

Manitoba Education and Training  
**A Formative Evaluation of  
the SafeTALK Program in  
Manitoba**

**Evaluation Highlights**

**January 2018**



Produced by

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With thanks,  
Gerry Kaplan  
Kaplan Research Associates Inc.

**Copies of the full and highlights Manitoba SafeTALK Evaluation Reports can be found at:  
<http://everyonemattersmantoba.ca/>**



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## EXECUTIVE SUMMARY

### I) Background:

#### 1.1) FastFacts on SafeTALK in Manitoba:

- Forty safeTALK facilitator-trainees participated in two positively evaluated T4T training sessions delivered in Winnipeg:
  - The *first cohort* of thirty trainees was selected from public schools across Manitoba along with a private school, a regional health authority, a Manitoba First Nation and a CMHA in northern Manitoba. They came from 17 Manitoba school divisions and other allied community organizations.
  - The *second cohort* of ten trainees was selected by the Manitoba First Nations Education Resource Centre (MFNERC), and came from six First Nations communities in the province.
- Over half of the first cohort of trainees delivered safeTALK workshops in their schools. However only 13 participated in this evaluation. None of the trainees from the second cohort delivered a workshop during the 2016-2017 school year. Two trainees from the second cohort were planning to deliver workshops during the 2017-2018 school year.
- From December 2015 to April 2017 32 safeTALK workshops were reportedly delivered in 17 Manitoba towns and cities. Eleven workshops were provided in Winnipeg. Several facilitators provided multiple workshops.
- 647 participants completed Part One safeTALK Workshop Questionnaires. Of these, 638 also completed Part Two of the questionnaires. This latter figure constitutes 98.6% of the total.
- An average of 15.2 participants attended each workshop. Three facilitators each provided workshops to more than 80 participants over the course of the program.
- Many participants were reportedly actively involved in their safeTALK workshops by asking questions during breaks or after the workshops, by sharing experiences regarding someone they know who was thinking about suicide, and/or by asking for information about related community resources.
- Virtually all participants stayed to the end of their workshops.

### II) A Brief Profile of the SafeTALK Workshop Participants:

- About two-thirds of the participants were female.
- The largest percentage of participants were 24 to 34, 35 to 44, or under 19 years of age.
- The largest percentage of participants were teachers (47.4%) and students (23.1%). Other participants included, in ranked-order, school administrators, school support staff, education assistants, counsellors or student support staff, parents and school volunteers.

### III) The Perceived Stigma Regarding Suicide:

- Fewer than 30% of all participants felt that it was very much okay for people to talk about suicide within their schools.
- Fewer participants felt that it was very much okay for people in their communities to talk about suicide (at the 20% level).
- A relatively large percentage of participants were unsure about their responses to this question.

### IV) The Perceived Seriousness of Suicide at Participants' Schools:

- Prior to their workshops, 38.1% of all participants reported that suicide was a problem for **students in their schools**. This figure increased to 61.8% following their workshops.
- Prior to their workshops, 7.2% of all participants reported that suicide was a problem for **staff at their schools**. This figure increased to 33.2% following their workshops.

- Prior to their workshops, 9.5% of all participants reported that suicide was a problem for **other people at their schools**. This figure increased to 33.7% following their workshops.
- In all three cases there was a significant decrease in the percentage of participants who were unsure of their responses to these questions over time. This finding is interpreted as facilitators becoming more aware of the indicators of suicidal ideation.

#### **V) Participants Being Protected from Harm During Their SafeTALK Workshops:**

- All facilitators had *community support people* directly on hand during their presentations. In the case of a workshop delivered at a community health unit, a clinical psychologist was onsite and readily accessible if needed.
- Over one-third of the workshop facilitators reported that at least one person appeared sad or overwhelmed as a result of the material being delivered.
- Over half of these reported that this applied to one participant, one-third that it applied to two participants, and one person who said that it applied to four participants.
- Of the 588 participants identified through the Facilitators' Logs, 19 (3.2%) reportedly felt very sad or overwhelmed as a result of the material being delivered. Another 127 (21.5%) felt somewhat sad or overwhelmed by it.
- 90% of the participants who felt at least somewhat sad or overwhelmed during their workshops said that they did not require support. Of the remainder, 6.2% were supported during the workshop and 1.0% after the workshop. Five participants (3.0%) reported not being provided with supports.
  - The large percentage of participants who required support for their feelings felt that their needs were adequately addressed.
- These findings were corroborated by school administrators who completed follow-up questionnaires.

#### **VI) The Perceived Impacts of the SafeTALK Workshops:**

##### **Participants' Perceptions:**

Through the Participant Follow-Up Questionnaire we found that:

- About one-quarter of these participants (n=20) were aware of someone at their schools who may have been thinking about suicide.
- Thirty-two people had been identified as thinking about suicide, with two-thirds of these being students.
- 66.7% of these situations came to light during school hours, followed distantly by on weekends or days off (18.2%).
- 89.5% of these participants felt that they were able to effectively support these people.

##### **School Administrators' Perceptions:**

- All of these administrators felt that their schools were 'suicide-safer' as a result of the safeTALK Program in their schools.
- All were likely to recommend that other schools facilitate the safeTALK Program.
- All strongly believed that their staff support having the safeTALK Program in their schools.
- As part of the follow-up evaluation process, school administrators provided anecdotal information regarding instances in which participants, following their safeTALK workshops, were able to identify people in their schools who were thinking about suicide, and then to put them in contact with their KeepSafe Connections.



## VII) Participants Evaluating Their SafeTALK Workshops:

- In terms of the **satisfaction measures** evaluated through this study, virtually all participants:
  - Felt that all of the topics delivered through the safeTALK workshops will be personally useful to them, given the needs of their schools.
  - Were satisfied, overall, with the information they received through their workshops.
  - Felt that their facilitators were knowledgeable regarding the information they provided.
  - Were likely to recommend the safeTALK workshops to others.
  - Participants who felt at least somewhat sad and overwhelmed based on the workshop content had the same positive perceptions of the program as other participants.
- There were five **statistically significant outcomes** that resulted from their participation in the workshops:
  - Participants gained new knowledge, skills and improved attitudes toward people who may be thinking of suicide.
  - They were better able to identify the signs and indicators of people thinking about suicide.
  - They reported being better able and more willing to support people thinking about suicide.
  - They were more aware of the available KeepSafe Connections in their schools.
  - They were better aware of what to do if a friend tells them they are thinking about suicide
  - As part of the participant follow-up process a large percentage of participants retained knowledge regarding how and when to approach someone who may be having thoughts of suicide.

## What Participants Liked Most About Their Workshops (N=471):

- The six most frequent positive elements of the workshops included, in ranked-order:
  - The workshops' positive atmosphere and inclusive processes.
  - That the workshops set out a plan of action through the T.A.L.K. Model.
  - Gaining new information and ideas about how to approach people possibly thinking about suicide.
  - The positive characteristics and skills of their facilitators.
  - The videos incorporated into the workshops.
  - The examples and scenarios, and their hands-on approaches.

## Changes Participants Would Make to the Workshops If They Could (N=313):

- The only frequent response to this question was that no changes were needed
- A relatively small percentage of participants suggested:
  - The need for different or more examples and scenarios.
  - The need for different or better videos.
  - Addressing problems with the workshops' pacing.

