Building Efficacy Around Youth Suicide Prevention in Western North Carolina

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Abstract

The Western North Carolina region has encountered a rising number of K-12 students who have died by suicide. Numerous evidence-based prevention programs have been found to serve as a protective factor against youth suicide, one of which is Question, Persuade, Refer (QPR). This manuscript outlines a project focused on training educators and educators in training in the Western North Carolina region as QPR Gatekeepers and building personal efficacy around youth suicide prevention. The results show significant change in self-efficacy through pre/post assessment before and after administration of gatekeeper training and provide evidence that supports continued training and research around youth suicide prevention in the region.

Keywords: youth suicide prevention, QPR, self-efficacy, educators, suicide

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The topic of suicide is often discussed in hushed tones, stigmatized and misunderstood by society at large. Mental illness related to suicidality is a complex issue that affects individuals in many ways. Because of this, there is no simple solution to prevention or intervention (Fonseca-Pedrero et al., 2022). Many cultural and religious beliefs have driven people to feel shame or guilt around depression and suicidality making the topics difficult to disclose. In the mental health and medical field, there has been an attempt to shift the paradigm of public assumptions of depression and suicidality. The importance of talking about suicidality and educating the public on the warning signs of suicide is supported as a preventative measure (Hafford-Letchfield et al., 2022; Ranahan & Keefe, 2022). Evidence-based gatekeeper trainings have made information accessible and digestible for many (Morton et al., 2021). The prevalence of youth suicide prompted the researchers to implement gatekeeper training for educators and emerging educators in the western North Carolina region. The results showed significant change in self-efficacy through pre/post assessment before and after administration of gatekeeper training and provide evidence that supports continued training and research around youth suicide prevention in the region.

Community and Regional Engagement

Fifteen percent of all suicides are completed by people between the ages of 10 and 24. These rates of suicide are lower in other age groups, but it is the second leading cause of death for youth and young adults (CDC, n.d.). Furthermore, in 2021, 9% of high school students reported a suicide attempt within the previous year. It is important to note that reported attempts are likely lower than the actual number. It is estimated that, for every death by suicide, there are 336 others who have seriously considered suicide (CDC, n.d.).

Between 2013 and 2022, 48% of violent deaths among North Carolina youth were suicides (NC-VDRS, 2022). Additionally, suicide rates for all ages in North Carolina are consistently higher in rural areas. The primary researcher, as a former school counselor and current counselor educator, was contacted by a local school district to consult in updating the crisis and suicidality response protocol. In the Western North Carolina region, there had been at least eight youth suicides in the previous year. Schools in the area were in need of training and support for implementing prevention and early intervention practices for youth suicidality. Furthermore, the primary researcher spoke as part of a panel at a regional education conference. The panel was titled "We Are Not Okay" and focused on the mental health needs of youth in schools and prompted additional interest in training. As interest in prevention training expanded, so did the scope of our research. What began as a partnership between a university professor and a single school district became a partnership with a school district, the teacher education field experience office, three graduate education programs, a nursing program, a teacher mentorship program that served the entire region, and an alternative high school.

Evidence-Based Suicide Prevention

Suicide continues to be a leading cause of death among teens and young adults, and the onset of suicidal behavior is typically observed in late adolescence (Breet et al. 2021). While suicide remains a leading cause of death in youth populations, knowledge of effective school-based suicide prevention strategies is still developing, and more research is needed on practical, effective implementation. Addressing the rate of youth suicide continues to be an imperative public health concern, which amplifies the importance of evidence-based, effective interventions. Responding to the impact and prevalence of youth suicide has been a focus of educators, mental health specialists, and professionals working with youth populations (Breet et al., 2021). Suicide

prevention programs have historically explored interventions that target suicidal behavior, knowledge of suicide-related warning signs, decreased stigma, and increased comfort and confidence with crisis response.

