

**Manitoba Education and Training**

**A Formative Evaluation of  
the SafeTALK Program in  
Manitoba**

**January 2018**



Produced by

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With thanks,  
Gerry Kaplan  
Kaplan Research Associates Inc.

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## **APPENDIX**

### **Verbatim Comments Regarding What Participants Liked Most About Their Workshops, And The Changes They Would Make If They Could**



## 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 (N=83):**

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 (N=9):**

- 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 Chapter Five, along with the evaluation's conclusions.

- 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.

## CHAPTER ONE BACKGROUND AND METHODOLOGY

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

The **safeTALK 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.

*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:

<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>

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 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.

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



## 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, what 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

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

## 2.2) Technical Notes:

This section describes the statistical tests incorporated into this evaluation. There are two types of statistical procedures used in this analysis: **Descriptive Statistics** and **Measures of Association**. The latter includes the use of **Chi-Square** and **Paired T-Tests**.

### Descriptive Statistics:

Descriptive statistics constitute a primary basis of analysis. These measures include: frequency counts and percentage breakdown; mean; median; and standard deviation (SD).

- The **mean (average)** is a measure of central tendency for continuous variables calculated as the sum of all scores in a distribution, divided by the number of scores.
- The **median** is the value that exactly divides an ordered frequency distribution into equal halves: the outcome associated with the **50<sup>th</sup> percentile**.
- **Standard Deviation** is a measure of the degree to which the range of scores either clusters around the mean or is more widely dispersed along a given scale.

### Measures of Association:

Measures of association show the direction and magnitude of a relationship between two or more variables. The statistical procedures included in this preliminary study are: **Chi Square** and **Paired T-Tests**.

#### Chi-Square:

**Chi-Square** ( $\chi^2$ ) is used when comparing **nominal variables**. Examples of nominal variables include gender, school roles, and so on. **Chi-Square** is a test of statistical significance based on a comparison of the observed cell frequencies of a **cross-tabulation**, or **contingency table**, with frequencies that would be expected under the **null hypothesis** of no relationship. Where the resulting data conform to the **expected distribution** of cases across the cells of the contingency table, it is assumed that there is no statistical relationship between the variables being examined. That is, that one variable is not seen to affect the other. Where the actual distribution of cases varies from the expected distribution of cases across this table, a relationship between the variables under review is assumed.

To test whether there is a **significant** statistical relationship between the variables under review, two additional factors must be examined. These include the **degrees of freedom** (df) associated with this table, and its **level of probability** (p). ‘**Degrees of freedom**’ is a factor of the construction of the contingency table. It is derived by calculating the number of rows in the table (minus 1) by the number of columns in that table (minus 1). The formula then reads  $df=(R-1)(C-1)$ . A two-by-two contingency table has one degree of freedom  $(2-1)(2-1)$ . A four by five contingency table has 12 degrees of freedom  $(4-1)(5-1)$ . Degrees of freedom is an important element in this analysis in that it refers to the potential for cell entries to vary freely, given a fixed set of marginal totals (i.e., column and row marginals).

**Probability** asks the question: how **likely** is it that the relationship observed in the sample data could be obtained from a population in which there was no relationship between the two variables? If it can be shown that this probability is very high within the general population, then, even though a relationship exists in that larger sample, it is concluded that the two variables are not related. Only if the probability that the relationship being examined could have been created by sampling a population in which no relationship exists were small, would it be concluded that a **statistically significant** relationship exists.

As a minimal standard, probability must be at least .05 or less ( $P < .05$ ) in order for there to be a finding of significance. That is, in order for the data to be found significant, it would be expected that the results would be found within the general population less than five times out of a 100.

## **T-Tests:**

**T-tests** are used to determine whether there is a statistically significant difference between the mean scores of two groups. There are three primary factors that play a part in t-tests: **Degrees of Freedom** (df), **Standard Deviation** (sd) and **Probability** (p). **Paired T-Tests** are generally used in this study.

## **The Use of Repeated Measures:**

There are two ways to analyze data collected over time. One consists of **group-wise comparisons** and the other relies on the use of **repeated measures**. Repeated measures require that only participants who answered two replicated questions over time are included in an analysis. If only one of the two responses is provided by individual participants the results for these individuals would be excluded from the analysis for this question. To facilitate the use of repeated measures in this study the pretest and post-test Participant Questionnaires were each provided with the same random participant codes. These were merged into a single SPSS dataset.

## **Reporting Significant Differences:**

Throughout this report the use of the term 'significant' denotes differences that are 'statistically significant', based on the use of applicable statistical tests.



## CHAPTER TWO

### SafeTALK FACILITATORS EVALUATING THE TRAINING THEY RECEIVED

#### I) BACKGROUND:

Training prospective safeTALK facilitators for this program (*Training for Trainers, T4T*) was undertaken by **Living Works Education**, and followed the content of the safeTALK workshops. Training starts with the implementation of the three-hour safeTALK workshop. The rest of the training deconstructs how to deliver the workshops using the content of the session, and talking about how to present the material. The videos for T4T are the same ones used in the workshops to demonstrate the concepts. The training works through all steps of the TALK process: Tell, Ask, Listen, and KeepSafe.

The format of T4T training sessions is interactive, and participants are required to demonstrate aspects of safeTALK delivery to colleagues in the room. All trainers are expected to also be trained in **ASIST** (Applied Suicide Interventions Skills Training). For the purposes of this T4T training session ASIST training was offered to anyone who had not previously completed it. All aspects of training must be completed before trainees receive training materials begin to offer workshops. All trainees are required to deliver three workshops in the course of their first year to maintain their safeTALK facilitator status. If trainers deliver a session with a co-trainer, they must demonstrate that they have delivered all aspect of the workshop to maintain their trainer status. First Nations versions of the videos are also available.

#### II) EVALUATION RESULTS:

Two cohorts of 40 prospective safeTALK facilitators participated in T4T training sessions. **Cohort One** consisted of 30 trainees from Manitoba school divisions, one independent school, a northern Manitoba Canadian Mental Health Association, a First Nation, and the Northern Health Region. They originated from:

|                   |                       |                               |
|-------------------|-----------------------|-------------------------------|
| Brandon SD        | Pine Creek SD         | Western SD                    |
| Fort La Bosse SD  | Portage La Prairie SD | Winnipeg SD                   |
| Interlake SD      | Prairie Rose SD       | CMHA-Thompson                 |
| Lakeshore SD      | Prairie Spirit SD     | St. John's Ravenscourt School |
| Louie Riel SD     | Rolling River SD      | Northern Health Authority     |
| Mystery Lake SD   | St.James SD           | Peguis First Nation           |
| Pembina Trails SD | Sunrise SD            |                               |

**Cohort Two** consisted of 10 trainees from Manitoba First Nations through the Manitoba First Nations Education Resource Centre (MFNERC).<sup>6</sup> These included:

|                                 |                                |                                 |
|---------------------------------|--------------------------------|---------------------------------|
| Brokenhead Ojibway First Nation | Lac Brochet First Nation       | Wasagamack First Nation         |
| Cross Lake First Nation         | St. Theresa Point First Nation | Tootinaowaziibeeng First Nation |

#### 2.1 The T4T Evaluation Results For Cohort One:

##### 2.1.1) The Groups That Trainees Planned to Include in Their Workshops:

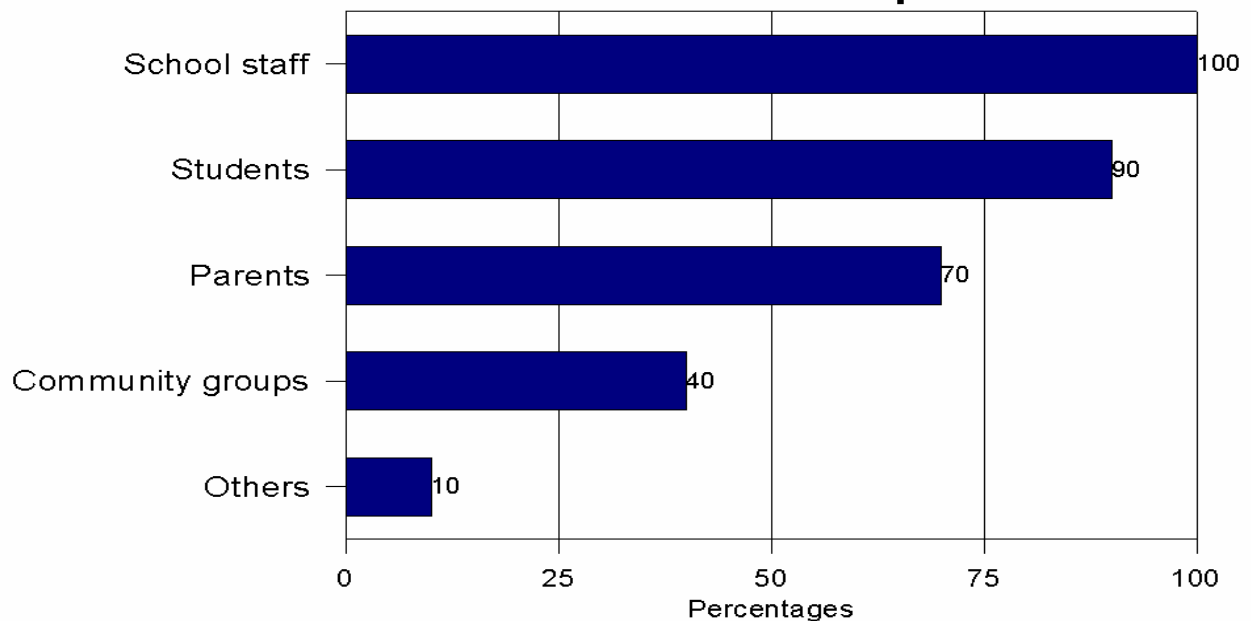
All trainees planned to provide workshops for school staff, 90.0% for students, 70% for students' parents, 40.0% for other community groups outside of their schools and 10.0% for other groups (Figure 1).

##### 2.1.2) Trainees' Perceptions of the Prevalence of Stigma Related to Suicide:

SafeTALK trainees were asked how much perceived stigma exists in their schools and communities regarding people thinking about suicide or dying by suicide. Two-thirds (69.0%) felt that there was at least some related stigma in their schools, with 17.2% feeling that there was very much stigma (Figure 2). When it came to stigma in their communities, 86.6% believed that this at least somewhat existed, with 23.3% feeling that there was very much stigma associated with people thinking about suicide, or dying by suicide.

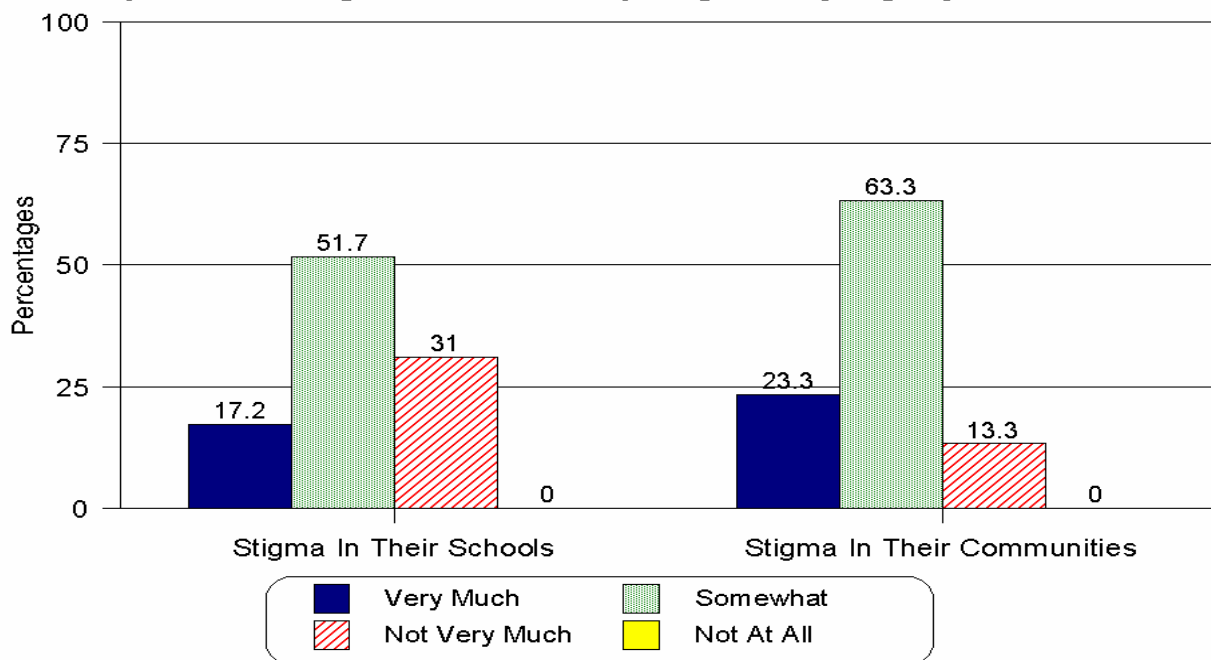
<sup>6</sup> In total seven First Nations participated in one of the two-day T4T training sessions were provided.

**Figure 1 For Which Groups Will Trainees Provide The SafeTalk Workshops?**



(N=30. Multiple responses were allowed.)

**Figure 2 Trainees Estimating Levels Of Stigma Related To People Thinking About, Attempting, or Dying By Suicide**



(N=29, 30. Data adjusted to exclude 'Not Sure' Responses.)



### 2.1.3) How Confident Were Trainees About Their Ability to Deliver Workshops:

When trainees were asked to describe their levels of confidence in their abilities to deliver safeTALK workshops in their schools, 20.0% were very confident, 76.7% were somewhat confident, and 3.3% (n=1) was not very confident (Figure 3).

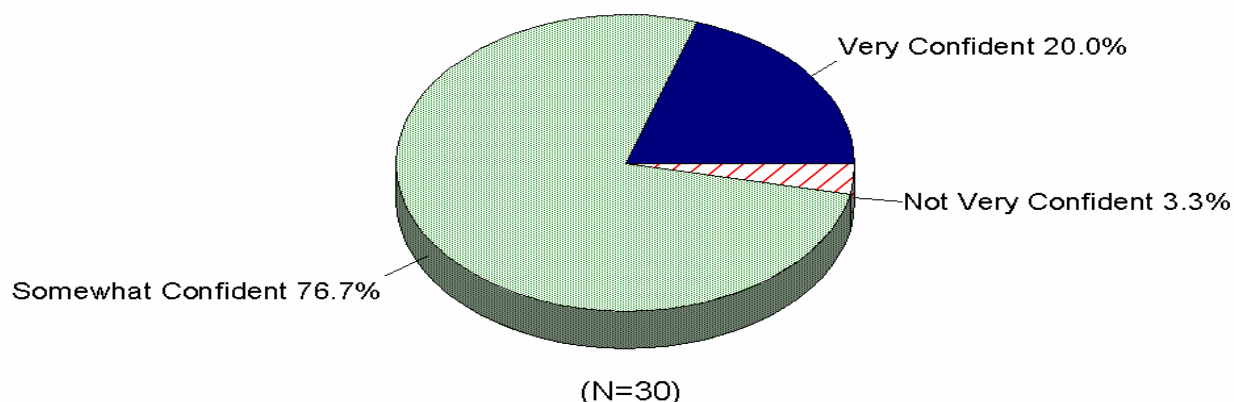
Trainees who were less confident about their training abilities were asked what additional training, support or information they might need. Three responded, with all indicating the need for more practice in the field. Two were interested in co-training with a facilitator with experience with safeTALK:

*More practice. It would be nice to be with this [T4T] group again to continue to talk about safeTALK – our experiences – and mentorship from \_\_\_\_\_<sup>7</sup> as \_\_\_\_\_ is a trainer.*

*Co-training with another trainer, to see a full safeTALK [workshop]...*

*Just need to practice more before presenting.*

**Figure 3 How Confident Are Trainees About Their Ability To Deliver SafeTALK Workshops In Their Schools?**

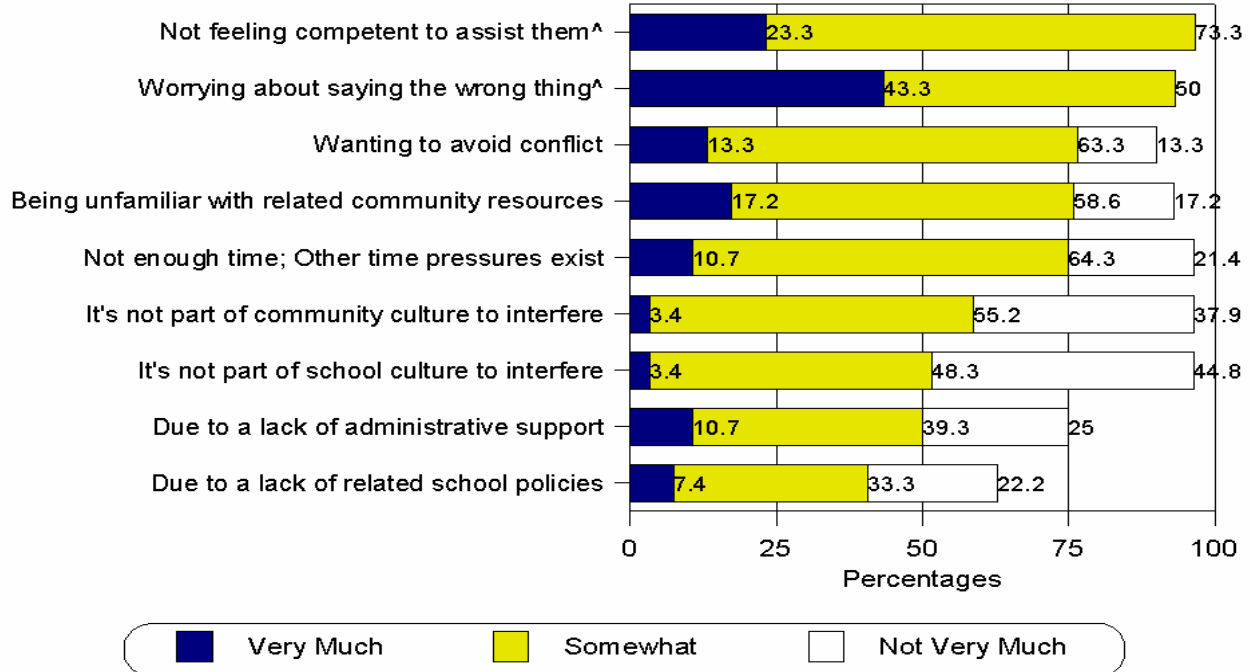


### 2.1.4) Why Some People Might Be Hesitant to Assist People Thinking About Suicide:

Trainees were provided with nine possible reasons why some people may be hesitant to assist people with thoughts of suicide. The largest percentage (43.3%) said that “worrying about saying the wrong thing” was very much a factor in this regard, with another 50.0% feeling that this could be somewhat of a factor (Figure 4). Just under one-quarter (23.3%) felt that people may not feel competent to assist those with thoughts of suicide, with 73.3% somewhat feeling this way. Other frequently noted reasons for not wanting to assist included being unfamiliar with community resources, wanting to avoid conflict, not having enough time in the workday, or a lack of administrative support.

<sup>7</sup> Names and identifying pronouns are omitted from verbatim comments to protect the privacy of the individuals named.

**Figure 4 Reasons Why Some People Might Be Hesitant To Assist People Thinking About Suicide**



(N=30, 30, 30, 29, 28, 29, 29, 28, 27. ^Truncated to increase legibility. Adjusted to exclude missing data.)

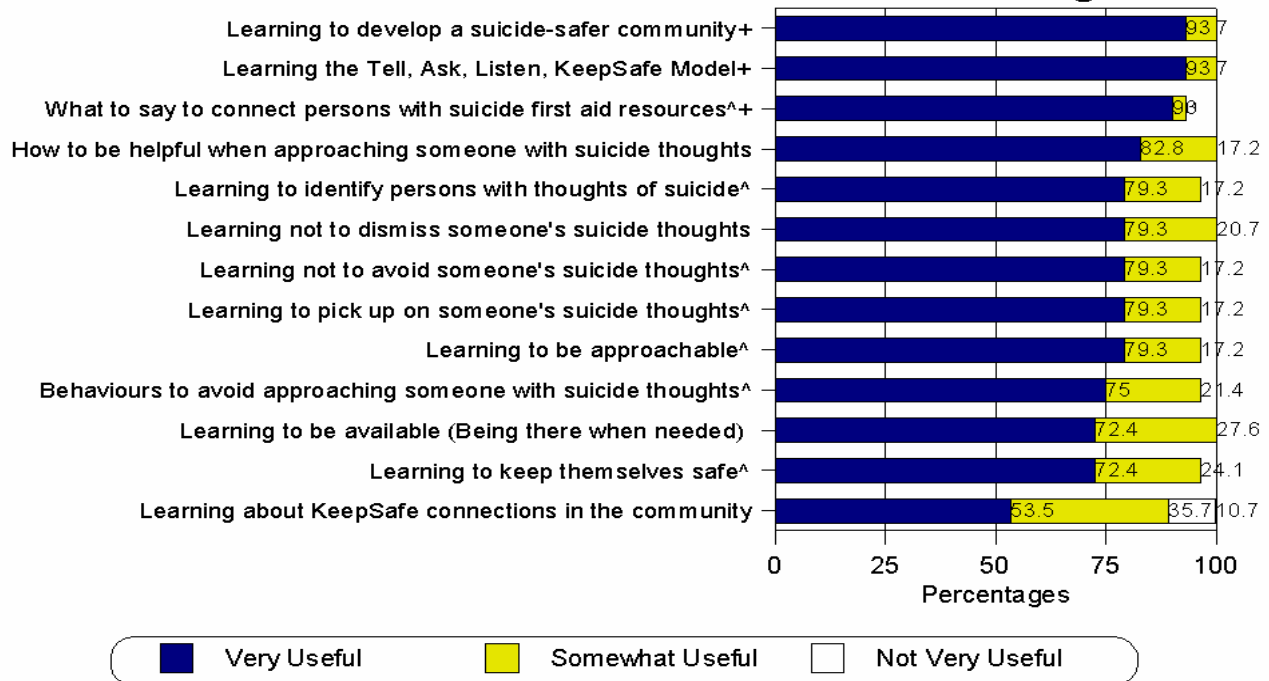
#### 2.1.5) Trainees Evaluating the Usefulness of the SafeTALK T4R Session:

Trainees were asked to evaluate the personal usefulness of the 13 elements of safeTALK T4T training session. In almost all instances, virtually or literally all of the trainees felt that each element was at least somewhat useful to them, as they prepare to begin to facilitate their safeTALK workshops (Figure 5). The percentages of trainees who felt that each element was 'very useful' to them include learning:

- To develop a suicide-safer community (93.0%)<sup>8</sup>
- The Tell, Ask, Listen, KeepSafe (T.A.L.K.) model (93.0%)
- What to say to connect persons with thoughts of suicide to suicide first aid resources (90.0%)
- How to be helpful when approaching someone with thoughts of suicide (82.8%)
- To identify persons with thoughts of suicide (79.3%)
- To not dismiss someone's suicide thoughts (79.3%)
- To not avoid someone's suicide thoughts (79.3%)
- To pick up on someone's suicide thoughts (79.3%)
- To be approachable (to accept connections from alert helpers) (79.3%)
- Behaviours to avoid when approaching someone with thoughts of suicide (75.0%)
- To be available (to be there when needed) (72.4%)
- To keep themselves safe (72.4%)
- About KeepSafe connections in the community (53.5%)

<sup>8</sup> Some percentages were rounded to increase their legibility in the related graphs. These figures reflect the percentages who reported that each element of T4T was 'very useful.'

**Figure 5 Trainees Evaluating The Personal Usefulness Of The Elements Of the SafeTalk T4T Training**



(N=29, 29, 29, 29, 29, 29, 29, 29, 29, 28, 29, 29, 28. +Rounded to increase legibility. ^Truncated to increase legibility. Adjusted to exclude missing data.)

#### 2.1.6) Trainees Evaluating the Amount and Level of the Information Provided:

When trainees were asked to evaluate the amount and levels of information they received through the T4T training session, the large majority were satisfied with both (Figure 6). In terms of the amount of information provided, 82.8% of these trainees reported that it was ‘just right’ while 17.2% reported that there was ‘somewhat too much’ information provided over the two-day training session. In terms of the level of the information that was provided, 96.6% reported that it was ‘just right,’ with only one trainee (3.4%) reporting that it was too advanced.

#### 2.1.7) Trainees Evaluating the Relevance of the Information Provided:

All trainees felt that the information provided though the two-day T4T training session was relevant, given the needs of their respective schools (Figure 7). Of these, 82.8% felt that the information was very relevant.

#### 2.1.8) Trainees Evaluating Whether the T4T Training Sessions Was a Good Use of Their Time:

Consistent with the preceding findings, all trainees felt that their participation in the two-day safeTALK training session represented a good use of their time, with 82.8% feeling that it was a very good use of their time (Figure 8).

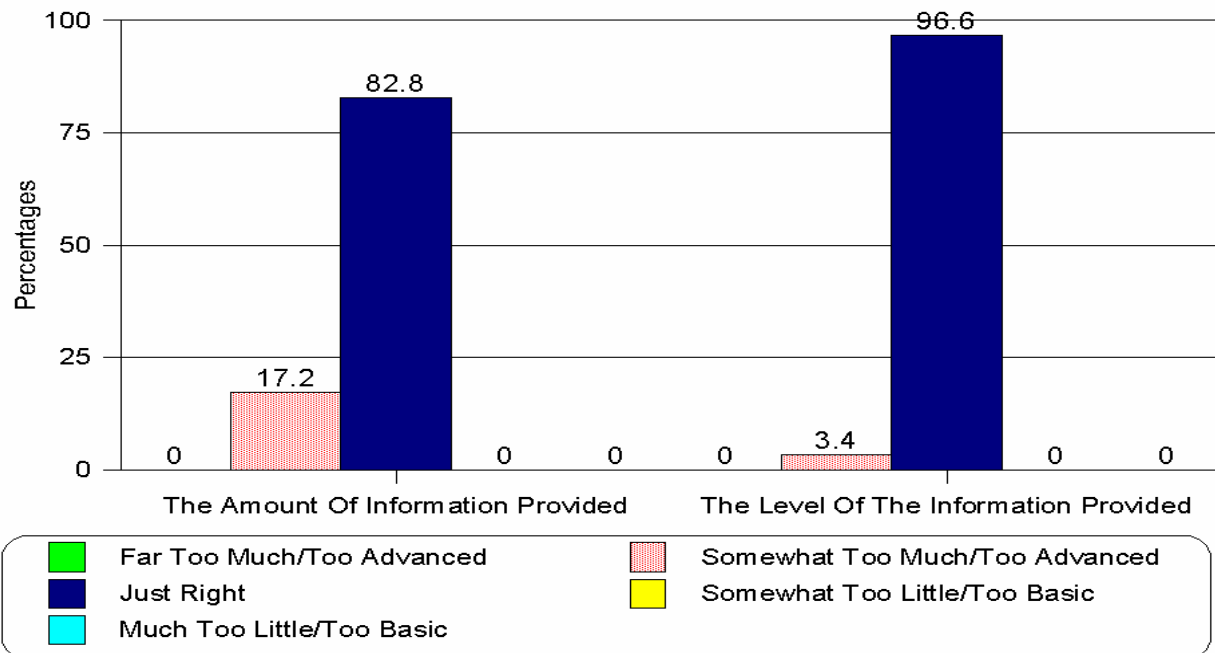
#### 2.1.9) Would Trainees Recommend T4T Training Session?

All but one trainee (96.6%) would recommend this training session to their colleagues, and 75.9% were ‘very likely’ to do so (Figure 9).

#### 2.1.10) What Trainees Liked Most About the T4T Training Session:

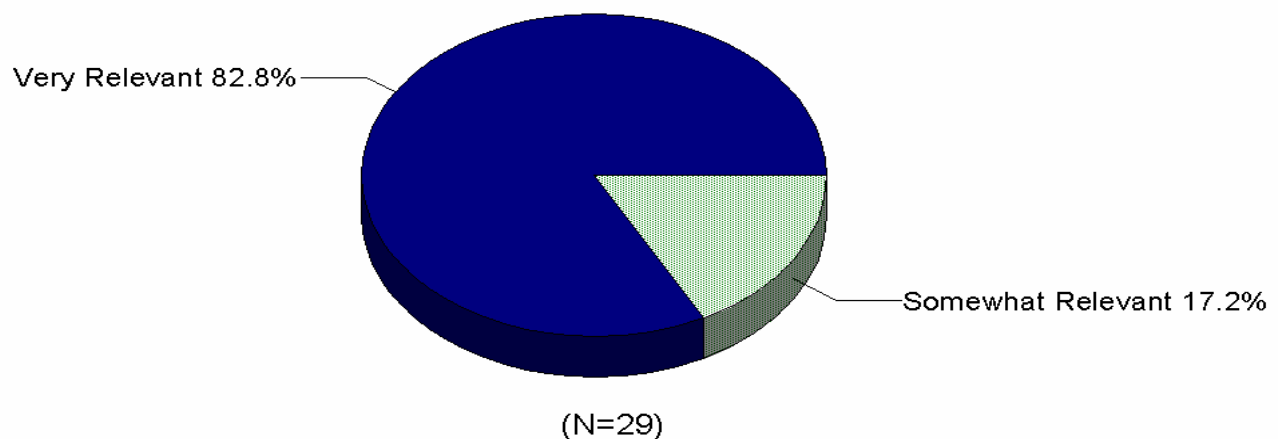
Trainees were asked what they liked most about their T4T training session. This was an open-ended question. Twenty-four trainees provided a response, with multiple responses being allowed.

**Figure 6 Trainees Evaluating The Amount And Levels Of Information Provided At The T4T Training Session**



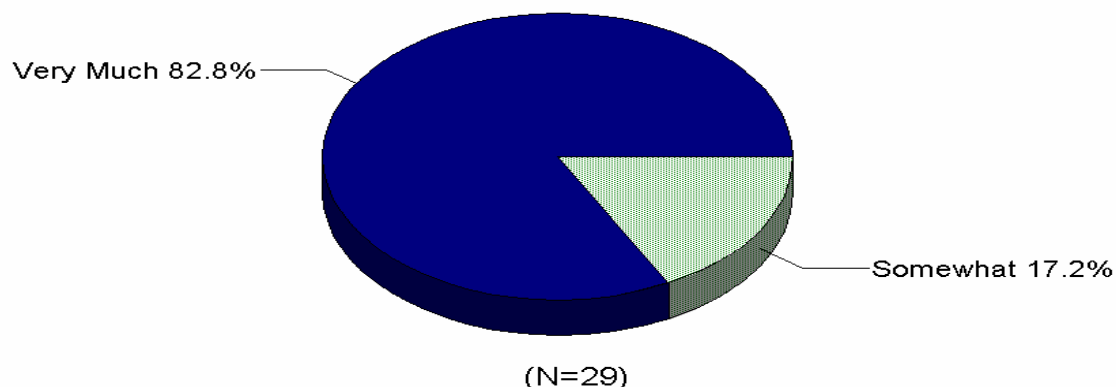
(N=29, 29. Adjusted to exclude missing data.)

**Figure 7 Overall, How Relevant Was The Information Provided At The Training Session, Given The Needs Of Their Schools?**



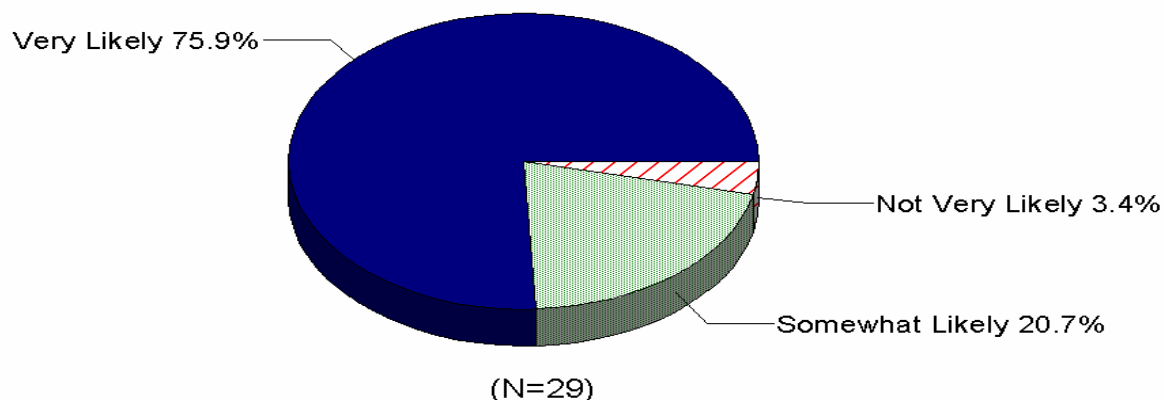
(Adjusted to exclude "Not Sure" responses.)

**Figure 8 Did The Trainees Feel That Their Participation In The T4T Session Was A Good Use Of Their Time?**



(Adjusted to exclude missing data.)

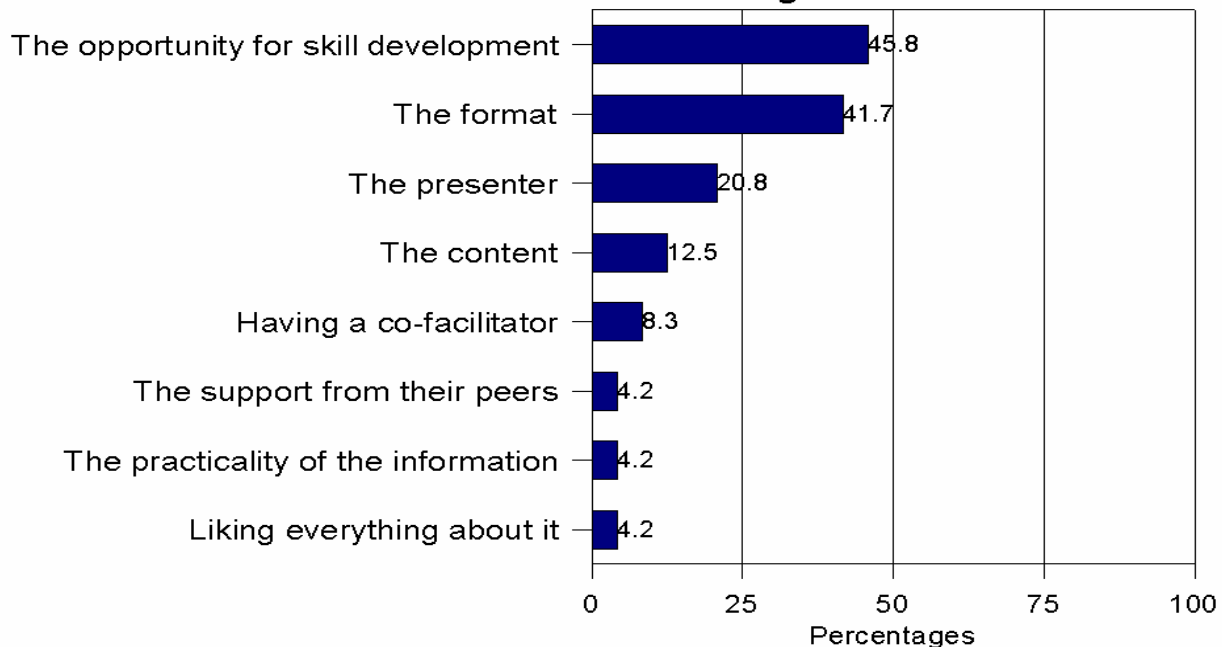
**Figure 9 How Likely Are The Trainees To Recommend SafeTALK T4T Training To Their Colleagues?**



(Adjusted to exclude missing data.)

The most frequent response was from trainees who liked the **opportunities for skill development** (reported by 45.8%, n=11) (Figure 10). This included opportunities to reflect and practice new skills with feedback; an 'interactive presentation model'; repetition, gaining new 'tools'; and the 'supportive environment.'

**Figure 10 What Did The Trainees Like Most About The T4T Training Session?**



(N=24. Multiple responses are allowed. Based on open-ended comments.)

- The second most frequent responses came from trainees who **liked the workshop's format** (41.7%, n=10). These trainees liked the very clear and 'proscribed' format; the small group format; following a script; the use of a manual; the pace of the workshop; and the "walk-throughs and demonstrations."
- The third most frequent responses came from **trainees who liked the T4T presenters** (20.8%, n=5). The presenters were variously referred to as "great facilitators"; "knowledgeable"; "organized"; and "clear, concise and engaging."
- The fourth most frequent responses came from **trainees who liked the workshop content** (12.5%, n=3). Content was described as being "direct," "comprehensive," "straightforward," and "clear."
- Two trainees (8.3%) liked **having co-facilitators delivering the T4T workshop**.
- One trainee each (4.2%) liked:
  - **The support they got from their peers at the workshop**
  - **The practicality of the information**
  - **All aspects of the workshop**

Selected verbatim comments are provided below and on the following pages.

#### **Trainees Who Liked Opportunities for Skill Development**

***Lots of opportunities to practice.***

***Practicing and feedback during this exercise.***

***The opportunity to practice our skills in a supportive environment.***

***Interactive presentation model – keeps you involved.***

***Opportunities for reflection and practice.***

***Increased skills/tools.***

***How to be an alert helper and the helpful steps to use in carrying out the process.***

*Training provided applicable skills training that could be easily transferable.*

*Repetition, opportunity to become familiar with the material.*

#### **Trainees Who Liked the Format**

*Clear, doable model which prepares helpers to respond effectively and appropriately to individuals with thoughts of suicide.*

*Having a script to follow (x2)*

*The format [was] very clear.*

*Very prescribed format.*

*Small group.*

*Straightforward and thorough.*

*The manual with the scripts. The manual is easy to follow, the four steps are easy for anyone to follow.*

*The group work on the second day.*

*Good pace, fidelity of the program, support of the province, being a participant first, walk-through and demonstration.*

#### **Trainees Who Liked the Presenters**

*Great facilitators.*

*Our presenter was very knowledgeable and organized.*

*Enjoyed [the facilitator] very much.*

*The instructor was clear, concise and engaging.*

#### **Trainees Who Liked the Content:**

*Very direct and comprehensive.*

*Straightforward content, scripts.*

*The recent changes and getting a clearer picture [through the] workshop.*

#### **Trainees Who Liked Having a Co-Facilitator:**

*The co-trainer support.*

*Having a co-trainer.*

#### **One Trainee Who Liked Being Supported By Peers**

*Having support from peers.*

#### **One Trainee Who Felt Material Was “Very Practical”**

#### **One Trainee Who “Liked Everything”**

### **2.11) Changes Trainees Would Make to the T4T Training Session, If They Could:**

Trainees were also asked what changes they would make to the T4T training session, if they could. Seventeen trainees provided their comments (Figure 11).

- The largest percentage of trainees (41.2%, n=7) reported that ***no changes were required*** to the training they received

**Figure 11 What Would The Trainees Change About The T4T Training Session, If They Could?**



(N=17. Based on open-ended comments.)

- Four trainees (23.5%) wanted to see **changes to the T4T text**. This included a suggestion for “more visuals,” and making the text less “dense.”
- Two trainees (11.8%) wanted to see **changes to the PowerPoint presentation**. This included making the presentation more appropriate for “school population” and featuring youth, Aboriginal people and those of other “ethnicities” in the presentation. One trainee also suggested that more time be dedicated to viewing the PowerPoint presentation.
- The remaining suggestions were made by one trainee each (5.9%). They included:
  - **Take into account [the] expertise of audience**
  - **Provide more Information about assist training**
  - **Provide time to practice role play**
  - **Provide opportunity for smudging**

Trainees’ verbatim suggestions are provided below and on the following page.

**No Changes Are Needed:**

*None (x5)*

*None identified at this time.*

*Nothing.*

**Suggested Changes to the T4T Text:**

*Have the edits provided, the cost of materials should be provided ahead of time.*

*The edits – need a visual – lot to record.*

*Very dense text.*

*Not correcting manuals manually on the day of presenting.*



### **Changes to the PowerPoint Presentation:**

*Make better clips that are a better fit for our school population: youth, Aboriginal, different ethnicities. Many of the clips we've seen do not have youth in them. Having youth examples would be good.*

*More time with PowerPoint to be more acquainted with props.*

### **Take Into Account Expertise of the Audience:**

*More respect for our professional judgment and training. I was not infrequently feeling like we were being treated like an audience with no experience as helping professionals.*

### **Provide More Information About ASIST Training:**

*More information regarding ASIST training needing to be [updated] within 5 years.*

### **Provide Time to Practice Role Play:**

*Using some time to practice the part that we must present with a partner prior to [presenting before] the entire group.*

### **Provide Opportunities for Smudging:**

*Have smudging material available or room to smudge in. Have elder do prayer before start and at end.*

## **2.2) The T4T Evaluation Results From Cohort Two:**

All of the 10 MFNERC safeTALK facilitator-trainees completed a T4T training session evaluation questionnaire. This questionnaire contained a few different questions from the form used by the first cohort.

### **2.2.1) The Groups That Trainees Planned to Include in Their Workshops:**

These trainees were most likely to plan to provide safeTALK workshops for school staff (90.0%), followed by community groups (70.0%), students' parents (60.0%), students (50.0%) and others (30.0%) (Figure 12).

### **2.2.2) Did Trainees Think Groups In Their Schools Had Thoughts of Suicide?**

Two-thirds of these trainees thought that students in their schools very often had thoughts of suicide (Figure 13). They were evenly split regarding prevalence of thoughts of suicide experienced by school staff, with one-third each feeling that this occurred a few times, seldom or never. Three quarters believed that others associated with their schools have thoughts of suicide fairly often.