## VIII) Abbreviated Recommendations:<sup>1</sup>

- 1) That Manitoba Education and Training consider supporting additional safeTALK gatekeeper training, and the expansion of the safeTALK program in Manitoba schools.

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<sup>1</sup> The complete recommendations can be found at the end of this highlights report.

- 2) That Manitoba Education and Training share the findings of this evaluation with Manitoba school divisions, independent and First Nations schools, the Manitoba Association of School Trustees, and other relevant stakeholders.
- 3) That representatives from Manitoba Education and Training and relevant stakeholders review the verbatim comments contained in the appendix to this report to understand what participants liked most about their workshops, and to evaluate the merits and feasibility of adapting some of their suggested changes to the workshops.
- 4) That further analysis be undertaken with facilitators who did not deliver safeTALK workshops, along with associated stakeholders, to understand the related barriers, particularly for those from First Nations communities.
- 5) That selected questions from the Participant Follow-Up Questionnaire be re-administered to all participants and school administrators involved in the program to more fully measure the program's impact regarding the identification of students and other school populations who may have had thoughts of suicide, and who were then put in touch with their school's keepsafe connections.

## PART ONE BACKGROUND AND METHODOLOGY

### I) BACKGROUND:<sup>2</sup>

This report provides the **highlights** of the evaluation of the **safeTALK Program in Manitoba**. The full report provides all of the annotated findings; technical notes regarding the statistical tests used for this evaluation; and an appendix providing verbatim comments regarding what participants liked most about their safeTALK workshops, and the changes they would make to them if they could.

The program was administered by **Manitoba Education & Training** through **Healthy Child Manitoba**. The decision to go forward with this program was made in the 2015-2016 fiscal year workplan. The safeTALK evaluation was undertaken by **Kaplan Research Associates Inc.**, commencing on November 1, 2015. Data collection began in December 2015 and was completed in June 2017. There were two cohorts of trainee-facilitators who participated in the Training for Trainers (T4T) sessions. The first cohort included 30 safeTALK facilitators that was held in November 2015, and was aimed at the education sector. An invitation to participate in the safeTALK program was sent to all school divisions in Manitoba, including non-funded schools. Names of prospective safeTALK facilitator-trainees were put forward by the participating school divisions to Manitoba Education and Training, and candidates were selected to represent a cross-section of urban, rural and northern Manitoba schools and school divisions. The second cohort of 10 trainees was selected by the **Manitoba First Nations Education Resource Centre (MFNERC)** with safeTALK training being provided on July 27-28, 2016. These trainees were part of a cohort participating in the Aboriginal Counselling Certificate Program co-sponsored by MFNERC and the University College of the North (UCN).

#### 1.1) The SafeTALK Initiative:<sup>3</sup>

SafeTALK is a half-day gatekeeper training program that teaches participants to recognize and engage persons who might be having thoughts of suicide, and to connect them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide. The program recommends that an ASIST-trained resource or other community support resource be at all training sessions. The 'safe' acronym of *safeTALK* stands for '**Suicide Alertness for Everyone.**' The 'TALK' acronym stands for the actions that one does to help those with thoughts of suicide: **Tell, Ask, Listen, and KeepSafe**. The underlying actions associated with the T.A.L.K. model include:

<b><u>T</u>ell:</b>	<i>Recognize what you hear, see, sense or learn about the person's situation as an invitation to consider that they might be having thoughts of suicide.</i>
<b><u>A</u>sk:</b>	<i>Ask directly if the person is having thoughts of suicide.</i>
<b><u>L</u>isten:</b>	<i>Listen to the person talk about why suicide is in their life at this time; affirm the importance of connecting them to help to keep them safe.</i>
<b><u>K</u>eep Safe:</b>	<i>Connect the person with thoughts of suicide to a <b>KeepSafe Connection</b> (a helper who can provide suicide assessment and intervention).</i>

The *safeTALK* learning process is highly structured, providing graduated exposure to practice actions. The program is designed to help participants monitor the effect of false societal beliefs that can cause otherwise caring and helpful people to miss, dismiss, or avoid suicide alerts and to practice the T.A.L.K. actions to move past these barriers. Six 60-90-second video scenarios, each with non-alert and alert clips, are selected from a library of scenarios and strategically used through the training to provide experiential referents for the participants. First Nations versions of the videos are available as well.

<sup>2</sup> Some of the information in this section was provided by Healthy Child Manitoba.

<sup>3</sup> Cited from <http://www.sprc.org/resources-programs/suicide-alertness-everyone-safetalk>

*SafeTALK* was developed by **LivingWorks Education** to complement longer suicide intervention gatekeeper training programs. Developers in Australia and Canada designed and field-trialed the program in 2004-2005 based on stakeholder reports of a training gap between short suicide awareness sessions and longer suicide intervention skills training.

After training participants in the *safeTALK* program should be able to:

1. Challenge attitudes that inhibit open talk about suicide.
2. Recognize a person who might be having thoughts of suicide.
3. Engage them in direct and open talk about suicide.
4. Listen to the person's feelings about suicide to show that they are taken seriously.
5. Move quickly to connect them with someone trained in suicide intervention.

The objectives of ***safeTALK*** are for workshop participants to:

- Move beyond common tendencies to miss, dismiss or avoid suicide<sup>4</sup>
- Be able to identify people who have thoughts of suicide
- Be able to apply the T.A.L.K. steps to connect a person with thoughts of suicide to suicide first-aid intervention caregivers

The half-day workshops cover the following 13 topics, listed in their order of delivery:

- Identifying persons with thoughts of suicide
- Developing suicide-safer communities
- Keeping people with thoughts of suicide safe
- Being available (to be there when needed)
- Being approachable (connecting with alert helpers)
- Describing KeepSafe connections in the community
- Picking up on someone's suicide thoughts
- Not dismissing someone's suicide thoughts
- Not avoiding someone's suicide thoughts
- Behaviours to avoid when approaching someone with thoughts of suicide
- How to be helpful approaching persons with thoughts of suicide
- What to say to connect persons with thoughts of suicide to suicide first-aid resources
- The Tell, Ask, Listen, KeepSafe (T.A.L.K.) Model

### **1.2) Attention is Given by *SafeTALK* to Participants' Feelings of Safety:**

Manitoba Education & Advanced Learning and Healthy Child Manitoba worked to ensure the psycho-logical and emotional safety of participants attending *safeTALK* workshops, and the need to avoid harming participants who have family members or friends who have had thoughts of suicide or who have died from suicide. This is also a priority of LivingWorks Education. Each facilitator is required to have a *community support person* available at every workshop to assist participants who become "sad or overwhelmed" by the material presented during the workshops. Related questions have been included in the evaluation's

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<sup>4</sup> cf <https://suicideinfo.ca/training/workshopdescriptions/safetalkdescription.aspx>

questionnaires to determine whether participants felt safe during the work-shops and, if not, whether their related needs or concerns were effectively addressed during or following their workshops.

