to know that I had done everything I could. Thank you, thank you, thank you."*

**Kellie Priest**  
Public Health Nurse

**When:** Monday 1<sup>st</sup> December 2014

**Time:** 8.30am – 4.30pm (Morning tea, lunch & afternoon tea included)

**Venue:** Gisborne Hospital, Poutama Auditorium in the Learning Centre (Ko Matakerepo)

**Course investment:** No fee - Tairāwhiti DHB funded

**QPR**  
New Zealand



The triage process will help determine the need for, plan and carry out a referral for further evaluation and or treatment.

### QPR Suicide Screening – Triage Skills for Nurses Course Content:

- Size and scope of suicide in New Zealand
- Risk factors for suicide
- Relationship of mental illness to suicide
- Current status of suicide risk assessment
- How to Question suicidal persons
- How to Persuade them to accept help
- How to Refer them to resources
- How to determine immediate risk for suicide
- Learning "How to Ask the Suicide Question"
- Learning triage questions, rationale and samples







The QPR Suicide Risk Assessment & Management model was developed by clinicians for clinicians to fill the need for a brief, structured clinical interview to assess risk. With a focus on suicide prevention and patient safety, these training programs have been researched and tested internationally in hundreds of sites over the past 13 years and are currently in use in hundreds of service provider organizations and psychiatric hospitals.

### In this course you will learn how to:

- Conduct a brief triage assessment of acute suicide risk
- Inquire about suicidal intent and desire
- Inquire about capacity for suicide and self-injurious behavior
- Recognize suicide warning signs
- Recognize risk factors for suicide
- Recognize protective factors against suicide
- Address immediate patient safety needs and determine the most appropriate setting for care
- Describe the relationship of mental illness and substance abuse to suicide and understand the fundamentals of our current knowledge about suicide and its prevention.
- Understand the nature of suicide and theories of suicidal behavior
- Describe clinical groups at high risk for suicide



## **QPR Gatekeeper Training Foundational Suicide Prevention Workshop**

### **QPR Gatekeeper Training – Half Day Workshop**

This half day workshop includes basic QPR suicide prevention strategies and skills that can be tailored to the needs and concerns of Maori Wardens and your community. This expanded Gatekeeper training programme includes both foundational information about suicide risk, warning signs and clues, as well as essential information regarding youth suicide prevention. We will consider how to spot suicide risk among young people, how suicidal thoughts and feeling can emerge, and what to do to keep kids safe. This tailored training will focus on issues of concern, e.g., youth suicide risk, suicide contagion, what to say and how to protect our youth. QPR training is mindful of, and is designed to respect the needs and concerns of Maori whanau and communities. QPR training content and delivery aims to be both culturally accessible and relevant.

### **QPR Gatekeeper Training includes:**

- Four hours instruction, role play and other skill development practice.
- Training content tailored to the needs and situations encountered Maori Wardens.
- Essential information on how to detect the presence of suicide risk and how to respond to ensure safety.
- Information regarding mental illness, substance abuse and suicide risk.
- 32 page booklet covering all key QPR training points.
- Free e-book, supplemental resources and hand-outs.
- Certificate of Completion.

Recommended maximum number of participants per training workshop is 25.



**Fees \$ 3,000.00 (GST exclusive)**

**Does not include the cost of venue, catering, travel or accommodation.**

## **QPR Suicide Prevention and Intervention Issues Facing Law Enforcement**

Police officers and other first line responders are increasingly called upon in situations involving mental health emergencies, such as suicidal crises. First responders are in a unique position to determine the course and outcome of situations involving risk of suicide. While police officers are often a first line resource for people who may be suicidal, they are often not well trained in the signs and symptoms of serious mental illness, nor do they always know the most appropriate actions to take when suicidal behaviours are a concern. In addition, police officers often have to respond to the needs of family members, witnesses and bystanders as well as the distressed individual. Without training and support, this can be very challenging. A suicide crisis or attempt may take place in any setting and may be unexpected, distressing, and stressful for a first responder. To react appropriately to the needs of the person who has attempted or threatened suicide, police officers need to understand and have empathy for the complex causes and effects of suicidality and mental illness.

-From the World Health Organization (2009) *Guidelines for Police*

### **QPR Suicide Prevention for Law Enforcement**

QPR training address many of the most frequent suicide related scenarios police officers face on-the-job as well as the issues that accompany dealing with suicidal crises such as:

- **Responding to reports of concern for an individual believed to be at risk of suicide.**
  - How to best approach and interact with a suspected suicidal individual
  - Anticipating risk and knowing how to maximize the safety of the police officer as well as the safety of the individual at risk.
- **Responding to the report of a suicide attempt in progress.**
  - How to intervene
  - What to say and what to do
- **Attending the scene of a completed suicide.**
  - How to help family members, loved ones and friends present at the scene
  - How to best recognize and manage the needs of witness and/or bystanders
  - Important information regarding the risks for survivors of suicide
  - Resources for those affected by a death by suicide
- **Self-care for police officers.**
  - Recognizing the needs of police as first responders given the demands of dealing with suicidal crises
  - How to manage the aftermath of dealing with completed suicide
  - Strategies and skills to learn for self-management after facing and managing a crisis situation
- **Suicide prevention for fellow officers.**
  - How to recognize the risks and warning signs affecting colleagues
  - How to ask a fellow officer about thoughts of suicide and assess risk
  - Organizational suicide prevention strategies to ensure officer safety