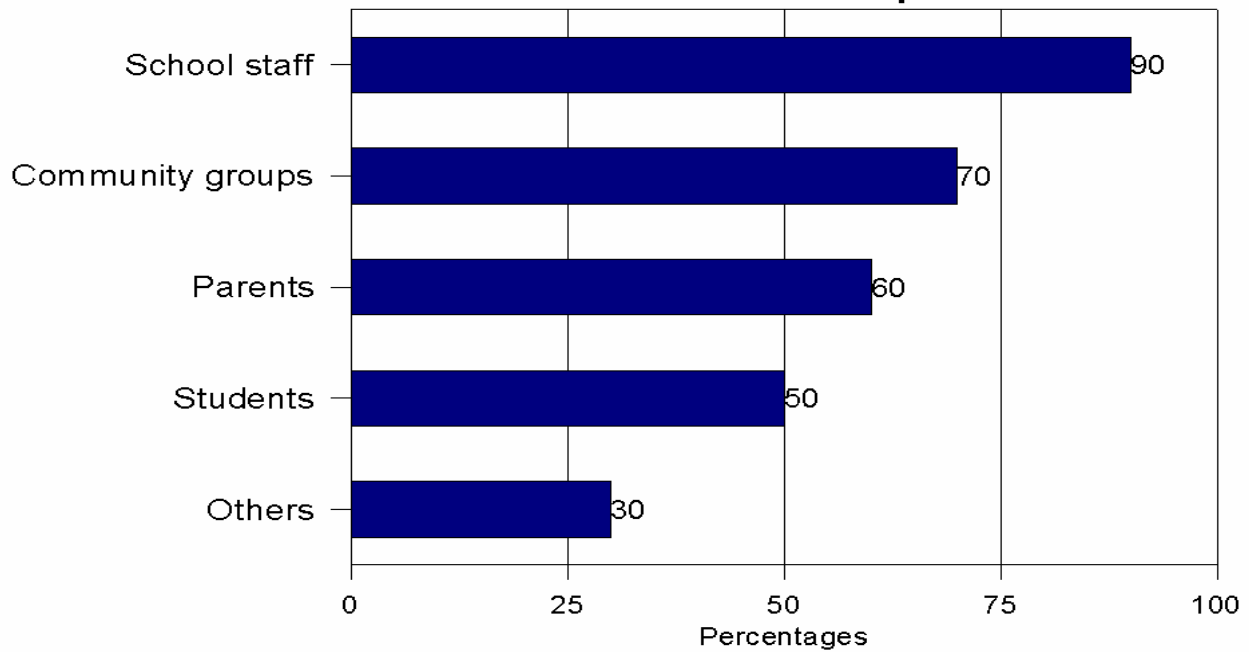
### **2.2.3) Trainees' Perceptions of the Prevalence of Stigma Related to Suicide:**

The majority of trainees felt that there was at least some stigma in their schools and communities regarding people thinking about suicide or people dying by suicide (85.7% and 75.0%, respectively) (Figure 14). None felt that there were very high levels of stigma in their schools, while one trainee (12.5%) reported this regarding their communities.

### **2.2.4) How Confident Were Trainees About Their Ability to Deliver Workshops?**

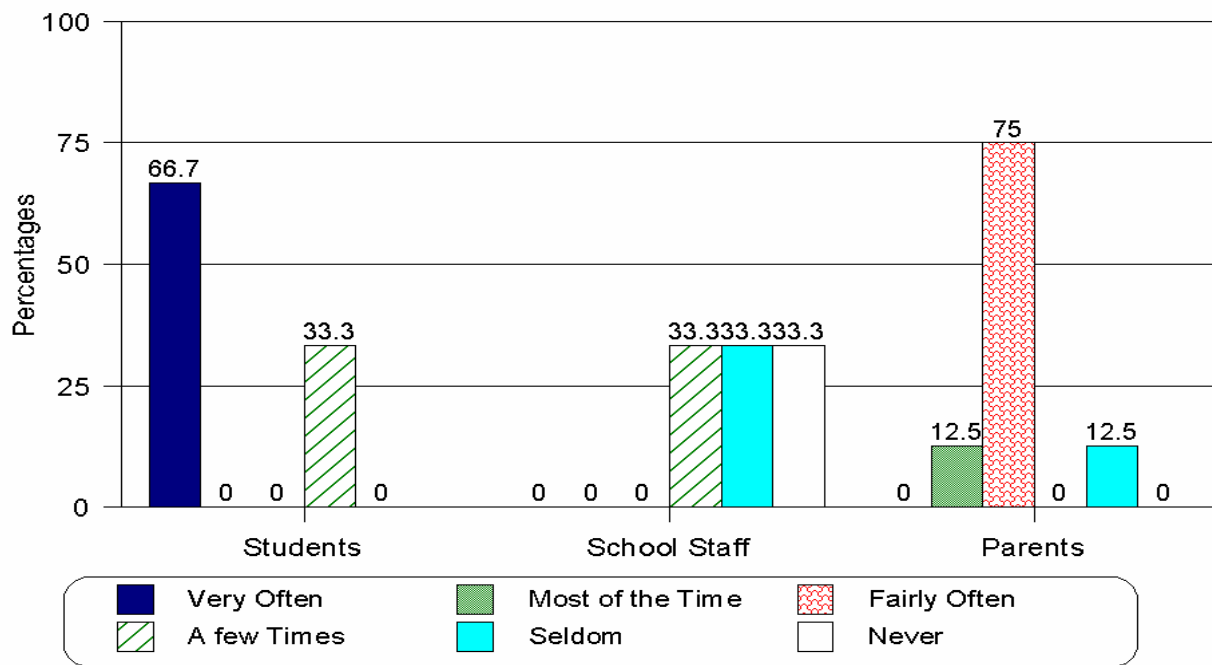
Following the T4T training session six trainees (60.0%) were somewhat confident in their ability to deliver the safeTALK workshops in their schools, one (10.0%) was very confident in her or his ability to deliver the workshops, and three (30.0%) were not very confident about this (Figure 15).

**Figure 12 For Which Groups Will Trainees Provide The SafeTALK Workshops?**



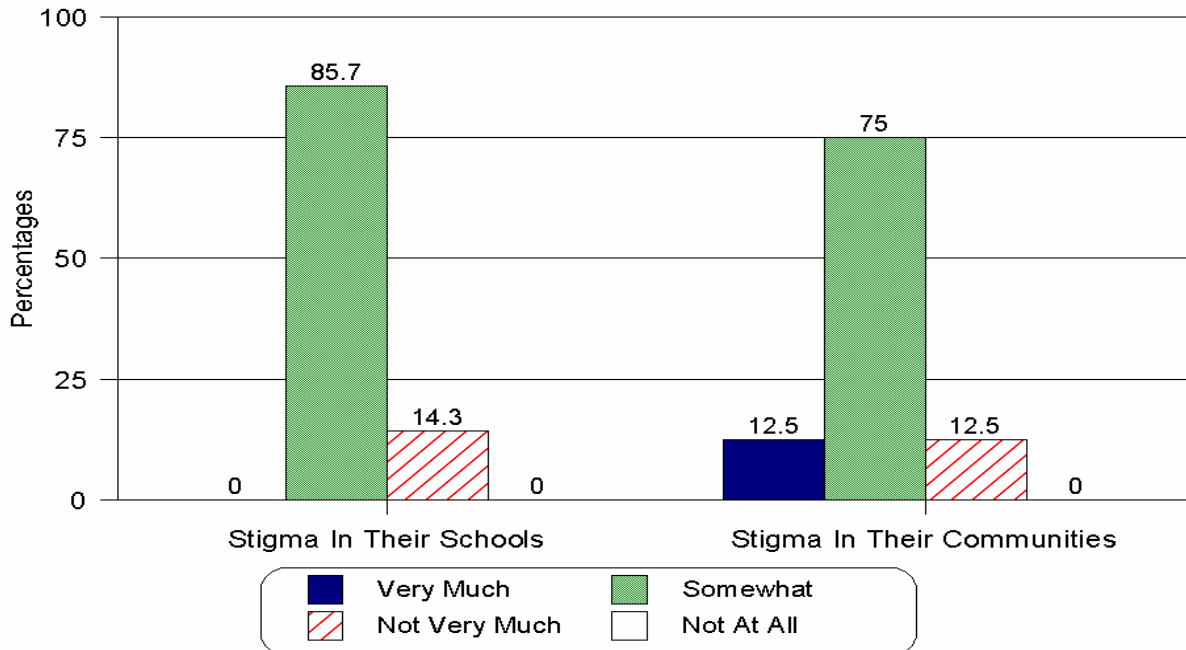
(MFNERC. N=10. Multiple responses were allowed.)

**Figure 13 Did Trainees Think The Following People At There Schools Have Thought Of Suicide?**



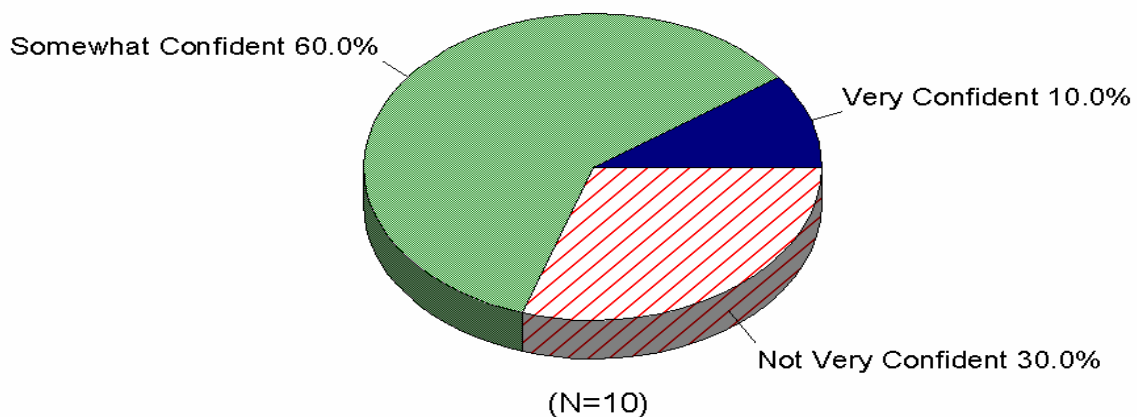
(MFNERC N=9, 6, 8. Data adjusted to exclude 'Not Sure' Responses.)

**Figure 14 Trainees Estimating Levels Of Stigma Related To People Thinking About, Attempting, or Dying By Suicide**



(MFNERC N=7, 8. Data adjusted to exclude 'Not Sure' Responses.)

**Figure 15 How Confident Are Trainees About Their Ability To Deliver SafeTALK Workshops In Their Schools?**

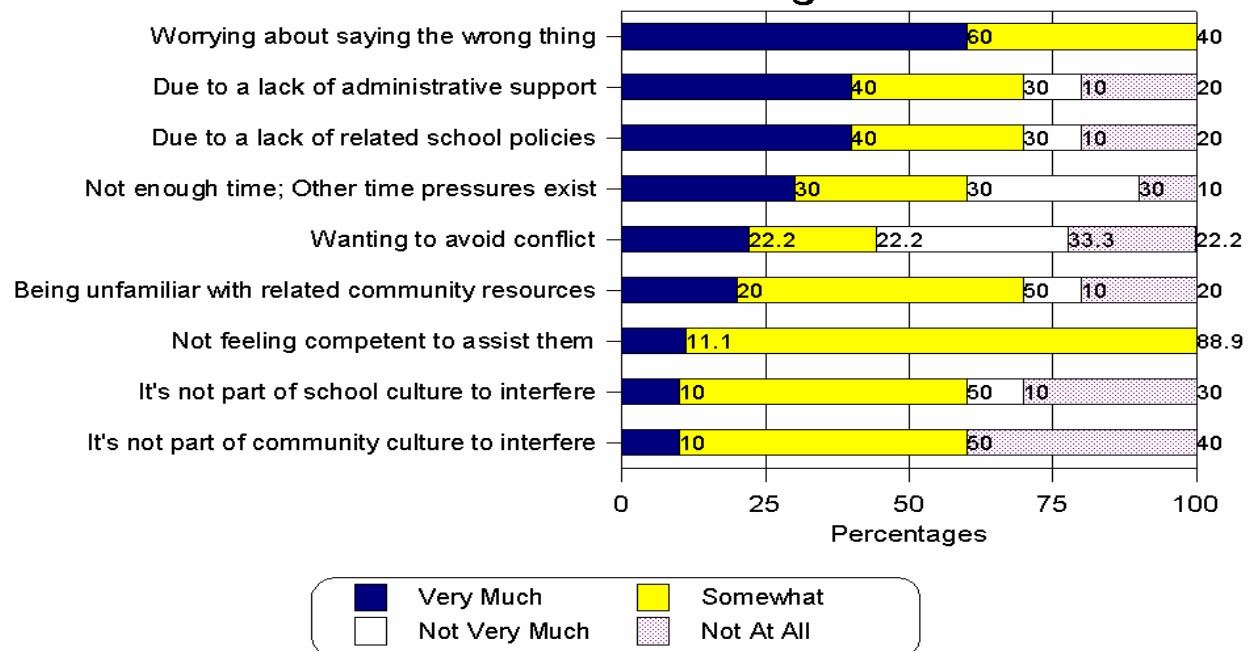


(MFNERC)

### 2.2.5) Why Some People Might Be Hesitant to Assist People Thinking About Suicide

When trainees were asked why some people who attend their safeTALK workshops may be hesitant to assist people who may be thinking of suicide, the most frequent response was that they might worry about saying the wrong thing, with six (60.0%) reporting that this may be a very important reason (Figure 16). This was followed by a lack of administrative support in their schools (40.0%, n=4); a lack of related school policies (40.0%); not having enough time given competing time pressures (30.0%, n=3); wanting to avoid conflict (22.2%, N=2); and being unfamiliar with related community resources (20.0%). Reasons identified by one trainee each included: not feeling competent to assist them; that it is not part of the school culture to interfere; and it is not part of the community culture to interfere.

**Figure 16 Reasons Why Some People Might Be Hesitant To Assist Those Thinking About Suicide**



(MFNERC N=10, 10, 10, 10, 9, 10, 9, 10, 10. Adjusted to exclude 'Don't Know' responses.)

### 2.2.6) Did Trainees Feel Sad or Overwhelmed by Material Provided Through the T4T Session?

None of these trainees reported feeling very sad or overwhelmed by any of the material provided through the T4T training session (Figure 17). Three (33.3%) felt somewhat sad or overwhelmed by it, three felt not very sad or overwhelmed, and three were not at all sad or overwhelmed as a result of the workshop.

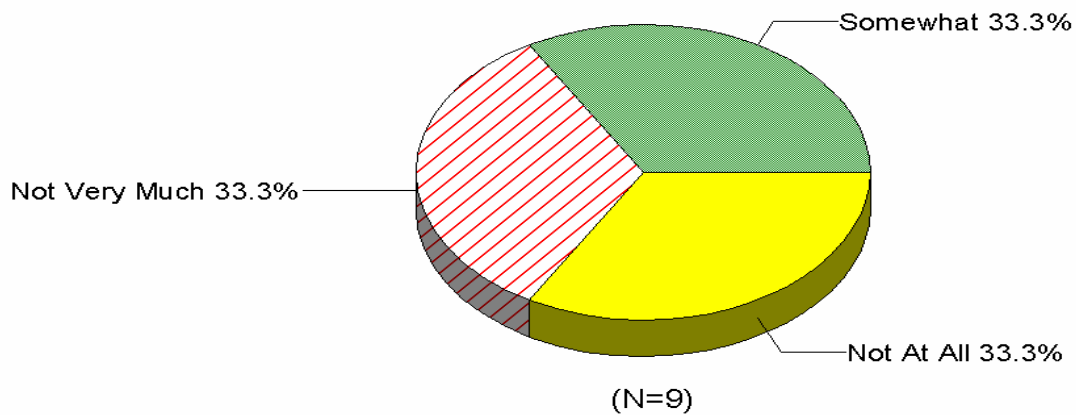
### 2.2.7) Were Trainees Provided With Support If Needed?

Of the three trainees who felt somewhat sad or overwhelmed as a result of the T4T training session, all reported receiving support (Figure 18). Two received support during the workshop and one received support after the workshop.

### 2.2.8) Trainees Evaluating the Usefulness of the SafeTALK T4T Training Session Topics:

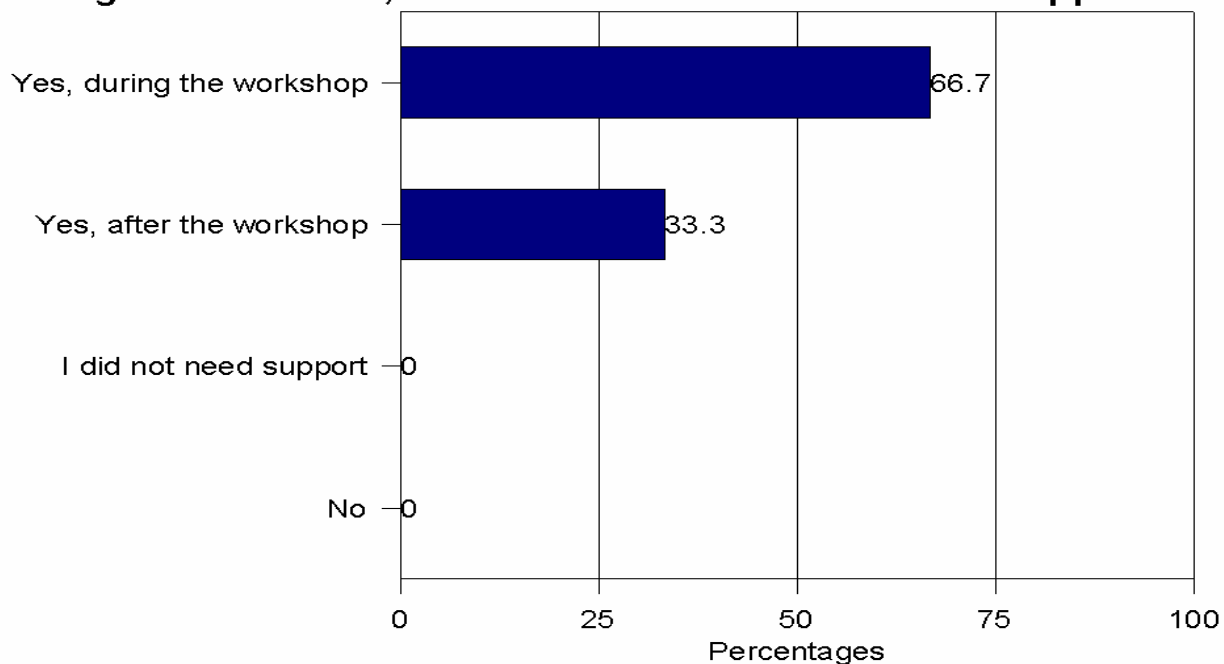
When trainees were asked to evaluate the personal usefulness of the T4T topics, virtually all were assessed as being at least somewhat useful for them (Figure 19). All of these trainees (100%) evaluated the topic of The Tell, Ask, Listen, KeepSafe (T.A.L.K.) model as being personally very useful for them. The percentage of trainees who evaluated the remaining topics as being very useful include, in ranked order:

**Figure 17 Were Trainees Sad Or Overwhelmed By Any Of The Material Provided Through The Session?**



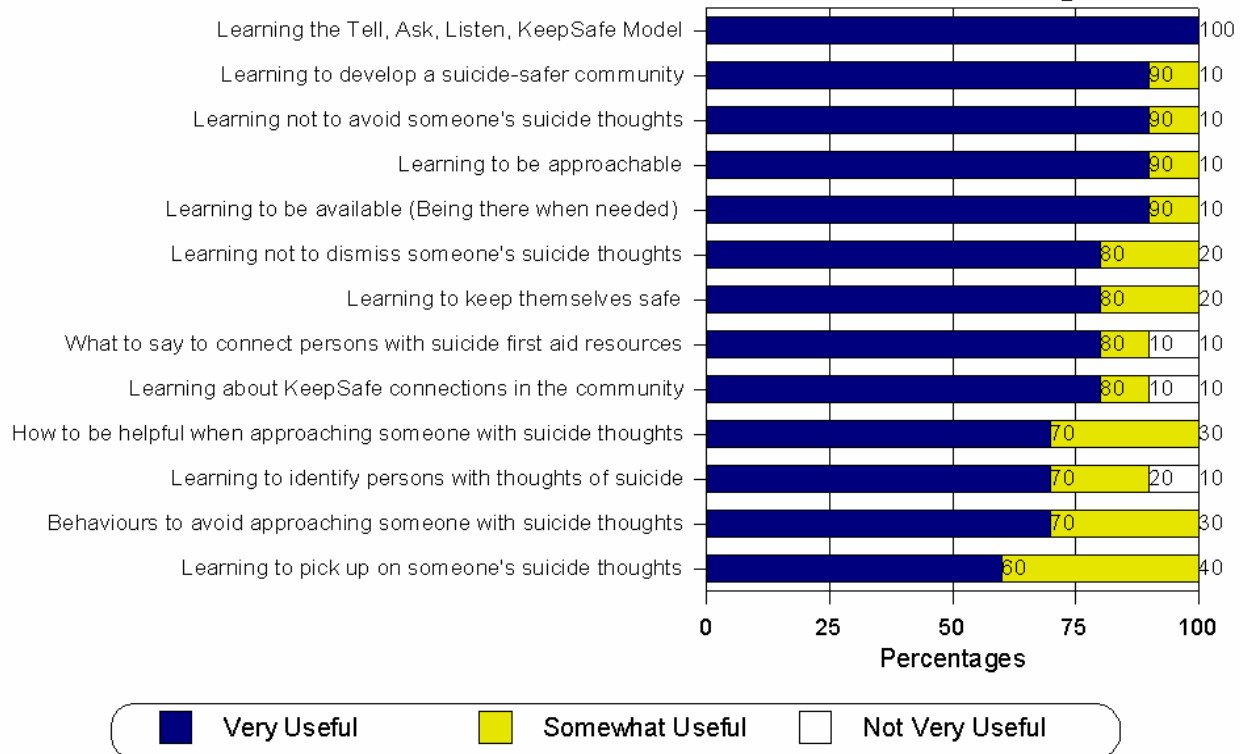
(Adjusted to exclude missing data.)

**Figure 18 If 'Yes,' Were Trainees Provided With Support?**



(N=3.)

**Figure 19 Trainees Evaluating The Personal Usefulness Of The Elements Of the SafeTalk T4T Training**



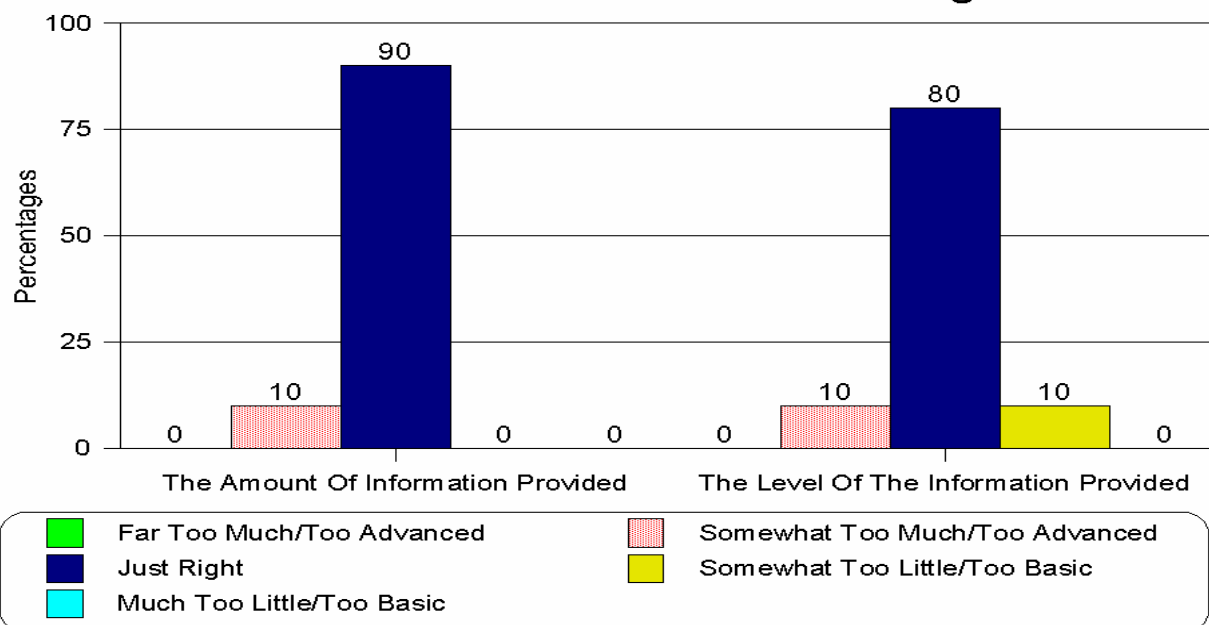
(MFNERC. N=10, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10.)

- Learning to develop a suicide-safer community (90.0%)
- Learning to not avoid someone's suicide thoughts (90.0%)
- Learning to be approachable (to accept connections from alert helpers) (90.0%)
- Learning to be available (to be there when needed) (90.0%)
- Learning to not dismiss someone's suicide thoughts (80.0%)
- Learning to keep themselves safe (80.0%)
- Learning what to say to connect persons with thoughts of suicide to *suicide first aid* resources (80.0%)
- Learning about KeepSafe connections in the community (80.0%)
- Learning how to be helpful when approaching someone with thoughts of suicide (70.0%)
- Learning to identify persons with thoughts of suicide (70.0%)
- Learning behaviours to avoid when approaching someone with thoughts of suicide (70.0%)
- Learning to pick up on someone's suicide thoughts (60.0%)

#### 2.2.9) Trainees Evaluating the Amount and Level of the Information Provided:

The large majority of these trainees felt that the T4T training session provided the right amount of information they needed (90.0%), at the right level (80.0%) (Figure 20).

**Figure 20 Trainees Evaluating The Amount And Levels Of Information Provided At The T4T Training Session**

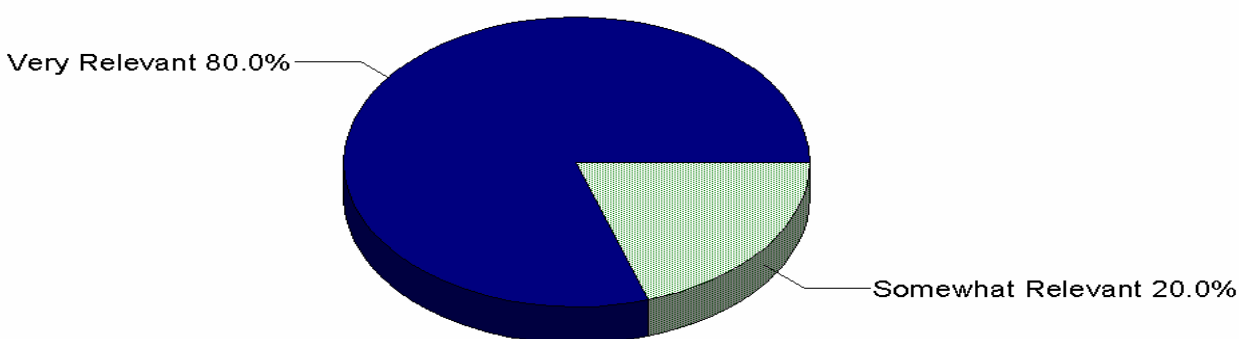


(MFNERC. N=10, 10.)

#### 2.2.10) Trainees Evaluating the Relevance of the Information Provided:

Consistent with the preceding findings, all trainees felt that the information they received through the T4T training session was relevant for them, given the needs of their schools (Figure 21). Of these, 80.0% felt that the information was very relevant.

**Figure 21 Overall, How Relevant Was The Information Provided At The Training Session, Given The Needs Of Their Schools?**



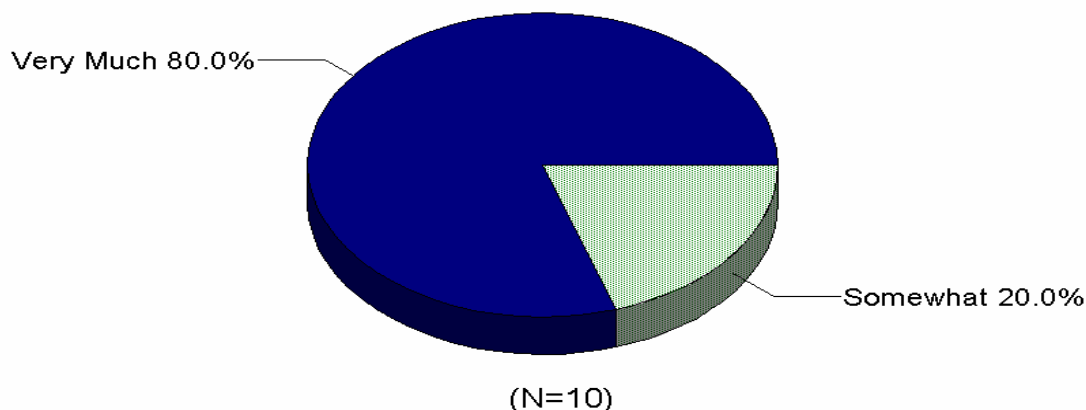
(N=10)

(MFNERC)

### 2.2.11) Trainees Evaluating Whether the T4T Training Session Was a Good Use of Their Time:

Similarly, all of these trainees felt that the two days they spent attending this the T4T training session was a good use of their time, with 80.0% feeling that their time was very well spent (Figure 22).

**Figure 22 Did Trainees Feel That Their Participation In The T4T Session Was A Good Use Of Their Time?**



(MFNERC)

### 2.2.12) Would Trainees Recommend T4T Training Session?

All of the MFNERC trainees would be likely to recommend that their colleagues take the safeTALK T4T training session, with 80.0% being very likely to make this recommendation (Figure 23).

### 2.2.13) Exploring Trainees' Mental Health Status:

Following the session trainees were provided with six possible indicators of depressive moods and were asked how frequently they experienced each of these during the preceding 30 days. Responses ranged from: None of the Time ('0'), a Little of the Time ('1'), Some of the Time ('2'), Most of the Time ('3'), and All of the Time ('4'). Mean responses and percentiles are provided below. None of the indicators were frequently experienced by these trainees (Figure 24). They included:

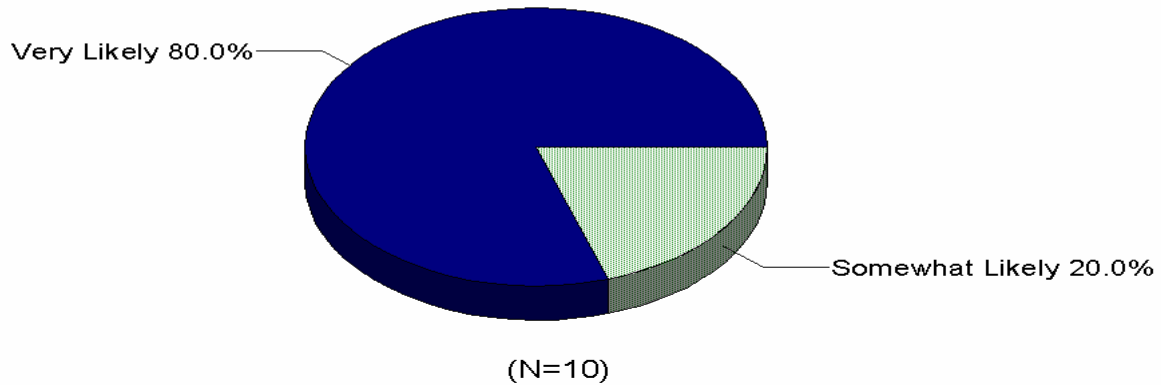
- Feeling **nervous** (with a mean of 1.5, the 30<sup>th</sup> percentile)
- Feeling that **everything is an effort** (a mean of 1.4, the 28<sup>th</sup> percentile)
- Feeling **restless or fidgety** (a mean of 1.3, the 26<sup>th</sup> percentile)
- Feeling **hopeless** (a mean of 0.8, the 16<sup>th</sup> percentile)
- Feeling **worthless** (a mean of 0.6, the 12<sup>th</sup> percentile)
- Feeling **too depressed to be cheered up** (a mean of 0.4, the 8<sup>th</sup> percentile)

### 2.2.14) Exploring Trainees' Likelihood of Seeking Help for Mental Health Problems or Thoughts of Suicide, Over Time:

Trainees were asked four questions regarding the likelihood of asking for help, and seeking help, in the event that they were to experience a mental health problem or to have thoughts of suicide. These questions were asked both prior to and immediately following their T4T training session. All trainees were

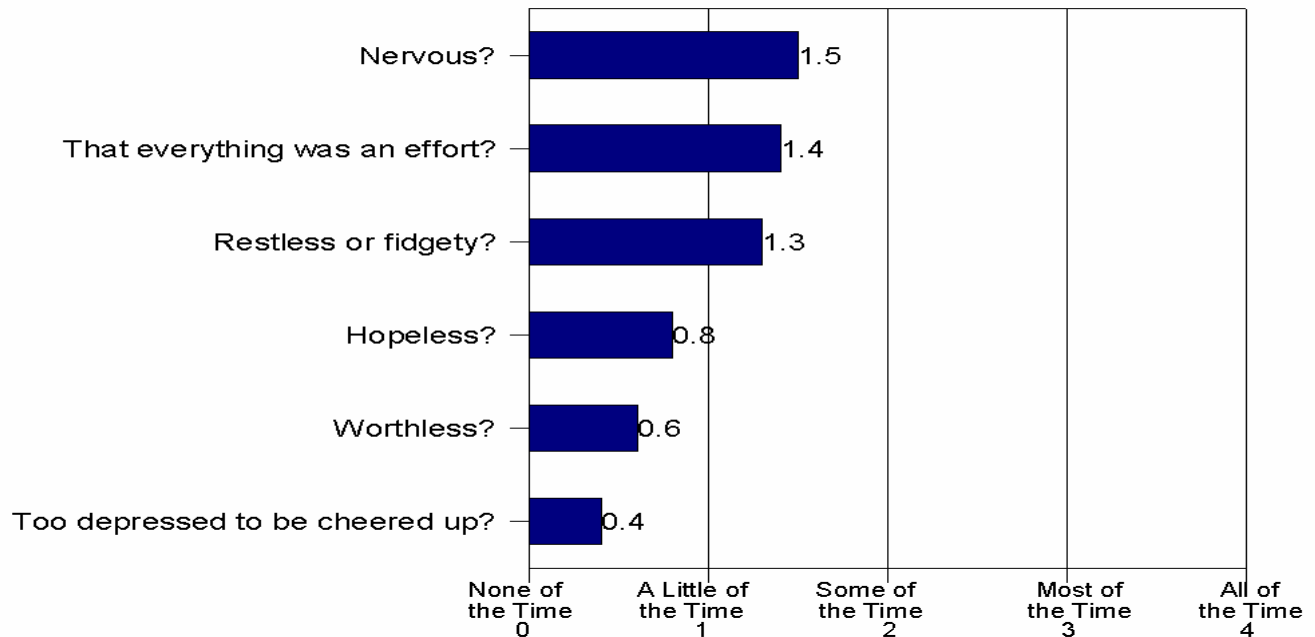


**Figure 23 How Likely Are The Trainees To Recommend SafeTALK T4T Training To Their Colleagues?**



(MFNERC)

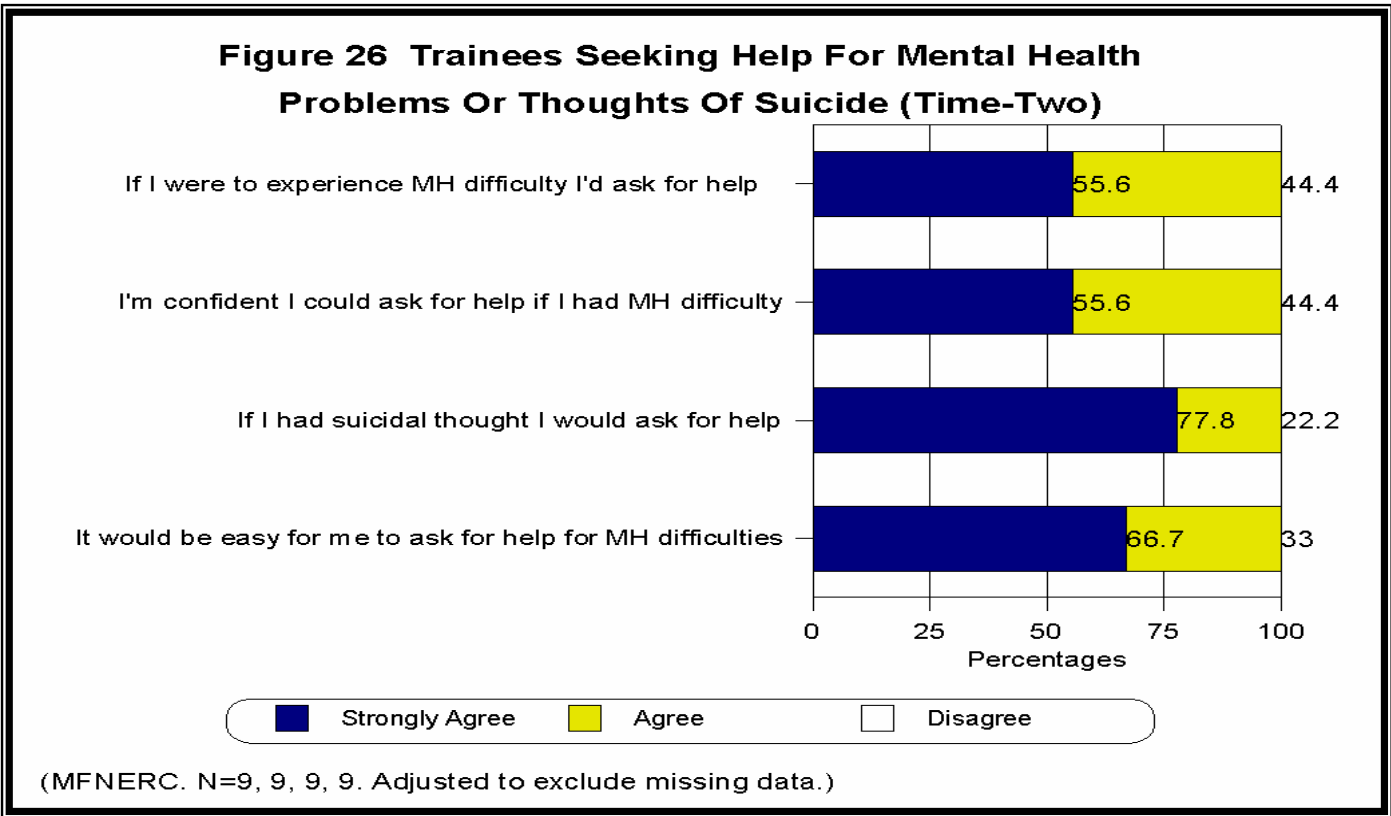
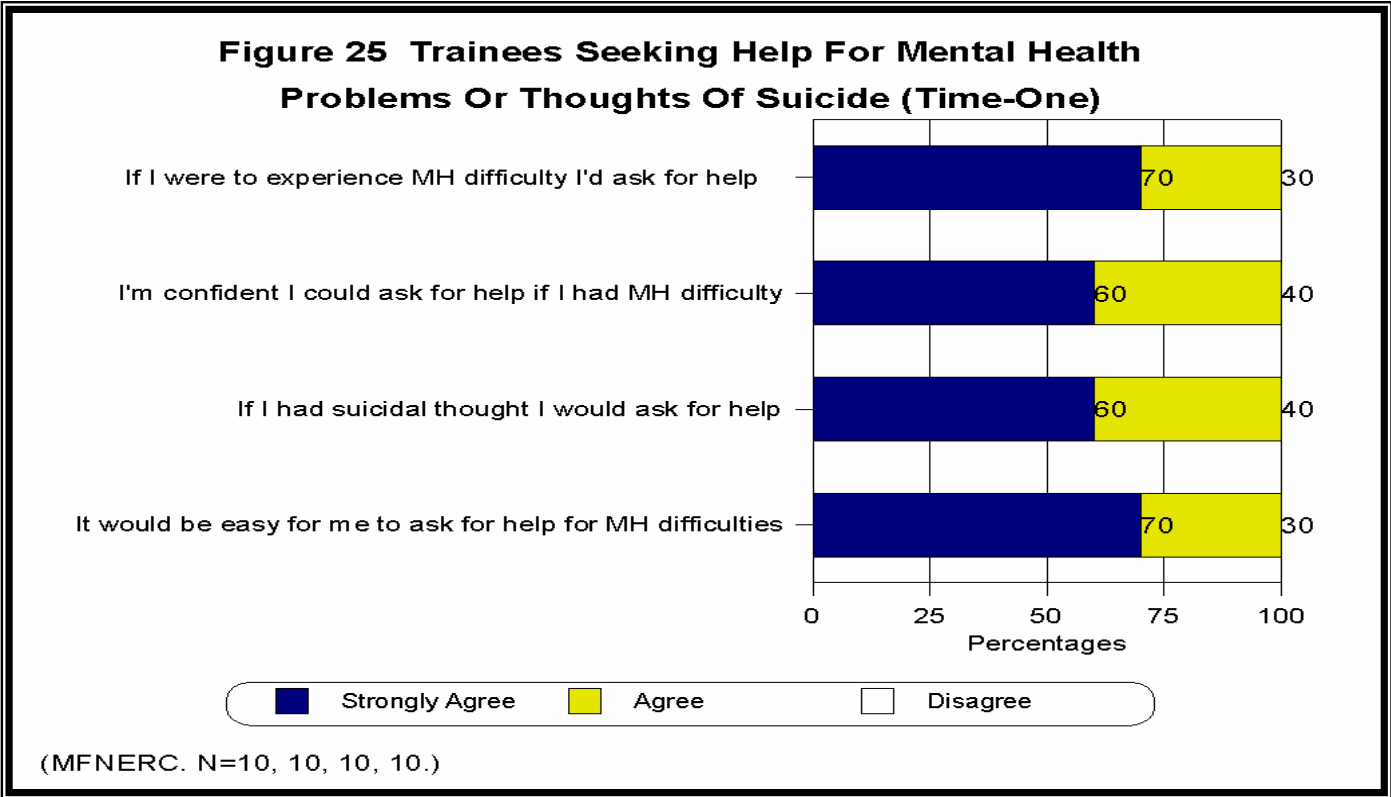
**Figure 24 During Past 30 Days, About How Often Had Trainees Felt...**



(MFNERC. N=10. Mean responses.)

were at least somewhat likely to ask for help at both junctures regarding their T4T training, if they experienced mental health difficulties or thoughts of suicide (Figures 25 and 26). While there were some differences in their responses over time, none were significant (Figure 27).