## II) The SafeTALK Evaluation Framework:

This evaluation focuses on:

- 1) Evaluating the processes, perceived efficacy and relevance of the **safeTALK Training for Trainers (T4T)** training session, based on a questionnaire completed at the end of the session
- 2) Allowing safeTALK facilitators to track and evaluate each session they provide through an online **Facilitator's Log**
- 3) Evaluating the efficacy of the training provided to each participant regarding new knowledge gained through the workshops, the increased likelihood of participants to assist someone who may be having thoughts of suicide, and their familiarity with KeepSafe connections in their communities
- 4) Evaluating the longer-term effects and impacts of the safeTALK workshops by administering follow-up questionnaires for participants and school administrators. The participant questionnaire replicates some of the original evaluation questions while exploring whether participants, who were aware of people having thoughts of suicide in the interim, sought to assist them, and what happened as a result.

### 2.1) Specific Areas of Inquiry:

This evaluation includes both quantitative and qualitative analyses. Online surveys were developed using **Qualtrics**, while scannable forms were developed using **TELEform** scanning software. All quantitative analyses were carried out using the **Statistical Package for the Social Sciences (SPSS)**, while all open-ended questions were subjected to **content analyses**. The evaluation framework and all forms and questionnaires were developed in consultation with representatives from **Manitoba Education & Training** through **Healthy Child Manitoba**.

#### 2.1.1) Evaluating SafeTALK T4T Training Session:

Through the **T4T Questionnaire**, analyzing:

- Trainees' perceptions regarding the prevalence of suicidal ideation among their students, school staff and students' parents
- Trainees' perceptions of stigma in their schools and communities regarding people who think about suicide or die by suicide
- The populations to which facilitators will deliver the **safeTALK** workshops
- Trainees' confidence about their ability to deliver the workshop
- Their perceptions regarding why some participants of their workshops may be hesitant to assist people thinking about suicide
- The perceived usefulness of the 13 components of the T4T training they received
- The amount and the level of the information they received at this training session
- The overall perceived relevance of the information received given the related needs of their schools
- Whether trainees felt that the time they spent at the workshop was a good use of their time
- Whether trainees would recommend that colleagues at their schools take the T4T training
- What trainees liked most about the T4T training session and what changes they would make to it, if they could (both as open-ended questions)

### 2.1.2) The *SafeTALK Trainer's Log*:

For every session that the *safeTALK* facilitators provided they were asked to provide the following information through an online *safeTALK Trainers' Log*:

- When and where each session was delivered
- The audiences they reached
- Participants' perceived levels of participation
- The presence of community support persons at each session
- Whether any participants were sad or overwhelmed by the material provided at each session
  - If any were, was support provided for them?
- Whether all participants remained until the end of each workshop
  - If not, why not?
- Facilitators' overall perceptions of the workshop: what went well, the changes they would make to future sessions, and any concerns that emerged.

### 2.1.3) The Participants' Workshop Questionnaire:

Each participant was asked to complete a two-part questionnaire. Part One was completed prior to the beginning of the workshop (pretest data), while Part Two was completed immediately following the workshop (post-test data). The two parts have matching *Participant Codes* that have been provided at random. Parts One and Two were merged prior to data entry based on these *unique identifiers* to facilitate the analysis of changes over time using *repeated measures*. Each questionnaire also tracked participants' demographic factors to facilitate correlations of the outcome and satisfaction measures. The Participant Questionnaire included several open-ended questions. Areas of analysis include:

- Participants' gender, ages, school roles, and the community in which presentations were provided
- Their pretest/post-test knowledge regarding:
  - Knowing when someone may be thinking about suicide
  - Knowing how to talk to someone about their thoughts of suicide
  - Knowing what to do to help them
- Participants' pretest/post-test perceptions regarding how serious a problem suicide is in their school, for students, school staff and others
- The pretest/post-test perceived likelihood that participants would support someone at their school who was thinking about suicide
  - Pretest/post-test reasons why they may be unlikely to assist these people
- Whether participants felt that it is "okay" for people in their schools and communities to talk openly about thoughts of suicide and suicide
- Participants' pretest/post-test familiarity with KeepSafe connections in their schools or communities
- Participants' pretest/post-test testing of knowledge about suicide and people who may be thinking about suicide
- Whether participants felt "sad or overwhelmed" by any of the material provided at their workshops
  - If 'yes,' which topics most affected them
  - Whether and when they were provided with supports
  - Whether their negative feelings were effectively addressed
- Evaluating participants' overall satisfaction with the information they received at the workshops
- Evaluating whether they felt that their facilitators were knowledgeable about the topics covered in the workshops
- Whether they would recommend the workshop to others

- What they liked most about the workshops (open-ended)
- Changes they would make to the workshops, if they could (open-ended)

#### **2.1.4) Participants' Follow-Up Questionnaire:**

In Year Two of the program a follow-up questionnaire was developed and administered to all safeTALK participants. Areas of inquiry for this component of the evaluation included:

- Where and when their workshops took place
- Their roles at their schools
- Perceptions of their own mental health and feelings of well-being during the preceding three months<sup>5</sup>
- Whether any negative feelings were attributed to their participation in the workshop<sup>4</sup>
- The likelihood that they would seek help themselves if they had mental health problems or thoughts of suicide since attending the safeTALK workshop<sup>4</sup>
- Whether they had been aware of someone who may have been thinking about suicide. If 'Yes,'
  - About how many people thinking about suicide had they been aware of
  - Who they were (i.e., students, school staff, parents, etc.)
  - When did they become aware of them
  - Which aspects of the TALK model did they undertake, if any
  - Whether they felt they were able to effectively support these people
  - Their perceptions of their experience (open-ended)
- Selecting correct responses to four suicide-related scenarios
- Their familiarity with KeepSafe Connections in their communities
- Satisfaction measures including:
  - Whether they felt that people at their schools with thoughts of suicide can benefit from having people with safeTALK training in their schools
  - Whether they were likely to recommend safeTALK workshops for other schools.

#### **2.1.5) SafeTALK School Administrators' Follow-Up Questionnaire:**

Following the safeTALK program selected school administrators, whose schools participated in the program, were provided with a link to an online follow-up questionnaire. Related areas of inquiry included:

- Their schools and their positions there
- The populations that attended these workshops
- Which of the eight elements of suicide prevention are present at their schools
- The degree to which safeTALK workshops are supported by school staff and parents
- Whether they were aware of any workshop participants experiencing harm at their schools. If 'Yes,'
  - About how many people did this happen to?
  - Were their issues satisfactorily resolved during or after the workshops?
- Whether there had been an increase of people at their schools referred to supports for their suicidal thoughts, if applicable, following the safeTALK workshops
- Whether they feel that their schools are, overall, suicide-safer now as a result of the safeTALK workshops
- Whether the safeTALK workshops have impacted their schools' climates and cultures
- Their likelihood of recommending safeTALK to other schools

<sup>5</sup> These questions were designed by the Province of Manitoba to explore the degree to which participants felt safe following their workshops





**PART TWO**  
**EVALUATION SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

**I) Background:**

The **safeTALK Program** in Manitoba was administered by **Manitoba Education & Training through Healthy Child Manitoba**. Training for 30 safeTALK facilitators was held in November 2015 and was aimed at the education sector. An invitation to participate in the program was sent to all school divisions in Manitoba, including non-funded schools. The safeTALK evaluation commenced on November 1, 2015. Data collection began in December 2015 and was completed in June 2017. A second cohort of 10 trainees was selected by the **Manitoba First Nations Education Resource Centre (MFNERC)** with safeTALK training being provided for them on July 27-28, 2016. These trainees were part of a cohort participating in the Aboriginal Counselling Certificate Program co-sponsored by MFNERC and **University College of the North (UCN)**.