Programs that address suicidality in youth populations may include suicide behavior screening procedures, universal psychoeducation on risk and protective factors, support groups, increased accessibility to mental health services, and gatekeeper training for primary adult caregivers, such as educators, coaches, and counselors (Breet et al., 2021). Interventions that combine psychoeducation with stigma reduction have been effective in shifting attitudes toward suicide. Among these approaches, selective interventions, particularly gatekeeper training, are widely implemented and have been shown to significantly enhance knowledge and confidence in recognizing and responding to suicidal behavior.

School-based Prevention Programs

Schools are ideal environments for suicide prevention efforts due to their access to an audience of large groups of children and adolescents, which can enable broad and effective interventions (Vargas et al., 2023). Suicide awareness programs aim to reduce stigma and encourage support-seeking, while skills training can focus on enhancing coping, emotional regulation, and decision-making skills. (Wasserman, 2021) Additionally, students are encouraged to connect with and reach out to their trusted adults at school when they experience challenges. School-based prevention programs typically include components such as education on suicide awareness, screening for student risk, help-seeking encouragement, and intervention (Vargas, 2023).

It is essential for teachers and school staff to receive effective suicide prevention training because they serve as trusted adults for students and are often the first to recognize and respond

to students in crisis. Teachers and school staff develop trusted relationships with students, have frequent contact with them, and are in a unique position to intervene when warning signs of suicide emerge. Exner-Cortens et al. (2022) found that teachers and staff who received gatekeeper trainings reported significant increases in their preparedness and knowledge of role-appropriate responses, suggesting the training's utility in equipping educators to intervene.

QPR

QPR (Question, Persuade, Refer) Gatekeeper training is a globally recognized suicide prevention program that teaches participants how to identify warning signs, initiate supportive conversations, and guide individuals to appropriate help (QPR Institute, n.d.). Designed for anyone concerned about someone at risk of suicide, QPR empowers people to offer hope and take action. Over five million adults worldwide have completed this training, highlighting its widespread use and impact. QPR training begins with an introduction to suicide prevention, emphasizing the importance of early intervention and the critical role of gatekeepers—individuals who can identify and respond to those at risk (QPR Institute, n.d.). Trainees learn to recognize behavioral, verbal, and situational clues that may indicate suicidal thoughts or behaviors. The core of the training focuses on the QPR steps: Question, Persuade, and Refer.

During the Question step, trainees learn how to ask someone directly if they are thinking about suicide in a nonjudgmental and supportive way. Trainees understand that they are not responsible for screening or assessing suicidal risk by asking the question; they are simply showing an individual that they care. The Persuade step involves techniques to encourage the person to accept help and support. The emphasis of this step is to instill hope and attempt to reduce stigma around conversations about suicide. Trainees learn that it is important to normalize thoughts around death and to help individual understand that help is available. The Refer step empowers participants to connect the individual considering suicide with appropriate resources,

such as counseling or crisis intervention services. Trainees also receive information about local mental health resources to better understand how to provide effective referrals. Upon completing the training, participants receive a certificate of completion (QPR Institute, n.d.).

For the purposes of this study, educators and educators in training participated in QPR Gatekeepers training sessions with the objective of building personal efficacy around youth suicide prevention. Certified instructors lead in-person and online QPR training sessions that expanded on the QPR process and allowed for tailored discussions and opportunities to connect the steps to personal experiences unique to settings for professionals working with youth.

The QPR suicide prevention program is a cost-effective and accessible training recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based intervention (QPR Institute, n.d.). QPR effectively trains adults, particularly educators, to identify and support youth at risk of suicide. By equipping participants with skills to recognize warning signs, initiate conversations, and refer individuals to appropriate resources, QPR promotes early intervention and raises awareness to reduce suicide risk and stigma.

From a financial perspective, the QPR method demonstrates significant cost benefits. Training materials can be purchased by QPR instructors for approximately $3 for each trainee, and the QPR gatekeeper training can be completed in 60-90 minutes. Early identification and intervention prevent crises from escalating into costly medical emergencies or prolonged psychiatric hospitalizations, thus reducing overall expenses associated with mental health crises. The conciseness and affordability of QPR make it easy to implement in a school setting where time and budgetary constraints are prevalent.