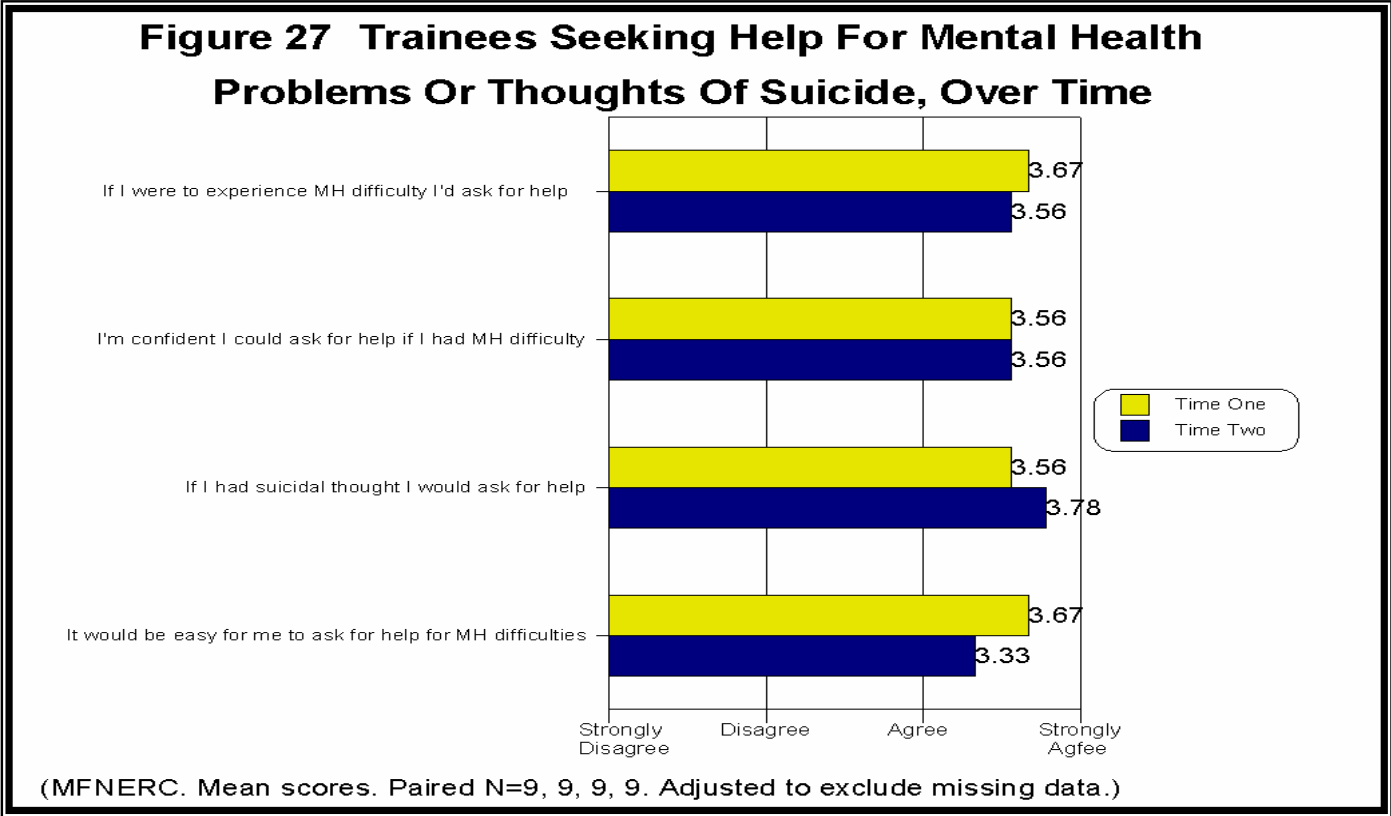
Immediately prior to the training session 70% of the trainees strongly agreed that they would ***ask for help if they were to experience mental health difficulties***. Immediately following the training session, this dropped to 55.6% of the trainees.



Prior to the training session 60.0% of the trainees strongly agreed that **they were confident they would ask for help if they had mental health difficulties**, this dropped marginally to 55.6% following the training session. The differences likely relate to the fact that 10 trainees answered this question at Time-One and nine answered it at Time-Two.

Prior to the training session 60.0% of the trainees strongly agreed that they would **ask for help if the had thoughts of suicide**, with 77.8% reporting this following the training session.

There were no notable differences in the percentage of trainees who strongly agreed that **it would be easy for them to ask for help if they had mental health difficulties**, from 70.0% prior to the training session to 66.7% immediately following the training session.



**2.3) Postscript:**

While the MFNERC cohort of safeTALK T4T trainees positively evaluated the training session in which they participated in 2016, none provided safeTALK workshops during the 2016-2017 school year. Attempts were made to contact these trainees by telephone to administer a follow-up survey in June, 2017. Two trainees participated in this telephone interview. When asked why workshops were not provided that year, one trainee felt unprepared by the training session, and the second felt unsupported in her school to proceed with the workshops. Both of these individuals indicated their intentions to begin facilitating safeTALK workshops during the 2017-2018 school year.

As a result, the evaluation findings provided in the remainder of this report are based solely on the activities of the first cohort of safeTALK facilitators.



## CHAPTER THREE

### THE RESULTS FROM THE SafeTALK FACILITATORS' LOGS

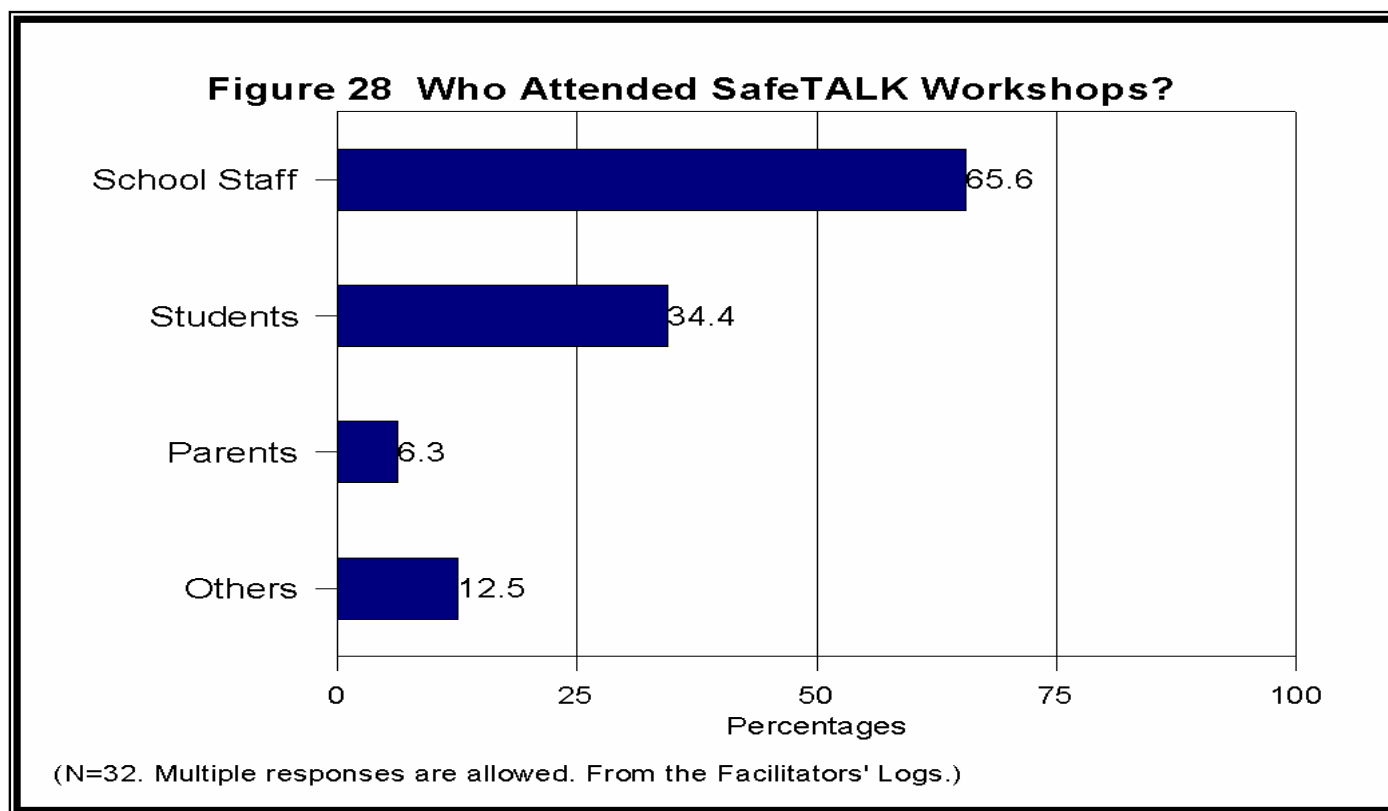
#### I) BACKGROUND:

This chapter provides the results from the *safeTALK Facilitators' Logs*. These online forms were completed by facilitator's following each workshop administration. Information was provided regarding 32 workshops was provided. In at least one instances a workshop was facilitated without a log being completed.

#### II) FINDINGS FROM THE SafeTALK FACILITATORS' LOGS:

##### 2.1) Who Attended the Workshops?

Just under two-thirds of these workshops (65.6%) were attended by school staff, 34.4% were attended by students, 6.3% were attended by students' parents, and 12.5% were attended by 'other' audiences (Figure 28). Multiple responses were allowed.



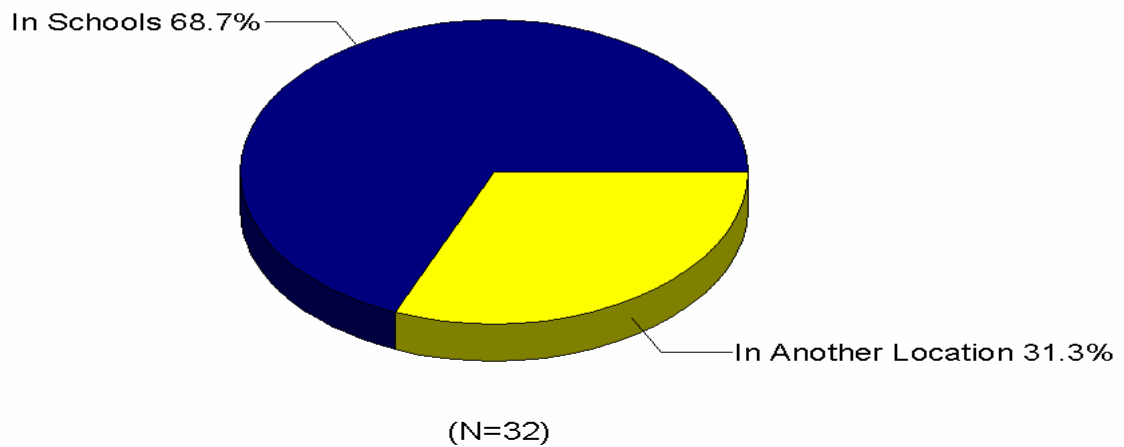
##### 2.2) Where Were the Workshops Provided?

Just over two-thirds of the safeTALK workshops (68.7%) were provided in schools (Figure 29). Of the remaining 31.3% (n=11), nine were provided in school division offices, and two were provided in regional health offices.

##### 2.3) How Many Participants Attended the Workshops?

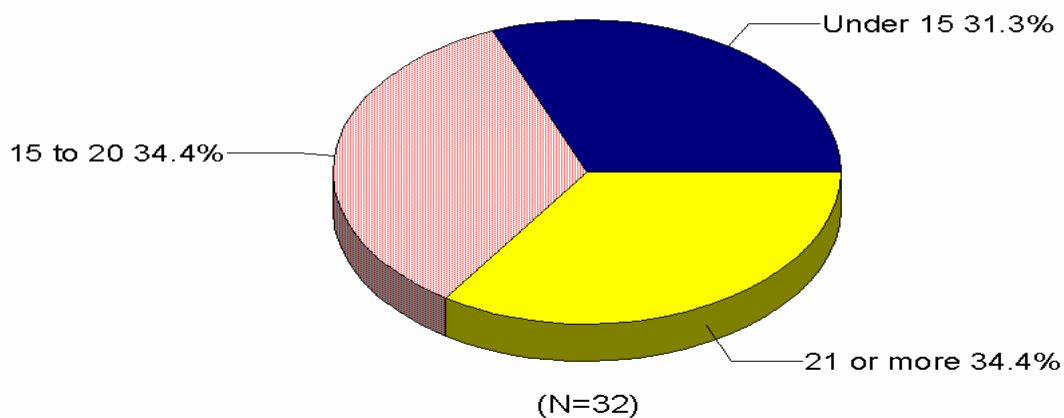
The number of participants accounted for through the 32 completed safeTALK Facilitators' Logs is 588. This reflects a mean of 18.4 participants per workshop and median of 17.0 (sd=6.86). The smallest number of participants was 7 and the largest was 31. Categorically, 31.3% of the workshops had fewer than 15 participants, 34.4% had from 15 to 20 participants, and 34.4% had 21 or more participants (Figure 30).

**Figure 29 Where Were The Workshops Provided?**



(From The Facilitators' Log.)

**Figure 30 How Many People Attended The Workshops?**



(From The Facilitators' Log.)

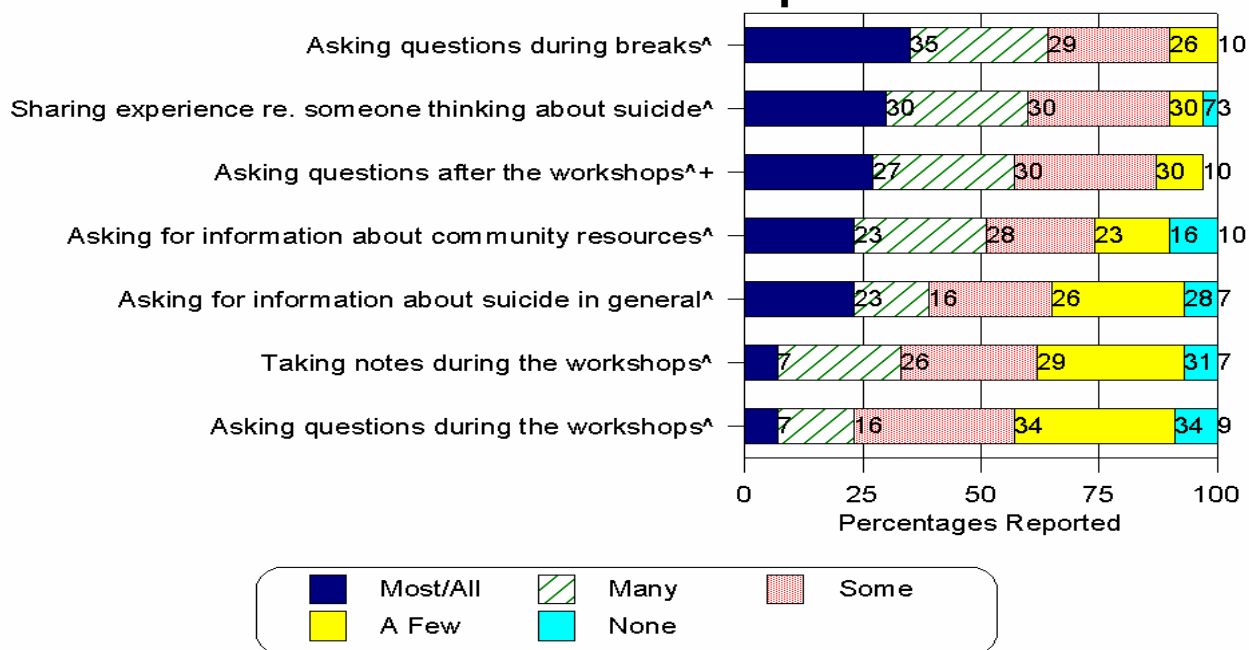
#### **2.4) Exploring Participants' Perceived Levels of Engagement in the Workshops:**

To gauge how engaged participants were in their workshops, facilitators were asked to estimate how many of their participants asked questions at different points of the workshop, how many took notes, how many asked for information regarding suicide in general and related community resources, and how many shared a personal experience regarding someone else's thoughts of suicide. The potential responses ranged from Most/All, Many, Some, A Few and None.

There were four types of interactions between facilitators and participants for which high levels of engagement were perceived (Figure 31). These included the numbers of participants who:

- **Asked questions during workshop breaks:** 64.0% of the facilitators reported high levels of related engagement. Of these 35.0% reported that all or most of their participants asked questions during breaks, and 29.0% reported that many did this.
- **Shared an experience about someone (they knew) who was thinking about suicide:** 60.0% of the facilitators reported high levels of related engagement. Of these 30.0% reported that all or most of their participants did this, and 30.0% reported that many did this.
- **Asked questions after the workshops:** 57.0% of the facilitators reported high levels of related engagement. Of these 27.0% reported that all or most of their participants did this, and 30.0% reported that many did this.
- **Asked for information about related resources in their communities:** 51.0% of the facilitators reported high levels of related engagement. Of these 23.0% reported that all or most of their participants did this, and 28.0% reported that many did so.

**Figure 31 Participants' Levels Of Involvement  
In Their Workshops**



(N=31, 30, 30, 31, 31, 31, 32. <sup>^</sup>Rounded to increase legibility. <sup>+</sup>Truncated to increase legibility. Adjusted to exclude missing data. Taken from the Facilitators' Logs. )

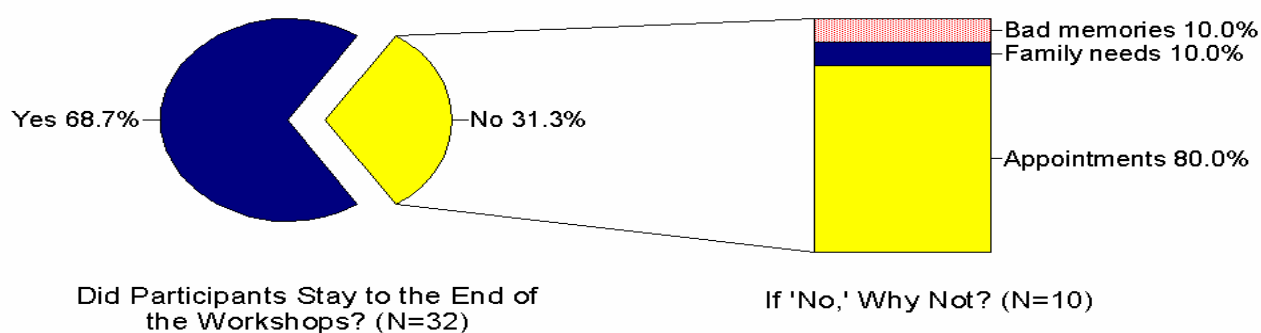
There were three less frequent modes of engagement observed by these facilitators. These included participants who:

- **Asked for information about suicide in general:** 39.0% of the facilitators reported high levels of related engagement. Of these 23.0% reported that most or all of their participants did this, and 16.0% reported that many did this.
- **Took notes during the workshop:** 33.0% of the facilitators reported high levels of related engagement. Of these 7.0% reported that most or all of their participants did this, and 26.0% reported that many did this.

- **Asked questions during the workshops:** 23.0% of the facilitators reported high levels of related engagement, 7.0% reported that most or all of their participants did this, and 16.0% reported that many did so.

Another way to determine whether participants were engaged in the workshop was to explore whether participants remained until they were completed. Facilitators were asked through their Logs whether participants stayed until the end of the workshops and, if not, what their reasons for leaving were. About two-thirds of the facilitators who completed a Log (68.7%) reported that none of their participants left their workshops early (Figure 32). Of the remainder, 80.0% (n=8) reported that they left for a scheduled appointment, 10% (n=1) reported they left to address family needs, and 10% reported they left because some of the content brought back bad memories or feelings.

**Figure 32 Did Participants Stay To The End Of Their Workshops?**



(From The Facilitators' Log.)

## 2.5) Facilitators' Perceptions of Their SafeTALK Workshops:

The final component of the Facilitators' Log asked them to share perceptions of their workshops. This could include what went well, changes they would make, and concerns they had. Thirty facilitators provided perceptions. Virtually all felt positively about their workshops, although there were often observations about changes needed to improve aspects of the workshops. No facilitators provided overall negative feedback. Facilitators' comments fell into seven categories, including, those who wrote that:

- Their workshops were unqualified successes (n=8)<sup>9</sup>
- Their workshops were successful but they suggested format and content changes (n=8)
- Their workshops were successful but they would benefit from more practice delivering it (n=4)
- Their workshops were successful but they experienced technical difficulties (n=3)
- Their workshops were successful but they experienced scheduling difficulties (n=3)
- Their workshops were successful but they experienced time-management issues (n=2)
- The workshop was successful but she/he experienced environmental difficulties (n=1)
- The workshop was successful but students were reluctant to participate in brainstorming (n=1)

<sup>9</sup> Verbatim comments are provided on the following pages, sorted by theme.



### **2.5.1) Their Workshops Went Well; An Unqualified Success:**

Eight facilitators provided overall positive perceptions of their workshops. These workshops went smoothly and without a hitch. Participants were engaged with a lot of positive interaction, some personal stories were shared, and the technology worked. Related verbatim comments follow.

***[This] was a very engaged group. Many [participants] just really listened to those willing to share, taking notes, etc. Everyone participated and saw the importance of practicing. Overall it was very good. There were also people interested in having this training for individual groups, which is good as we want to train as many people in our communities as we can.***

***Engagement of participants, good questions, they made a connection with the material, understood its relevance and importance. No concerns.***

***I prepared; there was engagement; material was relatable; serious subject matter handled with sensitivity; consistent language scripts to role-play; safe supportive environment; all went well.***

***This workshop was done primarily for a clinicians' group. They were well-informed on the subject so the conversations and questions were more varied and intense. Feedback was positive.***

***The session went very well. The participants enjoyed the practice and created a scenario they would typically see in a high school. [I] used the First Nations video instead.***

***Good group, and the facilitation went smoothly.***

***The workshop was good; nothing noteworthy to report.***

***I did not have any concerns during this workshop. It went well.***

### **2.5.2) Their Workshops Went Well, But Changes to Format and/or Content are Indicated:**

Eight facilitators provided positive perceptions of their workshops with the caveat that some participants wanted to see changes to the format or content. This included adding videos or other material reflecting their populations; providing videos tailored to the needs of educators; providing more role-playing opportunities; providing "suicide intervention training and counselling skill development"; involving younger students as participants; providing more time for participants to practice their new skills; and delivering the workshops to larger groups.

***A few of the participants noted that the video and scripted material could be made more relevant to the target demographic.***

***We think the presentation went well. It was noted that many of the videos did not specifically apply to teachers/educators and were sometimes hard to connect to. There is nothing for us to do at this time but we hope as new videos become available that we can sub them out.***

***It went well - many students' feedback suggested more role-plays.***

***Overall very well received, students were very quiet, asked some questions. It would be nice to give them more time to practice and to work in small groups.***

***Good workshop, but according to the evaluations, it appears that several members were expecting suicide intervention training, and counselling skills. I facilitated an additional session after this one, and made sure to clarify what this course does, and does not, do. Will continue this in future.***

***I would try to have more participation with younger students and create opportunities for dialog: being young they were very hesitant to participate. Perhaps working in small groups for ideas and then presenting the ideas they came up with.***

***Because it was all adults in the training there were a lot more questions [and] sharing of personal stories. I feel that many people were there out of genuine concern to learn how to help individuals in their community or personal lives. I feel that having more time to practice the scenario would be beneficial as people had requested this.***

***The participants were very engaged [although] the group size was too small.***

#### **2.5.3) Their Workshops Went Well, But More Practice is Needed by Them:**

Four facilitators provided positive perceptions of their workshops although they felt that they needed more practice in the delivery of these workshops.

***[It] went well, but I felt I was reading too much the material as it was my first time.***

***It went well. Since it was my first time, I felt I was reading the material. Afterwards, we felt that we would change one of the videos to First Nations.***

***This was our first workshop and it went well but we were rushed in the end. Need to work on time management. More time for practice was requested and more time on the keep safe person. More discussion about how to access community resources was also requested.***

***Doing this presentation with students I feel it is important for us next time to demonstrate a few role plays so they can understand how to incorporate the steps in the helping process. A few of the students were lost at first to know what to say in their role play but with practice they all did great.***

#### **2.5.4) Their Workshops Went Well, But There Were Technological Issues:**

Three facilitators felt their workshops went well, although they reported technological issues that arose. This included problems with a USB drive and a PowerPoint presentation that was apparently incompatible with an older version of the software.

***There was one technical glitch: I had someone ready and available, I would have an extra USB (flash drive) mine almost broke.***

***Managing time. Keep it relevant with real life examples worked well. Had to use the old PowerPoint because the new one did not work. Had lots of positive feedback in person, by phone and email.***

***Round tables were not good; technology issues impacted flow and engagement.***

#### **2.5.5) Their Workshops Went Well, But There Were Scheduling Issues:**

Another three facilitators commented that their workshops went well, but they experienced scheduling issues. This included the impact of students having a longer break during the workshop; a workshop that was rescheduled; and a workshop for which there was a change of venue.

***The students were very engaged and interactive [and] the training went well. The schedule was adapted due to school times, and there was a break after 45 minutes which is when [a] student left. I don't think she would have left had we been able to do the first part of the training uninterrupted.***

***I feel the workshop generally went very well. There was an unexpected change in venue at the last minute but I was able to set up the seating appropriately. I did not have access to a white board or flip chart which I felt impeded my ability to brainstorm and role play as effectively with the group.***

***The day got switched because of an unexpected occurrence and was rescheduled for a day that not all of the students could participate due to track and field provincials so the number was low.***

#### **2.5.6) Their Workshops Went Well, But Time-Management is an Issue:**

Two facilitators commented on the need to improve their time-management regarding the information provided through the workshops.

***The workshop was well received by the counsellors' group. It was a more informed audience. Time management of the material still requires some work. We were rushed in the end partly due to good dialogue in the group.***

***There was a high level of interaction and feedback [that] indicated it was helpful. Time management of material still needs work. Conversations with the group take longer and throw off the timing. Conversations were great and valuable. Small changes could be made to presentation to allow for these.***

#### **2.5.7) The Workshop Went Well, But There Were Environmental Issues:**

One facilitator noted the negative impact of the room temperature at the beginning of the workshop.

***All participants were engaged. The room was cold, and at break I was able to address this. There were no problems with technology. Snacks and beverages were provided.***

#### **2.5.8) The Workshop Went Well, But Students Were Reluctant to Brainstorm:**

One facilitator commented on difficulties involving their students in the workshop to participate in brainstorming activity

***It went very well; students were somewhat reluctant to brainstorm, but otherwise very engaged.***



## CHAPTER FOUR

### THE RESULTS OF THE MANITOBA SafeTALK EVALUATION

#### I) BACKGROUND:

This chapter presents the evaluation results from the perspective of safeTALK workshop participants prior to and immediately following their sessions, and approximately six months thereafter, and school administrators' perceptions toward the end of the program.

##### 1.1) *FastFacts* on the SafeTALK Program in Manitoba: <sup>10</sup>

i) Ten school divisions participated in this program:

|                               |                                    |
|-------------------------------|------------------------------------|
| 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           |

ii) Thirty-two 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   |          |

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.

iii) Over half of the 30 safeTALK facilitators who attended the *Training the Trainer* (T4T) session in 2015 facilitated workshops. However, only 13 facilitators participated in this evaluation. 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 per workshop (sd=7.40). Three facilitators provided workshops to more than 80 participants across multiple sessions.

iii) Based on the number of completed **Participant Questionnaires** a *minimum* of 647 participants attended safeTALK workshops through this program.<sup>11</sup> Of these 638 (98.6%) completed and returned both Parts One and Two of their questionnaires (pretest and post-test components.)

v) Eighty-three participants completed **Participant Follow-Up Surveys** in May and June 2017. This represents 13.0% of all participants.

vi) Nine principals or vice-principals completed **School Administrators' Follow-Up Surveys** in June 2017.<sup>12</sup>

#### II) A BRIEF PROFILE OF SafeTALK WORKSHOP PARTICIPANTS:

##### 2.1) Participants' Gender:

Just under two-thirds of the workshop participants (64.1%) were female (Figure 33).

##### 2.2) Participants' Age Categories:

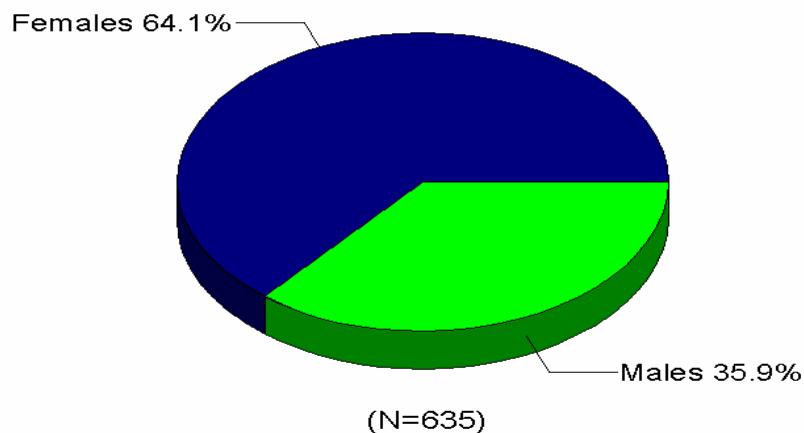
The largest percentage of participants were 35 to 44 years, 24 to 34 years and under 19 years of age (23.5%, 22.3% and 20.5%, respectively) (Figure 34).

<sup>10</sup> Facilitators' Logs were not completed for all workshop provided. As such, some participating communities may have been inadvertently excluded from this list.

<sup>11</sup> This is an estimate as some participants may have left the workshop without returning either part of their questionnaires.

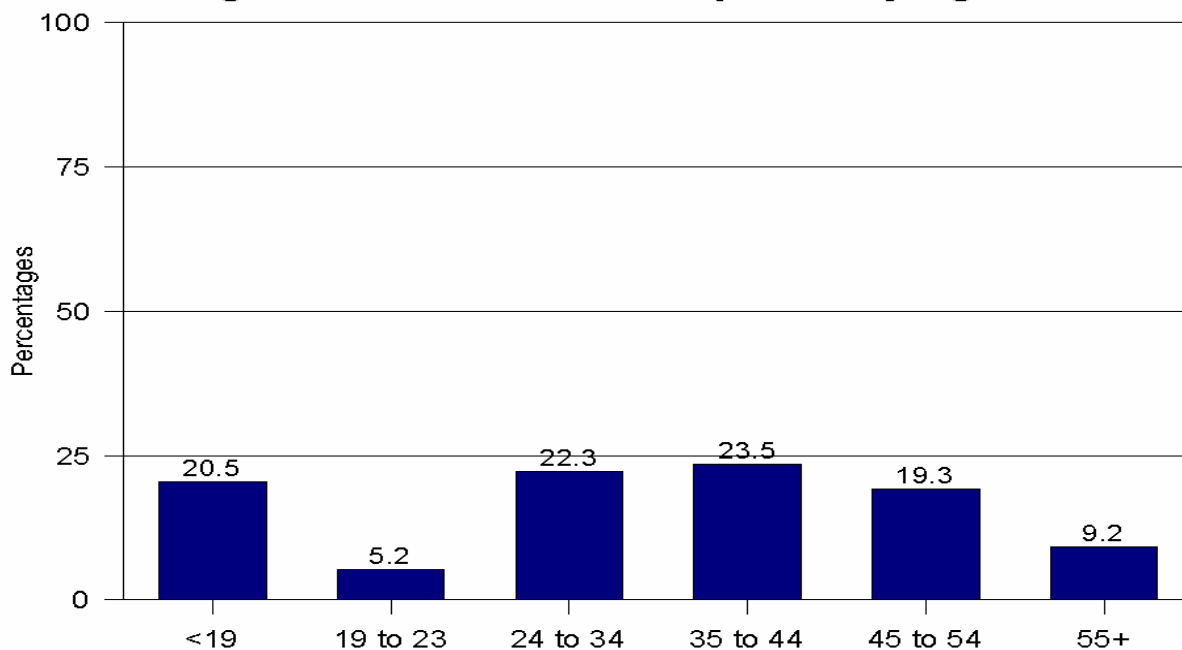
<sup>12</sup> These surveys were completed online.

**Figure 33 SafeTalk Participants, By Gender**



(Data adjusted to exclude missing data.)

**Figure 34 SafeTalk Participants, By Age**



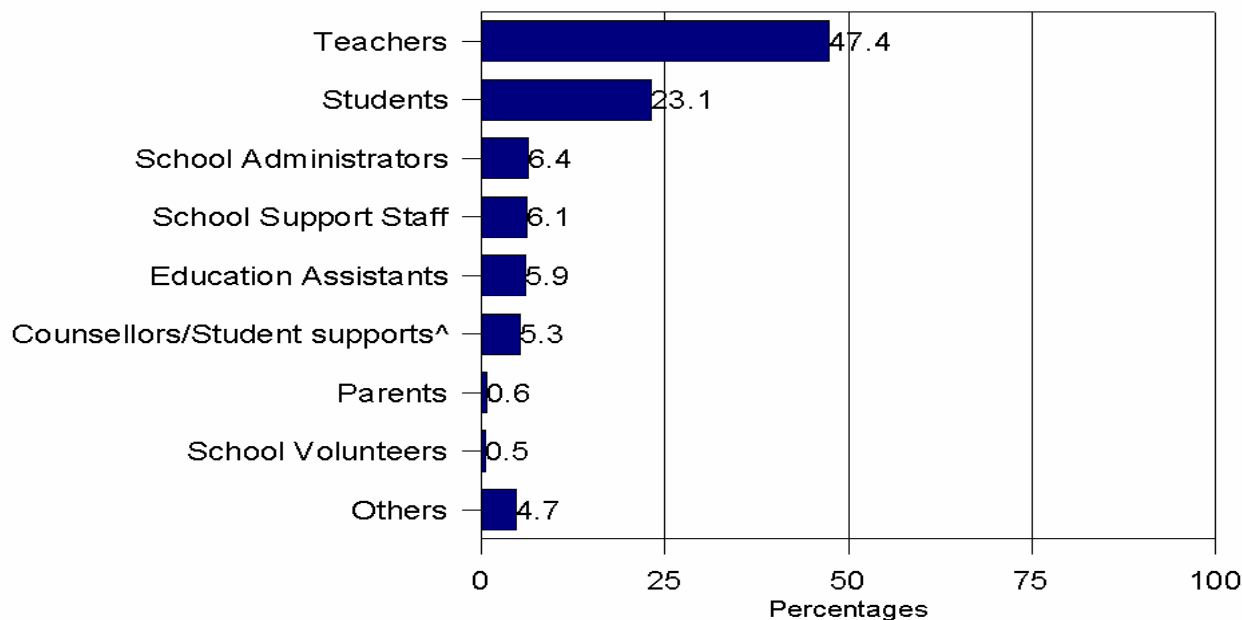
(N=632. Data adjusted to exclude missing data.)

### 2.3) Participants' Roles:

The largest percentage of participants were teachers or students (47.4% and 23.1%) (Figure 35). Of the remainder, 6.4% were school administrators, 6.1% school support staff, 5.9% education assistants, 5.3% counsellors and student supports, 0.6% parents, 0.5% school volunteers, and 4.7% had 'other roles.' Other roles included: student teachers, a BFI Coordinator, a municipal employee, a church youth leader, a home-school coordinator and an RCMP officer. Participants' roles are used as an independent variable for this

evaluation. For this purpose all school staff positions are combined into a single category. School volunteers are combined with those in the 'other' category. The frequencies of these three categories included school staff (71.1%), students (23.1%), and others (5.8%)

**Figure 35 safeTALK Participants, By Their Roles At School**



(N=623. Multiple responses are allowed. ^New category created from 'other' responses. Data adjusted to exclude missing data.)

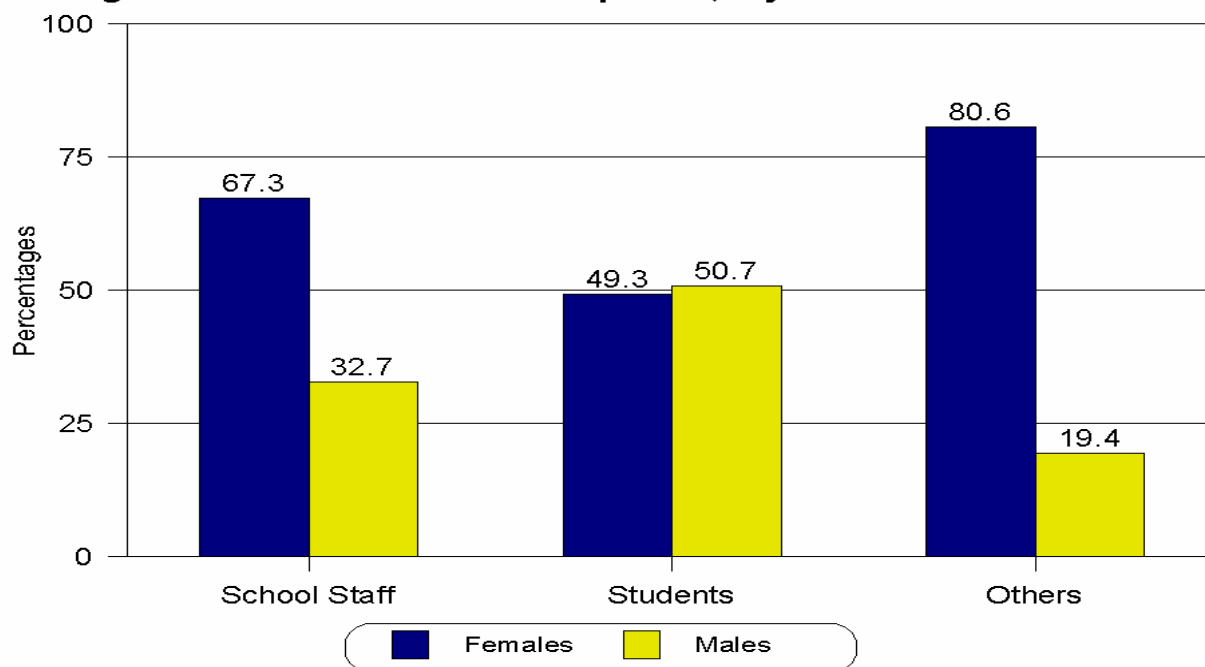
#### 2.4) Participants' Roles by Gender:

Just over two-thirds of the school staff (67.3%) was female and 32.7% male (Figure 36). Students were evenly divided by gender: 50.7% male and 49.3% female (N=623,  $\chi^2=19.90$ , df=2,  $p<.0001$ ). Those in the 'other' category were predominantly female (80.6%) with 19.4% being male.

#### 2.5) Where Workshops Were Delivered:

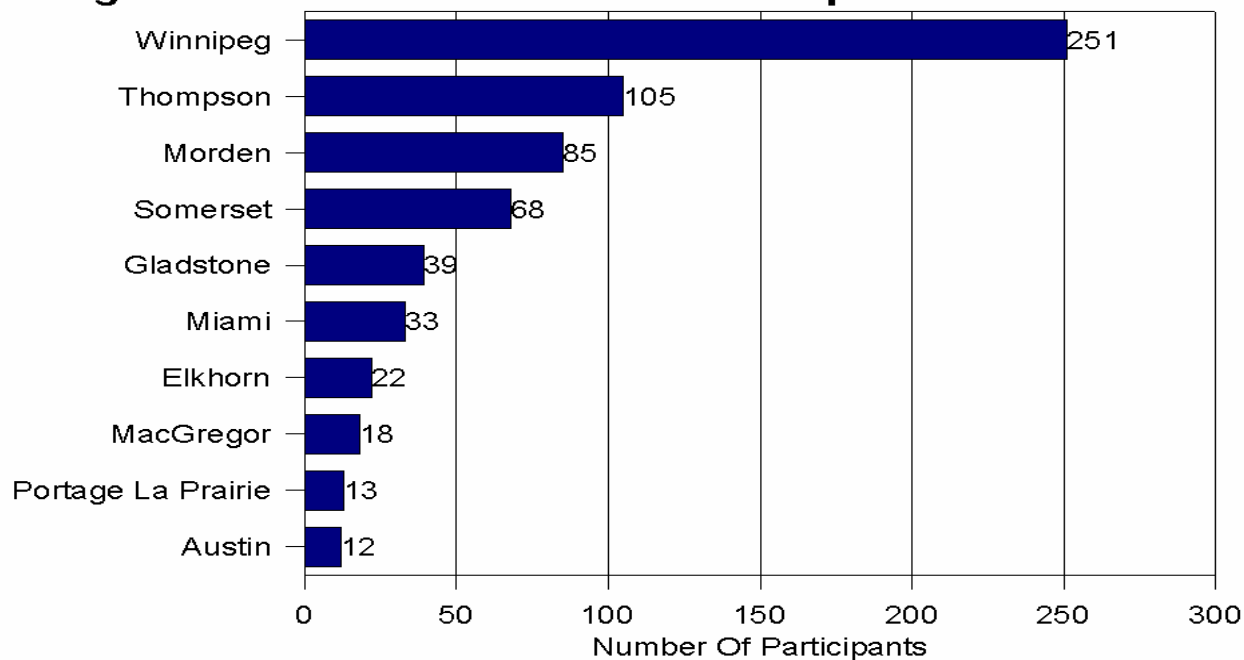
The largest number of participants attended safeTALK workshops in Winnipeg (N=251), followed by Thompson (105), Morden (85) and Somerset (68) (Figure 37). Others attended workshops in Gladstone (39), Miami (33), Elkhorn (22), MacGregor (18), Portage La Prairie (13) and Austin (12).