SafeTALK is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide, and to connect them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide. The program recommends that an ASIST-trained resource or other community support resource be at all training sessions. The 'safe' acronym of *safeTALK* stands for '**Suicide Alertness for Everyone.**' The 'TALK' acronym stands for the practice actions that one does to help those with thoughts of suicide: **Tell, Ask, Listen, and KeepSafe.**

The objectives of **safeTALK** are for workshops participants to:

- Move beyond common tendencies to miss, dismiss, or avoid suicide
- Be able to identify people who have thoughts of suicide
- Be able to apply the T.A.L.K. steps to connect a person with thoughts of suicide to suicide first aid intervention caregivers

**II) SafeTALK Program Outputs:<sup>6</sup>**

- Ten school divisions participated in the program and in this evaluation:

Brandon School Division	Portage La Prairie School Division
Fort La Bosse School Division	Prairie Rose School Division
Louie Riel School Division	Prairie Spirit School Division
Mystery Lake School Division	Western School Division
Pine Creek School Division	Winnipeg School Division

- Based on the results from the Facilitator Logs, 32 safeTALK workshops were provided in 17 Manitoba communities, including:

Austin	Gladstone	MacGregor	Morden	Somerset	Treherne
Baldur	Glenboro	Manitou	Pilot Mound	St. Claude	Winnipeg
Elkhorn	Langruth	Miami	Portage	Thompson	

- Based on the number of completed **Participant Questionnaires** received for this evaluation, a *minimum* of 647 participants attended safeTALK workshops through this program. Of these 638 (98.6%) completed and returned both Parts One and Two of their Participant Questionnaires (pretest and post-test components.)

**Conclusion One:** **Service outputs were positive. The safeTALK initiative in Manitoba was successful in reaching a large number of people in rural, northern and urban areas across a large portion of the province. A large percentage of those who attended remained until the end of their workshops.<sup>7</sup>**

<sup>6</sup> Not all of the first cohort of safeTALK facilitators participated in this evaluation.

**Conclusion Two:** The fact that 98.6% of all participants completed questionnaires at both Time-One (pretest) and Time-Two (post-test) is a positive finding. It is indicative of the relevance and utility of the information being provided, and the ability of the facilitators to maintain the interest of those in attendance.

### III) Facilitator-Trainees Evaluating Their SafeTALK (T4T) Training:

Forty safeTALK facilitators, in two cohorts, attended a two-day safeTALK training workshop, at the end of which they completed a **T4T Evaluation Questionnaire**. Thirty trainees for the first cohort were from public and independent schools in Manitoba, one First Nation and one northern mental health service provider. The second cohort of 10 safeTalk facilitator trainees was selected from Manitoba First Nations by the Manitoba First Nations Education Resource Centre (MFNERC) in conjunction with the University College of the North (UCN).

#### 3.1) Results for the First Cohort T4T session:

- At the end of the workshop 20.0% of the trainees were very confident about their abilities to deliver the safeTALK workshops in their schools, while three-quarters were at least somewhat confident in this respect.
  - The most frequent factors leading to their lack of confidence was worrying about saying the wrong thing, and not feeling competent to assist people thinking about suicide.
- The majority of trainees felt that there was stigma regarding suicide both in their schools and in their communities.
- All or virtually all trainees felt that all of the topics covered by the T4T session were at least somewhat useful for them. Twelve of the thirteen topics were assessed as being very useful by three-quarters of these trainees or more.
- The large majority of trainees felt that the amount and level of information covered during the T4T workshop were just right.
- All trainees felt that the information they received through their training was relevant given the needs of their schools, with over 80% feeling that it was very relevant.
- All trainees felt that their attendance at the two-day training session was a good use of their time, with over 80% feeling that their time was put to very good use.
- All but one trainee was likely to recommend that their colleagues participate in T4T training session, with 75% being very likely to make this recommendation.
- When trainees were asked what they liked most about the T4T training session, the top three responses were the opportunity for skill development, the format of the training, and the presenter.
- When trainees were asked what changes they would make to the T4T sessions, the two most frequent responses were that no changes were required, and some suggested changes to the written material provided.

#### 3.2) Results for the Second Cohort T4T session:

- Two-thirds of the First Nations safeTALK trainees felt that students in their schools have thoughts of suicide “very often.” This did not hold for their perceptions of school staff or students’ parents.
- The majority of these trainees felt that there is some, but not very much stigma related to people thinking about suicide or dying by suicide in their schools or communities.
- Following the T4T session sixty percent of these trainees felt somewhat confident in their ability to deliver safeTALK workshops in their schools.

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<sup>7</sup> Evaluation conclusions and recommendations were developed in conjunction with Manitoba Education and Training and Healthy Child Manitoba.

- The most frequently identified reason why these trainees believed that people might hesitate to assist people thinking about suicide was that they would worry about saying the wrong thing; they felt that they did not have support from their school administrators; or due to a lack of related school policies.
- None of these trainees were very sad or overwhelmed by the material presented at the T4T session.
- Of three that felt at least somewhat sad or overwhelmed, all said that they were provided with support either during or after the session
- Virtually all of these trainees felt that each of the elements of the T4T session would be personally useful for them, with over 75% feeling that most of these would be very useful.
- 90.0% of these trainees reported that just the right amount of information was provided through the T4T session, and 80.0% felt that right level of information was provided.
- All of these trainees felt that, overall, the T4T session was relevant for them, given the needs of their schools, with 80.0% feeling that it was very relevant.
- Similarly, all of these trainees felt that their participation in the T4T session represented a good use of their time.
- All of these trainees would recommend this training session to a colleague, with 80.0% being very likely to make this recommendation.
- None of these trainees reported indicators of depressive moods to any large extent.
- The First Nations trainees reported that they would be at least somewhat likely to seek help if they had mental health problems or thoughts of suicide.
- As a post-script in the report, it was reported that none of the second cohort trainees delivered any safeTALK workshops during the subsequent school year (2016-2017), although two indicated their intent do so during the 2017-18 school year.

**Conclusion Three: The safeTALK trainees from both cohorts almost universally felt the T4T session was a positive and constructive experience and a good use of their time. They reported that the topics covered were relevant and, in most cases, very relevant for them given the needs of their schools.**

**Given the heavy work schedules for many of these trainees, it is notable that virtually all of them would recommend the two-day T4T session to a colleague.**

**Given the positive perceptions of the second cohort of First Nations safeTALK trainees, it is unclear why none of these individuals provided any safeTALK workshops. As an aside, the First Nations trainee from the first cohort of trainees either did not provide any workshops, or provided them but did not complete their Facilitators' Logs or return participants questionnaires.**

#### **IV) Results From The SafeTALK Facilitators' Logs:**

SafeTALK facilitators were asked to complete an online **Facilitators' Log** for each workshop they delivered. These described who was in attendance, where the workshops were held, participants' perceived levels of participation, the number of participants who left workshops early and their reasons for doing so, and facilitators' perceptions of the workshops processes.