Method

The aim of this study was to determine the impact of suicide prevention training on educators' self-efficacy and to examine any correlation between self-efficacy and experience as an educator. This project was funded through an internal university grant which focused on school and university partnerships. The results of this study aim to promote support for additional training in schools and to act as a call to action for similar partnerships to advance at other institutions. Two major research questions guided the data analysis in this study:

1. To what extent does a suicide prevention training program impact educators' self-efficacy regarding youth suicide prevention?
2. Does experience as an educator correlate with self-efficacy in youth suicide prevention before and after participating in a suicide prevention training program?

Participants

The participants in this training effort were 267 self-identified educators or teachers-in-training. An option pre/post-assessment was provided to participants. The pre/post-assessment were used in analysis of Research Question 1 (RQ1). We collected data describing years of experience to be used in the analysis of Research Question 2 (RQ2).

As reported in Table 1, a total of 143 responses were collected for the pre-assessment and 122 responses were collected for the post-assessment. Additionally, Table 1 outlines participant experience in education.

Table 1

Participant Years of Experience in Education

How long have you been an educator?	Pre-survey	Post-survey
	n = 143	*n* = 124
I am currently a student	25 (17%)	16 (13%)
1-5 years	63 (42%)	54 (44%)

6-10 years	12 (8%)	11 (9%)
11-20 years	26 (17%)	27 (22%)
21+ years	24 (16%)	16 (13%)

Procedures

Funding for this research study was obtained through an internal grant at a University in Western North Carolina. The grant, titled School University Teacher Education Partnership (SUTEP) was applied for in August of 2023 and granted to the primary researcher in November of 2023. The total award of $2242 funded the training of three counseling master's students as QPR facilitators and the materials to train 250 individuals.

Four master's students applied for research team positions and were asked to complete an application and submit a resume. The primary researcher reviewed applications with the assistance of fellow counseling faculty and utilized a rubric to maintain equitable practices. Two clinical mental health students and one school counseling student were chosen for the research team. The three students worked independently to obtain QPR trainer certification over the month of December 2023.

Partnerships and Recruitment

Prior to the start of the research study, the primary research established a partnership with a local school district. Two QPR trainings had been conducted with positive feedback from educators and administrators. The school district then agreed to allow data collection with the training. We conducted five training sessions between January and August 2024 with the school district, the number of participants ranged from six to 55. A partnership was broached with the teacher education and educational leadership programs at the university. We conducted one training session with undergraduate teacher interns (32 participants), three trainings with

graduate students (68 participants), and two training sessions with a beginning teacher program for first-year teachers in the region (100 participants).

Our willingness to train individuals was not limited to educators. However, pre/post data was collected only from educators. The primary researcher spoke about youth mental health on a panel discussion at a regional conference which prompted interest in training at a Job Corps site (28 participants). Word of mouth also initiated two open trainings for students and staff at the university (16 participants) and a training with 50 undergraduate nursing students. Between August 2023 and August 2024, the research team trained a total of 412 individuals as QPR Gatekeepers. 267 of those individuals chose to participate in the optional pre/post survey for self-identified educators.

Instruments

The pre- and post-survey were designed using AI prompts (Anthropic, 2023) that included the purpose of the study and research question number one. The researchers utilized a five-point Likert scale to gauge the self-efficacy level for each participant ranging from strongly disagree (1) to strongly agree (5). The five pre and post questions were:

1. I am able to identify clues and warning signs of suicide in K-12 youth.
2. When speaking about suicide in youth, I am certain that I can approach the topic gently and with care.
3. I know the school support staff to whom I can refer students who are potentially suicidal.
4. I can list two suicide prevention crisis services and provide the numbers to students or caregivers.
5. I am confident that I can help prevent youth suicide.