**Figure 36 SafeTALK Participants, By Role And Gender**



(N= 441, 114, 36. Data adjusted to exclude missing data.)

**Figure 37 Where SafeTALK Workshops Were Delivered**



(N=646)

#####  
#  
#



### III) PARTICIPANTS' PERCEPTIONS OF STIGMA ASSOCIATED WITH SUICIDE:

Participants were asked a series of questions prior to their workshops about their perceptions of their schools' and communities' attitudes regarding suicide, and why they believed that some people may not be open to talking about suicide.

#### 3.1) Perceptions of School and Community Attitudes Regarding Suicide:

##### 3.1.1) The Aggregate Findings:

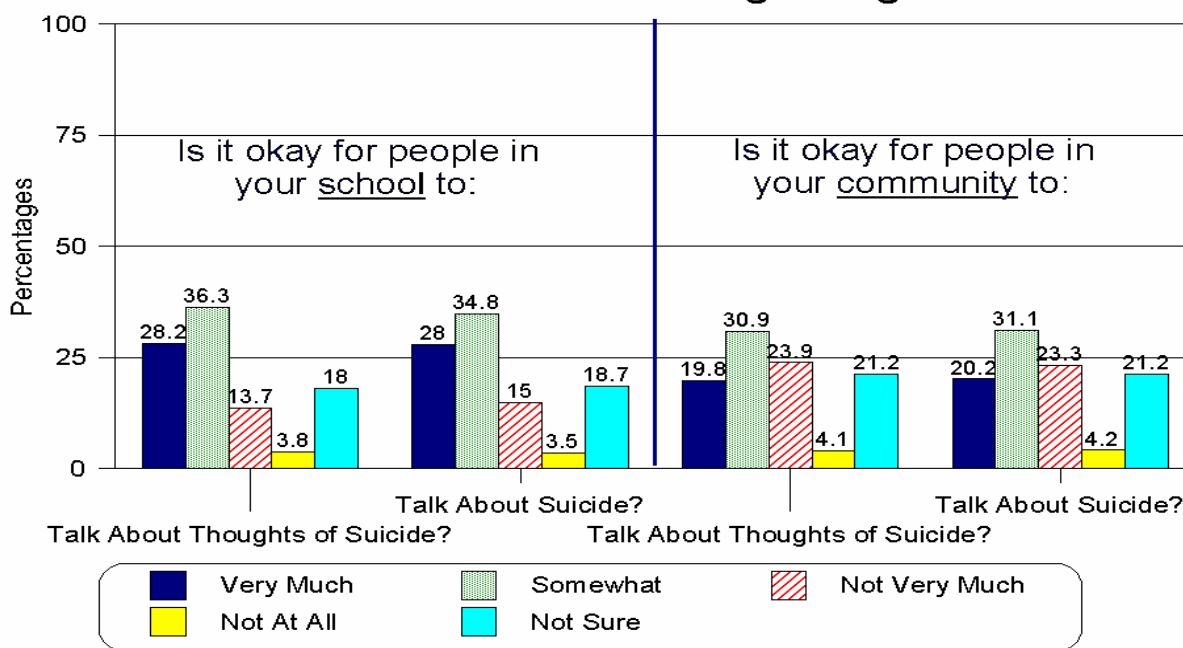
##### Evaluating Perceived Stigma in Schools:

In the aggregate, 64.5% of the participants felt that it was okay for people in their schools to talk about *thoughts of suicide*. Of these 28.2% felt that this was very much okay, and 36.3% felt that it was somewhat okay (Figure 38). Of the remainder 17.5% felt that it was not okay for this to happen in their schools, and 18.0% were unsure about this. Similar responses occurred when participants were asked whether it was okay to *talk about suicide* at their schools.

##### Evaluating Perceived Stigma in Communities:

In the aggregate, 50.7% of the participants felt that it was okay for people in their communities to talk about *thoughts of suicide*. Of these, 19.8% felt that it was very much okay for people in their communities to do so, and 30.9% felt that this was somewhat okay. Of the remainder 28.0% felt that it was not okay for this to happen in their schools, and 21.2% were unsure about this. Once again their responses regarding to *talking about suicide* in their communities were very similar to the previous responses.

**Figure 38 Participants' Perceptions Of Their Schools' And Communities' Attitudes Regarding Suicide**



(N=628/621, 631/623. Adjusted to exclude missing data.)

### 3.1.2) By Participants' Roles:

When responses to these questions were analyzed by participants' roles, significant variations emerged in all cases (Table 1). Participants in the 'other' category were significantly more likely to feel that it was very much okay for people in their schools and communities to talk about thoughts of suicide and suicide itself (at 40%+ levels). The smaller percentage of students and school staff who very much agreed with each statement, and the degree of agreement between the responses of these two populations, are notable findings.

Table 1) Participants' Perceptions of Their Schools and Communities' Attitudes Regarding Suicide, By Their Roles

| Roles   | Very Much | Some-what | Not Very Much | Not At All | Not Sure | N   | Statistics                                       |
|---|-----------|-----------|---------------|------------|----------|-----|--|
| Okay for people in participants' schools to talk about thoughts of suicide?     |           |           |               |            |          |     |  |
| Students  | 24.5%     | 32.2%     | 18.9%         | 9.8%       | 14.7%    | 143 | N=615,<br>$\chi^2=29.37$<br>df=8,<br>p<.0001*    |
| School staff  | 28.1      | 38.7      | 12.8          | 2.1        | 18.3     | 437 |  |
| Others  | 42.9      | 25.7      | 8.6           | -          | 22.9     | 35  |  |
| Okay for people in participants' schools to talk about suicide?                 |           |           |               |            |          |     |  |
| Students  | 25.7      | 27.9      | 19.3          | 10.0       | 17.1     | 140 | N=608,<br>$\chi^2=35.17$ ,<br>df=8,<br>p<.0001*  |
| School staff  | 27.4      | 37.9      | 14.5          | 1.6        | 18.6     | 435 |  |
| Others  | 45.5      | 24.2      | 6.1           | -          | 24.2     | 33  |  |
| Okay for people in participants' communities to talk about thoughts of suicide? |           |           |               |            |          |     |  |
| Students  | 19.4      | 24.3      | 19.4          | 11.1       | 25.7     | 144 | N=617,<br>$\chi^2=44.33$ ,<br>df=8,<br>p<.00001* |
| School staff  | 18.0      | 34.2      | 25.3          | 2.1        | 20.5     | 439 |  |
| Others  | 44.1      | 17.6      | 26.5          | -          | 11.8     | 34  |  |
| Okay for people in participants' communities to talk about suicide?             |           |           |               |            |          |     |  |
| Students  | 20.7      | 22.1      | 17.9          | 12.1       | 27.2     | 140 | N=609,<br>$\chi^2=57.67$ ,<br>df=8,<br>p<.00001* |
| School staff  | 17.9      | 35.4      | 24.8          | 1.8        | 20.0     | 435 |  |
| Others  | 47.1      | 14.7      | 26.5          | -          | 11.8     | 34  |  |
| *Significant variations between groups. Adjusted to exclude missing data.       |           |           |               |            |          |     |  |

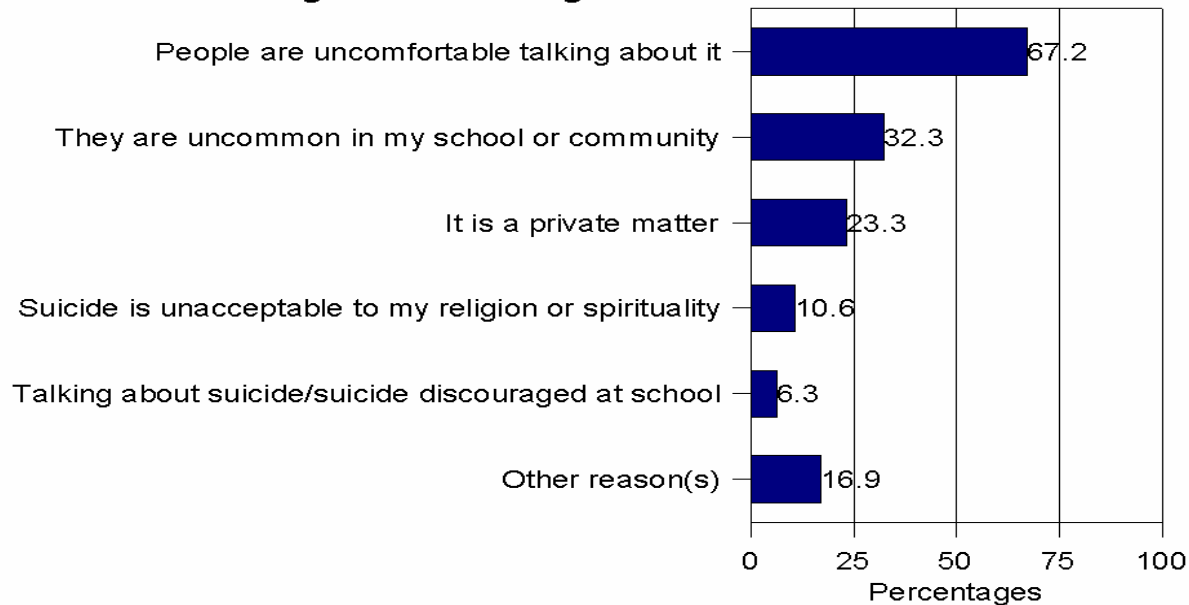
### 3.2) Reasons Why Some People May Not Be Open to Talking About Suicide:

#### 3.2.1) The Aggregate Findings:

Participants, who felt that people at their schools or communities may not be open to talking about suicide, were asked why this may be the case. They were presented with six possible responses and were asked to select all that reflected their perceptions. The most frequent response was that some people may feel uncomfortable talking about it (67.2%) (Figure 39). This was followed by the observation that thoughts of suicide and suicides were uncommon in their schools or communities (32.3%), that thoughts of suicide and suicide are private matters (23.3%), that thoughts of suicide and suicide are unacceptable to their religion or spirituality (10.6%), and that talking about thoughts of suicide or suicide are discouraged at their schools (6.3%).

Thirty-two participants (16.9%) cited other reasons for people not to be open to talking about suicide. These included: living in religious communities, cultural norms opposed to suicide, concerns that talking about suicide may persuade some to think about it, it is a "touchy subject," not wanting to label people, concern that they may be judged for talking about it, it is a "scary subject," living in a small town where people gossip, and the "social stigma of suicide" wherein suicide is seen as a "sign of weakness."

**Figure 39 Reasons Why Some People May Not Be Open To Talking About Thoughts Of Suicide Or Suicide\***



(Paired N=189. \*Of those who reported that talking about suicide was not 'okay' for people in their schools or communities. Adjusted to exclude missing data.)

### 3.2.2) By Participants' Roles:

When the data were analyzed by participants' roles, there were two reasons to not talk about suicide for which significant differences emerged, and one for which there was *borderline significance* (Figure 40).

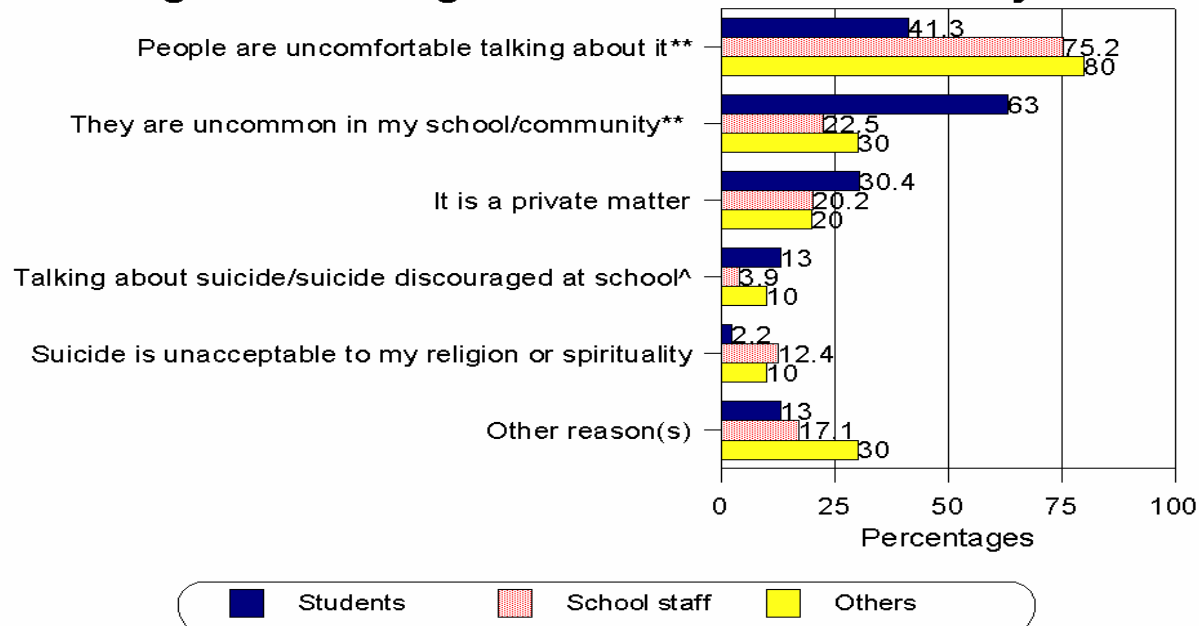
- Students were significantly less likely than school staff or other participants to feel that people were not open to talking about suicide because ***it makes them uncomfortable*** (41.3% compared with 75.2% and 80.0%, respectively) ( $N=185$ ,  $\chi^2=18.43$ ,  $df=2$ ,  $p=.0001$ ).
- Conversely, students were significantly more likely than school staff or other participants to feel that people were not open to talking about suicide ***because it is uncommon in their schools or communities*** (63.0% compared with 22.5% and 30.0%) ( $N=185$ ,  $\chi^2=25.29$ ,  $df=2$ ,  $p<.00001$ ).
- There was *borderline significance* regarding the view that ***talking about suicide is discouraged at their schools***. In this case school staff were less likely than students and other participants to select this response (3.9% compared with 13.0% and 10.0%) ( $N=185$ ,  $\chi^2=4.91$ ,  $df=2$ ,  $p=.08$ ).

## IV) MEASURING CHANGES OVER TIME IN PARTICIPANTS' RELATED BELIEFS, KNOWLEDGE AND INTENTIONS:

Six sets of questions were replicated in the Time-One and Time-Two questionnaires, to measure changes in participants' beliefs, knowledge and intentions about suicide at their schools. These included their:

- Beliefs about suicide
- Perceptions regarding how serious a problem suicide is for different populations at their schools
- Knowledge related to assisting someone with thoughts of suicide
- Likelihood of supporting someone thinking about suicide
- Reasons for not assisting them, if applicable
- Familiarity with the KeepSafe Connections in their schools

**Figure 40 Reasons Why Some People Not Open To Talking About Thoughts Of Suicide Or Suicide By Roles\***



(Paired N=46, 129, 10. \*Those reporting that talking about suicide was not 'okay' for people in their schools or communities. \*\*Significant differences by role. ^Borderline significance. Adjusted to exclude missing data/NS.).

#### 4.1) Exploring Participants' Beliefs Regarding Suicide:

Participants were provided with nine statements regarding suicide, and were asked to indicate the degree to which they agreed with each. Four of these statements are correct and five are incorrect. This question was asked at both Times One and Two.

##### 4.1.1) Responses at Time-One:

At Time-One the largest percentage of participants agreed with two *correct statements* (Figure 41):

- ***Students thinking about suicide should talk to a trusted adult*** (with 65.7% agreeing with this statement, and 41.4% of these strongly agreeing with it)
- ***Everyone needs support from others when thoughts of suicide happen*** (with 65.3% agreeing with this statement, and 41.3% of these strongly agreeing with it)

Two other correct statements were agreed with by moderate percentages of participants:

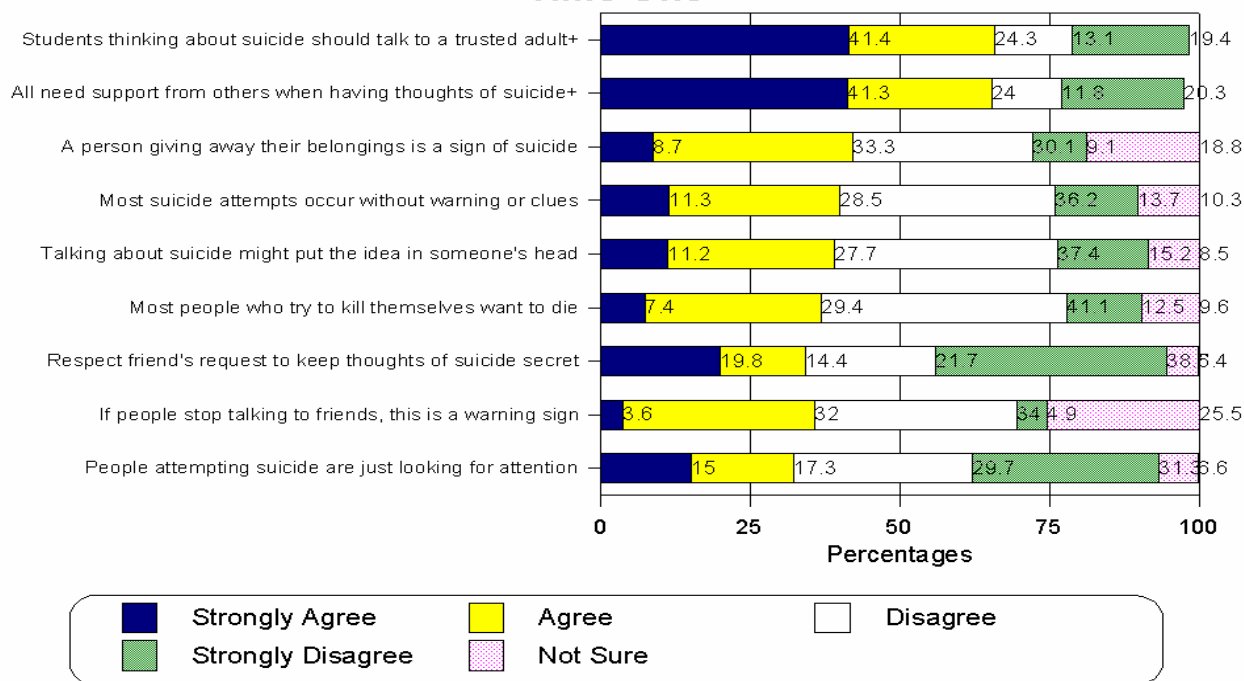
- ***If people are giving away their belongings this is a sign that they may be thinking about suicide*** (with 42.0% agreeing with this statement, and 8.7% of these strongly agreeing with it)
- ***If someone you know stops talking to their friends, then you should be concerned about a possible suicide attempt*** (with 35.6% agreeing with this statement, and 3.6% of these strongly agreeing with it.<sup>13</sup>)

Conversely, at Time-One the majority of participants disagreed with the following *incorrect statements*:

- ***People who attempt suicide are just looking for attention*** (with 61.0% disagreeing with this statement, and 31.3% of these strongly disagreeing with it)

<sup>13</sup> Note: At Time-One 25.5% of the participants were 'not sure' whether this statement is correct; the highest for any statement.

**Figure 41 What Participants Believed About Suicide, Time One**



(N=625, 625, 624, 621, 625, 623, 626, 618, 619. Data truncated to increase legibility. Adjusted to exclude missing data.)

- ***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*** (with 59.7% disagreeing with this statement, and 38.0% of these strongly disagreeing it)
- ***Most people who try to kill themselves really want to die*** (with 53.6% disagreeing with this statement, and 12.5% of these strongly disagreeing with it)
- ***Talking about suicide might put the idea in someone's head*** (with 52.6% disagreeing with this statement, and 15.2% of these strongly disagreeing with it)
- ***Most suicide attempts occur without any warning signs or clues*** (with 49.9% disagreeing with this statement, and 13.7% of these strongly disagreeing with it)

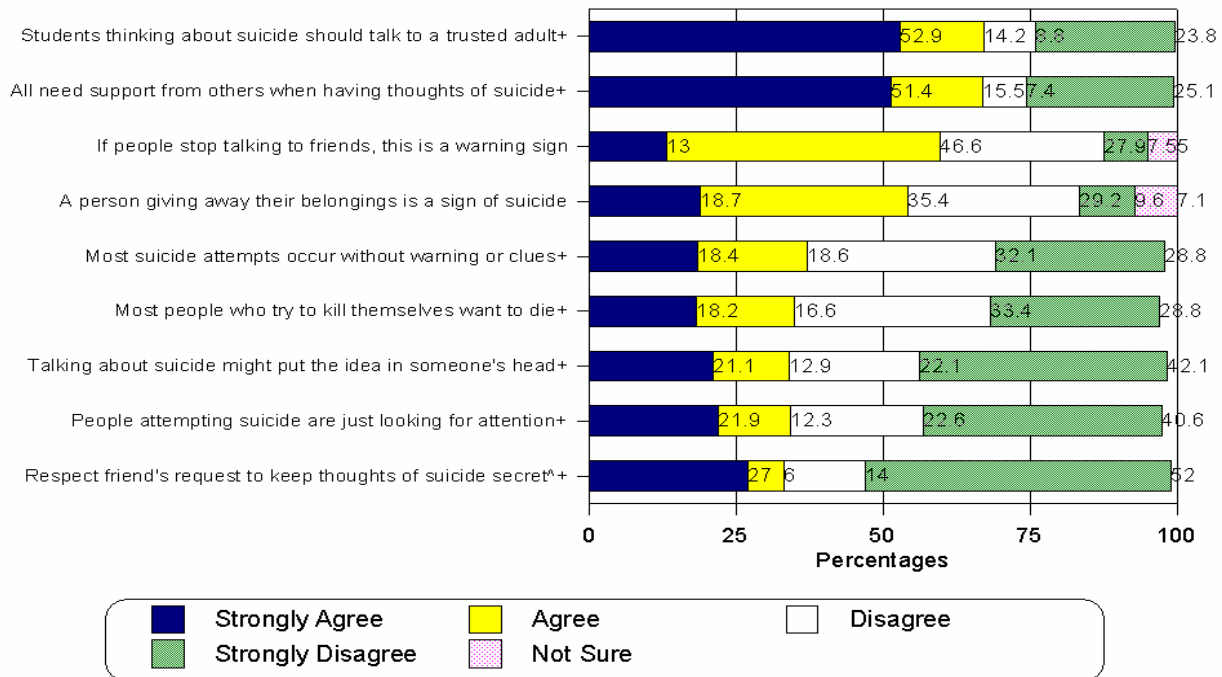
#### 4.1.2) Responses at Time-Two:

When these statements were presented to participants at Time-Two there was generally an increase in the percentage of participants who agreed with the correct statements and disagreed with the incorrect ones (Figure 42). The percentages agreeing with the correct statements included:

- ***Students thinking about suicide should talk to a trusted adult*** (with 67.1% agreeing with this statement, and 52.9% of these strongly agreeing with it)
- ***Everyone needs support from others when thoughts of suicide happen*** (with 66.9% agreeing with this statement, and 51.4% of these strongly agreeing it)
- ***If someone you know stops talking to their friends, then you should be concerned about a possible suicide attempt*** (with 59.6% agreeing with this statement, and 13.0% of these strongly agreeing with it)
- ***If people are giving away their belongings this is a sign that they may be thinking about suicide*** (with 54.1% agreeing with this statement, and 18.7% strongly agreeing with it)

The percentages of participants disagreeing with the incorrect statements included:

**Figure 42 What Participants Believed About Suicide, Time Two**



(N=626, 625, 617, 624, 629, 625, 629, 616, 625. +Data truncated to increase legibility. ^Data rounded to increase legibility. Adjusted to exclude missing data.)

- ***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*** (with 66.0% disagreeing with this statement, and 52.0% strongly disagreeing with it)<sup>14</sup>
- ***Talking about suicide might put the idea in someone's head*** (with 64.2% disagreeing with this statement, and 42.1% strongly disagreeing with it)
- ***People who attempt suicide are just looking for attention*** (with 63.2% disagreeing with this statement, and 40.6% strongly disagreeing with it)
- ***Most people who try to kill themselves really want to die*** (with 62.2% disagreeing with this statement, and 28.8% strongly disagreeing with it)
- ***Most suicide attempts occur without any warning signs or clues*** (with 60.9% disagreeing with this statement, and 28.8% strongly disagreeing with it)

In addition to the changes noted above, there was also a notable reduction in the percentage of *not sure* responses.

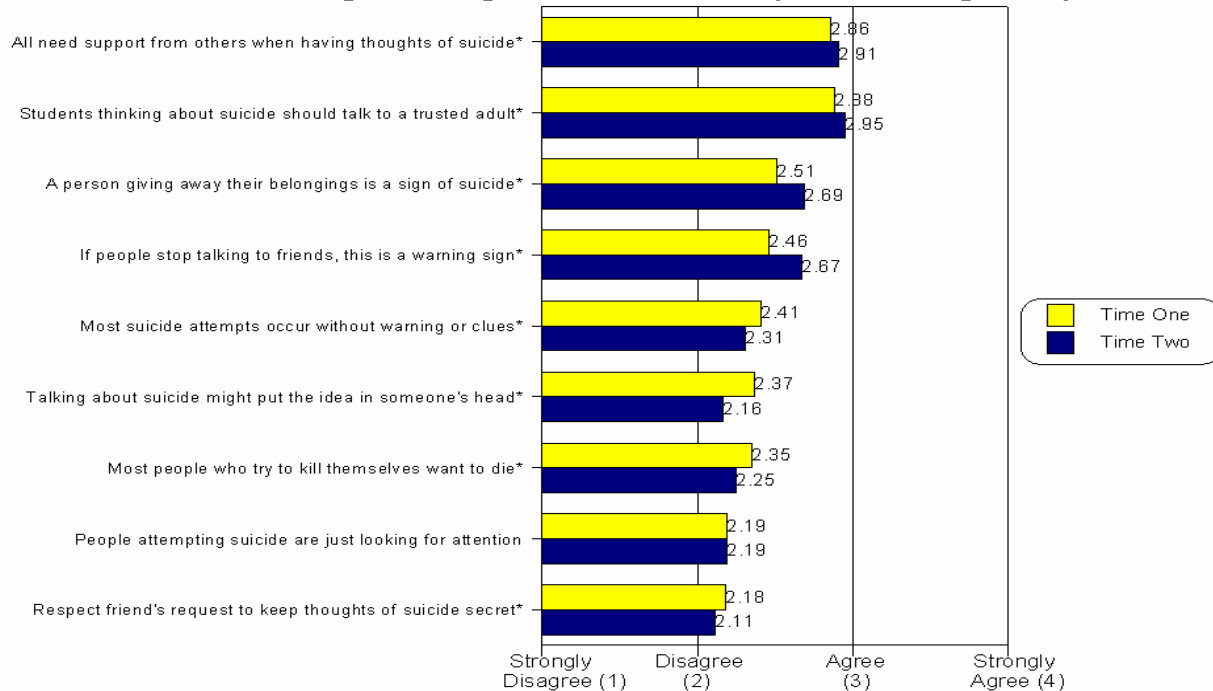
#### 4.1.3) Measuring Changes Over Time:

By converting participants' responses to the mean and conducting paired t-tests based on repeated measures, there were significant increases in the percentage of correct responses over time (Figure 43). 'Not sure' responses were omitted from this analysis. The eight statements for which there were significant improvements, over time, included:

- ***Everyone needs support from others when thoughts of suicide happen*** (from a mean of 2.86 at Time-One up to a mean of 2.91 at Time-Two; Paired N=591, t=2.21, p=.028)

<sup>14</sup> Some percentages were rounded to increase their legibility in the graphs.

**Figure 43 What Participants Believed About Suicide,  
Measuring Changes Over Time (Excluding N/S)**



(Paired N=591, 596, 474, 428, 536, 552, 537, 545, 573. \*Significant variations over time. Adjusted to exclude missing data and 'Not Sure' responses.)

- ***Students thinking about suicide should talk to a trusted adult*** (from a mean of 2.88 at Time-One up to a mean of 2.95 at Time-Two; Paired N=596,  $t=2.47$ ,  $p=.014$ )
- ***If people are giving away their belongings this is a sign that they may be thinking about suicide*** (From a mean of 2.51 at Time-One up to a mean of 2.69 at Time-Two; Paired N=474,  $t=4.75$ ,  $p<.001$ )
- ***If someone you know stops talking to their friends, then you should be concerned about a possible suicide attempt*** (from a mean of 2.46 at Time-One up to a mean of 2.67 at Time-Two; Paired N=428,  $t=4.91$ ,  $p<.001$ )
- ***Most suicide attempts occur without any warning signs or clues*** (from a mean of 2.41 at Time-One down to a mean of 2.31 at Time-Two; Paired N=536,  $t=2.94$ ,  $p=.003$ )
- ***Talking about suicide might put the idea in someone's head*** (from a mean of 2.37 Time-One down to a mean of 2.16 at Time-Two; Paired N=552,  $t=5.65$ ,  $p<.001$ )
- ***Most people who try to kill themselves really want to die*** (from a mean of 2.35 at Time-One down to a mean of 2.25 at Time-Two; Paired N=537,  $t=3.02$ ,  $p=.003$ )
- ***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*** (from a mean of 2.18 at Time One down to a mean of 2.11 at Time-Two; Paired N=573,  $t=2.50$ ,  $p=0.13$ )

## 4.2) Perceptions about How Serious a Problem Suicide is for Populations at Their Schools:

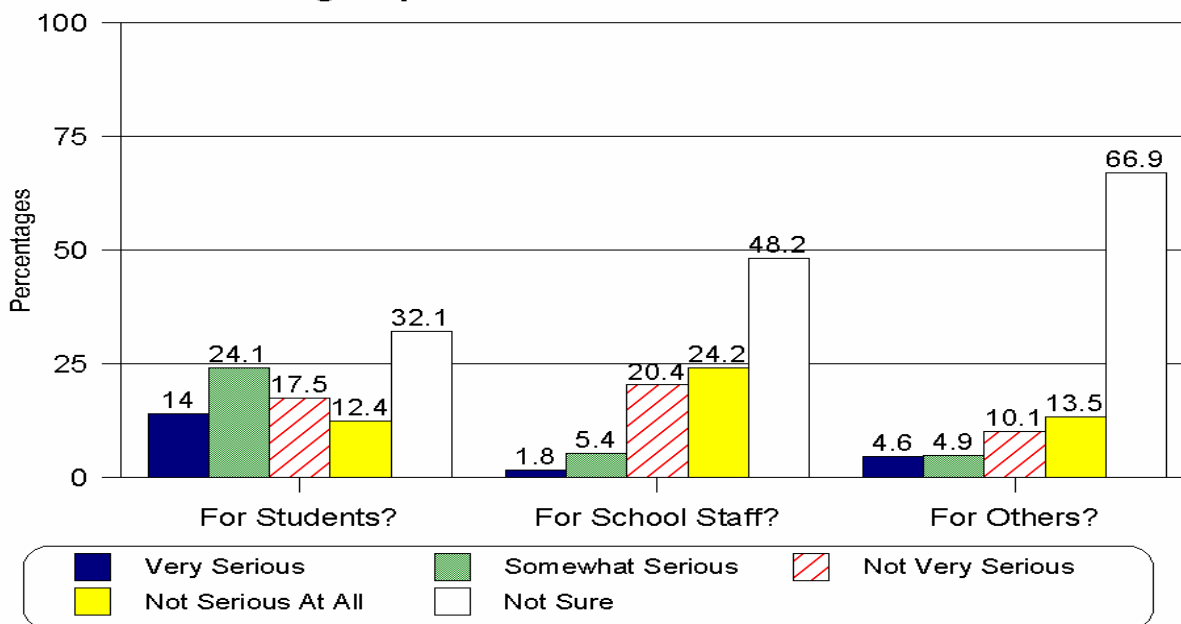
### 4.2.1) Responses at Time-One:

Participants were asked how serious a problem they believed suicide was for students, school staff and 'others' associated with their schools. Prior to their workshops (Time-One) 38.1% of all participants felt that suicide was at least somewhat serious for students at their schools with 14.0% describing it a very serious concern (Figure 44). Only 7.2% of these participants felt that suicide was at least a somewhat serious concern for school staff, with 1.8% describing it as being very serious. Similarly, 9.5% of these participants



felt that suicide was at least a somewhat of a concern for 'others' at their schools, with 4.6% feeling that it was a very serious concern.

**Figure 44 Overall, How Serious A Problem Is Suicide For The Following Populations In Their Schools? Time One**



(N=630, 627, 347. Adjusted to exclude missing data.)

#### 4.2.2) Responses at Time-Two:

Following their workshops (Time-Two) a significantly larger percentage of participants felt that suicide was a very or somewhat serious problem for students, school staff and others at their schools (Figure 45). Regarding students, 61.8% of the participants felt that suicide was at least a somewhat serious problem for them, with 25.9% describing it as a very serious problem at Time-Two. One-third of the participants (33.2%) felt that suicide was at least a somewhat serious problem for school staff, with 13.3% feeling that it was a very serious problem. Similarly, 33.7% of the participants felt that suicide was at least a somewhat serious problem for others at their schools, with 16.2% describing it as a very serious problem.

What is equally notable is the reduction in the percentage of participants who were **not sure** of their responses to these questions, over time.

#### 4.2.3) Measuring Related Changes Over Time:

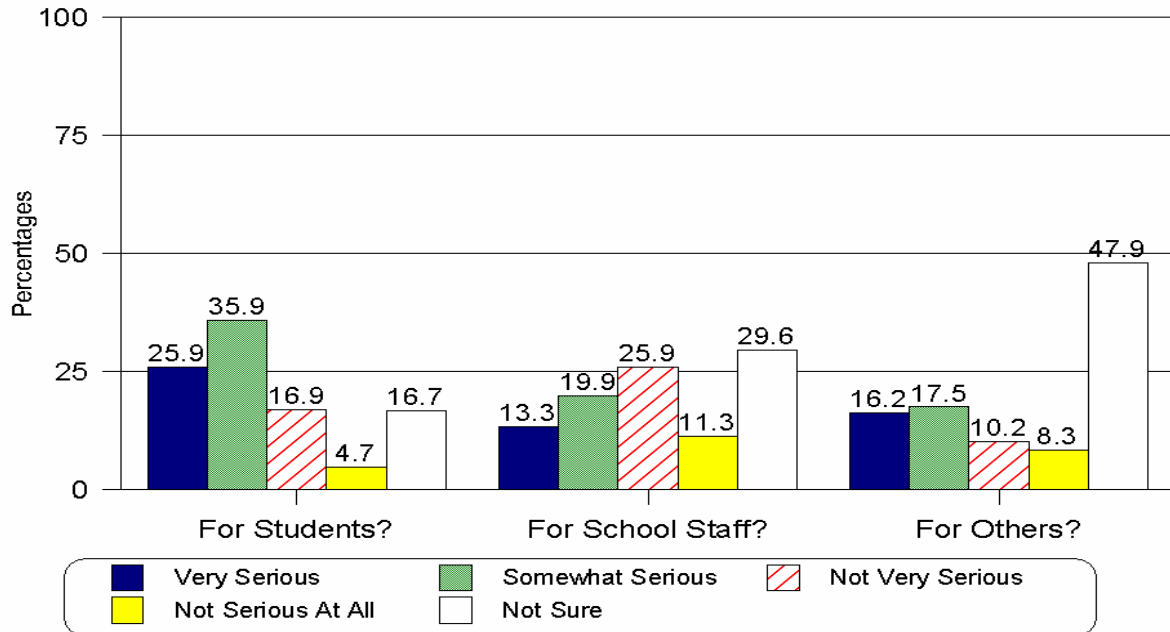
To analyze changes over time, participants' responses were converted to their numeric equivalents, with 'Very Serious' being scored as '4,' 'Somewhat Serious' as '3,' and so on. For this analysis the 'Not Sure' responses were again omitted.<sup>15</sup>

Participants were significantly more likely to feel that each population was at greater risk of suicide at Time-Two than they reported at Time-One (Figure 46):

<sup>15</sup> This process is repeated for each of the questions in this section.

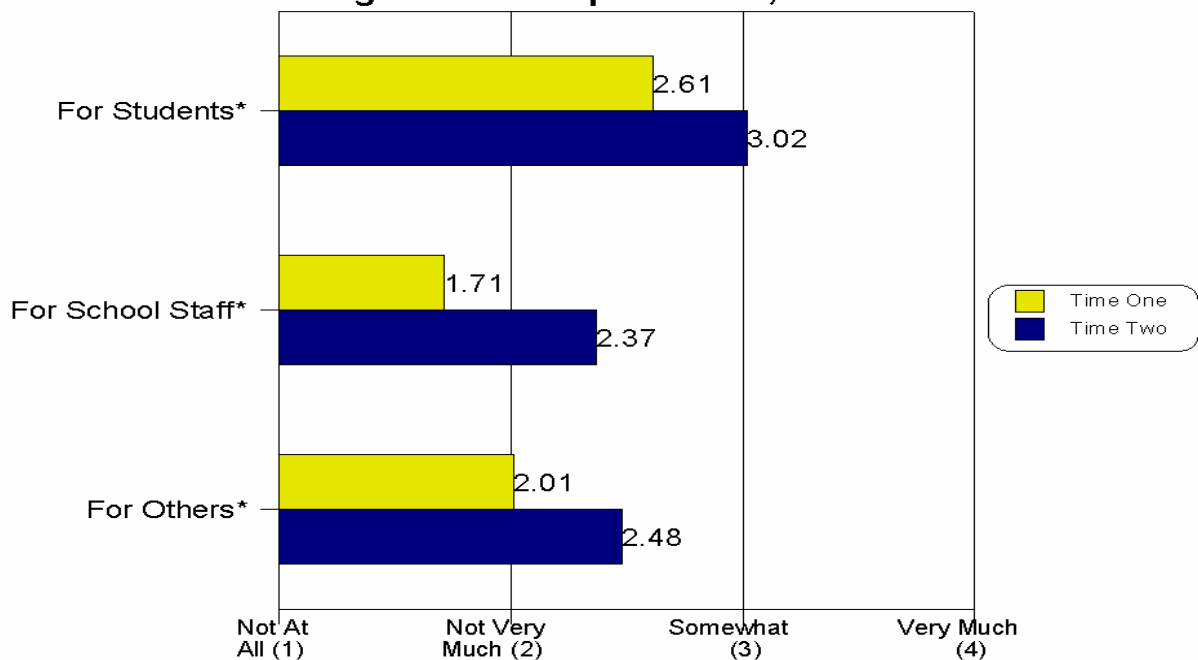


**Figure 45 Overall, How Serious A Problem Is Suicide For The Following Populations In Their Schools? Time Two**



(N=622, 618, 315. Adjusted to exclude missing data.)

**Figure 46 How Serious A Problem Is Suicide For The Following School Populations, Over Time?**



(Paired N=393, 281, 83. \*Significant changes over time. Adjusted to exclude missing data and 'N/S' responses.)

- The perceived **seriousness of suicide for students** increased from a mean of 2.61 at Time-One (the 65<sup>th</sup> percentile) to 3.02 at Time-Two (the 76<sup>th</sup> percentile) (Paired N=393, t=10.33, p<.001)
- The perceived **seriousness of suicide for school staff** increased from a mean of 1.71 at Time-One (the 43<sup>rd</sup> percentile) to 2.37 at Time-Two (the 59<sup>th</sup> percentile) (Paired N=281, t=12.69, p<.001)
- The perceived **seriousness of suicide for others at their schools** increased from a mean of 2.01 at Time-One (the 50<sup>th</sup> percentile) to 2.48 at Time-Two (the 62<sup>nd</sup> percentile) (Paired N=83, t=5.15, p<.001)

The significant increase in participants' perceptions that suicide is a serious problem in their schools for each of these populations is interpreted as demonstrating that they were able to better identify indicators of suicidal ideation following the workshops than before them.

#### 4.3) Participants' Related Knowledge Regarding Suicide:

Consistent with the material delivered during the safeTALK workshops, participants were asked three questions at Times One and Two:

- How well did they know when someone may be thinking of suicide?
- How well did they know how to talk with someone with suicidal thoughts?
- How well did they know how to help someone thinking about suicide?

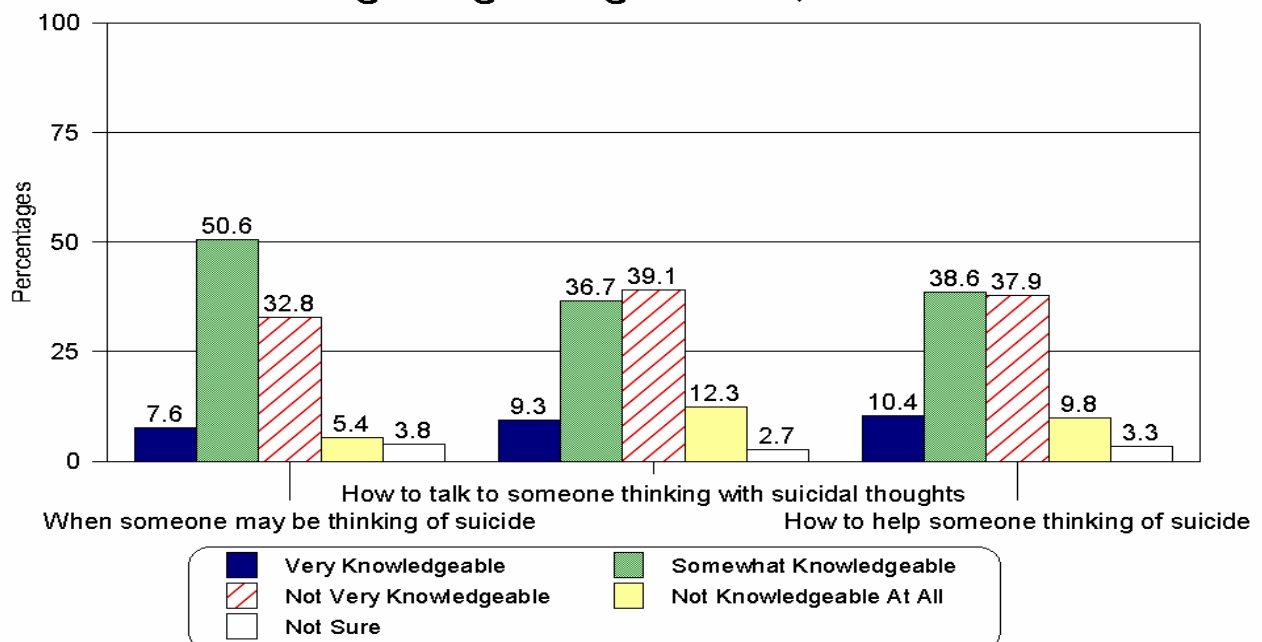
##### 4.3.1) Responses at Time-One:

Prior to their workshops 58.2% of all participants felt they were knowledgeable about the signs and indicators that **someone may be thinking about suicide**, with 7.6% of these feeling that they were very knowledgeable about this (Figure 47).