- Of the 30 safeTALK facilitators who attended the *Training the Trainer* (T4T) session in 2015, 13 facilitated workshops.
- The total number of participants they each addressed ranged from 17 to 84, with a mean of 15.2 participants and a median of 15.0 (sd=7.40) per workshop. Three facilitators each provided workshops for more than 80 participants across a number of sessions.

- Several facilitators provided multiple workshops. Eleven workshops were provided in Winnipeg. Two were provided in each of the following communities: Elkhorn, Gladstone, Morden and Thompson.

**Conclusion Four:** **It is notable that just over half of the first cohort of facilitator-trainees facilitated safeTALK workshops, (although on 13 participated in this evaluation. It is also notable that none of the second cohort of trainees delivered safeTALK workshops.**

- Based on their perceptions, facilitators said the many or most of their participants were actively involved in their safeTALK workshops by asking questions during breaks or after the workshops, by sharing experiences regarding someone they know who was thinking about suicide, and/or by asking for information about related community resources.
- Over two-thirds of the facilitators said that all of their participants stayed to the end of their work-shops. Those who left generally had to attend pre-scheduled appointments.
- When facilitators were asked to comment on their experiences conducting their workshops, a large number indicated that they went well as unqualified successes. Others state that their workshops generally went well with one complication each. These included:
  - The need to change the workshops' contents
  - Issues arising the first time workshops were delivered
  - Technological issues
  - Scheduling issues
  - Time-management issues
  - Environmental issues
  - Students not wanting to 'brainstorm'

## **V) The Results of the Manitoba SafeTALK Evaluation:**

Each participant was provided with a two-part **safeTALK Workshop Evaluation Questionnaire**. Part-One was completed prior to the workshops and returned to facilitators before each session began. Part-Two was completed immediately following the workshops and returned to facilitators as participants were leaving. Many questions were replicated in these two forms to facilitate the analysis of participants' growth, development and knowledge gain over time. Both forms contained paired unique and non-identifying codes to allow us to merge the data.

### **5.1) A Brief Profile of the SafeTALK Workshop Participants:**

- About two-thirds of the participants were female.
- The largest percentage of participants were 35 to 44 (23.5%), 24 to 34 (22.3%), or under 19 years of age (20.5%).
- The largest percentage of participants was teachers (47.4%), followed by students (23.1%). Other participants included, in ranked-order, school administrators, school support staff, education assistants, counsellors or student support staff, parents and school volunteers.

### **5.2) Participants' Perceptions of Community Attitudes Toward Suicide:**

- Within their schools fewer than 30% of all participants felt that it was very much okay for people to talk about thoughts of suicide or about suicide itself. The largest percentage reported that this was somewhat okay. Fewer participants felt that it was very much okay for people in their communities to talk about suicide (at the 20% level). A relatively large percentage of participants were unsure about their responses to this question.
- When these data were analyzed by participants' roles, those in the 'other' category were significantly more likely than students and school staff to feel that it was very much okay for people in their schools and larger communities to talk about thoughts of suicide or suicide itself.

- The largest percentage of participants indicated that people may not be open to talking about suicide because it makes them feel uncomfortable or, to a lesser degree, because these are uncommon occurrences in their communities.

**Conclusion Five:** Participants' responses to this question indicate that, to a degree, stigma regarding people with thoughts of suicide and suicide itself appear to exist in their schools and communities. Given that one of the goals of safeTALK is to remove stigma associated with suicide, this finding supports the continued facilitation of safeTALK workshops in Manitoba schools.

### **5.3) Measuring Changes to Participants' Beliefs, Knowledge and Intentions Regarding Suicide Over Time:**

This evaluation measured changes in seven elements regarding suicide that were the focus of the safeTALK workshops. They are based on the comparative analysis of specific related questions answered by participants immediately prior to and following their workshops (pretest and post-test comparisons). Analyses were based on the use of *paired t-tests* and the use *repeated measures*. The elements evaluated included participants'

- 1) Beliefs about suicide
- 2) Perceptions regarding how serious a problem suicide is for different populations at their schools
- 3) Knowledge related to assisting someone with thoughts of suicide
- 4) Likelihood of supporting someone thinking about suicide
- 5) Reasons for not assisting them, if applicable
- 6) Familiarity with the KeepSafe Connections in their schools
- 7) Knowledge regarding what to do if a friend tells them they are thinking about suicide

#### **5.3.1) Exploring Participants' Beliefs About Suicide, Over Time:**

Over the course of the workshops there was a significant increase in the percentage of participants who agreed with the following four 'correct' statements:

- Everyone needs support from others when thoughts of suicide happen
- Students thinking about suicide should talk to a trusted adult
- If people are giving away their belongings this is a sign that they may be thinking about suicide
- If someone you know stops talking to their friends, then you should be concerned about a possible suicide attempt

There was a significant decrease in the percentage of participants who disagreed with the following four 'incorrect' statements:

- Most suicide attempts occur without any warning signs or clues
- Talking about suicide might put the idea in someone's head
- Most people who try to kill themselves really want to die
- If a friend tells you that he or she is thinking about suicide, and wants you to keep it a secret, you should respect this and not tell anyone

There was only one incorrect statement for which there were no significant differences in participants' responses over time, with most people disagreeing with this statement at both junctures:

- People who attempt suicide are just looking for attention

#### **5.3.2) The Perceived Seriousness of Suicide at Participants' Schools:**

Participants' ability to recognize the indicators of thoughts of suicide increased significantly over the course of their workshops:

- At Time-One 38.1% of all participants reported that suicide was a problem for **students in their schools**. This increased to 61.8% at Time-Two.
- At Time-One 7.2% of all participants reported that suicide was a problem for **staff at their schools**. This increased to 33.2% at Time-Two.
- At Time-One 9.5% of all participants reported that suicide was a problem for **other people at their schools**. This increased to 33.7% at Time-Two.
- In all three cases there was a significant decrease in the percentage of participants who were unsure of their responses to these questions.

### 5.3.3) Participants Gaining Knowledge Needed to Assist Someone with Thoughts of Suicide:

Based on their self-reports, participants experienced significant knowledge gains regarding three areas designed to help them to recognize and assist people who may be thinking of suicide. These included:

- Knowing when someone may be thinking of suicide
- Knowing how to talk to someone who may be thinking about suicide
- Knowing how to help someone thinking about suicide
- At Time-One 58.2% of all participants felt knowledgeable about **knowing when someone may be thinking of suicide**, with only 7.6% of these feeling very knowledgeable about this. At Time-Two 99.2% of all participants felt knowledgeable about this, with 48.6% of these feeling very knowledgeable.
- At Time-One 46.0% of all participants felt knowledgeable about **talking to someone who may be thinking about suicide**, with only 9.3% of these feeling very knowledgeable about this. At Time-Two 97.9% of all participants felt knowledgeable about this, with 57.8% of these feeling very knowledgeable.
- At Time-One 49.0% of all participants felt knowledgeable about **helping someone thinking about suicide**, with only 10.4% of these feeling very knowledgeable. At Time-Two 98.9% of all participants felt knowledgeable about this, with 66.6% of these feeling very knowledgeable.

