

## Recent Research and Developments in Support of Gatekeeper Training to Prevent Suicide

First conceptualized by Snyder in 1971, knowledge about gatekeeper training—how it works, why it works, how it is best implemented and evaluated—has advanced considerably in the past several years. This fact sheet lists some of those advancements. It is not an exhaustive list, but rather a selection of recent prominent developments in the field.

### Gatekeeper training is one of three “most promising interventions” to prevent suicide

An international review of specific suicide-preventive interventions, published in JAMA, found gatekeeper training physician education, and means restriction to be the “most promising interventions” to prevent suicide (Mann et al. 2005).

### Gatekeeper training holds promise as part of a multi-faceted approach to prevent suicide

A comprehensive review of gatekeeper training evaluations found that “Gatekeeper training holds promise as a part of a multi-faceted strategy to combat suicide.” In addition, the authors delineated three ancillary strengths of gatekeeper training: (1) training can be tailored to specific regional needs, (2) training is usually done with those familiar to a community, which takes advantage of existing pathways to care; and, (3) training can strengthen environments (Isaac et al., 2009).



### Gatekeeper training demonstrates increased intervention skills

An increasing number of studies have measured the impact of gatekeeper training upon relevant skills.

Chagnon and colleagues (2007) developed seven vignettes and a 28-item instrument to measure gatekeeper skills immediately following training and six months later. They found statistically significant skill development when compared to a control group and that skills were largely maintained six months after training. Cross and colleagues (2010) used actors, portraying at-risk individuals, to measure gatekeeper skills in trainees. They found a 44% increase in acceptable skill levels compared to pre-training levels.

### Gatekeeper training has resulted in fewer referrals, possibly indicating greater ability to assess risk levels and to directly assist individuals.

Three years after implementing ongoing ASIST training at a large regional health center, an evaluation of gatekeeper training impact found that suicide assessments had increased 13%, identification of patients at-risk for suicide had increased 18%, but the admission of suicidal patients had decreased 14%. Hospital staff reported that with a clearer process of exploring reasons for dying, reasons for living and with an increased focus on strengthening the client’s protective factors in the community, some admissions had been averted (McAuliffe & Perry, 2007).

Similar results were observed in a school setting. Schoolteachers, counselors, staff and administrators who received gatekeeper training referred fewer students to counseling or mental health services than those who did not receive gatekeeper training. The authors of the evaluation suggested this was due to a greater confidence in the trainees’ ability to assist students at-risk for suicide rather than referring to outside help (Cornell, et al. 2006).

A qualitative evaluation of ASIST trainees provides additional explanation for why training may result in fewer referrals. Trainees, who were interviewed, as part of an evaluation of Garrett Lee Smith Suicide Prevention and Early Intervention program, reported that they were “more likely to know when not to refer, as they are better able to assess immediate suicide risk and have a greater number of tools available to stabilize the individual” (ICF Macro, 2010).

### **Gatekeeper evaluations have used more rigorous evaluation methods**

In a large evaluation of gatekeeper training in Colorado, Chen and colleagues (2009) used two advanced methodological techniques to examine training impact. A rolling group design (RGD), wherein future training groups are used as a control, was used to assess the impact of training. Further, an internal referencing strategy (IRS) was used to measure the impact of training upon knowledge and self-efficacy. In an evaluation of gatekeeper training in 32 Georgia schools, Wyman and colleagues (2008) used a dynamic wait-listed design to randomize intervention and control schools, while allowing the control schools to eventually receive gatekeeper training. These more rigorous techniques represent a significant advancement in the evaluation of gatekeeper training programs.

### **Summary**

Reviews of gatekeeper training specifically, and suicide prevention strategies generally, have been supportive of gatekeeper training. Evaluations of gatekeeper training have become more rigorous by using sophisticated methods to measure gatekeeper skills and demonstrate training impact. Gatekeeper training may have collateral community benefits beyond identification and intervention with those at-risk for suicide, and, in some circumstances, gatekeeper training may lead to fewer referrals because gatekeepers are more knowledgeable and skilled in assessing and managing those at-risk for suicide.

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### **Two-thirds of gatekeeper identified youth in a school setting received mental health services**

A follow-up study of students identified through the Los Angeles Unified School District’s gatekeeper training program found that 72% had received school or community mental health services (Kataoka et al. 2007).

### **Gatekeeper training has lead to increased interventions and other positive community impacts**

An evaluation of Scotland’s Choose Life suicide prevention program found that ASIST training increased the proportion of people who had intervened with someone at risk for suicide by 20%. In addition, the authors noted several positive community impacts including “raising awareness, reducing stigma, promoting more integrated work practices, and including questions about suicide in client assessments” (Griesbach & Russell, 2010).



## References

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### The evaluation of gatekeeper training within systems has led to a greater understanding of how gatekeeper training works in real-world settings

The *Tennessee Lives Count* project has provided gatekeeper training to over 4000 juvenile justice staff and ancillary community members. A comprehensive evaluation of this project found a complex interplay between trained gatekeepers, juvenile justice resources, and external resources. Based upon these results, the *Tennessee Lives Count* is producing a toolkit, funded by the U.S. *Centers for Disease Control and Prevention*, which will help optimize the implementation and impact of gatekeeper training within real world systems (Schut et al., 2011).

Schut, L. J. A., Lockman, J. D., VanRegenmorter, C., Padgett, J., Williams, L., & Doub, T. W. (2011). *Using Knowledge to Transform Gatekeeper Training Research into Action*. Paper presented at the 2011 GLS State and Tribal Suicide Prevention Conference. Baltimore, MD.

### Online training to aid in the selection and implementation of gatekeeper programs is now available

The *Suicide Prevention Resource Center's Training Institute* has developed an online course to help consumers better understand, select, and implement gatekeeper-training programs. The course, titled *Choosing and Implementing a Suicide Prevention Gatekeeper Training Program*, is available entirely online, should takes 90 minutes to complete, and is available without charge. Additional course information is available at [www.sprc.org/traininginstitute](http://www.sprc.org/traininginstitute).

### Consensus recommendations developed for gatekeeper training that targets at-risk youth:

*Recommendations for Youth Suicide Prevention Training for Early Identification and Referral (Gatekeeper Training)*, a set of seven recommendations to consider when implementing a gatekeeper training program that targets at-risk youth, was recently developed under *Substance Abuse and Mental Health Services Administration (SAMHSA)* leadership with input from experts in the field of youth suicide prevention and *Garret Lee Smith Youth Suicide Prevention and Early Identification* grantees (Substance Abuse and Mental Health Services Administration & Suicide Prevention Resource Center, 2011).

Substance Abuse and Mental Health Services Administration, & Suicide Prevention Resource Center. (2011). *Recommendations for Youth Suicide Prevention for Early Identification and Referral (Gatekeeper Training)*. Fairfax, VA: ICF Macro.