#

Prior to their workshops 46.0% of all participants felt they were knowledgeable about **how to talk with someone who may be thinking about suicide**, with 9.3% of these feeling very knowledgeable about this. Prior to their workshops 49.0% of all participants felt they were knowledgeable about **how to help someone thinking about suicide**, with 10.4% of these feeling very knowledgeable about this.

**Figure 47 Participants Evaluating Their Related Knowledge Regarding Suicide, Time One**



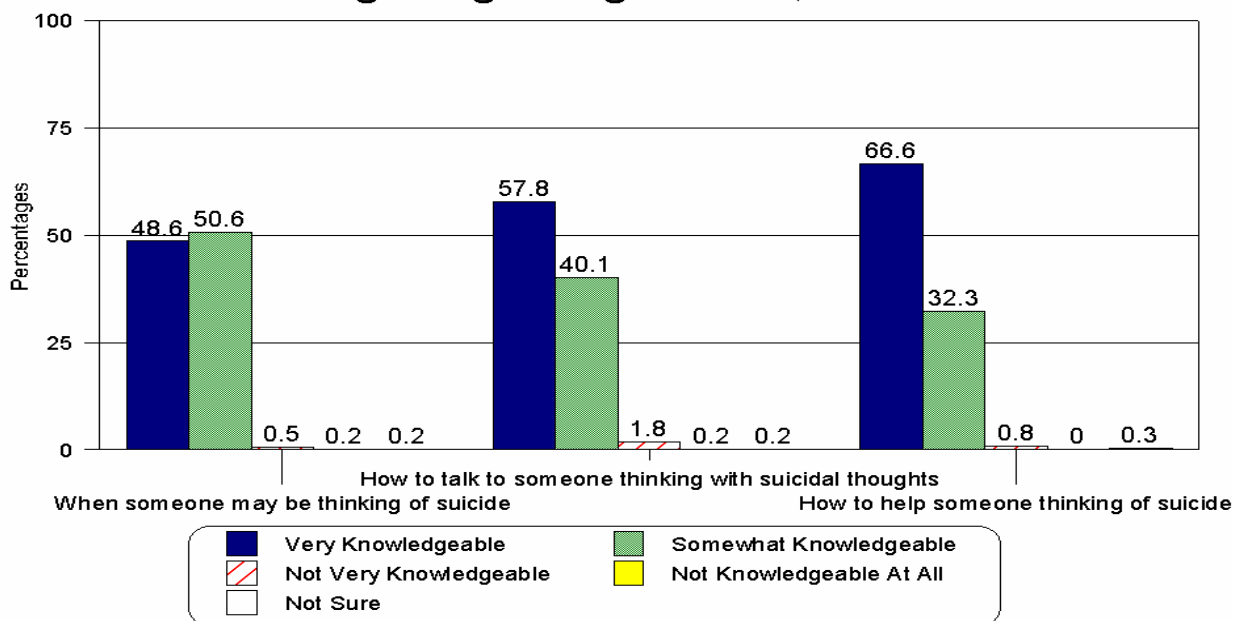
(N=635, 635, 634. Adjusted to exclude missing data.)

#### 4.3.2) Responses at Time-Two:

Following the workshops participants felt significantly more knowledgeable regarding each of these three aspects of suicide prevention (Figure 48). Following the workshops:

- Virtually all participants (99.2%) felt knowledgeable about **knowing when someone may be thinking about suicide**, with 48.6% of these feeling very knowledgeable about this.
- Virtually all participants (97.9%) felt knowledgeable about **how to talk with someone who may be thinking about suicide**, with 57.8% of these feeling very knowledgeable about this.
- Virtually all participants (98.9%) felt knowledgeable about **knowing how to help someone thinking of suicide**, with 66.6% of these feeling very knowledgeable about this

**Figure 48 Participants Evaluating Their Related Knowledge Regarding Suicide, Time Two**



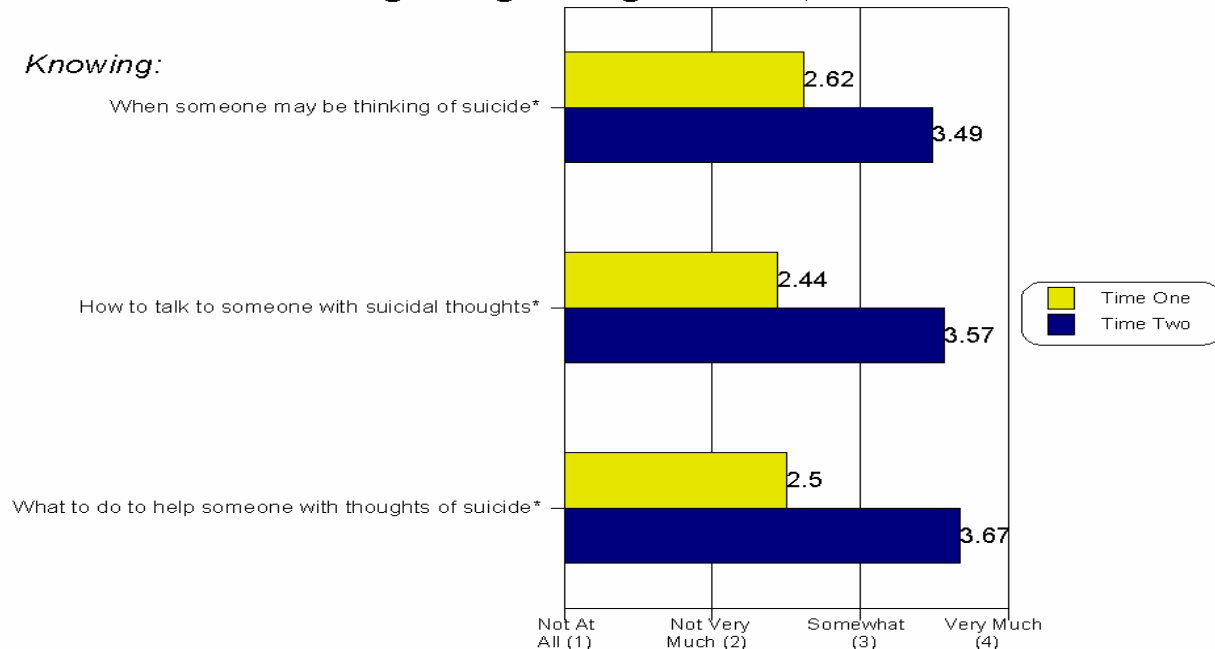
(N=624, 628, 625. Adjusted to exclude missing data.)

#### 4.3.3) Measuring Related Changes Over Time:

Participants' responses to each of these three questions, over time, reflected highly significant increases in their knowledge regarding suicide prevention (Figure 49). This related to:

- **Knowing when someone may be thinking of suicide**, with a mean of 2.62 at Time-One (the 66<sup>th</sup> percentile) to a mean of 3.49 at Time-Two (the 87<sup>th</sup> percentile) (Paired N=590,  $t=27.35$ ,  $p<.001$ )
- **Knowing how to talk with someone with suicidal thoughts**, with a mean of 2.44 at Time-One (the 61<sup>st</sup> percentile) to a mean of 3.57 at Time-Two (the 89<sup>th</sup> percentile) (Paired N=599,  $t=31.77$ ,  $p<.001$ )
- **Knowing how to help someone who may be thinking about suicide**, with a mean of 2.5 at Time-One (the 63<sup>rd</sup> Percentile) to a mean of 3.67 at Time-Two (the 92<sup>nd</sup> percentile) (Paired N=591,  $t=33.50$ ,  $p<.001$ )

**Figure 49 Evaluating Changes In Participants' Related Knowledge Regarding Suicide, Over Time**



(Paired N=590, 599, 591. Significant changes over time. Adjusted to exclude missing data and 'N/S' responses.)

#### 4.4) The Likelihood of Participants Supporting Someone Thinking About Suicide:

##### 4.4.1) The Aggregate Findings:

In the aggregate, at Time-One, 79.2% of all participants were at least somewhat likely to support someone thinking about suicide, with 43.0% of these being very likely to do this (Figure 50). At Time-Two virtually all participants (97.7%) felt they were at least somewhat likely to support someone thinking about suicide, with 72.8% of these feeling that they were very likely to do this.

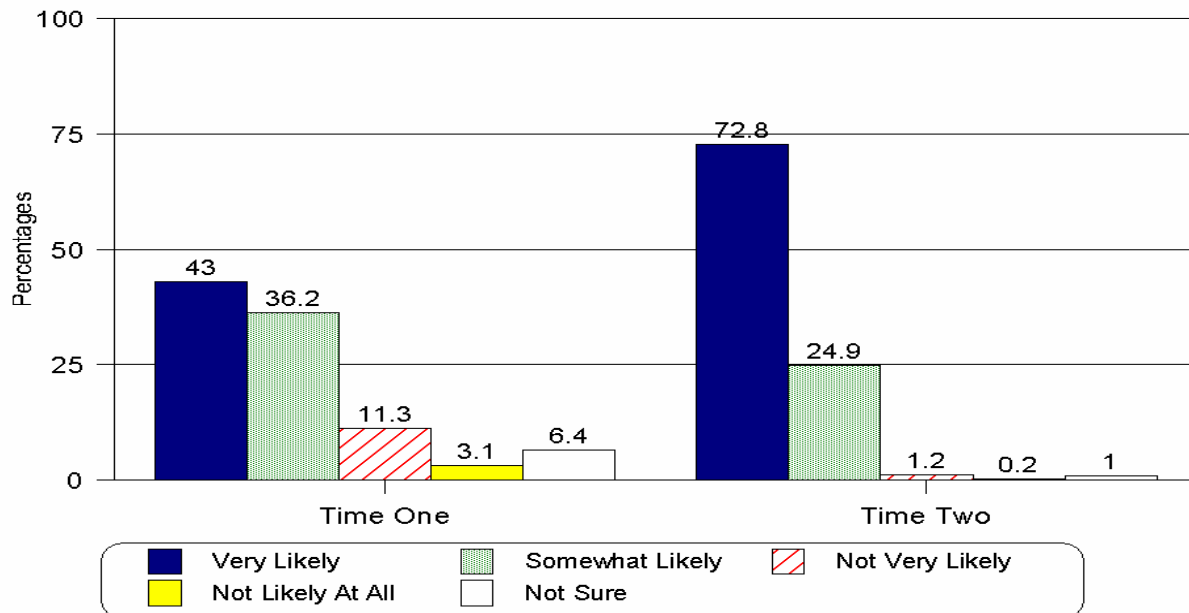
Analyzing mean responses to this question over time, participants were significantly more likely to support someone thinking about suicide at Time-Two, with a mean of 3.75 (the 94<sup>th</sup> percentile), than at Time-One, with a mean of 3.29 (the 82<sup>nd</sup> percentile) (Paired N=526,  $t=14.23$ ,  $p<.001$ ) (Figure 51).

##### 4.4.2) By Participants' Roles:

The likelihood of participants to support someone with thoughts of suicide at both Time-One and Time-Two varied significantly based on their roles (Figure 52). At Time-One 77.7% of the students indicated they were likely to support someone thinking about suicide, with 38.1% of these being very likely to support them. Similarly, 80.6% of the school staff reported being likely to support someone thinking about suicide, with 44.7% of these being very likely to support them. As well, 72.7% of the other participants reported being likely to support people thinking of suicide, with 39.4% of these being very likely to do so. These differences between groups are significant ( $N=599$ ,  $\chi^2=23.07$ ,  $df=8$ ,  $p=.003$ ).

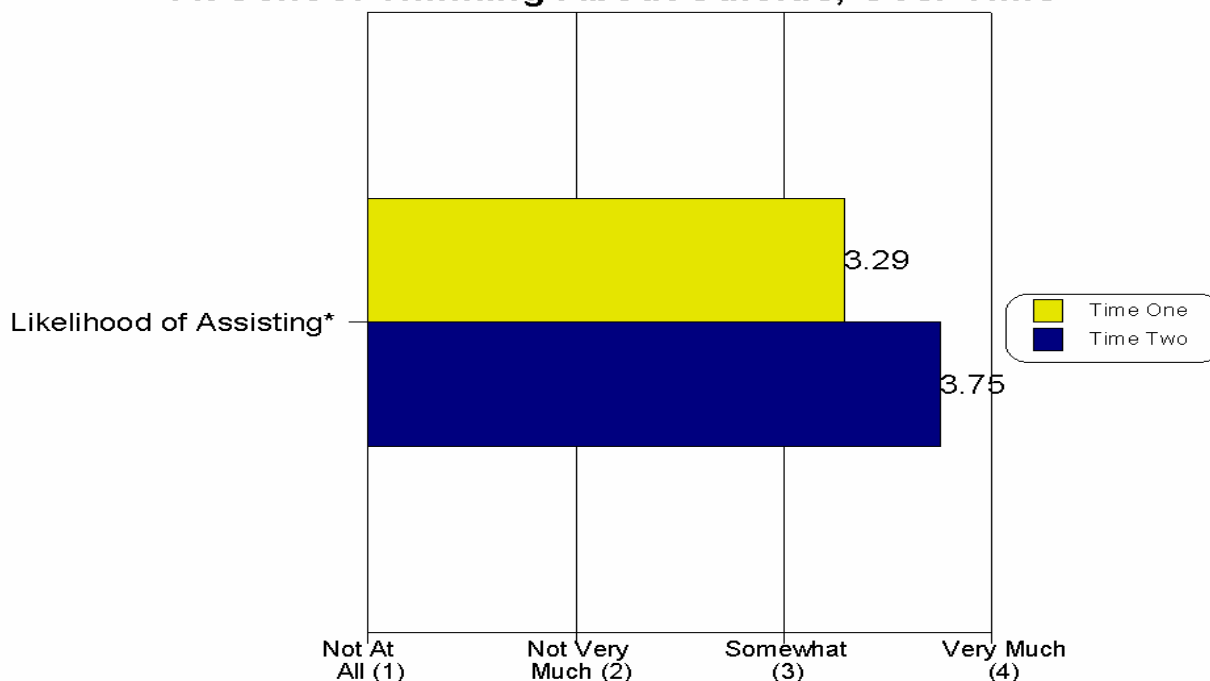
When these data were analyzed for Time-Two, virtually or literally all participants across the three groups were likely to support someone who may be thinking about suicide, with the majority being very likely to do so. (Figure 53). Of the students, 96.7% were likely to support someone thinking about suicide, with 59.3% being very likely to do so. Of the school staff, 97.8% were likely to support someone who may be thinking of suicide with 76.4% of these were very likely to do so. Of the other participants, 100% were likely to support someone who may be thinking of suicide, with 80.6% being very likely to support them ( $N=574$ ,  $\chi^2=23.17$ ,  $df=8$ ,  $p=.003$ ).

**Figure 50 How Likely Were Participants To Support Someone At School Thinking About Suicide? Over Time**



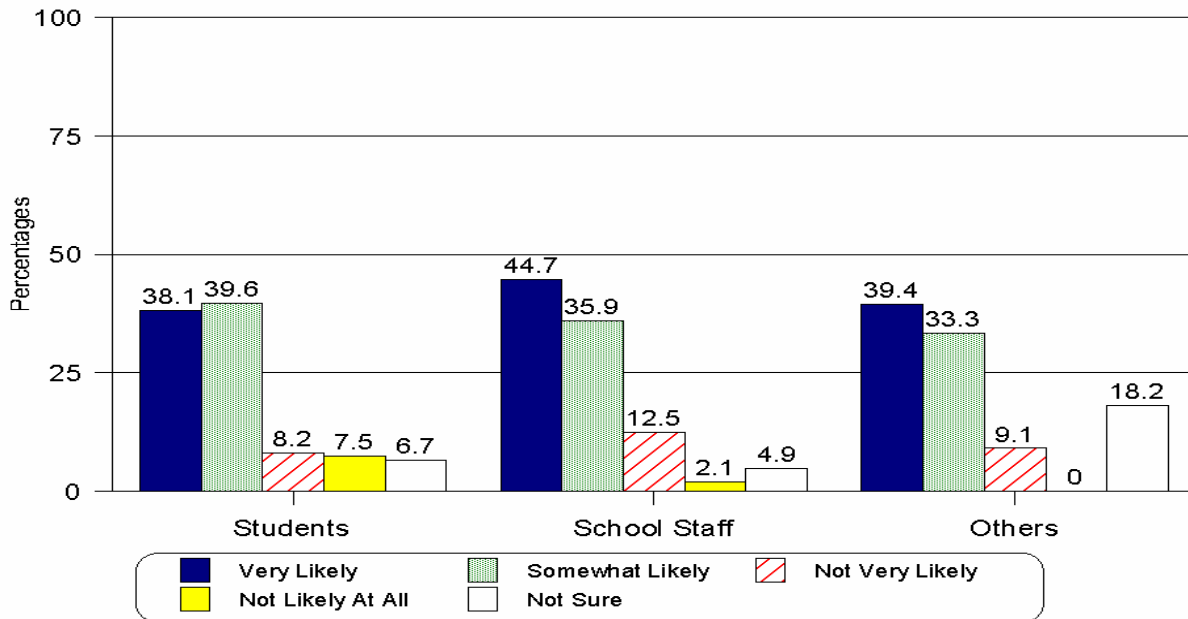
(N=611, 595. Adjusted to exclude missing data.)

**Figure 51 Likelihood Of Participants Supporting Someone At School Thinking About Suicide, Over Time**



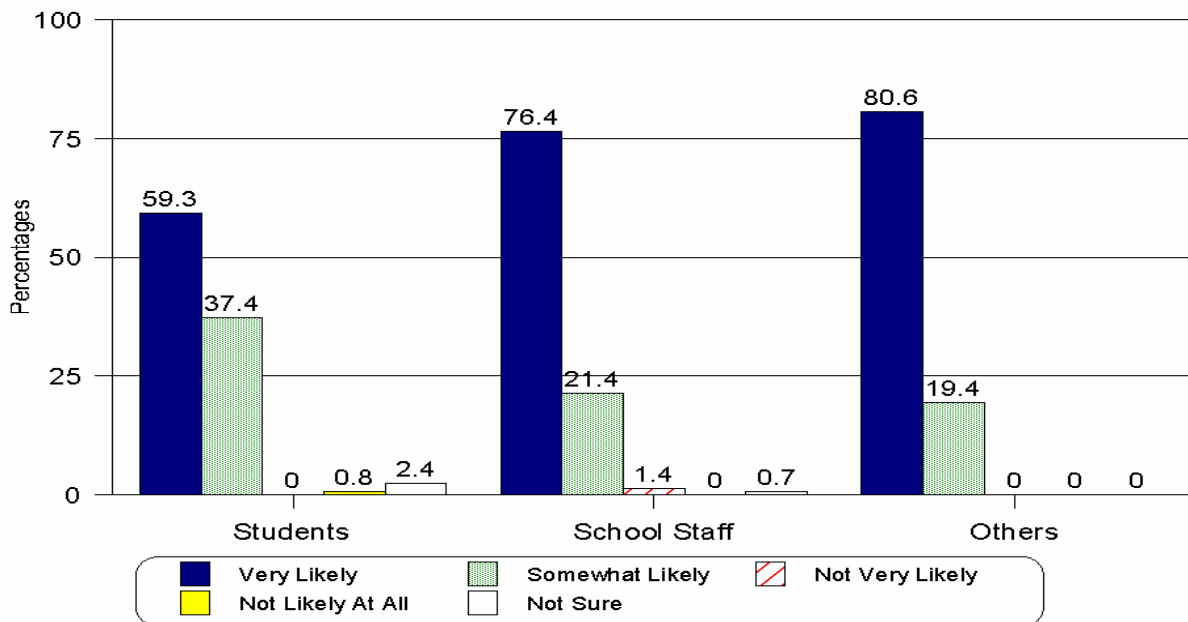
(Paired N=536. \*Significant change over time. Data adjusted to exclude missing data and 'Not Sure' responses.)

**Figure 52 Likelihood of Participants To Support Someone Thinking About Suicide, By Role? Time One**



(N=134, 432, 33. Adjusted to exclude missing data.)

**Figure 53 Likelihood of Participants To Support Someone Thinking About Suicide, By Role? Time Two**

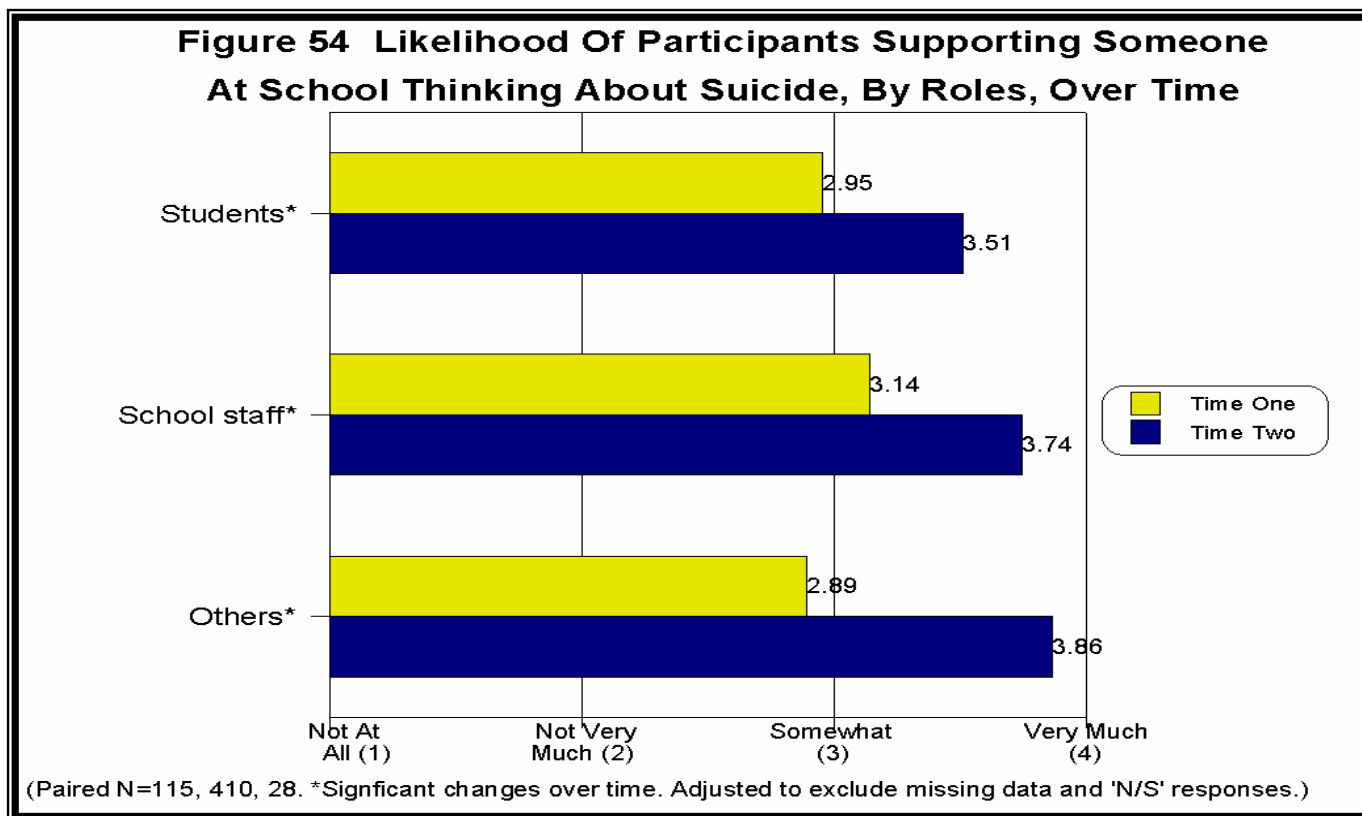


(N=123, 420, 31. Adjusted to exclude missing data.)

Differences in the mean scores for these three participant populations, over time, were significant:

- Responses to this question at Time-One from **students** in this study was a mean of 2.95 (the 74<sup>th</sup> percentile) compared with a mean of 3.51 at Time-Two (the 88<sup>th</sup> percentile) (Paired N=115, t=5.63, p<.001) (Figure 54).

- Responses to this question at Time-One from the **school staff** was a mean of 3.14 (the 79<sup>th</sup> percentile) compared with a mean of 3.74 at Time-Two (the 94<sup>th</sup> percentile) (Paired N=410, t=12.36, p<.001).
- Responses to this question at Time-One from **other participants** was a mean of 2.89 (the 72<sup>nd</sup> percentile) compared with a mean of 3.86 at Time-Two (the 97<sup>th</sup> percentile) (Paired N=28, t=3.87, p=.001).



#### 4.5) Reasons Why Participants Might Not Support People Thinking About Suicide:

Participants, who said that they were unlikely to support people thinking about suicide, were asked for their reasons for indicating this. Five possible reasons were provided, with participants being asked the degree to which each reason applied to them.

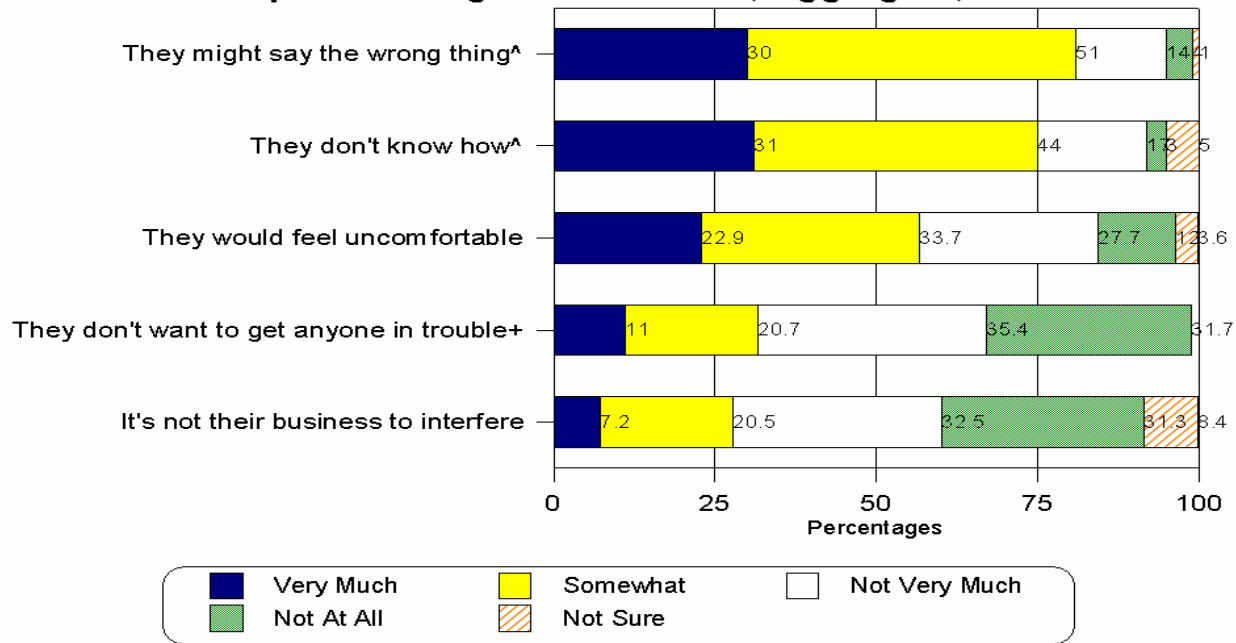
##### 4.5.1) Responses at Time-One:

At Time-One 81.9% of these participants indicated that **being concerned about saying the wrong thing** was a reason to not support people thinking about suicide, with 30.0% of these indicating that this was a very important reason for them (Figure 55).

An equally important reason for them not to support someone who may be thinking about suicide, at Time-One, was concern that **they do not know how to help**. Three-quarters of these participants said that this was a reason for them not to respond, with 31.0% of these indicating that it was a very important reason.

Over half of these participants (56.6%) would not support people thinking about suicide because they **would feel uncomfortable when supporting them**. Of these, 22.9% cited this as a very important reason to not respond.

**Figure 55 Reasons Why Participants May Not Support Or Assist People Thinking About Suicide, Aggregate, Time One\***



(N=83, 81, 83, 82, 83. \*Of those unlikely to assist. <sup>^</sup>Data rounded to increase legibility. <sup>+</sup>Data truncated to increase legibility. Adjusted to exclude missing data.)

The fourth ranked response was that participants ***do not want to get anyone in trouble***. This was reported as a reason by 31.7% of these participants, with 11.0% reporting that this is a very important reason to not support them.

The least frequently identified reason was that it was ***not participants' business to interfere***. This was indicated by 27.7% of these participants, with 7.2% saying that this was a very important reason not to support them.

#### 4.5.2) Responses at Time-Two:

Participants provided very different responses to this question at Time-Two, indicating that many of their concerns had been allayed during the course of the safeTALK workshop (Figure 56). The percentage of participants who identified any of these reasons as being very important reasons to not support people thinking about suicide was minimal or non-existent. This applied to 0% being very concerned they might say the wrong thing; 1.2% very much not wanting to interfere in someone else's business, or get anyone in trouble; 4.7% who very much did not know how to support them; and 9.3% who were very concerned that they would feel uncomfortable.

#### 4.5.3) Measuring Related Changes Over Time:

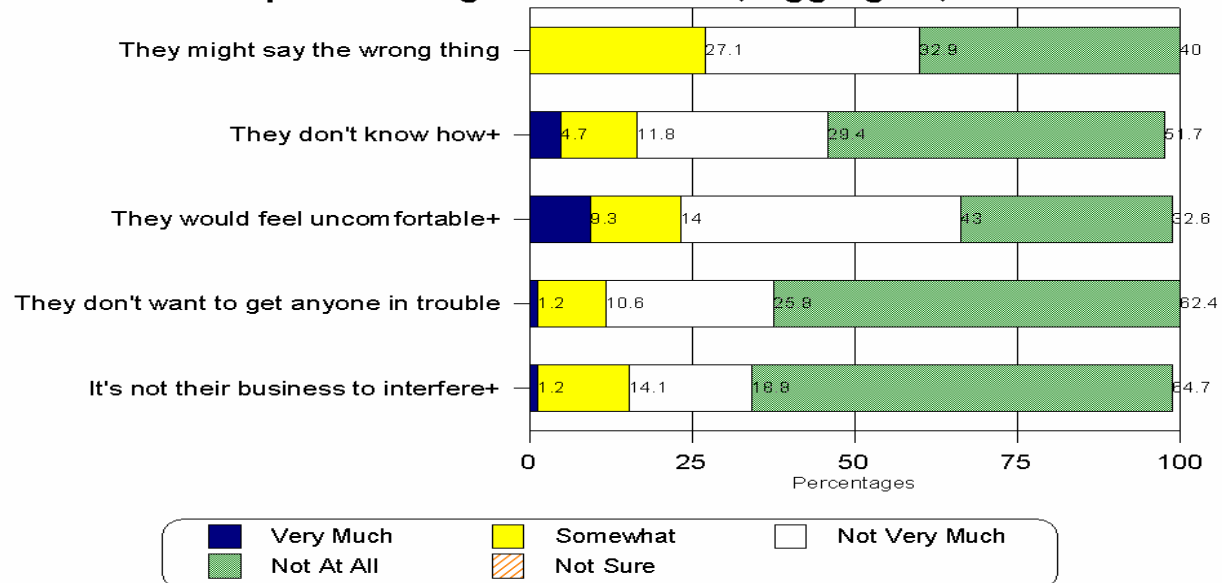
There were significant reductions in the degree to which participants identified each reason to not support people who may be thinking about suicide (Figure 57). This included participants who were:

- **Concerned they would say the wrong thing:** From a mean of 3.09 at Time-One (the 77<sup>th</sup> percentile) to a mean of 1.91 at Time-Two (the 48<sup>th</sup> percentile) (Paired N=80, t=10.61, p<.001)
- **Concerned that they don't know how:** From a mean of 3.08 at Time-One (the 77<sup>th</sup> percentile) to a mean of 1.72 at Time-Two (the 43<sup>rd</sup> percentile) (Paired N=74, t=10.39, p<.001)
- **Concerned that they would feel uncomfortable:** From a mean of 2.71 at Time-One (the 68<sup>th</sup> percentile) to a mean of 2.03 at Time-Two (the 51<sup>st</sup> percentile) (Paired N=78, t=6.16, p<.001)



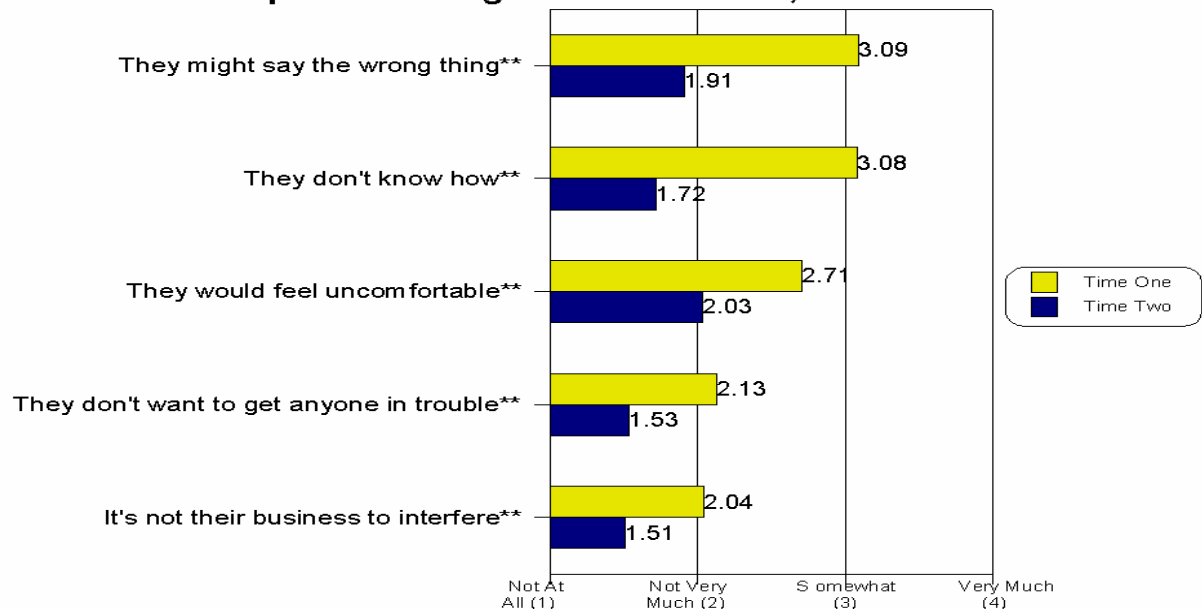
- **Concerned about getting people into trouble:** From a mean of 2.13 at Time-One (the 53<sup>rd</sup> percentile) to a mean of 1.53 at Time-Two (the 38<sup>th</sup> percentile) (Paired N=79, t=5.46, p<.001)
- **Concerned that it is not their business to interfere:** From a mean of 2.04 at Time-One (the 51<sup>st</sup> percentile) to a mean of 1.51 at Time-Two (the 38<sup>th</sup> percentile) (Paired N=74, t=5.35, p<.001)

**Figure 56 Reasons Why Participants May Not Support Or Assist People Thinking About Suicide, Aggregate, Time Two\***



(N=83, 81, 83, 82, 83. \*Of those unlikely to assist at Time One. +Data truncated to increase legibility. Adjusted to exclude missing data.)

**Figure 57 Reasons Why Participants May Not Support/Assist People Thinking About Suicide, Over Time\***

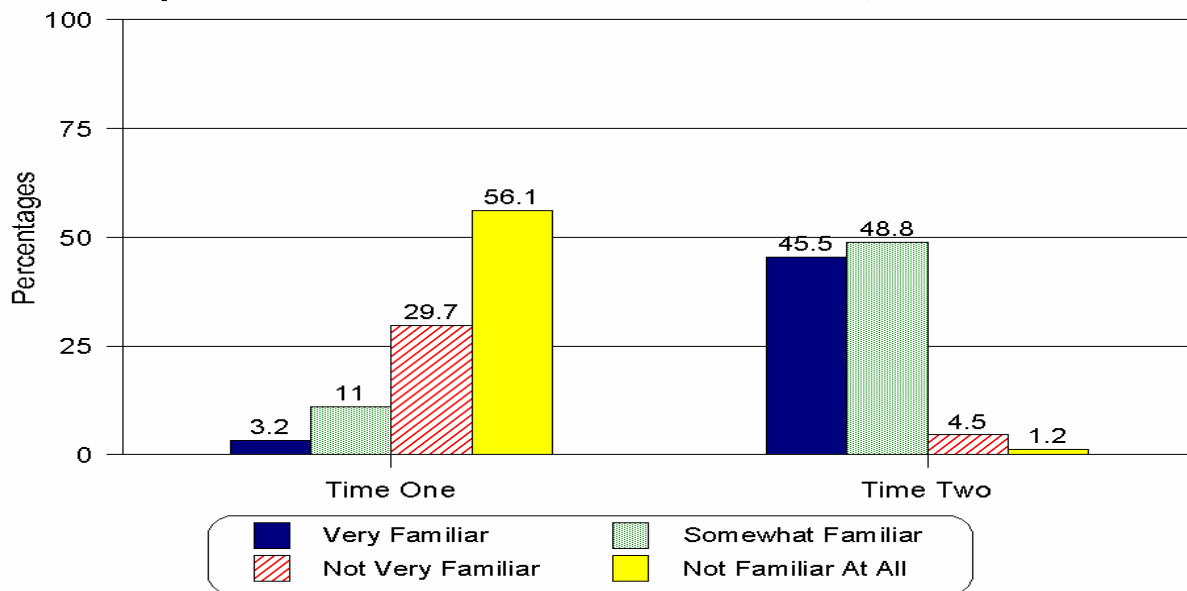


(Paired N=80, 74, 78, 79, 74. \*Of those unlikely to assist at Time One. \*\*Significant changes over time. Adjusted to exclude missing data.)

#### 4.6) Evaluating Participants' Familiarity with KeepSafe Connections in their Schools:

**KeepSafe Connections**<sup>16</sup> are resources or people who someone thinking about suicide can turn to for help and support. When participants were asked, prior to their workshops, how familiar they were with the KeepSafe Connections in their schools, only 14.2% said that they were familiar with them, with 3.2% of these being very familiar. Another 29.7% were not very familiar with them, and 56.1% were not familiar with them at all (Figure 58). After the workshop, 94.3% of these participants were familiar with the KeepSafe Connections at their schools, with 45.5% of these being very familiar with them. Of the remainder, 4.5% were not very familiar with them and 1.2% were not familiar with them at all.

**Figure 58 Participants Evaluating Their Familiarity With KeepSafe Connections In Their Schools, Over Time**



(N=617, 424. Adjusted to exclude missing data.)

Based on the mean responses to this question over time, the differences in participants' responses are significant (Figure 59). The mean score for responses to this question at Time-One was 1.57 (the 39<sup>th</sup> percentile), increasing to 3.39 (the 85<sup>th</sup> percentile) at Time-Two (Paired N=406,  $t=39.51$ ,  $p<.001$ ).

#### 4.7) Did Participants Know What To Do If Friends Are Thinking About Suicide:

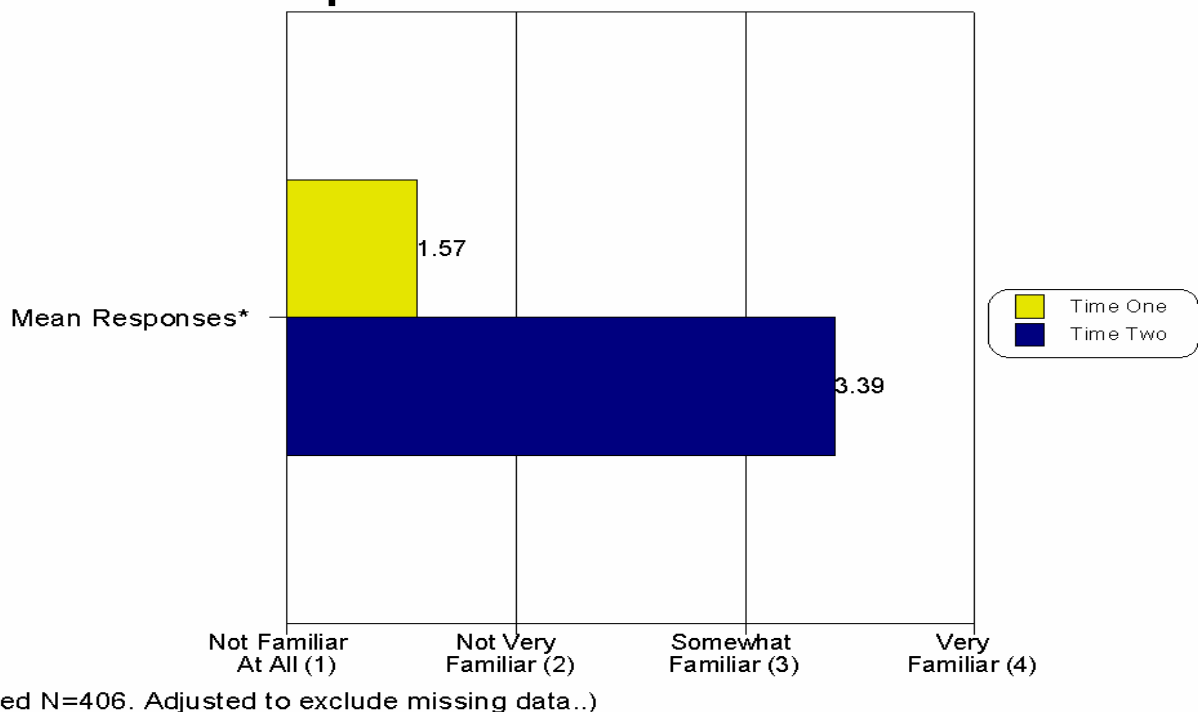
##### 4.7.1) The Aggregated Findings:

At Time-One 45.5% or all participants felt they were aware of what to do if a friend tells them they are thinking about suicide (Figure 60). Of these 8.2% were very aware of this. Almost one-fifth (19.9%) were unsure of their response.