### 5.3.4) Participants' Perceived Likelihood of Supporting Someone Thinking About Suicide:

Participants were significantly more likely, over time, to feel they would support someone at school who may be thinking about suicide.

#### i) In The Aggregate:

- At Time-One 79.2% of all participants said they were likely to support someone at their schools who was thinking about suicide, with 43.0% reporting that they would be very likely to do so. At Time-Two 97.7% of all participants said they were likely to support someone thinking about suicide at school, with 72.8% being very likely to do so.

#### ii) By Participants' Roles at School:

- When these data were analyzed by participants' roles each of these populations were significantly more likely to support someone thinking about suicide at Time-Two than at Time-One. While the percentage of participants very likely to assist someone thinking about suicide at Time-One were relatively similar (ranging from 38.1% to 44.7%), differences between these groups at Time-Two is more pronounced (ranging from 59.3% to 80.6%).

### 5.3.5) Reasons Why Some Participants May Not Support People Thinking about Suicide:

- When participants who were unlikely to support people thinking about suicide were asked for their reasons for this, there were two reasons that stood out at Time-One:
  - Concerns that they might say the wrong thing
  - Not knowing how to help

- At Time-Two the percentage of these participants who identified any of the presented reasons for not supporting people thinking about suicide was virtually or literally non-existent.

### 5.3.6) Participants' Familiarity with the KeepSafe Connections in their Schools:

There was a significant increase in participants' familiarity with KeepSafe Connections in their schools.

- At Time-One 14.2% of all participants were familiar with the KeepSafe Connections in their schools, with only 3.2% of these being very familiar with them. At Time-Two 94.3% of these participants were familiar with their KeepSafe Connections, with 45.5% being very familiar with them.

### 5.3.7) Participants Knowing What to do if a Friend Tells Them They are Thinking About Suicide

There was a highly significant difference in the percentage of participants, over time, who knew what to do if friends tell them they are they are thinking about suicide.

- At Time-One 45.5% of all participants knew what to do if friends tell them they are thinking about suicide, with 8.2% strongly agreeing with this statement. At Time-Two 66.2% of these participants knew what to do if this situation arose, with 43.4% strongly agreeing with this.
- There was a notable reduction in the percentage of participants who reported not being sure about this response over time: from 19.9% at Time-One to 1.0% at Time-Two.
- There were also significant variations in responses to this question based on participants' roles. At Time-Two students were more likely to strongly agree with this statement than were other participants and school staff (42.0% compared with 37.5% and 33.3%).

**Conclusion Six: For every outcome that was analyzed over time, participants demonstrated significant growth regarding their beliefs, knowledge and intentions related to suicide:**

- **They were significantly more likely to identify students, school staff, and others who may be thinking about suicide in their schools.**
- **They reported being significantly more knowledgeable about:**
  - **When someone may be thinking of suicide**
  - **How to talk to someone who may be thinking about suicide**
  - **How to help someone thinking about suicide**
- **They felt significantly more likely to support someone thinking about suicide. They also reported having fewer reasons not to do so, over time.**
- **They reported being significantly more familiar with the KeepSafe Connections in their schools.**
- **They reporting being significantly more knowledgeable about what to do if friends tell them they are thinking about suicide.**

### 5.4) Participants Being Protected From Harm During Their SafeTALK Workshops:

Protecting participants from feeling sad or overwhelmed is a pillar of the safeTALK workshops. Accordingly, evaluating participants' feelings of safety during and after their workshops was undertaken from several perspectives.

#### 5.4.1) Related Information from the SafeTALK Facilitators' Logs:

- All facilitators reported having **community support people** directly on hand during their 32 presentations, with the exception of one presentation held at a community health unit, where a clinical psychologist was readily accessible from her office down the hallway, if needed.

- Over one-third of the workshop facilitators reported that at least one person appeared sad or overwhelmed as a result of the material being delivered.
- Over half of these facilitators reported that this applied to one participant, one-third that it applied to two participants, and one person (8.3%) that it applied to four participants.
- Of the 588 participants identified through the Facilitators' Logs, 19 reportedly appeared to be sad or overwhelmed as a result of the material delivered, representing 3.2% of the total.

We are not minimizing the importance of even one person feeling sad or overwhelmed as a result of their participation in the safeTALK program. The key is whether and how they were supported by the community support people at the time, if the need was there.

- From the Facilitators' Logs it was reported that all people negatively impacted by the workshops were provided with supports: 83.3% after the workshop and 58.3% during the workshop.<sup>8</sup>

#### **5.4.2) Related Information Taken From the Participants' Questionnaires:**

- Consistent with the information from the Facilitators' Logs, of the 591 participants who answered this question in the Participants' Questionnaire, 3.2% (n=19) reported feeling very sad or over-whelmed as a result of the material being delivered. Another 21.5% (n=127) felt somewhat sad or overwhelmed by it.
- Students were least likely to report feeling very sad or overwhelmed (0.8%) compared with other participants and school staff (3.7% and 4.1%, respectively).
- There were no significant variations in the responses to this question based on participants' gender.
- As an open-ended question, participants who felt at least somewhat sad or overwhelmed during their workshops were asked what most affected them. The most frequent responses, in ranked-order, included:
  - The impact of the videos
  - The topic of suicide in general
  - Thinking about how to approach someone who may be thinking about suicide
  - Their personal experiences with or connections with suicide (13.8%, n=13)
  - Being concerned about missing suicide cues
- Approximately 90% of the participants who felt at least somewhat sad or overwhelmed said that they did not require support. Of the remainder 6.2% were supported during the workshop and 1.0% after the workshop. Five of these participants, approximately 3.0%, reported not being provided with supports.
- Participants, who required support (n=33), were asked if this need was adequately addressed. Just under half (48.5%) answered 'very much,' 24.2% answered 'somewhat,' 9.1% answered 'not very much,' and 3.0% (n=1) answered 'not at all.' The remaining 15.2% were unsure about this.

#### **5.4.3) Related Information Taken From the School Administrators' Follow-Up Questionnaires:**

- Nine school administrators completed safeTALK School Administrators' Questionnaires.
- Of these only one reported that participants experienced harm during the workshop. This pertained to three participants. As a follow-up, this school administrator reported that the issues or concerns of these three participants were adequately addressed.

**Conclusion Seven:** **Given the nature of the subject matter, and the personal related experiences of some participants, it is essential to ensure that support is provided to participants who are sad and overwhelmed during or after the workshops. Many people will have some level of emotional reaction to the topic of suicide, especially those coming from schools where students' or staffs' thoughts or suicide, and deaths by suicide, have**

<sup>8</sup> Multiple responses were allowed for this question.



occurred. The key is to ensure that adequate supports are in place when needed. From the data we have learned that:

- All safeTALK workshops had community support people available to support participants in need.
- Based on information from the Facilitators' Logs, with corroboration from the Participant Questionnaires, 19 participants (3.0% of all participants) over the span of the program felt very sad or overwhelmed during their workshops.
- Ninety percent of the people who felt somewhat or very sad or overwhelmed by their workshops did not feel the need to be supported. One participant who felt some level of sadness or being over-whelmed reported not being supported.
- 188 of the 193 of the participants who felt at least some sadness or feeling overwhelmed were supported either after or during the workshops, and in some cases both.
- Based on administrators' observations and finding from the Facilitators' Logs, no participants were known to have experienced harm as a result of participating in these workshops.