The survey included one demographic question asking participants to identify their years of experience as an educator a) I am currently a student; b) 1-5 years; c) 6-10 years; d) 11-20 years; and e) 21+ years.

Data Analysis

RQ1: *To what extent does a suicide prevention training program impact educators' self-efficacy regarding youth suicide prevention?* The pre- and post-survey used to assess this question were optional for participants and the surveys were unpaired. This resulted in an unequal number of pre and post results (pre-survey received 143 responses, post-survey received 124 responses). To assess the difference between pre- and post-intervention scores, an independent samples t-test was conducted using SPSS software. Prior to interpreting the t-test results, Levene's test for equality of variances was utilized to determine whether the assumption of homogeneity of variance was met. The Levene's test yielded a p-value of $<.05$ for survey questions indicating that variances between groups were not significantly different ($p > .05$). Based on this finding, the equal variances assumed statistic was used for interpreting the t-test results.

RQ2: *Does experience as an educator correlate with self-efficacy in youth suicide prevention before and after participating in a suicide prevention training program?* Initially, the researchers ran a MANOVA analysis using SPSS software, however Box's Test of Equality of Covariance indicated a violation of the assumption of homogeneity of variance-covariance matrices. Because of this, the researchers opted to run a two-way ANOVA for each self-efficacy question.

Results

Research question one addresses the extent to which a suicide prevention training program impacts educators' self-efficacy regarding youth suicide prevention. To examine the change between pre- and post-survey results, a series of independent samples t-tests were conducted. Levene's test for equality of variances was performed for each survey item to determine the appropriate t-test statistics. Results indicated statistically significant growth in all survey measures of educator self-efficacy. Table 2 presents the results, including means, standard deviations, t-values, significance levels, and effect sizes.

Table 2

RQ1 Independent Samples t-test Results

Survey Item	Pre-test n = 143	Post-test n = 124	t-value	df	p	Cohen's d
	Mean (SD)	Mean (SD)				
1. I am able to identify clues and warning signs of suicide in K-12 youth.	3.52 (.821)	4.39 (.612)	-9.556	261	<.001*	1.201
2. When speaking about suicide in youth, I am certain that I can approach the topic gently and with care.	3.64 (.916)	4.38 (.651)	-7.488	261	<.001*	.948
3. I know the school support staff to whom I can refer students who are potentially suicidal.	3.91 (1.074)	4.40 (.680)	-4.346	260	.009*	.545
4. I can list two suicide prevention crisis services and provide the numbers to students or caregivers.	2.78 (1.133)	4.09 (.850)	-10.684	261	<.001*	1.307

5. I am confident that I can help prevent youth suicide.	3.34 (.855)	4.25 (.701)	-9.363	261	.003*	1.163

*$p < .05$

The improvements measured for survey items one, four, and five were particularly notable. For example, educator's self-efficacy in identifying clues and warning signs of suicidality in youth increased significantly from pre-intervention (M = 3.52, SD = .821) to post-intervention (M = 4.39, SD = .612) with a p value of <.001 and a large effect size (Cohen's d = 1.201). A smaller, but still statistically significant change was noted for survey item three, *I know the school support staff to whom I can refer students who are potentially suicidal.* The medium effect size (Cohen's d = .545) may indicate that educators were already aware of the support staff to whom they could refer students prior to the intervention. These results suggest that QPR training was effective in enhancing educators' self-efficacy across all measured domains with the strongest impact on identifying clues and warning signs of suicidality, providing preventative crisis resources, and overall confidence in ability to prevent youth suicide.