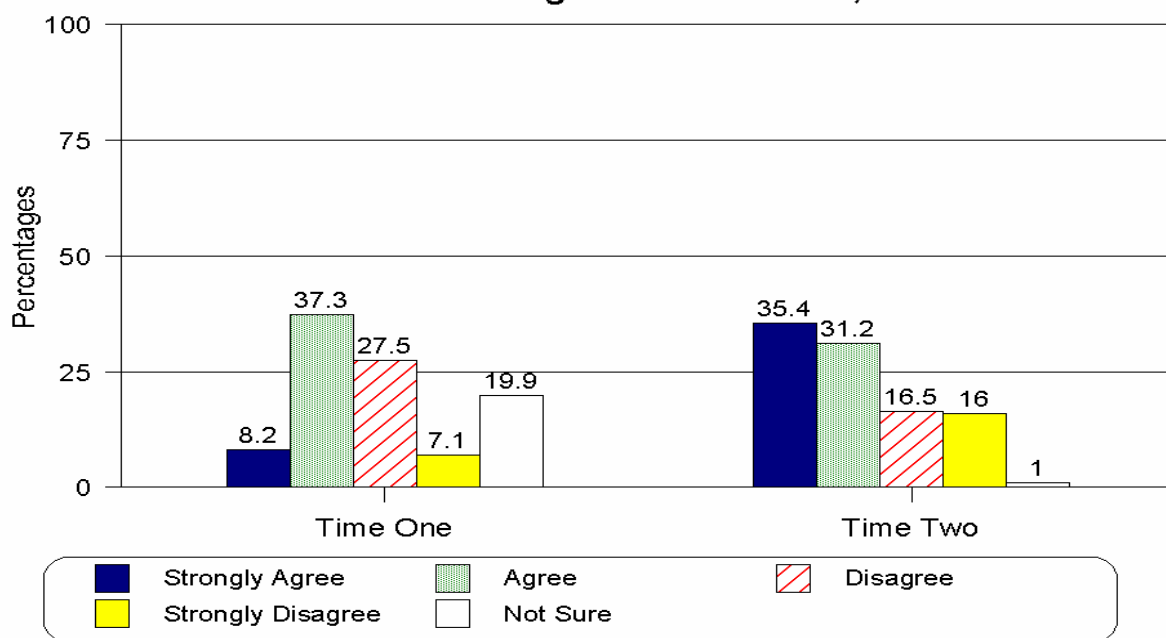
At Time-Two participants were significantly more aware of what to do in this situation. Two thirds of these participants (66.6%) were aware of what to do if a friend told them he or she is thinking about suicide, with 35.4% of these being very aware of this. Only 1.0% were unsure of their response.

<sup>16</sup> *Keepsafe connections* is a LivingWorks term.

**Figure 59 Participants Evaluating Their Familiarity With The KeepSafe Connections In Their Schools**

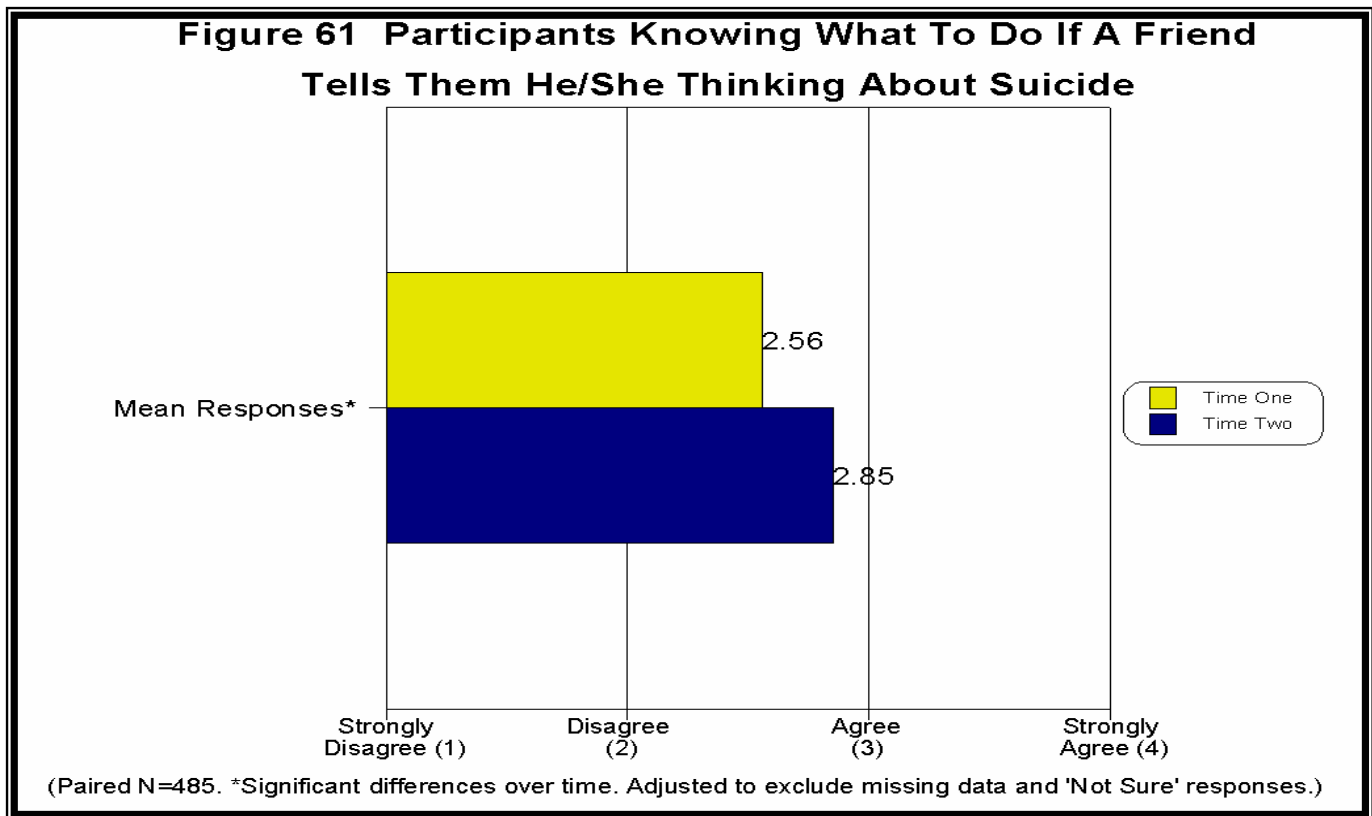


**Figure 60 Participants Know What To Do If A Friend Tells Them He/She Is Thinking About Suicide, Over Time**



(N=622, 625. Adjusted to exclude missing data.)

The differences in participants' responses to this question, over time, were significant (Figure 61). At Time-One the mean response to this question was 2.56 (the 64<sup>th</sup> percentile), compared to 2.85 at Time-Two (the 71<sup>st</sup> percentile) (Paired N=485,  $t=5.40$ ,  $p<.001$ ).



#### 4.7.2) By Participants' Roles:

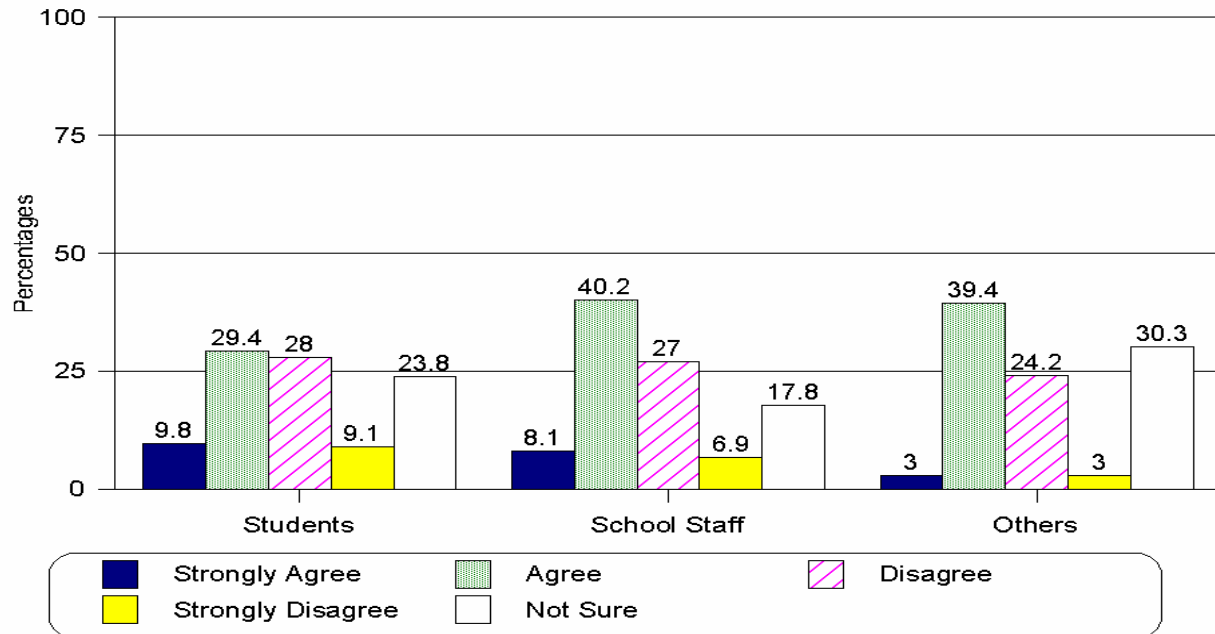
There were no significant differences in responses to this question based on participants' roles at Time-One (Figure 62). The percentage of participants who knew what to do if friends tell about their thoughts of suicide ranged from a low of 39.2% for the students, to 42.4% for other participants, and 48.3% for school staff. The percentage of those who strongly agreed with this statement ranged from 3.0% to 9.8%. Participants, who were unsure of their responses, ranged from 17.8% to 30.3% ( $N=609$ ,  $\chi^2=10.44$ ,  $df=8$ ,  $p=.235$ ).

There were significant differences in participants' responses to this question by their roles at Time-Two (Figure 63). The percentages of participants who agreed with this statement ranged from 62.4% of the school staff, to 77.5% of the students and 90.6% of the other participants. The percentages of participants who strongly agreed with this statement ranged from 33.3% of the school staff, to 37.5% of the other participants and 42.0% of the students. The range of those who strongly disagreed ranged from 0% for other participants, to 0.5% for school staff and 2.9% for students ( $N=603$ ,  $\chi^2=30.72$ ,  $df=8$ ,  $p=.00002$ ).

There were significant increases in the percentage of participants agreed with this statement by their roles (Figure 64).

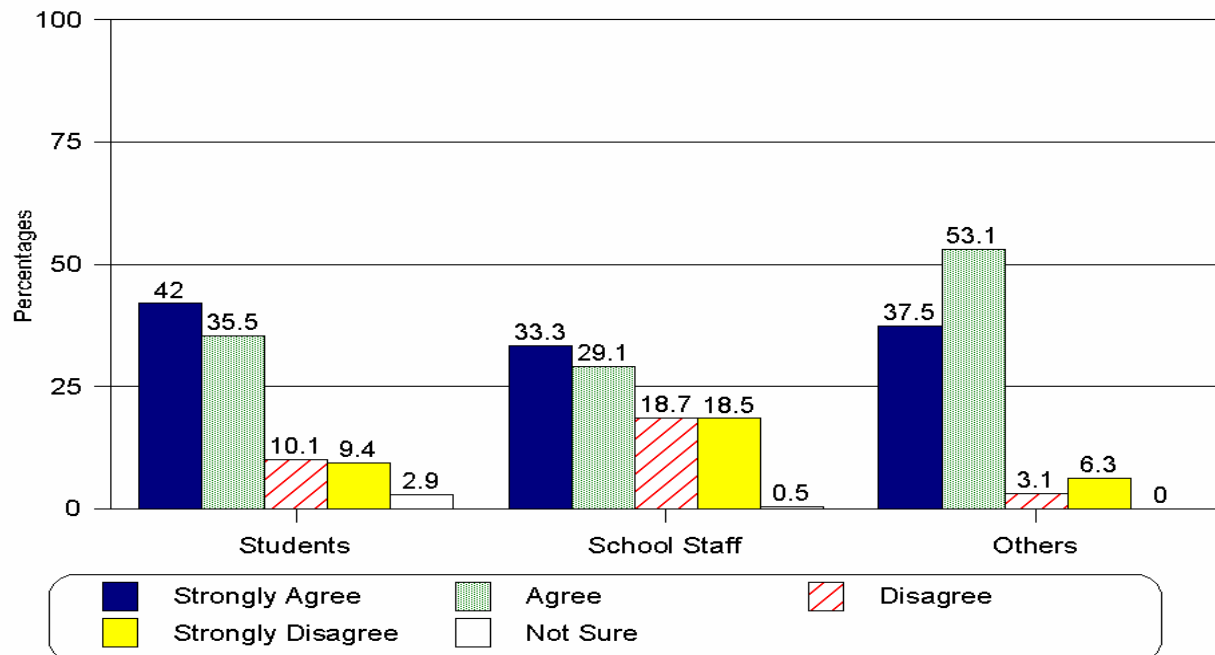
- For the **students** the mean response at Time-One was 1.89 (the 47<sup>th</sup> percentile), increasing to 3.04 at Time-Two (the 76<sup>th</sup> percentile) (Paired N=137,  $t=8.49$ ,  $p<.001$ )
- For the **school staff** the mean response was 2.14 at Time-One (the 54<sup>th</sup> percentile), increasing to 2.75 at Time-Two (the 69<sup>th</sup> percentile) (Paired N=426,  $t=8.55$ ,  $p<.001$ )

**Figure 62 Participants Knowing What To Do If A Friend Tells Them About Thoughts of Suicide By Role, Time-One**



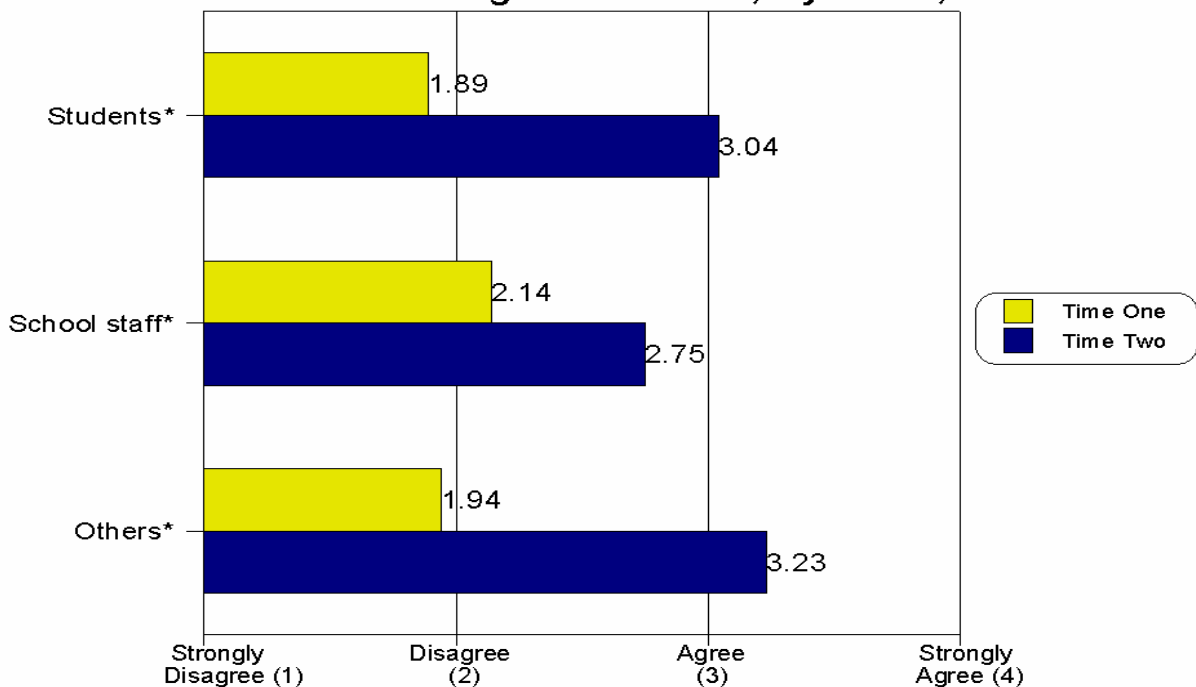
(N=143, 433, 33. Adjusted to exclude missing data.)

**Figure 63 Participants Knowing What To Do If A Friend Tells Them About Thoughts of Suicide By Role, Time-Two**



(N=138, 433, 32. Adjusted to exclude missing data.)

**Figure 64 Participants Knowing What To Do If A Friend Tells Them About Thought Of Suicide, By Roles, Over Time**



(Paired N=137, 426, 31. \*Significant changes over time. Adjusted to exclude missing data and 'N/S' responses.)

- For **other participants** the mean response at Time-One was 1.94 (the 49<sup>th</sup> percentile), increasing to 3.23 at Time-Two (the 81<sup>st</sup> percentile) (Paired N=31,  $t=4.83$ ,  $p<.001$ )

## V) EVALUATING WHETHER PARTICIPANTS WERE PROTECTED FROM HARM DURING THEIR WORKSHOPS:

A pillar of the safeTALK Program is that all participants will be protected from harm in the event that they feel sad or overwhelmed by material delivered during the workshops. The focus is on ensuring that any participants who have these feelings are quickly and adequately supported. This evaluation explored the degree to which participants may have felt harmed based on their responses provided through several questionnaires, including the Facilitators' Logs, Participants' Questionnaires and Follow-Up Questionnaires, and School Administrators' Follow-Up Questionnaires.

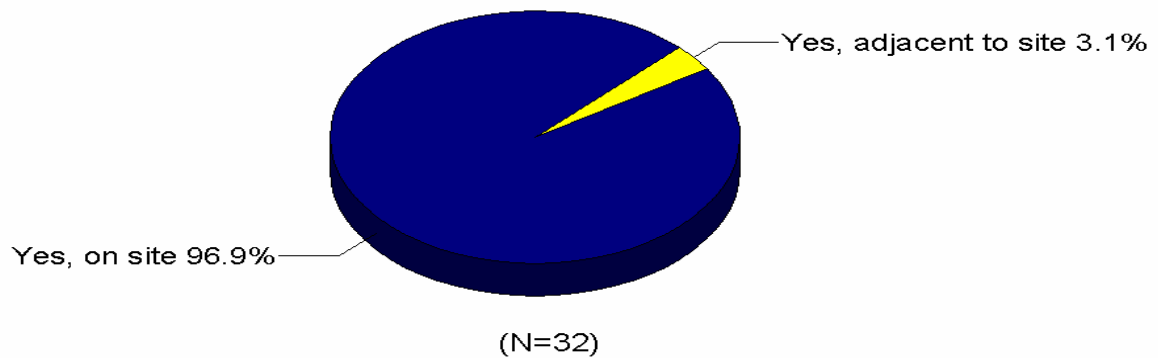
### 5.1) Related Findings from the Facilitator's Logs:

SafeTALK facilitators were required to have a community support person available in the event that participants feel sad or overwhelmed as a result of the workshops. Of the 32 workshops that were delivered, 31 (96.9%) had community support people in attendance at their workshops (Figure 65). In one case a clinical psychologist was available on standby in an "adjacent office" for a session that was held in a community health centre.

#### 5.1.1) Reports of Participants Feeling Sad or Overwhelmed at Their Workshops:

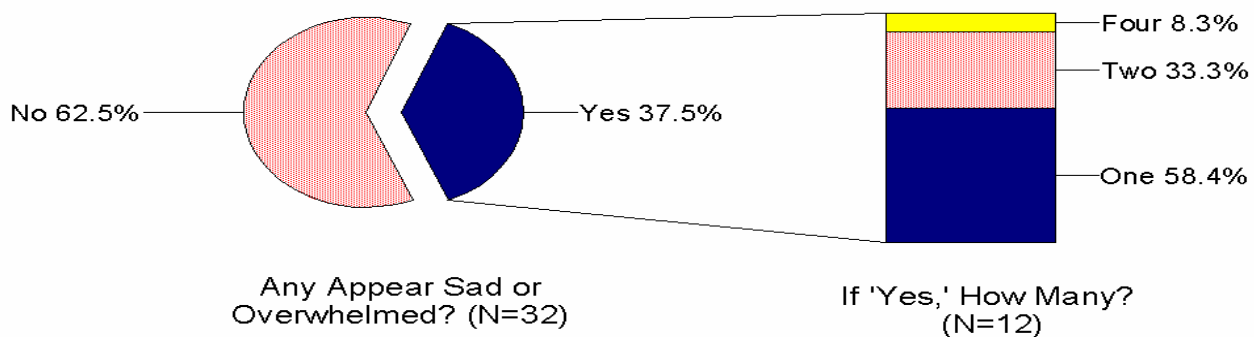
One-third of the facilitators (37.5%) reported that at least one of their participants appeared sad or overwhelmed by material provided through the workshops (Figure 66). Over half of these (58.4%) reported that this related to one participant, 33.3% indicated two participants had felt this way, and one (8.3%) indicated that this applied to four participants. Out of the 588 participants included in this analysis, based on the Facilitators' Logs data, 19 appeared to feel sad or overwhelmed (3.2% of the total).

**Figure 65 Did Facilitators Have Community Support People Present To Assist Participants, If Needed?**



(From The Facilitators' Log.)

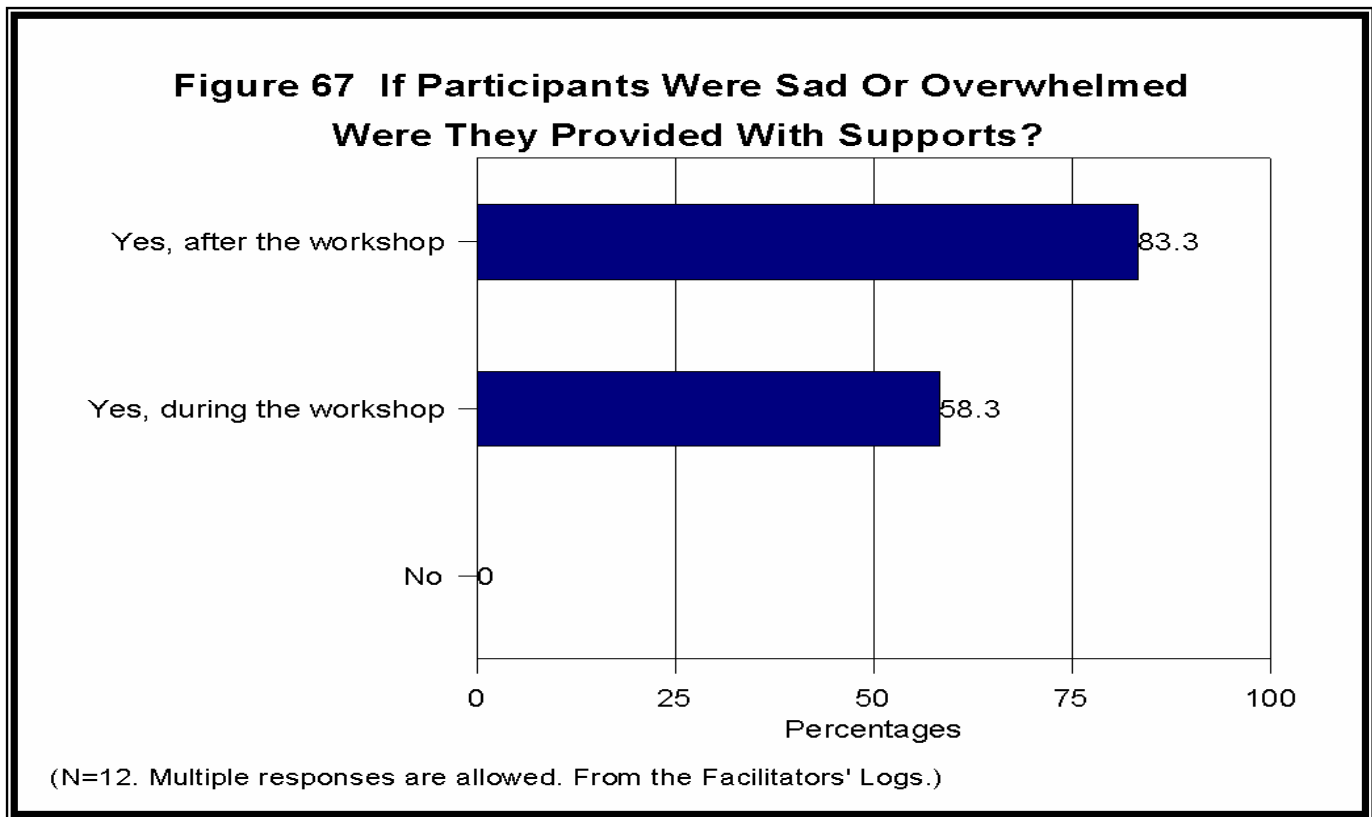
**Figure 66 Did Any Participants Appear Sad Or Overwhelmed By Material Provided At the Workshop?**



(From The Facilitators' Log.)

### 5.1.2) Affected Participants Being Provided With Supports:

Facilitators reported that all of the participants who appeared sad or overwhelmed by the workshop material were provided with support (Figure 67). Of these, 83.3% said that they were supported after the workshops and 58.3% indicated that they were supported during the workshops.<sup>17</sup>



## 5.2) Related Findings from the Participants' Questionnaires:

### 5.2.1) Participants Reporting Feeling Sad or Overwhelmed:

#### i) The Aggregate Findings:

In the aggregate 3.2% of all safeTALK Project participants (N=19) reported feeling very sad or overwhelmed by some of the material delivered at their workshops (Figure 68). Another 21.5% (N=127) reported feeling somewhat sad or overwhelmed. Of the remainder, 21.3% (N=125) reported not feeling very sad or overwhelmed, and 52.1% (N=307) did not feel this way at all. A small percentage (1.9%) was unsure about this.

#### ii) By Participants' Roles:

Students were significantly less likely than other participants to feel sad or overwhelmed by safeTALK material delivered at their workshops (Figure 69). One-fifth of the students in this study (20.3%) felt at least somewhat sad or overwhelmed during their workshops, compared with 24.7% of the school staff, and 29.6% of the other participants (N=572,  $\chi^2=29.03$ ,  $df=8$ ,  $p=.0003$ ). The percentages who felt very sad or overwhelmed ranged from 0.8% of the student, to 3.7% of the other participants, and 4.1% of the school staff.

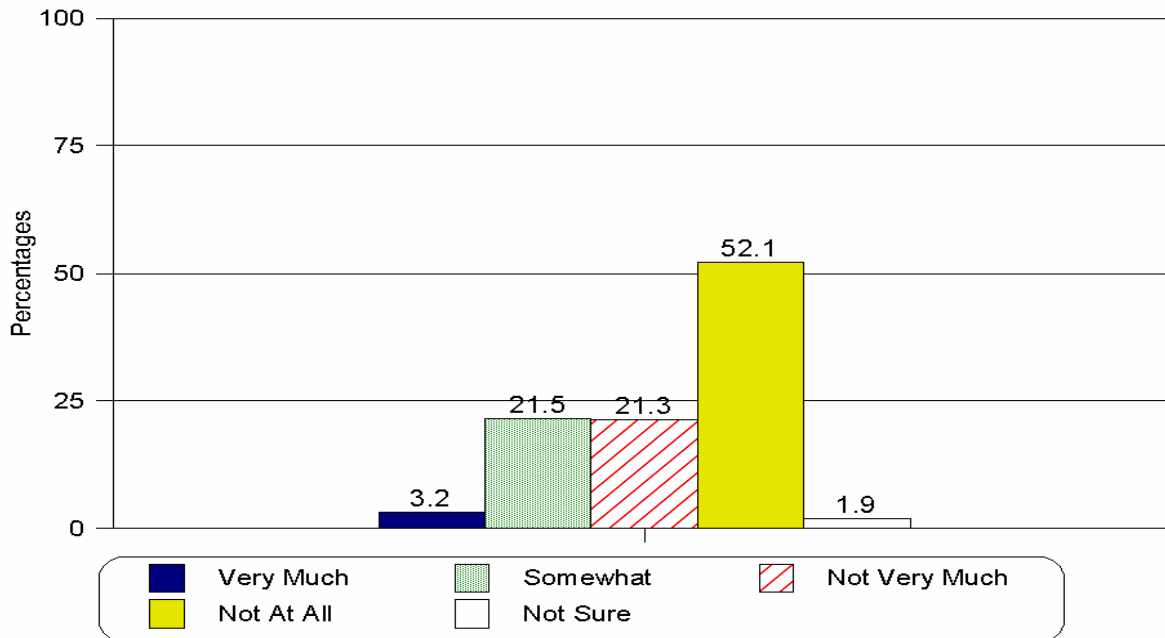
#### iii) By Participants' Gender:

There were no significant differences in responses to this question by participants' gender (Figure 70) (N=580,  $\chi^2=6.65$ ,  $df=4$ ,  $p=.15$ ).

<sup>17</sup> Multiple responses were allowed for this question.

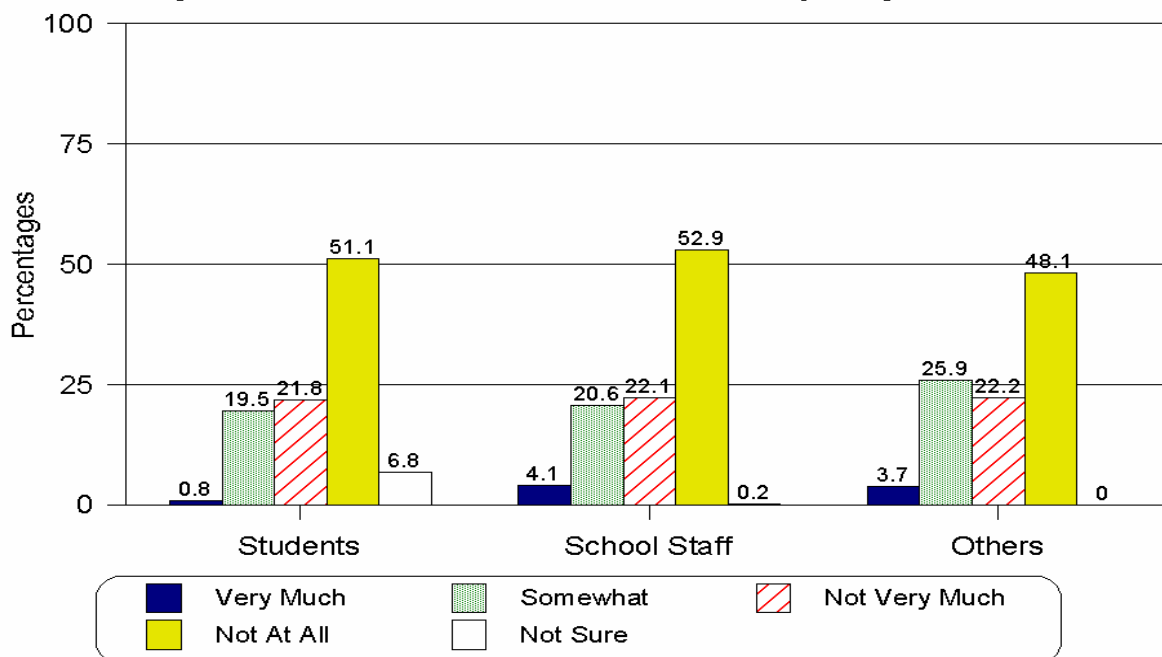


**Figure 68 Did Participants Report Being Sad Or Overwhelmed By By Material Provided At The Workshop? Aggregate**



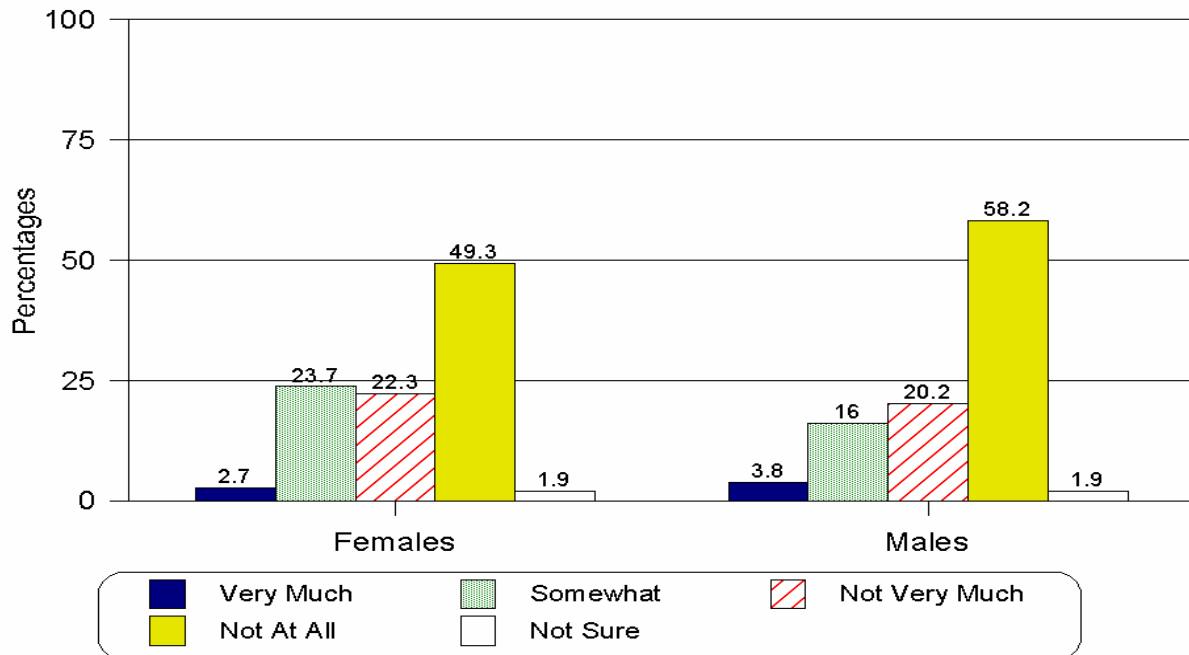
(N=591. Adjusted to exclude missing data.)

**Figure 69 Did Participants Report Being Sad Or Overwhelmed By By Material Provided At The Workshop? By Roles**



(N=133, 412, 27. Adjusted to exclude missing data.)

**Figure 70 Did Participants Report Being Sad Or Overwhelmed By  
By Material Provided At The Workshop? By Gender**



(N=367, 213. Adjusted to exclude missing data.)

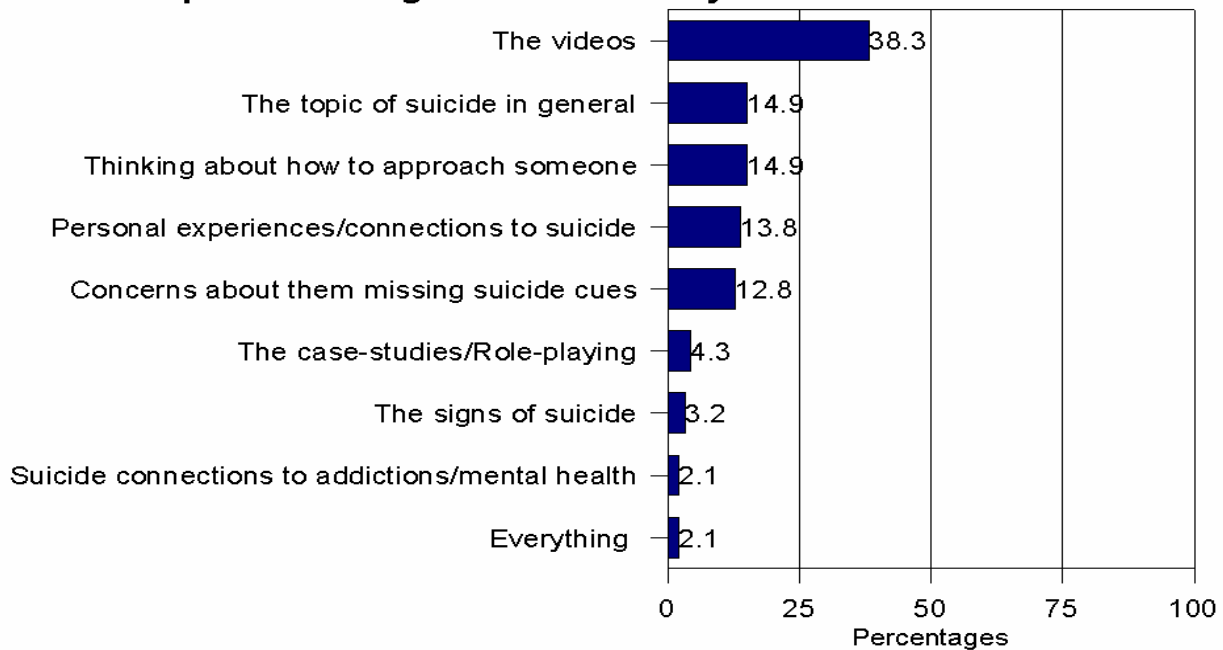
### 5.2.2) What Aspects of the Workshop Made Participants Feel Sad or Overwhelmed?

Participants, who were sad or overwhelmed by the material provided thought their safeTALK workshops, were asked to identify which elements of the material affected them. Responses were provided by 94 participants who felt sad or overwhelmed. This was an open-ended question with multiple responses being allowed. Eight themes emerged from their comments.

- The most frequently cited aspect of safeTALK that caused participants to feel sad or overwhelmed were **the videos** (38.3%, N=36) (Figure 71). A couple of these participants simply referenced ‘the videos’ in general, while others identified specific videos. These included: the “mom on the phone with her daughter,” “the girl quitting school,” “an older man contemplating suicide,” “the divorcing couple,” and the personal stories of Khari Jones.
- Fourteen participants (14.9%) cited the topic of **suicide in general** as a cause for feeling sad and overwhelmed. This included the statistic that suicide affects one person out of twenty; teens and young people thinking about suicide and dying by suicide; and simply the fact that some people resort to suicide.
- Another fourteen participants became sad and overwhelmed thinking about **how to approach people thinking about suicide**. This included: what questions to ask, what to say, how to act, should the police be involved, and how to keep them safe.
- Thirteen participants (13.8%) felt sad or overwhelmed based on **their personal connections with suicide**. One person commented about personally experiencing thoughts of suicide, others remembered people they knew who thought about suicide or possibly died by suicide, while still others thought about their family members, including their children.
- Twelve participants (12.8%) were sad or overwhelmed by concerns that **they may miss cues about someone thinking about suicide**. They were concerned they might dismiss “warning signs,” or they may be “in denial” about a specific person’s thoughts of suicide.

- Four participants (4.3%) were sad or overwhelmed because of the **case-studies or role-playing exercises**. They commented on the “case scenarios,” and the “role-playing of the mother-daughter.”
- Three participants (3.2%) were sad or overwhelmed thinking about **the signs of suicide**.
- Two participants (2.1%) were sad or overwhelmed thinking about the **connection between suicide and addiction or mental health conditions**.
- Another two participants found that **the workshop, overall**, caused them to feel sad or over-whelmed.

**Figure 71 Topics That Most Affected Participants Who Reported Being Somewhat/Very Sad/Overwhelmed**



(N=94. Based on open-ended responses. Multiple responses are allowed.)