#### 5.4.4) Exploring Participants' Mental Health Status and Willingness to Seek Help:

Participants were asked a series of questions as part of the Participant Follow-Up Questionnaire to explore their mental health status and willingness to seek help, and to determine a connection between these and their participation in the workshops. They were presented with six indicators of mental health and were asked to describe how frequently they experienced each indicator following the safeTALK workshops. Possible responses included "all of the time," "most of the time," "some of the time," "a little of the time," and "none of the time."

- There were only two indicators that any participants reported experiencing "all of the time," and these were 2.4% (n=2) **feeling restless or fidgety**, and 1.0% (n=1) **feeling that everything is an effort**. In terms of participants who reported these indicators most of the time, these applied to:
  - Feeling restless and fidgety (9.8%)
  - Feeling nervous (2.4%)
  - Feel that everything is an effort (2.0%)
- When participants who reported these indicators (n=11) were asked if these feelings were the result of their participation in the safeTALK workshops, 72.7% said "not at all," and 27.3% were unsure about this.

A second set of questions explored participants' readiness to seek help in the event that they experienced mental health conditions or thoughts of suicide. In all instances the large majority of participants were likely to do so. This included their responses to the following questions:

- If they were to experience a mental health difficulty would they ask for help?
- Are they confident that they would ask for help if they were experiencing depression or anxiety?
- If they were having suicidal thoughts do they know that they would ask for help?
- Would it be easy for them to ask for help if they had mental health difficulties?

**Conclusion Eight:** Based on the follow-up data, and notwithstanding the relatively small sample size, it is concluded that virtually none of the participants who completed the follow-up questionnaire reported experiencing these mental health indicators. Those who reported some of these indicators did not attribute them to their participation in the safeTALK workshops.

## **5.5) The Perceived Impacts of the SafeTALK Workshops:**

### **5.5.1) Participants' Perceptions:**

As part of the Participant Follow-Up Questionnaire participants were asked whether they had become aware of anyone who may be thinking of suicide since attending the workshop. Those who had were asked a series of questions to explore their experiences and the outcome of these occurrences.

- About one-quarter of these participants (n=20) were aware of someone at their schools who may have been thinking about suicide.
- Thirty-two people had been identified in this respect, with two-thirds of these being students.
- 66.7% of these situations came to light during school hours, followed distantly by on week-ends or days off (18.2%).
- These participants carried out the four steps of the T.A.L.K. model to different degrees:
  - 79.2% carried out the TELL component
  - 66.7% carried out the ASK component
  - 62.5% carried out the LISTEN component
  - 41.7% carried out the KEEP SAFE component
- Eight participants (40.0%) carried out all four steps of the T.A.L.K. model
- Most of these participants (89.5%) felt they were able to effectively support these people, with 52.7% feeling they were very much able to do so. The more T.A.L.K. components they completed the more likely they were to feel that they had been effective in supporting them.
- These participants were asked to describe their perceptions of their experiences vis-à-vis the people they supported. The most common comments related to feeling prepared to carry out the T.A.L.K. model. Only one person described feeling stress and a lack of confidence that she was doing the “correct things” on behalf of this person.

### **5.5.2) School Administrators' Perceptions:**

School administrators were asked several questions regarding the perceived impact of the safeTALK Program in their schools (n=9).

- All of these administrators felt that their schools were ‘suicide-safer’ as a result of the safeTALK Program.
- All of these administrators were likely to recommend that other schools facilitate the safeTALK Program, with 66.7% being very likely to make this recommendation.
- All of these administrators strongly believed that their staff support having the safeTALK Program in their schools.
- There were mixed feeling regarding whether there was an increase in people from their schools being referred for supports related to their thoughts of suicide. Out of the nine administrators, two responded “very much” to this question, two responded “somewhat,” and five responded “not very much.” These results may reflect the possibility that some schools may not have had people thinking about suicide since their safeTALK workshops were facilitated.
- Administrators were asked to comment regarding their experiences related to safeTALK. Their perceptions included:
  - People talking openly now about what to look for regarding thoughts of suicide.
  - People being more aware and alert to the signs of thoughts of suicide.
  - Staff being more open to asking for assistance.
  - Staff being more comfortable when having “the tough conversations” with students who may be thinking of suicide.

- Describing one situation in which an educational assistant approached the administrator about a student who may have been thinking about suicide, and attributing her actions specifically to the safeTALK Program.
- All of the schools represented by these administrators have implemented the safeTALK workshops and, to varying degrees, the remaining seven elements of a **school-based suicide prevention strategy**. The elements most frequently implemented by their schools include:
  - A positive and supportive school culture and climate (100%)
  - Crisis response policies specifically including suicide (77.8%)
  - Supports for higher risk youth (66.7%)
  - Education and awareness programs (55.6%)

The elements provided by a minority of these schools included:

- Peer support programs or student-led initiatives (44.4%)
- Family partnerships (involving parents/caregivers) (44.4%)
- Community partnerships to support students' mental health (33.3%)

**Conclusion Nine:** **There is evidence that the provision of the safeTALK Program in these nine schools led to the support of at least 32 students and school employees who may have been having thoughts of suicide. In some cases this led to people, with thoughts of suicide, being put in contact their schools' KeepSafe Connections.**

**It should be kept in mind that these figures are based on a 13% response rate to the Participant Follow-Up Questionnaire. This means that there may be a much larger number of people thinking about suicide at participating schools, who have been supported by safeTALK participants, and then ultimately put in contact with their KeepSafe Connections.**

## **5.6) Evaluating Participants' Satisfaction with Their SafeTALK Workshops:**

The questions addressed in this section explore the personal usefulness of the 13 safeTALK topics for participants; their overall satisfaction with the information provided in their workshops; how knowledgeable the workshop facilitators were about the topic; how likely participants are to recommend safeTALK workshops to others at their schools; what participants liked most about their workshops; and what changes they would make to it if they could. With the exception of the open-ended questions, each question is analyzed in the aggregate and by participants' roles at their schools. Some of these questions were analyzed for participants who reported being very or somewhat sad or overwhelmed as a result of the workshop material.

### **5.6.1) Participants Evaluating the Personal Usefulness of the SafeTALK Topics:**

- In the aggregate participants reported that virtually all of the 13 safeTALK topics were at least some-what useful to them. The eight topics most frequently identified as being very useful to participants were, in ranked-order:
  - The Tell, Ask, Listen, KeepSafe (T.A.L.K.) model
  - To not avoid someone's suicide thoughts
  - To not dismiss someone's suicide thoughts
  - To be approachable (to accept connections from alert helpers)
  - To be available (to be there when needed)
  - How to be helpful when approaching someone with thoughts of suicide
  - To keep people with thoughts of suicide safe
  - What to say to connect persons with thoughts of suicide to suicide first aid resources
- There were three topics for which significant differences emerged when these data were analyzed by participants' roles:

- How to be helpful when approaching someone with thoughts of suicide
- To identify persons with thoughts of suicide
- About KeepSafe connections in the community

In all three instances participants in other roles at their schools were significantly most likely to report that these were very useful to them

#### **5.6.2) Evaluating Participants' Overall Satisfaction With the Information They Received:**

- In the aggregate virtually all participants (98.8%) were satisfied with the information they received through their safeTALK workshops. Of these 79.7% were very satisfied.
- While the aggregated data generally apply to all participants, those with 'other' roles at their schools were significantly most likely to be very satisfied with the information they received, than were students or school staff (93.1% compared with 80.8% and 74.3%, respectively).