Research question two aimed to examine differences between self-efficacy scores based on years of experience in education. Levene's test of equality of error variances indicated a p value of <.05 for all survey questions. Because of this, a more conservative significance level was considered in data analysis for RQ2. Table 3 outlines the changes between pre- and post-survey results and the interaction effect for each group. For Q1 and Q2, change between pre- and post-survey increased for each subgroup with the highest percentage of change indicated for the student group (Q1 = 39.8% increase, Q2 = 25.6% increase) and lowest percentage of change for the group of educators with 11-20 years of experience (Q1 = 17.18% increase, Q2 = 16.1% increase). Both Q1 and Q2 showed a higher percentage increase for educators with 21+ years of experience than those will 11-20 years. Q3 was the only question with a significant interaction

effect between subgroups; results indicated a 37% increase for students and a1.8% increase for educators with 21+ years of experience. The pre- and post-survey means decreased by 3.75% for educators with 6-10 years of experience. It is hypothesized that this outcome is due to the optional nature of the survey and fewer respondents for the post-survey. Q4 indicated a similar change from pre- to post-survey with a 51.9% change for students and a 20.3% change for 21+ years experienced educators. Q5 showed a similar percentage change for students (33.4% increase), educators with 1-5 years of experience (30.3% increase), and educators with 21+ years of experience (33% increase). These three subgroups also had the highest mean scores for the Q5 post-survey indicating high levels of confidence in preventing youth suicide. Educators with 11-20 years of experience had the highest pre-survey scores for Q5 (M = 3.62).

Table 3

RQ2 Pre- and Post-Survey Item Scores by Experience Level

Variable	I am currently a student	1-5 Years	6-10 Years	11-20 Years	21+ Years	Interaction Effect
	Pre Post % change	Pre Post % change	Pre Post % change	Pre Post % change	Pre Post % change	Self-efficacy * Years of Experience
Q1: I am able to identify the clues and warning signs of suicide in K-12 youth.	M = 3.24 M = 4.53 39.8% increase	M = 3.53 M = 4.42 25.2% increase	M = 3.27 M = 4.11 25.7% increase	M = 3.65 M = 4.30 17.8% increase	M = 3.81 M = 4.50 18.1% increase	p = .287
Q2: When speaking about suicide in youth, I am certain that I can approach the topic gently and with care.	M = 3.56 M = 4.47 25.6% increase	M = 3.63 M = 4.36 20.1% increase	M = 3.55 M = 4.22 18.9% increase	M = 3.73 M = 4.33 16.1% increase	M = 3.67 M = 4.56 24.3% increase	p = .888
Q3: I know the school support staff to whom I can refer	M = 3.16 M = 4.33 37.0% increase	M = 3.78 M = 4.40 16.4% increase	M = 4.27 M = 4.11 3.75% decrease	M = 4.31 M = 4.44 3.0% increase	M = 4.48 M = 4.56 1.8% increase	p = .011*

students who are potentially suicidal.						
Q4: I can list two suicide prevention crisis services and provide the numbers to students or caregivers.	M = 2.68 M = 4.07 51.9% increase	M = 2.83 M = 4.19 48.1% increase	M = 2.55 M = 3.67 43.9% increase	M = 2.85 M = 4.04 41.8% increase	M = 2.81 M = 3.38 20.3% increase	p = .987
Q5: I am confident that I can help prevent youth suicide.	M = 3.20 M = 4.27 33.4% increase	M = 3.33 M = 4.34 30.3% increase	M = 3.18 M = 3.89 22.3% increase	M = 3.62 M = 4.15 14.6% increase	M = 3.24 M = 4.31 33.0% increase	p = .341

*p = <.05

The interaction effect for each survey question showed no significance for all questions except number three (Q3; p = .011). The most substantial growth between pre- and post- survey results occurred for the group of self-identified education students regarding to which school support staff potentially suicidal K-12 students could be referred (pre-survey M = 3.160, post-survey M = 4.333, a 37% increase). Estimated marginal means tables showed that significant difference between groups on Q3 occurred between students and educators with 11-20 years of experience (p < .001) and those with 21+ years of experience (p < .001). Tukey HSD post hoc analysis identified significant differences for Q3 between the student and all other subgroups of educational experience. This suggests that more training in the role of school support staff may benefit education students as they enter the career field.