Selected verbatim comments are provided, by theme, below and on the following pages:

#### **The Videos:**

***Boy with girl in hallway.***

***Mom on phone with daughter.***

***When the girl wants to quit school.***

***Video of daughter at college and the suicide note.***

***The old man thinking about suicide.***

***The last video on domestic abuse.***

***The personal story [of] Khari Jones.***

***The video of the divorcing couple.***

***People saying ‘Yes’ for suicide.***

***The woman on the bus.***

***The ‘avoid’ clip.***

### **The Topic of Suicide in General:**

*It's disheartening to see number of affected; one in twenty.*  
*Sad about the idea someone would think about suicide.*  
*How serious and common it is.*  
*Suicidal teens [and] students.*  
*The whole topic is heart wrenching.*  
*The thought of someone thinking about suicide.*

### **Thinking About How To Approach Someone Considering Suicide:**

*How to ask someone [if they are thinking about suicide].*  
*Practicing what to say.*  
*The act of asking if someone is thinking about suicide.*  
*The examples of questions to ask.*  
*Being direct about suicide.*  
*Involving the police.*  
*Someone sharing their experiences.*  
*[Someone] admitting to thoughts of suicide.*

### **Their Personal Experiences and Connections:**

*Personal concern of someone thinking about suicide.*  
*I have signs [of thoughts of suicide].*  
*Obviously it hits close to home.*  
*Personal connection experience. Hard to participate, sorry.*  
*Remembering faces of past students' family's drug and alcohol abuse.*  
*Remembering past interventions.*  
*Suicide prevalence in our school.*  
*Thinking of my own children.*

### **Concerns about Missing the Cues:**

*Still apprehensive about missing cues.*  
*Avoid, dismiss, miss potential.*  
*To not miss or dismiss.*  
*Warning signs and not seeing them.*  
*Invitations we dismiss.*  
*Denial.*

### **The Case Studies/Role-Playing:**

*Case scenarios.*  
*Scenario role play facebook.*  
*Role-playing.*

*Role-play of mother-daughter.*

### **The Signs of Suicide**

*Signs or thoughts of suicide.*

*Signs and effects.*

### **The Connection to Mental Health Concerns/Addictions:**

*Drug and alcohol abuse.*

*Depression and anxiety.*

### **Everything**

*They all did [made her/him sad or overwhelmed].*

*Everything.*

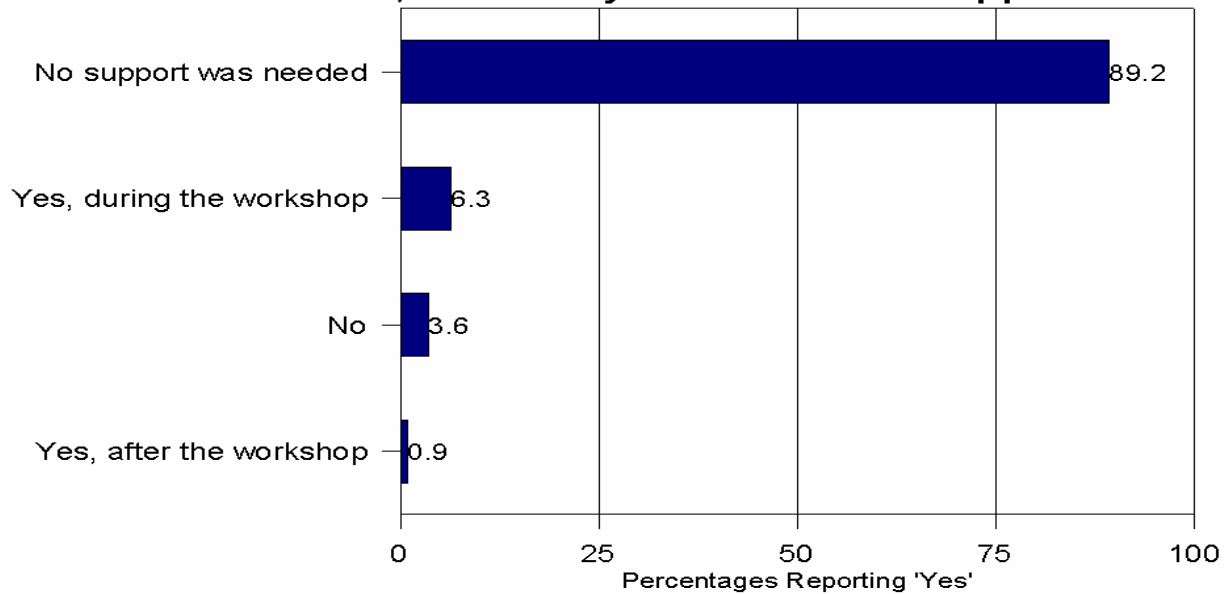
### **5.2.3) Were Participants In Need Provided With Support?**

Almost all participants (who reported being somewhat or very sad or overwhelmed by the safeTALK material (89.2%) did not require any support during or after the workshop (Figure 72). Of the remainder, 6.3% received support during their workshops, 0.9% after the workshops, and 3.6% (N=4) said they did not receive any support. .

### **5.2.4) Were Participants' Feelings of Sadness or Feeling Overwhelmed Addressed?**

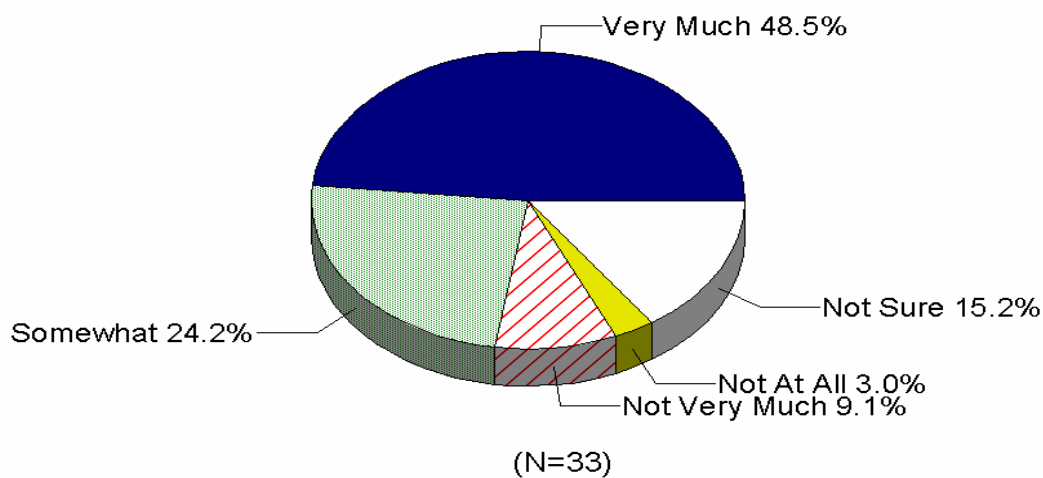
Of the participants who felt somewhat or very sad or overwhelmed due to the workshop content, and who needed assistance, 72.7% said that their negative feelings were effectively addressed (Figure 73). Of these, 48.5% said their feelings were very well addressed. Of the remainder, 9.1% (n=3) said they were not very well addressed, 3.0% (n=1) that they were not addressed at all, and 15.2% were not sure. Excluding participants who were unsure of their responses, 57.1% felt that their negative feelings had been very well addressed, and 28.6% that they had been somewhat well addressed (for a total of 85.7%).

**Figure 72 If Participants Felt Somewhat/Very Sad Or Overwhelmed, Were They Provided With Support?**



(N=111. Adjusted to exclude missing data.)

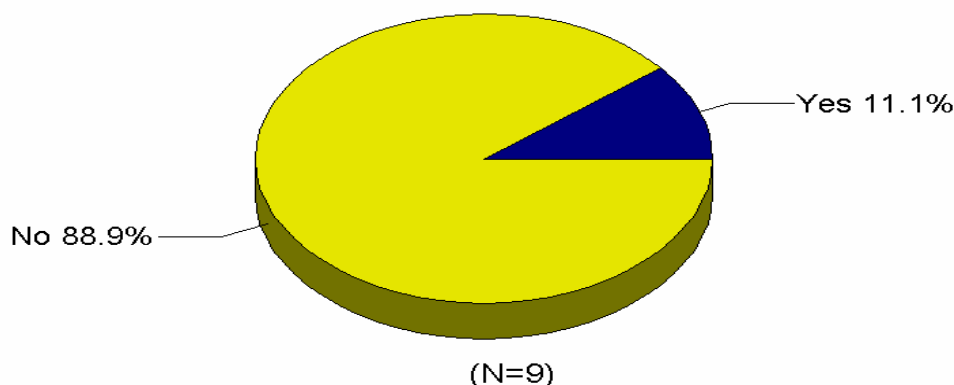
**Figure 73 If Participants Needed Assistance Were Their Feelings of Sadness Or Being Overwhelmed Addressed?**



### 5.3) Related Findings from the School Administrators' Questionnaires:

Of the nine school administrators who completed their safeTALK Follow-Up Questionnaires, only one was aware of participants who were “caused harm” as a result of the workshop (Figure 74). This administrator estimated that three participants may have been negatively affected. This school administrator stated that the issues or concerns of these three participants were “satisfactorily resolved” in all cases.

**Figure 74 Were School Administrators Aware Of SafeTALK Participants Experiencing Harm From The Workshops?**



(Taken from the safeTALK School Administrator's Questionnaire.)

### 5.4) Exploring Participants' Mental Health Status Following the safeTALK Workshops:

Several questions were asked in the Participant Follow-Up Questionnaires to explore their states of mind and any longer-term impacts of the safeTALK workshops they attended.<sup>18</sup>

#### 5.4.1) Their Mental Health Status:

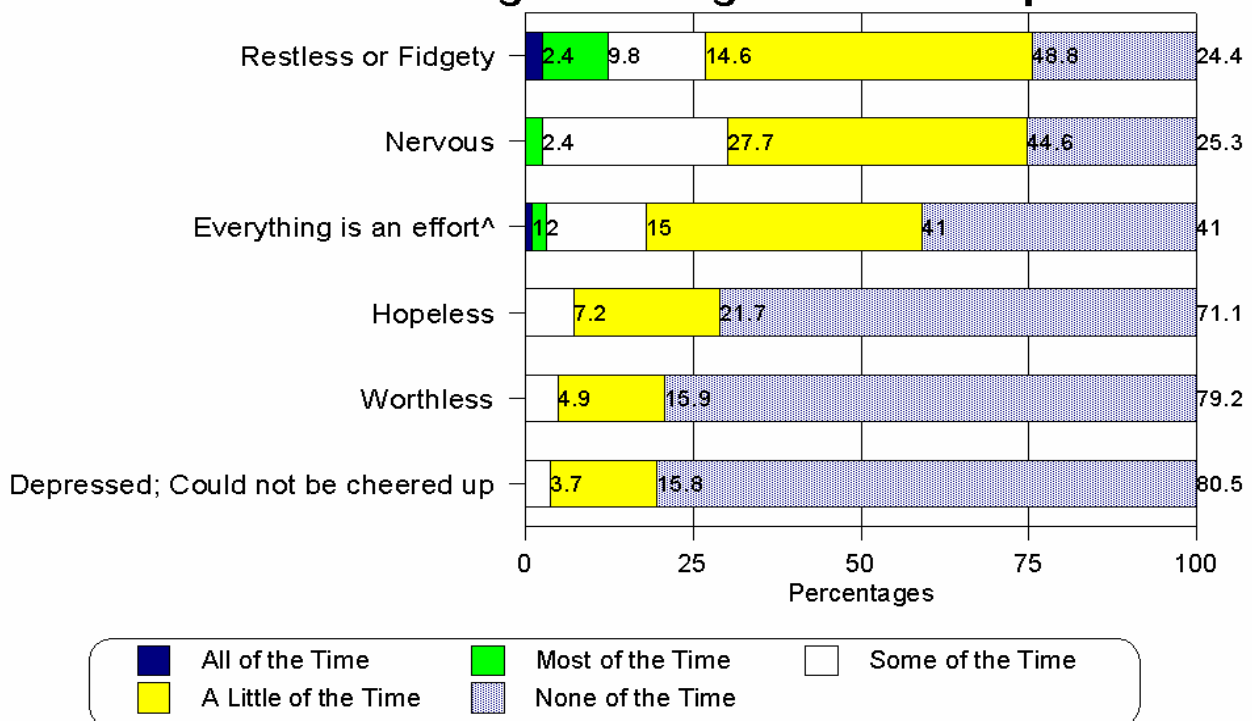
Participants were provided with a list of six indicators of depression, anxiety and other mood disorders, and were asked how prevalent these feelings were for them. None were unduly prevalent (Figure 75). Focusing on participants who experienced each indicator all of the time or most of the time, 12.2% reported being “restless or fidgety,” 3.0% reported feeling that “everything is an effort,” 2.4% reported feeling “nervous,” and 0% regarding feeling “hopeless,” “worthless,” and “so depressed to the point where they could not be cheered up.”

#### 5.4.2) Attribution of Their Feelings to the SafeTALK Workshops:

Given the importance of this area of inquiry, and notwithstanding the small number of participants who reported any of these feelings (n=11), it is notable that majority did not attribute their feeling to the safeTALK workshops (72.7%), while the remainder (27.3%) were unsure about this (Figure 76).

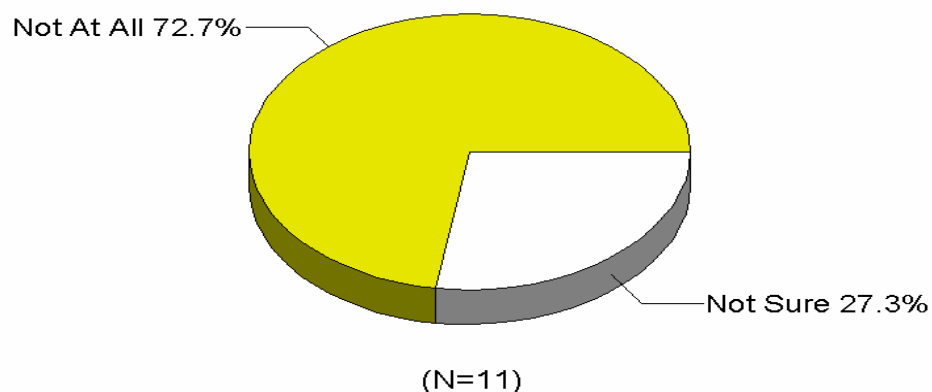
<sup>18</sup> Based on the limited sample size, the results from the follow-up data cannot be extrapolated to all workshop participants.

**Figure 75 Participants' Perceptions Of Their Mental Health/Well-Being Following The Workshops**



(N=82, 83, 83, 83, 82, 82. ^Rounded to increase legibility. Adjusted to exclude missing data. Taken from the Participants' Follow-Up Surveys. )

**Figure 76 If Participants Reported These Feelings All Or Most Of The Time, Was This The Result Of The Workshop?**



(Taken from the Participants' Follow-Up Survey.)

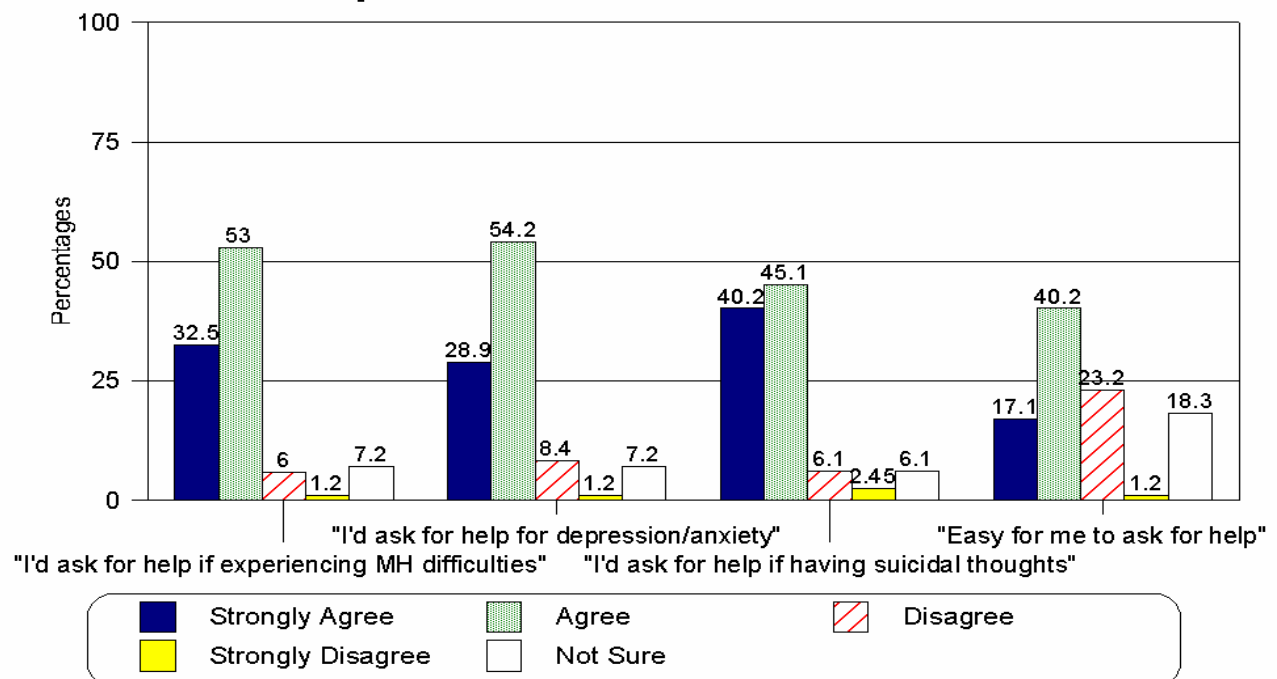


#### 5.4.3) Participants' Readiness to Seek Help for Their Own Problems or Thoughts of Suicide:

As a final question in this series, participants were asked, on follow-up, how likely they were to seek help for their own mental health problems or thoughts of suicide. The majority stated their willingness to do so (Figure 77). This included their responses to the following statements:

- ***If I were to experience a mental health difficulty, I would ask for help***, with 85.5% agreeing with this statement, and 32.5% of these strongly agreeing with it
- ***I am confident that I could ask for help if I were to have a mental health difficulty (e.g., depression, anxiety)***, with 83.1% agreeing with this statement, and 28.9% of these strongly agreeing with it
- ***If I were to have suicidal thoughts I know that I would ask for help***, with 85.3% agreeing with this statement, and 40.2% of these strongly agreeing with it
- ***For me, it would be easy to ask for help if I had a mental health difficulty***, with 57.3% agreeing with this statement, and 17.1% of these strongly agreeing with it

**Figure 77 Participants' Assessment Of Their Readiness To Seek Help For MH Problems or Suicidal Ideation**



(N=83, 83, 82, 82. Adjusted to exclude missing data. Taken from the Participants' Follow-Up Surveys. )

## VI) THE PERCEIVED IMPACTS OF SafeTALK:

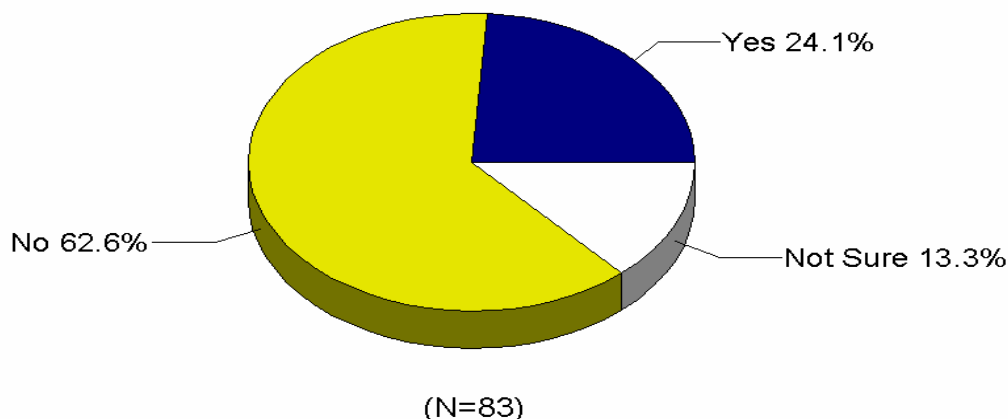
This section explores impacts that safeTALK workshops have on participants identifying people in their schools who may be thinking about suicide, and ways in which they were able to support them. Data for this section were taken from Participants' and School Administrators' Follow-Up Questionnaires.

### 6.1) Findings from Participants' Follow-Up Questionnaires:

#### 6.1.1) Since Their SafeTALK Workshops Were Participants Aware of Someone Who May Be Thinking About Suicide?

Of the 83 participants who responded to this question, 28.9% (n=24) were aware of at least one person who may have been thinking about suicide (Figure 78), while 62.6% had not, and 10.8% were unsure about this.

**Figure 78 Since Attending The Workshop Have Participants Been Aware Of Someone Who May Be Thinking About Suicide?**



(Taken from the Participants' Follow-Up Questionnaire.)

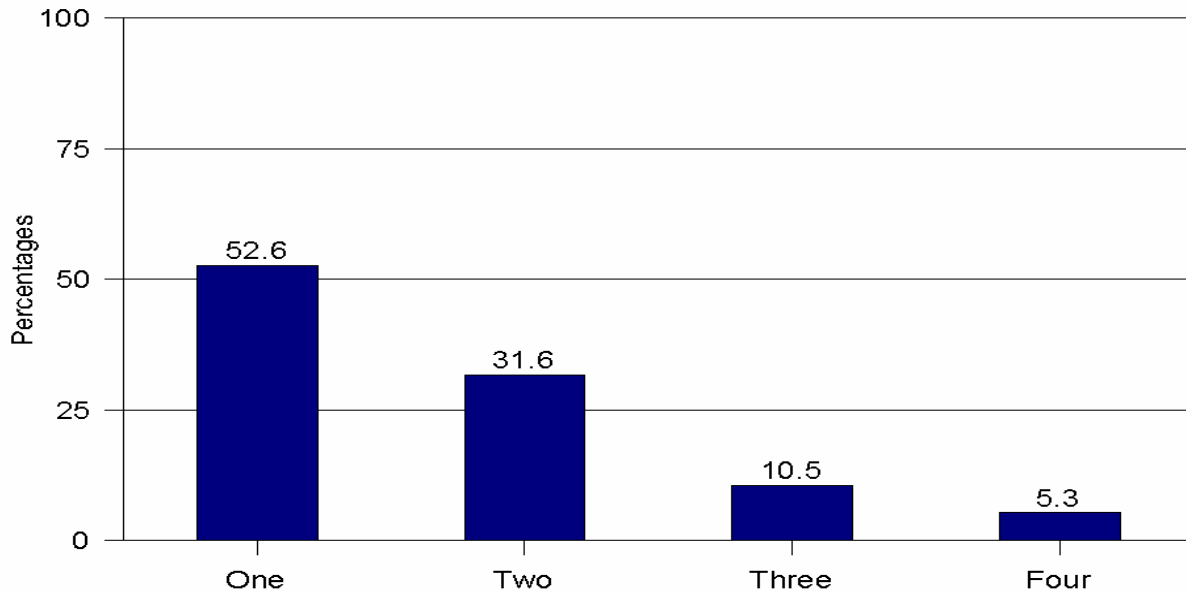
#### 6.1.2) How Many People Did This Include?

Nineteen participants reported being aware of 32 people who may have been thinking about suicide. Of these, 52.6% (n=10) were each aware of one person possibly thinking about suicide, 31.6% (n=6) were each aware of two people, 10.5% (n=2) were each aware of three people, and 5.3% (n=1) was aware of four people thinking about suicide (Figure 79). The mean number of people reported by each of these participants was 1.7, with a median of 1.0 (sd=0.89),

#### 6.1.3) Who Were These People?

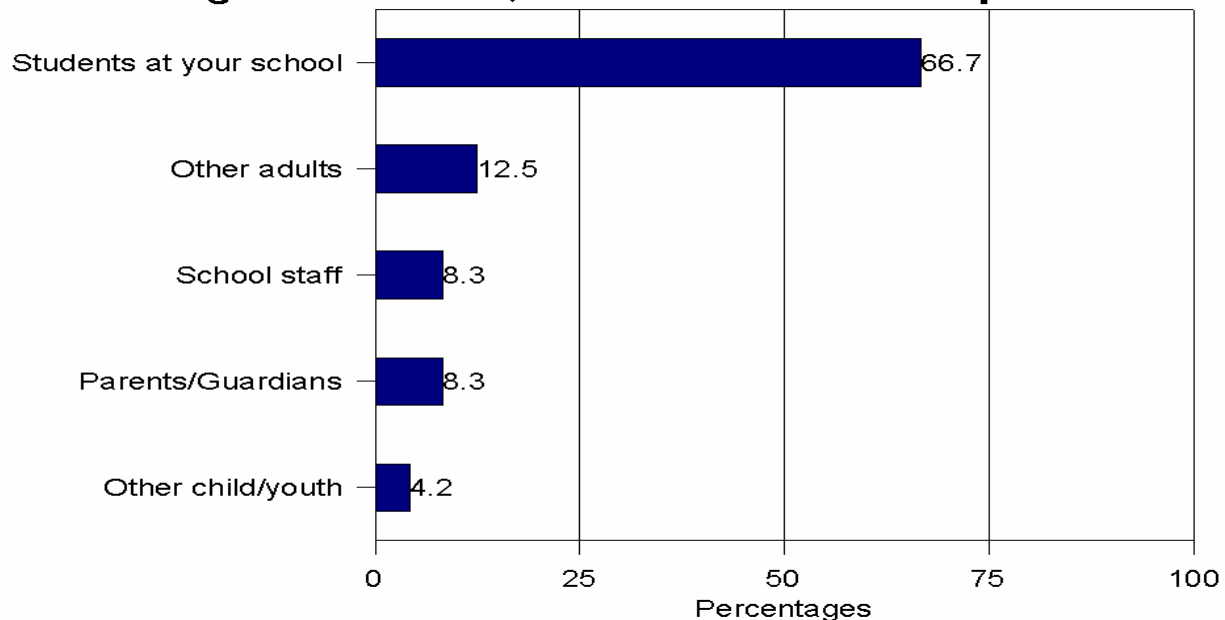
These participants were asked to answer the next series of questions thinking about one person they were aware of who may have been thinking of suicide. Two-thirds of the people that participants were aware of (66.7%) were students at their schools (Figure 80). Others included 'other' adults (12.5%), school staff (8.3%), students' parents or guardians (8.3%), and other children who do not attend their schools (4.2%).

**Figure 79 If 'Yes,' About How Many People Have You Become Aware Of With These Thoughts?**



(N=19. Taken from the Participants' Follow-Up Survey.)

**Figure 80 If 'Yes,' Who Were These People?**

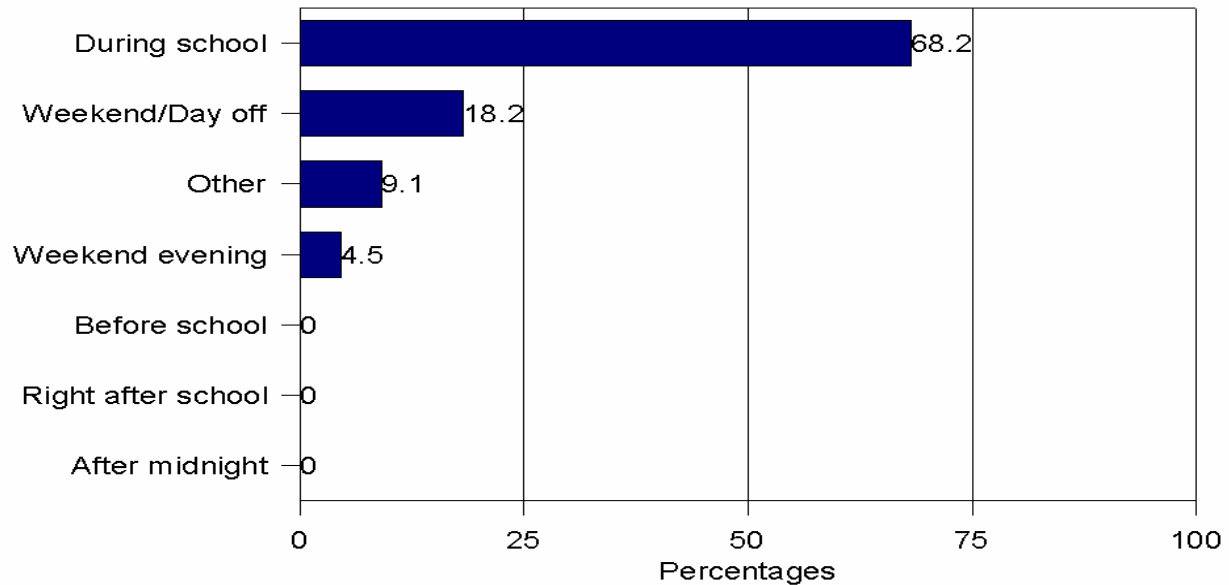


(N=24. Taken from the Participants' Follow-Up Survey.)

#### 6.1.4) When Did Participants Become Aware of These People?

In just over two-thirds of these situations (68.2%) participants became aware of these people during school hours (Figure 81). Other times included during weekends and/or on days off (18.2%), some 'other' time (9.1%), and during weekend evenings (4.5%).

**Figure 81 If 'Yes,' When Did Participants First Become Aware Of This Situation?**



(N=22. Taken from the Participants' Follow-Up Survey.)

#### 6.1.5) Which Steps Under the T.A.L.K. Model Were Completed by Participants?

Participants who were aware of a person who was thinking about suicide were asked to identify which steps in the T.A.L.K. model they undertook.

- The largest percentage of participants (79.2%) completed the **TELL** component, which entails *recognizing 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* (Figure 82).
- Two-thirds (66.7%) completed the **ASK** component, with all but one being preceded by the TELL component. The ASK component entails *asking directly if the person is having thoughts of suicide*.
- Just under two-thirds (62.5%) completed the **LISTEN** component. This entails *listening to the person talk about why suicide is in their life at this time; and affirming the importance of connecting them to help to keep them safe*. Of these 59.1% had also completed both the TELL and ASK components of the T.A.L.K. model.
- Under half of these participants (41.7%) completed the final step of the T.A.L.K. model, which is the **KEEP SAFE** component. This entails *connecting the person with thoughts of suicide to a **KeepSafe Connection** (a helper who can provide suicide assessment and intervention)*. All but one of the participants who completed this component also completed the preceding three components.

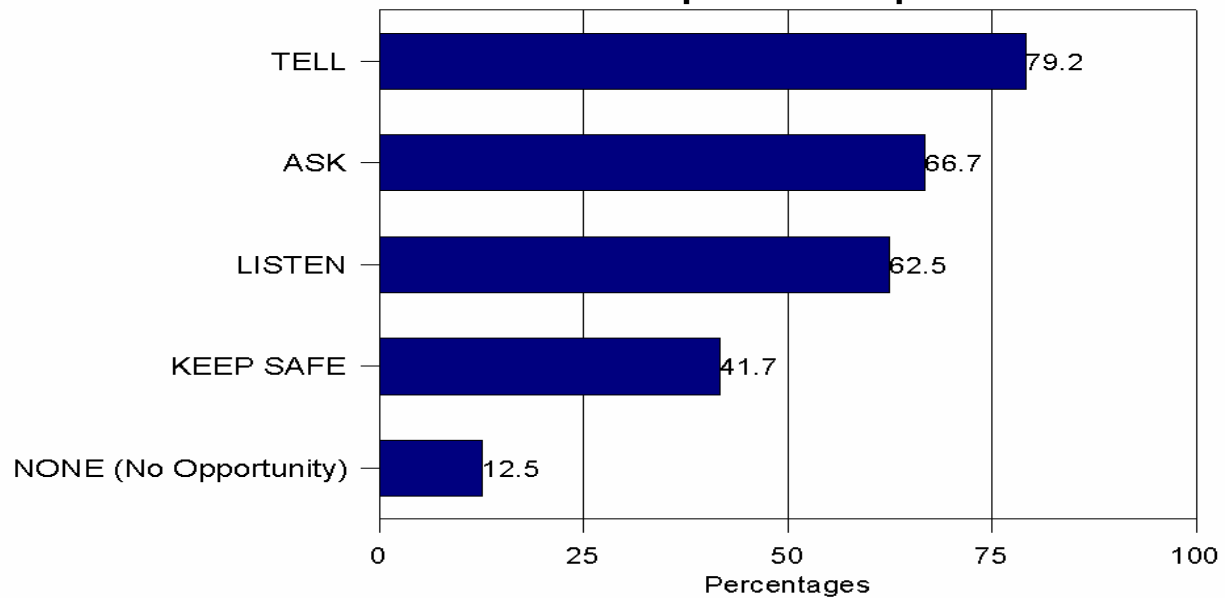
Three participants (12.5%), who were aware of a person who had thoughts of suicide, did not have the opportunity to assist them.

#### 6.1.6) Did Participants Feel They Were Able to Effectively Support These People?

##### i) The Aggregate Findings:

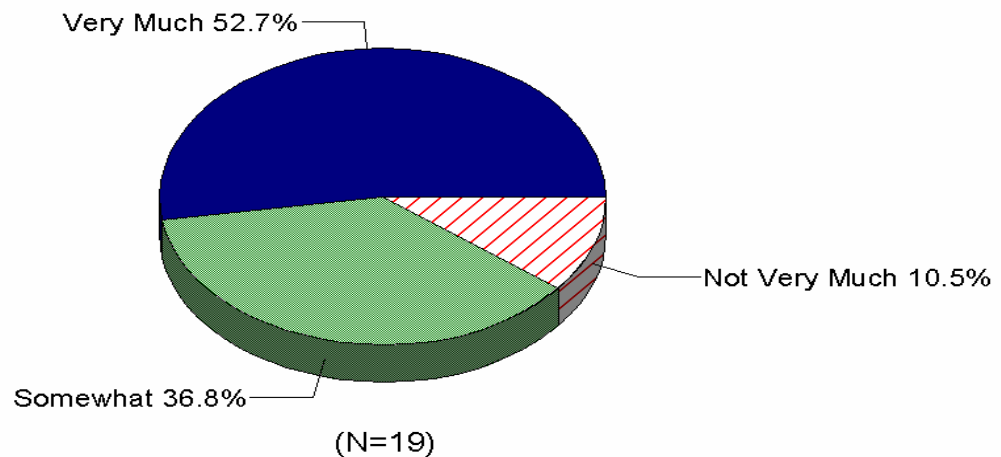
In the aggregate 52.7% of these participants felt that they were very much able to effectively support people who were thinking about suicide, 36.8% felt that they were able to somewhat support them, and 10.5% felt that they were not very able to do so (Figure 83).

**Figure 82 Which Tasks Under The T.A.L.K. Model Did These Participants Complete?**



(N=24. Taken from the Participants' Follow-Up Survey.)

**Figure 83 Did Participants Feel They Were Effectively Able To Support These People?**



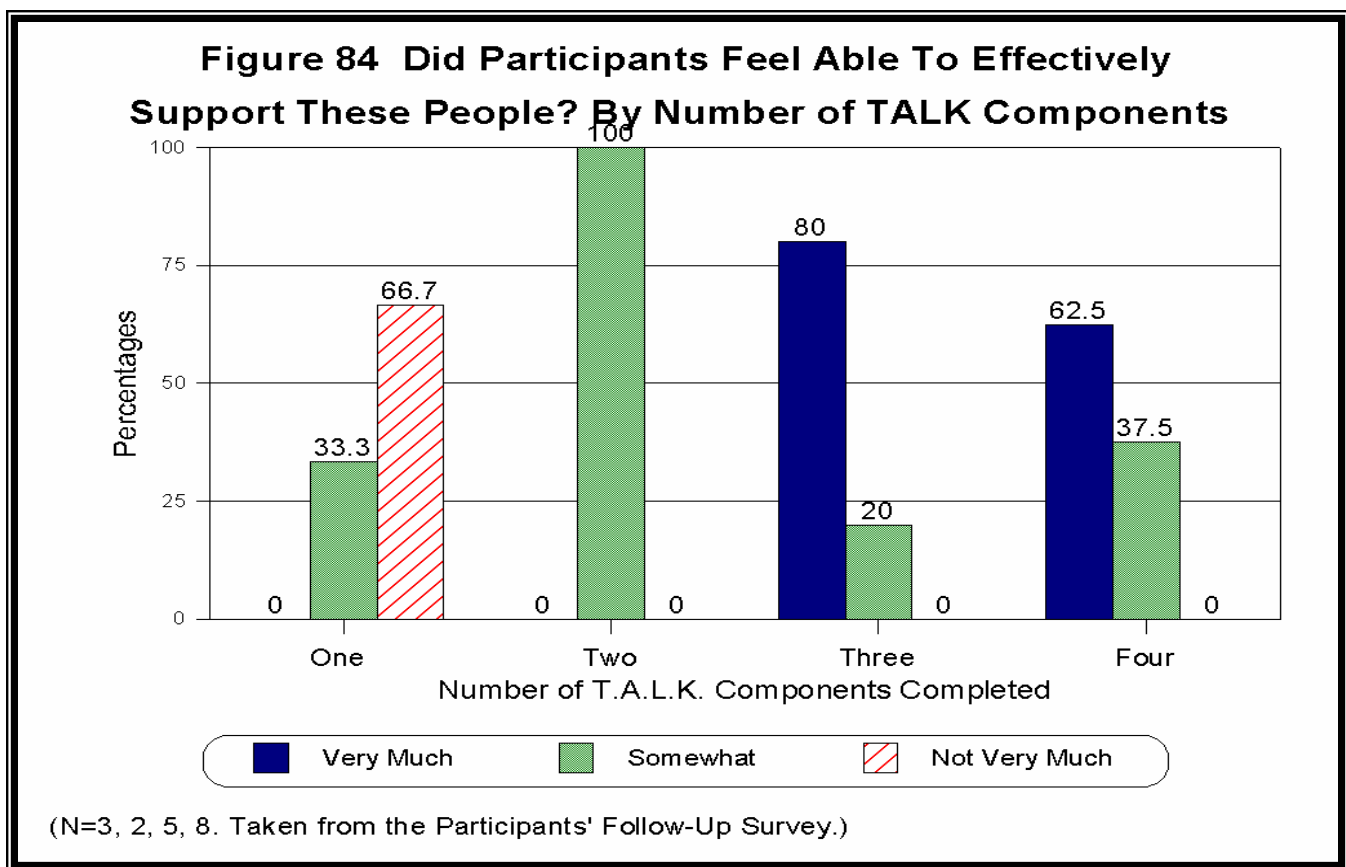
(Taken from the Participants' Follow-Up Survey.)

## ii) By the Number of T.A.L.K Components Completed:

There was a significant correlation between the number of T.A.L.K. components completed by participants and the degree to which they felt they were able to effectively support the people they identified as having thoughts of suicide (Figure 84).

- Of the three participants who completed only **one component**, one felt that he or she was somewhat effective in supporting this person, and two felt that they were not very effective.
- Of the two participants who completed **two components**, both felt they had been somewhat effective in supporting these people.
- Of the five participants who completed **three components**, 80.0% (n=4) felt that they had been very effective in supporting these people, while the fifth participant felt that he or she had been somewhat effective in this regard.
- Of the eight participants who completed all **four components**, 62.5% (n=5) felt that they had been very effective in supporting these people and 37.5% (n=3) felt that they had been somewhat effective.

These differences based on the number of T.A.L.K. components completed are significant ( $N=18$ ,  $\chi^2=16.06$ ,  $df=6$ ,  $p=.013$ ).



## iii) Participants' Related Comments:

As a corollary to this question these participants were asked to provide perceptions of their experiences regarding the people they assisted. Ten participants offered their comments. All but one commented on positive aspects of this experience, with a focus on their feelings of preparedness.

***This student is already on the guidance caseload. I was made aware of it [this situation] by the guidance department because the student is in my homeroom.***

***After reading a student's exam I discovered this student was struggling and was having thoughts of suicide. After talking with this student we found pathways of hope for them. We meet constantly and things are improving. I'm glad I made that connection with that student.***

***I felt prepared doing it.***

***I felt much more prepared and had some direction in providing help.***

***I have ASIST training so I have experience with people discussing suicide.***

***I was made aware of these thoughts indirectly. Another teacher let me know.***

***The student needed someone who would listen. Revealed cutting and talked about thoughts of suicide but was not planning to act. I shared that talking about it helped.***

***Very uplifting; I felt like it would be much easier next time.***

***The information of a student having thoughts of suicide was shared with me by a student services teacher. I reported any worries from my end back to the student services department.***

One participant felt stressed and uncertain about her role or how to locate the required resources and supports.

***It was very stressful. I was never confident that I was saying or doing the correct thing. I found it difficult to know where to get the professional help on short notice or for longer term check-ins.***

## **6.2) Findings from the School Administrators' Follow-Up Questionnaires:**

Administrators of safeTALK schools were asked a series of questions regarding the perceived impact that the safeTALK workshops had on their schools.

### **6.2.1) Was There an Increase in People from Their Schools Being Referred To Supports for Their Thoughts of Suicide?**

There were diverse views on whether there was an increase in the number of people from their schools being referred to supports related to their current thoughts of suicide than prior to the advent of safeTALK in their schools (Figure 85). Two administrators (22.2%) responded there was a large increase in referrals, two responded that this was somewhat the case, and five (55.6%) responded that this was not very much the case.

### **6.2.2) Did Administrators Believe Their Schools Are Suicide-Safer Due To SafeTALK?**

All of these school administrators believed that their schools were suicide-safer now as a result of the safeTALK workshops (Figure 86). Of these, two administrators (22.2%) felt that their schools were very much more suicide-safe as a result of safeTALK, and seven (77.8%) felt that their schools were some-what more suicide-safe than before, due to the workshops.

As a corollary to the preceding question school administrators were asked to provide comments to expand on their related perceptions. Virtually all of their comments related to staff being more aware of and "tuned into" the signs of thoughts of suicide, more comfortable about discussing this, and more knowledgeable about connecting these people with the necessary supports.

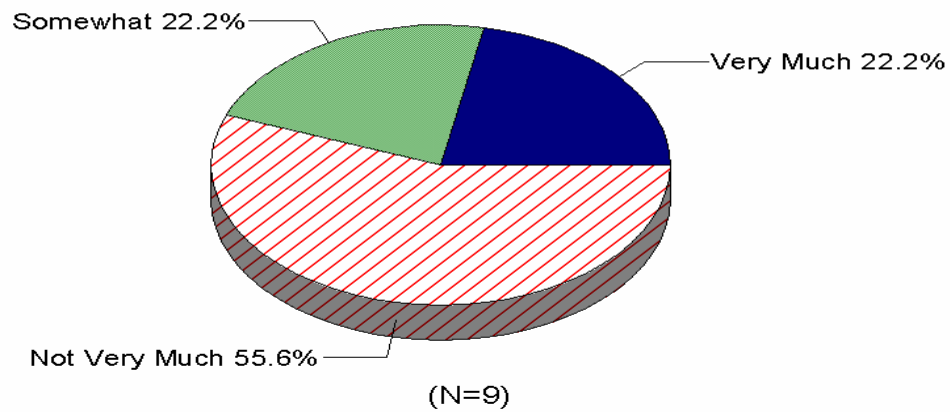
Related School administrators' verbatim comments are provided below:

***Our staff talks about what to look for more openly now.***

***Staff are more tuned into students and are more aware of the signs.***

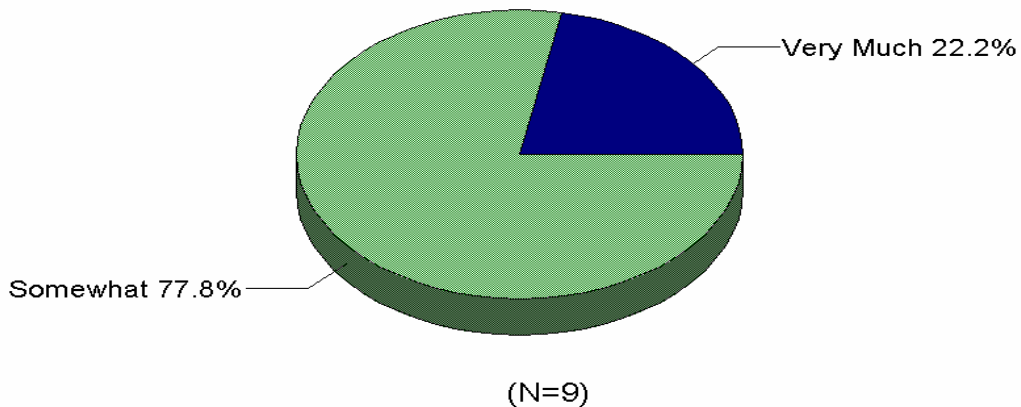
***The better informed we are the better the response is that we can make.***

**Figure 85 Is There An Increase In Schools Referring People To Supports For Their Thoughts Of Suicide?**



(Taken from the School Administrators' Follow-Up Questionnaire.)