#### **5.6.3) Participants Evaluating How Knowledgeable Their Workshop Presenters Were:**

- In the aggregate virtually all participants (99.5%) felt that their workshop presenters were knowledgeable about the information they provided. Of these 93.0% felt that they were very knowledgeable.
- Once again, participants with 'other' roles were significantly most likely to feel their presenters were very knowledgeable about the workshop content, although a very large percentage of participants across the three categories felt this way.

#### **5.6.4) Participants Recommending the SafeTALK Workshops to Others:**

- In the aggregate virtually all participants (96.0%) would recommend the safeTALK workshops to others. Of these 71.9% would be very likely to make this recommendation.
- While all participants in 'other' roles at their schools (100%) were very likely to recommend the workshops to others, this was reported by 76.7% of the school staff, and 49.6% of the students.
- As part of the School Administrators' Follow-Up Questionnaire (n=9), all administrators were likely to recommend that other schools provide safeTALK workshops. Of these 66.7% were very likely to make this recommendation.

#### **5.6.5) Participants, Who Were Sad or Overwhelmed by the SafeTALK Workshops, Evaluating Their Satisfaction with Them:**

- Virtually all of the participants who were very or somewhat sad or overwhelmed by the workshops (98.6%), were satisfied overall with the material that was provided, with 75.7% being very satisfied.
- Virtually all of these participants (99.3%) felt that their workshop presenters were knowledgeable about the topics they covered through the workshops, with 88.8% feeling that they were very knowledgeable.
- Virtually all of these participants (97.9%) were likely to recommend the safeTALK workshops to others, with 75.7% of these being very likely to make this recommendation.

#### **5.6.6) What Participants Liked Most About Their Workshops:<sup>9</sup>**

- When participants were asked what they liked most about their safeTALK workshops, thirteen themes frequently emerged (N=471). Eleven additional themes were each provided by one or two participants. The six most frequent positive elements of the workshops included, in ranked-order:
  - The workshops' positive atmosphere and inclusive processes (20.0%)
  - The workshops setting-out a plan of action through the T.A.L.K. Model (15.1%)

<sup>9</sup> Many of the verbatim comments are included as an appendix to this report.

- Participants gaining new information and ideas about how to approach people possibly thinking about suicide (14.6%)
- Participants ascribing varied positive characteristics and skills to their facilitators (10.8%)
- Participants liking the videos incorporated into the workshops (10.4%)
- The workshops' examples and scenarios, and their hands-on approaches (7.6%)

### **5.6.7) Changes Participants Would Make to the Workshops if They Could:**

- When participants were asked to comment on what they would change about the workshops 313 provided responses. Thirty-nine themes emerged from their comments. Many of these were each provided by from one to three participants.
  - The only frequent response to this question was that no changes were needed (34.5%)
  - A relatively small percentage of participants suggested:
    - The need for different or more examples and scenarios (9.3%)
    - The need for different or better videos (6.1%)
    - Addressing problems with the workshops' pacing (4.8%)
- The large number of themes that emerged that were each put forward by from one to three participants, and the dearth of suggested changes that were put forward by more than five or six participants, indicates the *lack of systemic issues or concerns* associated with the safeTALK workshops.

**Conclusion Ten:** Consistent with many of the preceding findings and conclusions, participants had very positive levels of satisfaction with the safeTALK workshops. This was generally true across participants' roles, even though some significant differences did emerge. This is what we know about their perceptions of the workshops:

- Participants generally found the workshop topics to be useful to them, with most finding them to be very useful.
- They were satisfied with the information they received through the workshops.
- They felt that their workshop presenter was knowledgeable about the topics they delivered.
- They would recommend that others attend the workshop.
- They were able to identify many things about their workshops that they liked, and the most frequent comment related to changes they would make to the workshops was that 'no changes are needed.' There were no systemic issues or concerns that arose through their suggested changes.

**Conclusion Eleven:** While there were participants who were sad or overwhelmed by the material that was provided through the workshops, this did not lessen their satisfaction with the workshops. Their levels of satisfaction with their safeTALK workshops mirrored those of the aggregate population of participants.

**Conclusion Twelve:** There are many comments regarding what participants liked about the workshops, and many suggestions to improve them. Even a suggestion put forward by a single participant may have merit.

## VI) Summation and Related Recommendations:

The purpose for conducting *formative evaluations* is:

*“to judge the worth of a program while the program’s activities are forming and in process...They permit the designers...instructors, and managers to monitor how well the... program’s goals and objectives are being met. Its main purpose is to catch deficiencies as soon as possible so that the proper...interventions can take place...”<sup>10</sup>*

The findings from this evaluation have been consistently and uniformly positive. They are based on responses from 647 participants, including students, school staff, and others; the 14 active safeTALK facilitators; and nine school administrators. Participants attended 32 workshops in 15 towns and cities across Manitoba, from December 2015 to April 2017. In summary, this formative evaluation resulted in many positive findings and virtually no ‘deficits.’

### Evaluation Recommendations:

- Recommendation One:** Based on the positive findings from this evaluation, it is recommended that Manitoba Education and Training consider supporting additional safeTALK gatekeeper training and the expansion of the safeTALK program in Manitoba schools.
- Recommendation Two:** That Manitoba Education and Training share the findings of this evaluation with Manitoba school divisions, independent and First Nations schools, the Manitoba Association of School Trustees, and other relevant stakeholders.
- Recommendation Three:** That representatives from Manitoba Education and Training, and other relevant stakeholders, review the verbatim comments contained in the appendix to the full technical report, to better understand what participants liked most about their workshops, and to evaluate the merits and feasibility of adapting some of their suggested changes to the workshops. *LivingWorks Education* may also appreciate receiving this feedback, along with a copy of the full evaluation report.
- Recommendation Four:** Given the costs of facilitating the safeTALK T4T training sessions, and given the fact that not all of the first cohort of facilitators-trainees and none of the second cohort facilitated any safeTALK workshops, it is recommended that further analysis be undertaken with facilitators who did not deliver safeTALK workshops, along with associated stakeholders, to understand the related barriers, particularly for those from First Nations communities.
- Recommendation Five:** Given the importance of *measuring the impact* of the safeTALK workshops, and given the 13% response rate for the Participants’ Follow-Up Questionnaire that was designed, in part, to provide these data, it is recommended that selected questions from this questionnaire be re-administered to all participants and school administrators involved in the program. The aim of this follow-up study would be to more fully measure the program’s impact regarding the identification of students and other school populations who may have had thoughts of suicide, and who were then put in touch with their school’s keepsafe connections. This study could be accomplished through a brief online survey.

<sup>10</sup> Adapted from: [http://www.nwlink.com/~donclark/hrd/isd/types\\_of\\_evaluations.html](http://www.nwlink.com/~donclark/hrd/isd/types_of_evaluations.html)