Discussion

The results of this study demonstrate that educators' self-efficacy around youth suicide prevention significantly increased across all measured domains after receiving QPR Gatekeeper training. These findings support existing research on evidence-based suicide prevention training in schools (Exner-Cortens et al., 2022; Vargas et al., 2023; Wasserman, 2021). As indicated by

large effect sizes, educators gained knowledge in identifying the warning signs of suicidality and providing crisis resources. Furthermore, they build confidence in their ability to prevent youth suicide. Education students showed the highest percentage increases across most measures, suggesting this training may be especially valuable for those early in their career training and in pre-career training. The group of educators with 11-20 years of experience showed the smallest percentage changes; this may be due to the efficacy educators gain through experience. Educators with 21+ years of experience showed notable increase in self-efficacy, especially on Q2, Q4, and Q5. This may indicate that, regardless of experience and age, all educators can benefit from training around student mental health and suicide prevention (Exner-Cortens et al., 2022).

The interaction effect for survey question number three, *I know the school support staff to whom I can refer students who are potentially suicidal,* was the only measure that showed significant differences between experience groups. Results indicated that education students were least informed on support staff in schools, a significant difference between veteran teachers with 11+ years of experience. However, while the means for this question increased among subgroups, no group had a post-survey mean score of 5 (*strongly agree*). This is likely to do with the unique role of the school counselor which has changed vastly over the last 20-25 years (ASCA, 2025; Gysbers, 2010). And suggests that there is more work to be done to increase educator understanding around the roles of school support staff, specifically school counselors, who are trained in suicide prevention and intervention. Lastly, one group showed a decrease on this question. This is likely related to the optional nature of the survey rather than an actual reduction in knowledge. This subgroup was also the smallest in the study (pre-survey n = 12, post-survey n = 11) which may have introduced sampling bias affecting this specific result.

Limitations

A primary limitation in this study was that the pre- and post-survey were both optional and anonymous, so we were unable to pair the results of each survey. While the optional and anonymous components may have allowed participants to respond with reduced social desirability bias, the ability to pair the results would have provided more detailed information. Thus, the results without pairing were broader than they could have been if we had assigned an identifier. Furthermore, the survey was optional with the training; some participants may have completed the pre-survey and not the post-survey (and vice versa). Again, this resulted in uneven groups between pre- and post-survey and less detailed results than if we had required participants to complete both pre- and post-survey with their consent to participate. Lastly, the anonymity of the survey may have created more safety for participants to respond with complete honesty; however, there is always a chance for a social desirability bias in self-report surveys.

Recommendations and Implications

This process involved a partnership between two university programs (Teacher Education and Counseling) which allowed the trainers (counselors) to provide this information to the trainees (undergraduate education students). The education students showed the most significant increases across all measures in this study indicating a need for training on support referral processes for pre-service educators as well as training on the role of school support staff, specifically school counselors. Collaborative efforts between school counselors and teachers can lead to earlier intervention and prevention for students' mental health, academic, and career needs (ASCA, 2021). If educators are trained on these concepts prior to entering the field, it may impact prevention measures more greatly.

The researchers acknowledge the implications for further research. First, the need for longitudinal follow-up studies to assess sustainability and determine the need for refresher training. Additionally, the inclusion of qualitative data in further studies could help identify and understand the specific impacts of this training. School-wide implementation studies utilizing a participatory action research design may also benefit early intervention and suicide prevention efforts in schools; this design could be extended to training educators, caregivers, and students in suicide prevention.

Conclusion

The results of this study provide evidence for the value of QPR training across all levels of education and teacher experience in the western North Carolina region. While the statistical results of this study provide insight into educator self-efficacy around suicide prevention, the analysis is secondary to the impact of training over 400 individuals in suicide prevention in a year's time. The investment in mental health made in the community and region extends beyond what can be captured in immediate outcome measures. The ultimate goal of this project was to build a network of prepared individuals with a shared goal of youth suicide prevention. The community impact has been affirming; the researchers continue to receive positive feedback and accolades from participants and continue to provide training in schools and university programs across the western North Carolina region.

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