**Figure 86 Do Administrators Believe Their Schools Are Suicide-Safer As A Result Of The Workshops?**



(Taken from the School Administrators' Follow-Up Questionnaire.)

***More awareness of staff to report behaviors and concerns. More students asking for assistance or, once approached, admitting they have had suicidal tendencies.***

***Students and staff are more open to discussing whether or not they are experiencing suicidal thoughts. Staff feel more comfortable working with students in this regard.***



***Most of our staff is trained so teachers are having the safeTALK [workshops] and then taking people [in need of support] to those with ASIST training. I think we are well on the way where suicide talk is not taboo and staff and students refer people for help.***

***Staff [are] much more comfortable having tough conversations regarding suicide with students. Staff [are] less afraid of the consequences of talking about suicide with an at-risk student. SafeTALK dispelled the fear that talking about it makes it worse.***

***An Educational Assistant had come to me when a student indicated self-harm saying that they were coming specifically due to the safeTALK training. That is, had they not had the training they would have not considered the student's comments as seriously. There have been two other situations where a student has indicated self-harm and help was directed appropriately.***

### **6.2.3) What Impact Has SafeTALK Had on Schools' Climate and Culture?**

When school administrators were asked about the impact the safeTALK workshops had on their schools' culture and climate, all but one indicated a somewhat positive impact (88.9%) (Figure 87). One administrator (11.1%) was unsure about this.

When school administrators were asked this question as part of their follow-up questionnaire, all of the nine administrators who responded were likely to recommend safeTALK to other schools (Figure 88). Of these, 66.7% were very likely to make this recommendation.

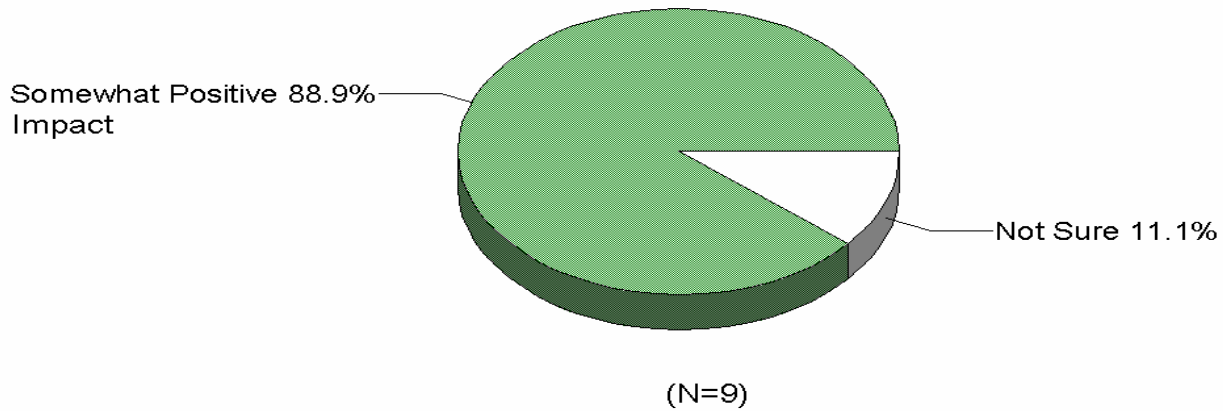
### **6.2.4) Approaches to Suicide Prevention are Present in Administrators' Schools:**

Eight elements of a comprehensive approach to suicide prevention have been established, one of which is the provision of Gatekeeper training through safeTALK. The school administrators in this study were asked to identify which of the additional seven approaches are present in their schools (Figure 89). In ranked-order these included:

- A positive/supportive school culture/climate (100%)
- Crisis response policies specifically including suicide (77.8%)
- Supports for higher risk youth (66.7%)
- Education and awareness programs (55.6%)
- Family partnerships (involving parents/caregivers) (44.4%)
- Peer support programs or student-led initiatives (44.4%)
- Community partnerships to support students' mental health (33.3%)

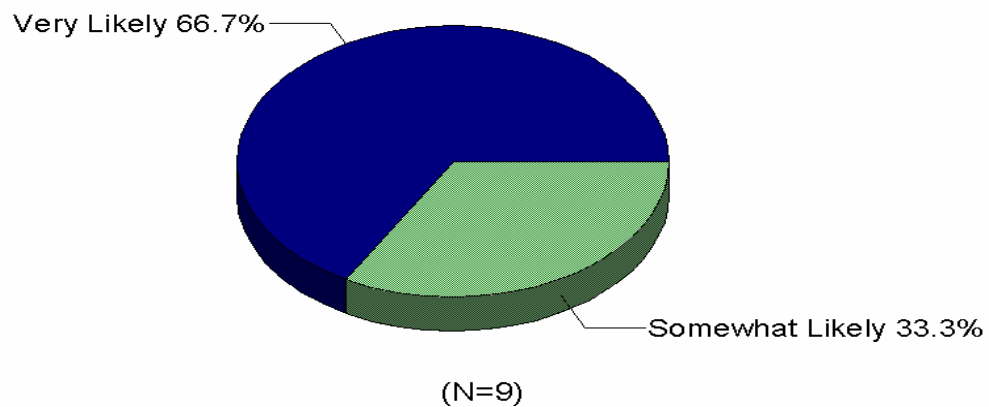
Four of these elements were reported by the majority of these administrators.

**Figure 87 What Impact Do Administrators Believe That SafeTALK Has Had On Their Schools?**



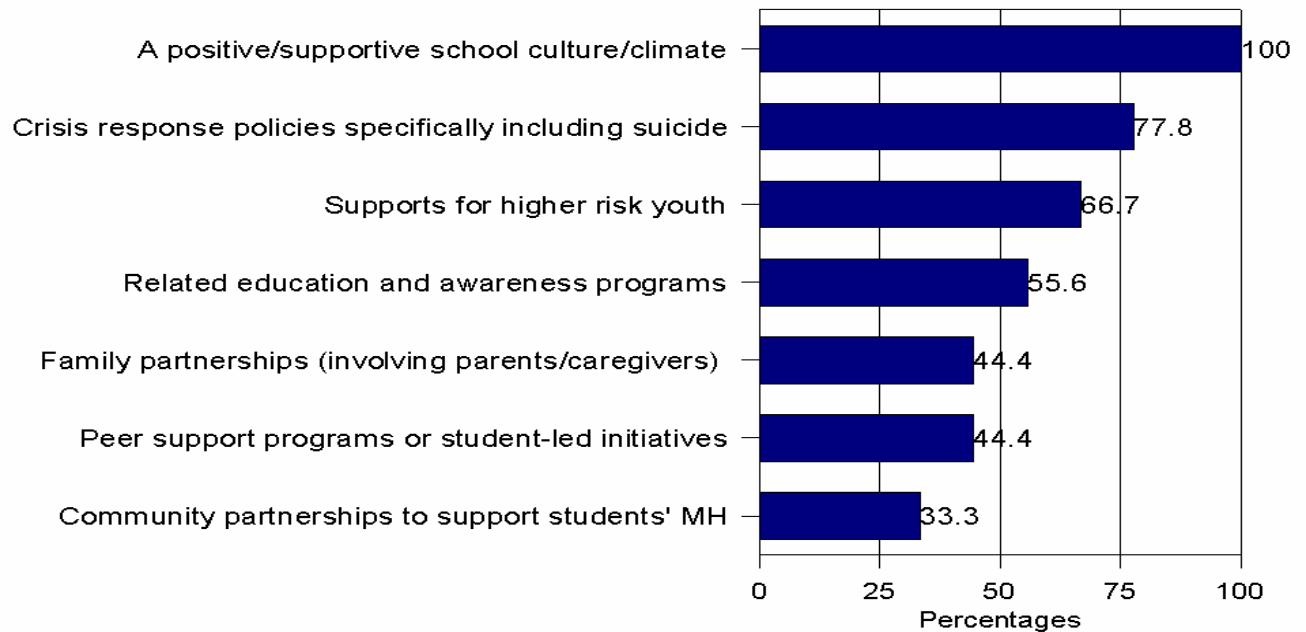
(Taken from the School Administrators' Follow-Up Questionnaire.)

**Figure 88 How Likely Are Administrators To Recommend SafeTALK To Other Schools?**



(Taken from the School Administrators' Follow-Up Questionnaire.)

**Figure 89 Which Suicide Prevention Strategies Are Available In School Administrators' Schools?\***

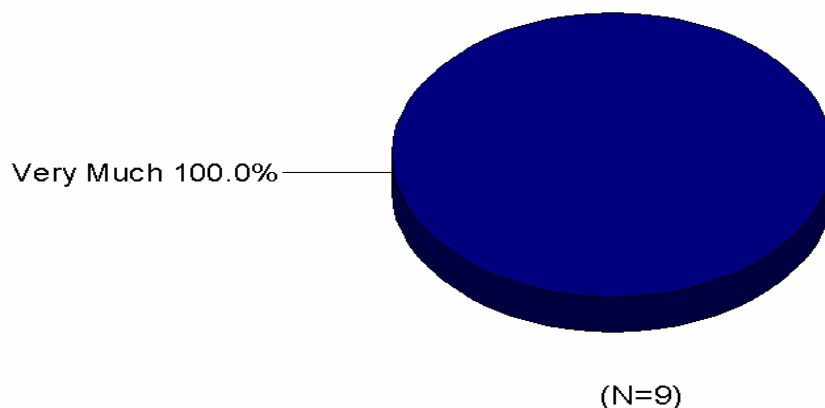


(N=9. \*In addition to providing Gatekeeper Training through SafeTALK. Taken from the School Administrators' Follow-Up Questionnaire.)

#### 6.2.5) School Staff Supporting SafeTALK in Their Schools:

All of the school administrators (100%) believed that their staff very much support having safeTALK delivered in their schools (Figure 90).

**Figure 90 Do School Administrators Believe That Their School Staff Support SafeTALK in Their Schools?**



(Taken from the School Administrators' Follow-Up Questionnaire.)

### 6.2.6) Participants Retaining Knowledge from Their SafeTALK Workshops:

In order to measure the extent to which participants retained knowledge from their safeTALK work-shops, the Participant Follow-Up Questionnaire included four scenarios with situations in which people may be indicating their thoughts of suicide. For each scenario three possible responses were provided. Participants were asked to select the correct response. The scenarios, and their related responses, included:

**Scenario A) *"My life sucks. I hardly have any friends. I don't even want to go to school anymore. I'm thinking of giving away some of my stuff."***

#### **Possible Responses:**

1. "Sometimes I feel that way too. I'm here for you if you want to talk."
2. "Sure you have friends - you have me! It's not that bad."
3. "Sometimes when people are talking about feeling isolated and wanting to give away their stuff, they might be thinking about suicide. Are you thinking about suicide?"

**Scenario B) *Student 1: "I'm really concerned about my friend, Jenny. She's really withdrawing and her cousin just died by suicide a little while ago."***

***Student 2: "What do you want to do?"***

***Student 1: "I didn't want to ask her about suicide because I didn't want to put ideas in her head."***

#### **Possible Responses:**

- 1) "I hear what you are saying. I wouldn't want to put ideas in other people's heads either."
- 2) "Let's go talk to the guidance counsellor about it."
- 3) "Let's go talk to her. We need to stop her from doing something crazy."

**Scenario C) *"I hate my job. I can't talk to anyone about my situation. Everyone is against me and it feels really hopeless."***

#### **Possible Responses:**

- 1) "That sounds serious. Sometimes when people are feeling hopeless, they might be thinking about suicide. Are you? Let's talk about it."
- 2) "That isn't true. There are probably lots of people who care about you if you'd only give them a chance."
- 3) "It must be difficult to find help when it's so hard to trust people. Have you thought about hurting yourself?"

**Scenario D) *"I've been thinking about suicide. Can we just keep this between us?"***

#### **Possible Responses:**

- 1) "Yes of course, I won't tell anyone. Anything I can do to help?"
- 2) "That's sounds really hard. I'll stay with you tonight and make sure you are ok."
- 3) "I know it is hard to talk to people about it. But it is important that we get some outside help."

The correct response to each scenario is:

Scenario A: Response 3

Scenario B: Response 2

Scenario C: Response 1

Scenario D: Response 3

A large percentage of these participants selected the correct responses for Scenarios A, B and D (85.4%, 86.6%, 93.9%, respectively) (Table 3), indicating a high level of knowledge retention. The exception related to Scenario C, for which 64.6% selected the correct response, but another 26.8% selected another

response. However, the wording for both responses one and three include somewhat similar themes with Response One ending with “let’s talk about it,” and Response Two ending with “have you thought about hurting yourself,” both of which are aspects of the Ask and Listen components of the T.A.L.K. model.

**Table 2) Participants Selecting Responses for Each Scenario**

|                   | Percentages | N  |
|-------------------|-------------|----|
| <b>Scenario A</b> |             |    |
| Response 1        | 14.6%       | 82 |
| Response 2        | 0           |    |
| Response 3*       | 85.4        |    |
| <b>Scenario B</b> |             |    |
| Response 1        | 0           | 82 |
| Response 2*       | 86.6        |    |
| Response 3        | 13.4        |    |
| <b>Scenario C</b> |             |    |
| Response 1*       | 64.6        | 82 |
| Response 2        | 8.5         |    |
| Response 3        | 26.8        |    |
| <b>Scenario D</b> |             |    |
| Response 1        | 1.2         | 82 |
| Response 2        | 4.9         |    |
| Response 3*       | 93.9        |    |

\*Correct responses

## VII) EVALUATING PARTICIPANTS' SATISFACTION WITH THEIR SafeTALK WORKSHOPS:

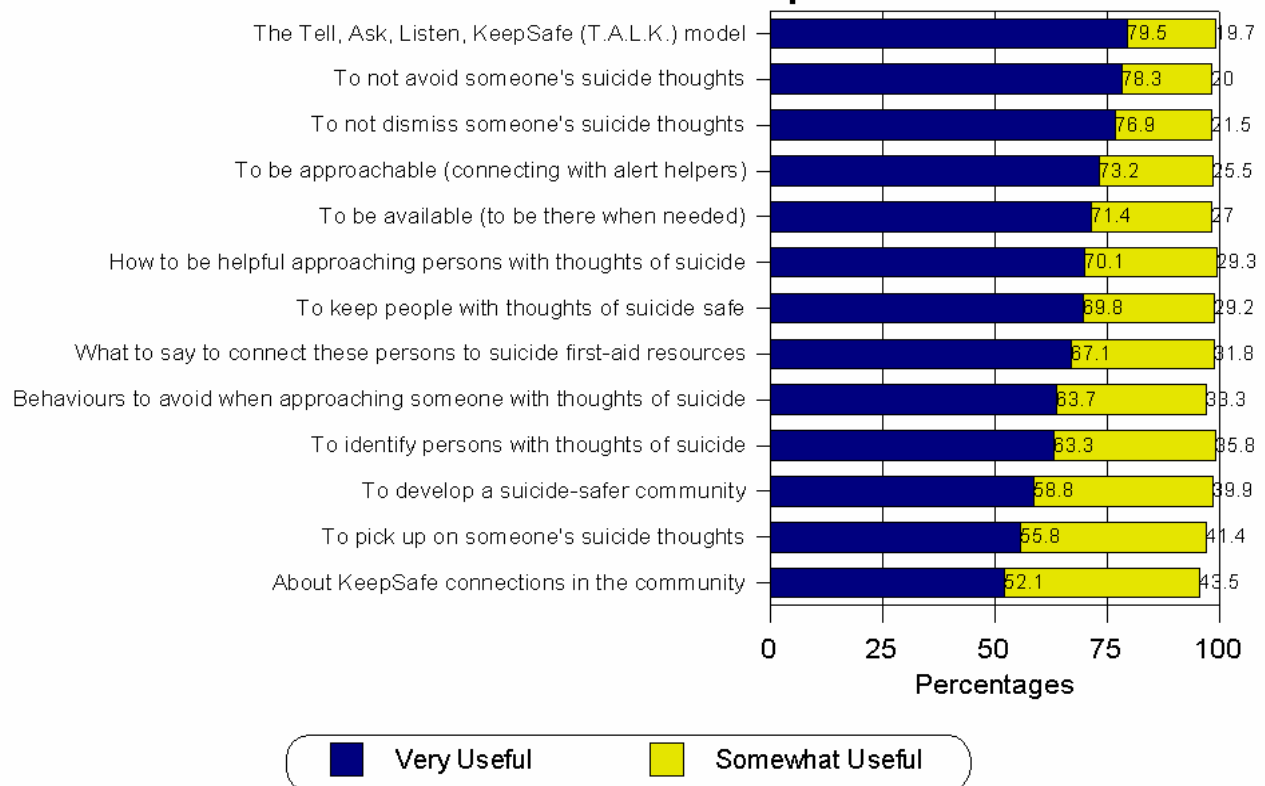
### 7.1) Participants Evaluating The Personal Usefulness of the SafeTALK Topics:

#### 7.1.1) The Aggregate Findings:

In the aggregate virtually all participants felt that each of the thirteen safeTALK topics was at least somewhat personally useful to them (Figure 91). Large percentages of participants felt that each topic was very useful for them, ranging from 52.1% to 79.5%. The percentages stating that each topic was very useful included, in ranked-order:

- The Tell, Ask, Listen, KeepSafe (T.A.L.K.) model (79.5% saying that this was *very useful* for them)
- To not avoid someone's suicide thoughts (78.3%)
- To not dismiss someone's suicide thoughts (76.9%)
- To be approachable (to accept connections from alert helpers) (73.2%)
- To be available (to be there when needed) (71.4%)
- How to be helpful when approaching someone with thoughts of suicide (70.1%)
- To keep people with thoughts of suicide safe (69.8%)
- What to say to connect persons with thoughts of suicide to suicide first aid resources (67.1%)
- Behaviours to avoid when approaching someone with thoughts of suicide (63.7%)
- To identify persons with thoughts of suicide (63.3%)
- To develop a suicide-safer community (58.8%)

**Figure 91 Participants Evaluating The Usefulness  
Of The SafeTALK Topics**



(N=600, 605, 606, 605, 604, 605, 606, 604, 603, 611, 607, 602, 589. Adjusted to exclude missing data.)

- To pick up on someone's suicide thoughts (55.8%)
- About KeepSafe connections in the community (52.1%)

### 7.1.2) By Participants' Roles:

Their responses regarding the usefulness of three safeTALK topics differed significantly based on participants' roles (Table 2). These included:

- ***How to be helpful when approaching someone with thoughts of suicide*** (reported by 86.2% of those in other roles as being very useful, compared with 70.1% of the school staff, and 68.1% of the students)
- ***To identify persons with thoughts of suicide*** (reported by 70.0% of those in other roles as being very useful, compared with 65.4% of the students, and 62.1% of the school staff)
- ***About KeepSafe connections in the community*** (reported by 58.6% of those in other roles as being very useful, compared with 53.0% of the students, and 52.2% of the school staff)

Table 3) Participants' Perceptions of The Personal Usefulness Of the SafeTALK Topics,  
By Their Roles at School

| Roles  | Very Useful | Some-what Useful | Not Very Useful | Not Useful At All | Not Sure | N   | Statistics                             |
|--|-------------|------------------|-----------------|-------------------|----------|-----|--|
| Tell, Ask, Listen, KeepSafe (T.A.L.K.) Model       |             |                  |                 |                   |          |     |  |
| Students   | 80.0%       | 17.8%            | 2.2%            | -                 | -        | 135 | N=580,<br>$\chi^2=8.47$<br>df=6, p=.21 |
| School staff                                       | 78.7        | 20.9             | 0.2             | -                 | 0.2      | 417 |  |
| Others   | 89.3        | 10.7             | -               | -                 | -        | 28  |  |
| To not avoid someone's suicide thoughts            |             |                  |                 |                   |          |     |  |
| Students   | 75.0        | 21.3             | 2.9             | -                 | 0.7      | 136 | N=585,<br>$\chi^2=8.90$<br>df=8, p=.35 |
| School staff                                       | 78.8        | 20.3             | 0.5             | 0.2               | 0.2      | 419 |  |
| Others   | 86.7        | 13.3             | -               | -                 | -        | 30  |  |
| To not dismiss someone's suicide thoughts          |             |                  |                 |                   |          |     |  |
| Students   | 75.7        | 20.6             | 2.2             | 0.7               | 0.7      | 136 | N=586,<br>$\chi^2=5.48$<br>df=8, p=.71 |
| School staff                                       | 77.0        | 21.9             | 0.5             | 0.2               | 0.5      | 421 |  |
| Others   | 82.8        | 17.2             | -               | -                 | -        | 29  |  |
| To be approachable (connecting with alert helpers) |             |                  |                 |                   |          |     |  |
| Students   | 68.4        | 28.7             | 2.2             | -                 | 0.7      | 136 | N=585,<br>$\chi^2=5.65$<br>df=6, p=.46 |
| School staff                                       | 74.3        | 24.8             | 0.7             | -                 | 0.2      | 420 |  |
| Others   | 82.8        | 17.2             | -               | -                 | -        | 29  |  |
| To be available (to be there when needed)          |             |                  |                 |                   |          |     |  |
| Students   | 66.7        | 30.4             | 1.5             | -                 | 1.5      | 135 | N=583,<br>$\chi^2=6.16$<br>df=6, p=.41 |
| School staff                                       | 71.6        | 27.0             | 1.2             | -                 | 0.2      | 419 |  |
| Others   | 82.8        | 17.2             | -               | -                 | -        | 29  |  |

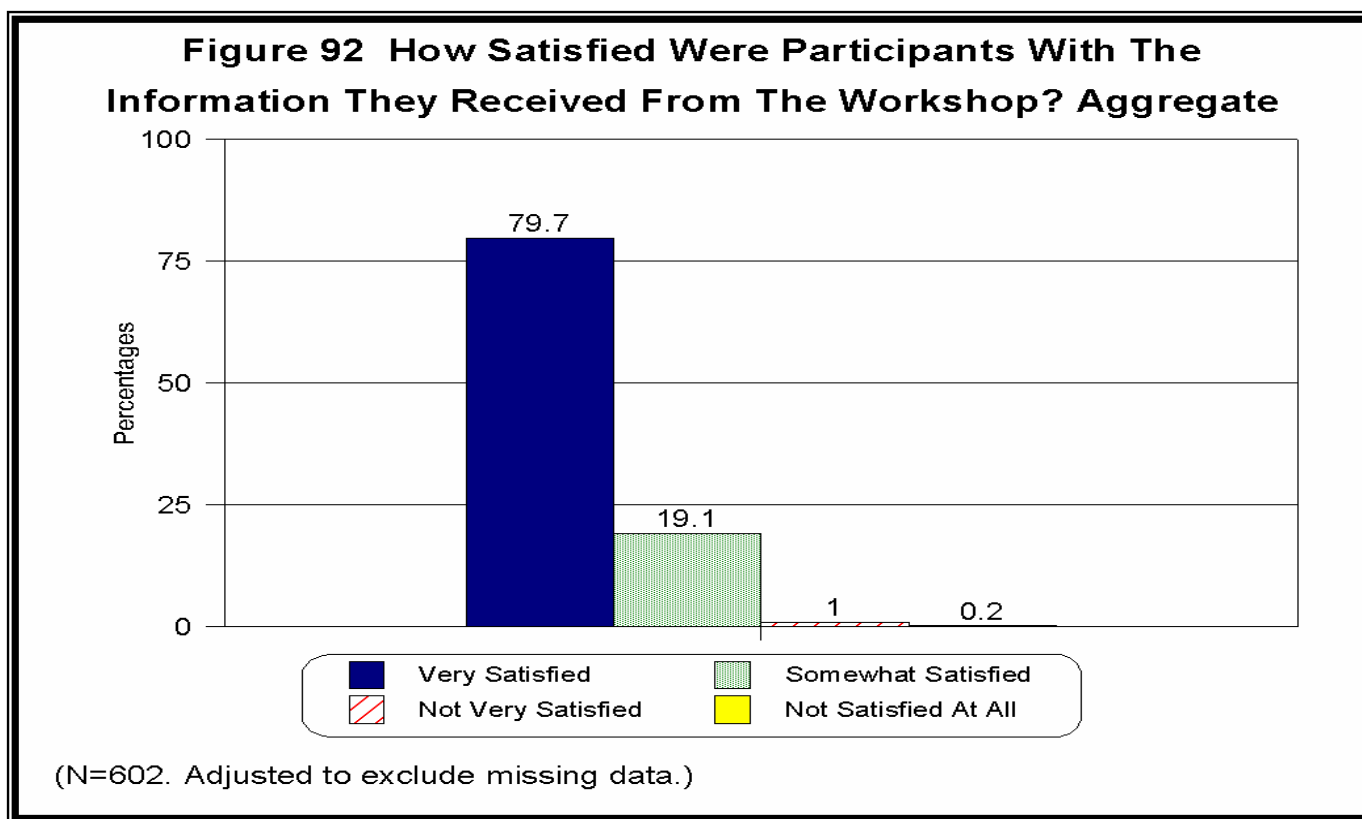
| Roles  | Very Useful | Some-what Useful | Not Very Useful | Not Useful At All | Not Sure | N   | Statistics                                      |
|--|-------------|------------------|-----------------|-------------------|----------|-----|---|
| How to be helpful approaching persons with thoughts of suicide                         |             |                  |                 |                   |          |     |   |
| Students   | 68.1        | 29.6             | 2.2             | -                 | -        | 135 | N=585,<br>$\chi^2=9.64$<br>df=4, p=.04*         |
| School staff   | 70.1        | 29.7             | 0.2             | -                 | -        | 421 |   |
| Others   | 86.2        | 13.8             | -               | -                 | -        | 29  |   |
| To keep people with thoughts of suicide safe   |             |                  |                 |                   |          |     |   |
| Students   | 68.1        | 29.6             | 2.2             | -                 | -        | 135 | N=585,<br>$\chi^2=7.07$<br>df=,6<br>p=.313      |
| School staff   | 70.2        | 29.0             | 0.2             | -                 | 0.5      | 420 |   |
| Others   | 73.3        | 26.7             | -               | -                 | -        | 30  |   |
| What to say to connect persons with thoughts of suicide to suicide first-aid resources |             |                  |                 |                   |          |     |   |
| Students   | 64.7        | 31.6             | 2.9             | 0.7               | -        | 136 | N=584,<br>$\chi^2=13.15$<br>df=8, p=.11         |
| School staff   | 67.1        | 32.5             | 0.2             | -                 | 0.2      | 419 |   |
| Others   | 72.4        | 27.6             | -               | -                 | -        | 21  |   |
| Behaviours to avoid when approaching someone with thoughts of suicide                  |             |                  |                 |                   |          |     |   |
| Students   | 62.2        | 31.9             | 3.0             | 0.7               | 2.2      | 135 | N=584,<br>$\chi^2=9.51$<br>df=8, p=.30          |
| School staff   | 63.7        | 34.4             | 1.2             | -                 | 0.7      | 421 |   |
| Others   | 71.4        | 25.0             | 3.6             | -                 | -        | 28  |   |
| To identify persons with thoughts of suicide   |             |                  |                 |                   |          |     |   |
| Students   | 65.4        | 33.8             | -               | -                 | 0.7      | 136 | N=589,<br>$\chi^2=12.58$<br>df=6,<br>p=.05*     |
| School staff   | 62.1        | 37.2             | 0.7             | -                 | -        | 422 |   |
| Others   | 70.0        | 25.8             | -               | -                 | 3.2      | 31  |   |
| To develop suicide-safer communities   |             |                  |                 |                   |          |     |   |
| Students   | 56.6        | 41.9             | 0.7             | -                 | 0.7      | 136 | N=586,<br>$\chi^2=1.96$<br>df=6,<br>p=.923      |
| School staff   | 59.8        | 38.8             | 1.2             | -                 | 0.2      | 420 |   |
| Others   | 63.3        | 36.7             | -               | -                 | -        | 30  |   |
| To pick up on someone's suicide thoughts   |             |                  |                 |                   |          |     |   |
| Students   | 59.6        | 35.3             | 5.1             | -                 | -        | 136 | N=582,<br>$\chi^2=10.76$<br>df=6, p=.095        |
| School staff   | 53.5        | 44.4             | 1.7             | -                 | 0.5      | 417 |   |
| Others   | 69.0        | 27.6             | 3.4             | -                 | -        | 29  |   |
| About KeepSafe connections in the community  |             |                  |                 |                   |          |     |   |
| Students   | 53.0        | 40.3             | 6.7             | -                 | -        | 134 | N=569,<br>$\chi^2= 43.75$<br>df=8,<br>p<.00001* |
| School staff   | 52.2        | 44.8             | 2.7             | -                 | 0.2      | 406 |   |
| Others   | 58.6        | 31.0             | 3.4             | 6.9               | -        | 29  |   |
| *Significant differences by role. Adjusted to exclude missing data.                    |             |                  |                 |                   |          |     |   |



## 7.2) Were Participants Satisfied, Overall, With the Information They Received from Their SafeTALK Workshops?

### 7.2.1) The Aggregate Findings:

In the aggregate, virtually all participants (98.8%) were satisfied, overall, with the information they received through their safeTALK workshops (Figure 92). Of these 79.7% were very satisfied.



### 7.2.2) By Participants' Roles:

While virtually all of the participants, regardless of their roles, were satisfied with the information they received through their workshops (from 96.4% to 100%), there were significant variations regarding the percentages who were very satisfied in this regard (Figure 93). All of the 'other' participants were satisfied with the information they received, with 93.1% being very satisfied. A higher percentage of school staff were very satisfied with their workshops, when compared with the responses from students (80.8% compared with 74.3%) ( $N=581$ ,  $\chi^2=13.74$ ,  $df=6$ ,  $p=.033$ ).

## 7.3) Did Participants Feel that Their Presenters were Knowledgeable About the Topics They Presented?

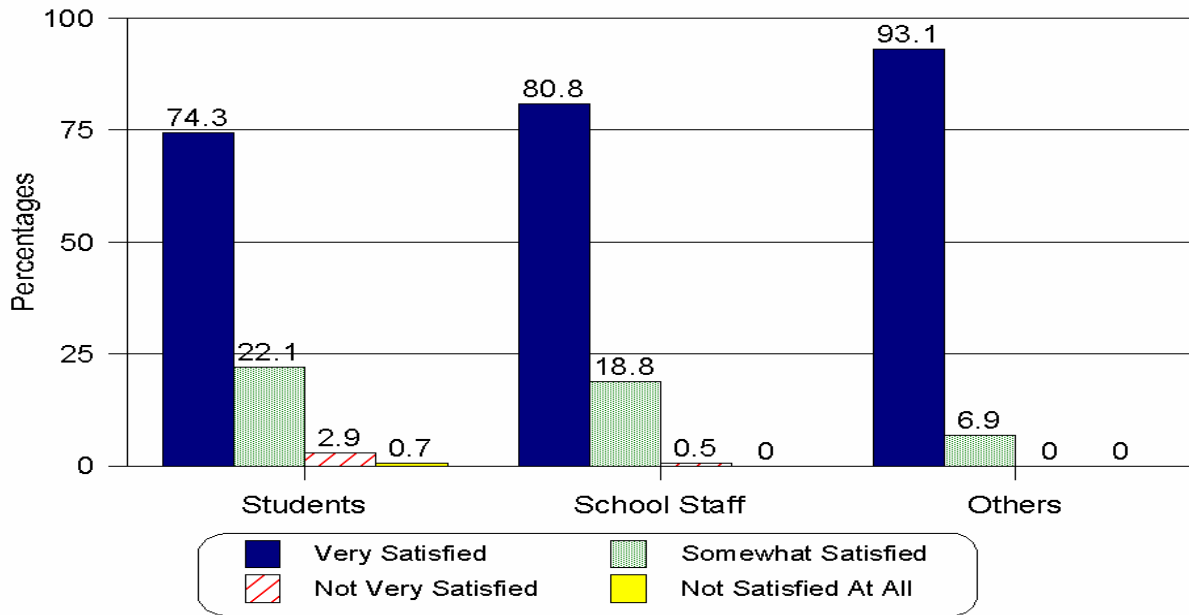
### 7.3.1) The Aggregate Findings:

In the aggregate, virtually all participants (99.5%) felt that their presenters were knowledgeable about the topics covered in their safeTALK workshops (Figure 94). Of these 93.0% felt that their presenters were very knowledgeable.

### 7.3.2) By Participants' Roles:

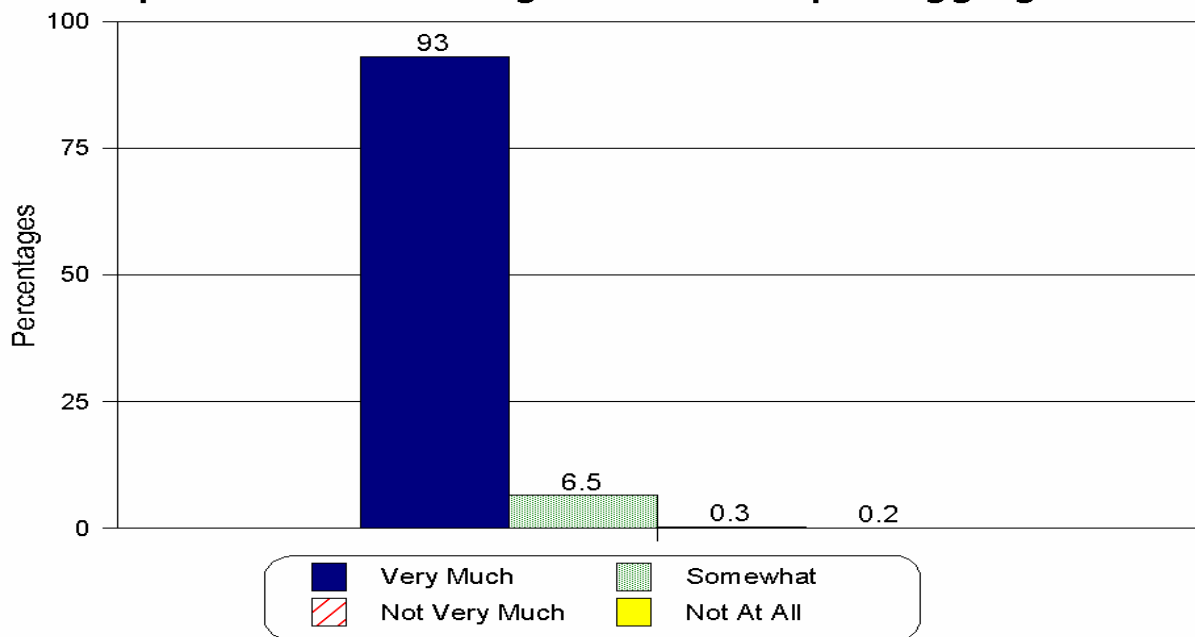
Again, very large percentages of participants across the three roles felt that their presenters were very knowledgeable about the material they presented (Figure 95). This applied to 88.2% of the students, 94.2% of the school staff, and 96.6% of the other participants. These differences are also significant ( $N=582$ ,  $\chi^2=12.99$ ,  $df=6$ ,  $p=.043$ ).

**Figure 93 How Satisfied Were Participants With The Information They Received From The Workshop? By Role**



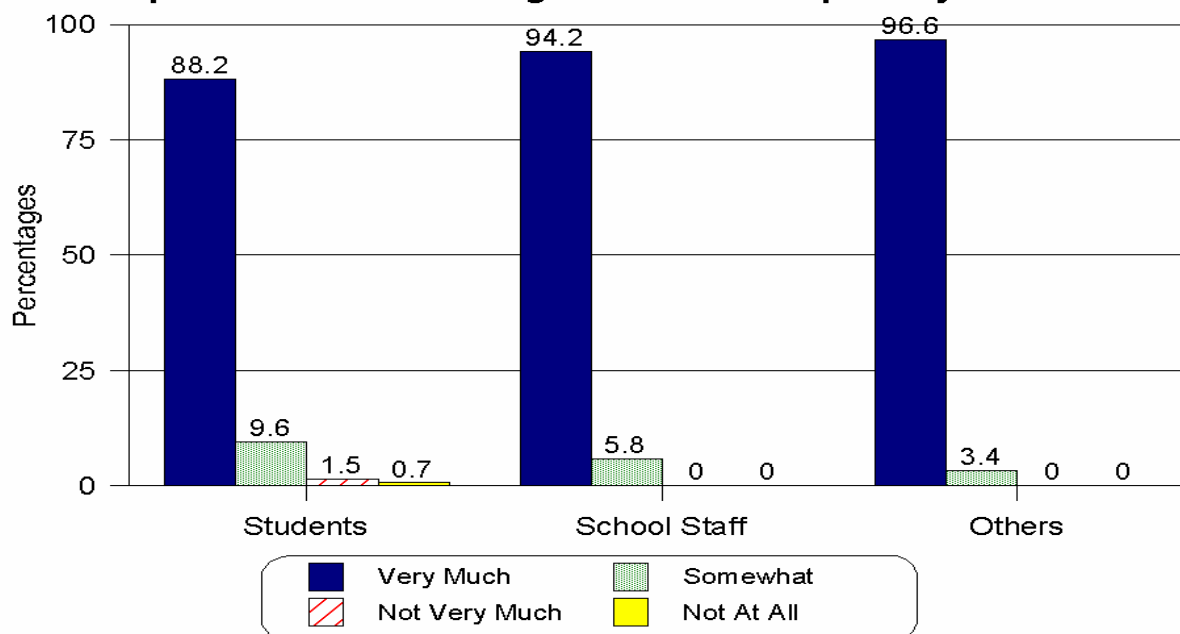
(N=136, 416, 29. Adjusted to exclude missing data.)

**Figure 94 Were Presenters Knowledgeable About The Topics Covered During The Workshops? Aggregate**



(N=603. Adjusted to exclude missing data.)

**Figure 95 Were Presenters Knowledgeable About The Topics Covered During The Workshops? By Roles**



(N=136, 417, 29. Adjusted to exclude missing data.)

#### 7.4) How Likely Were Participants to Recommend the SafeTALK Workshops to Others?

##### 7.4.1) The Aggregate Findings:

In the aggregate virtually all participants (96.0%) were likely to recommend safeTALK workshops to others (Figure 96). Of these, 71.9% were very likely to make this recommendation, while 24.1% were somewhat likely to do so.

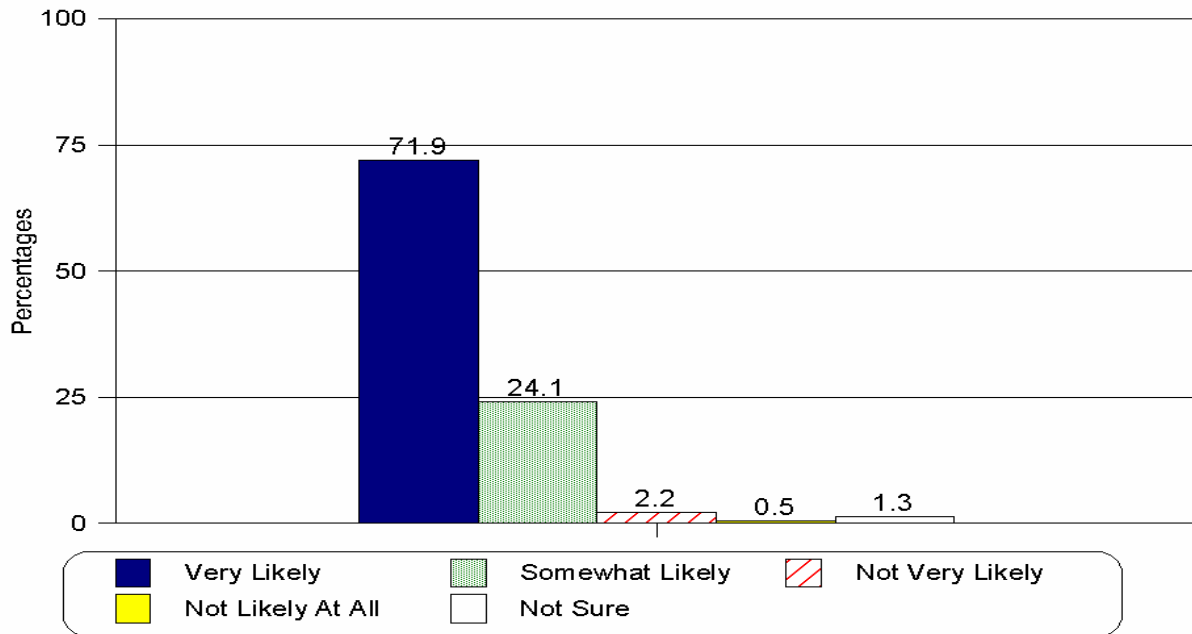
##### 7.4.2) By Participants' Roles:

There were significant differences in responses to this question based on participants' roles (Figure 97). All of the 'other' participants (100%) were very likely to recommend safeTALK to. They are followed by school staff, of whom 97.3% were likely to recommend the workshops and 76.7% were very likely to do so, and students of whom 90.3% were likely to recommend the safeTALK workshops, but a smaller percentage (49.6%) were very likely to do so ( $N=581$ ,  $\chi^2=52.87$ ,  $df=8$ ,  $p<.00001$ ).

##### 7.4.3) School Administrators' Recommending SafeTALK to Other Schools:

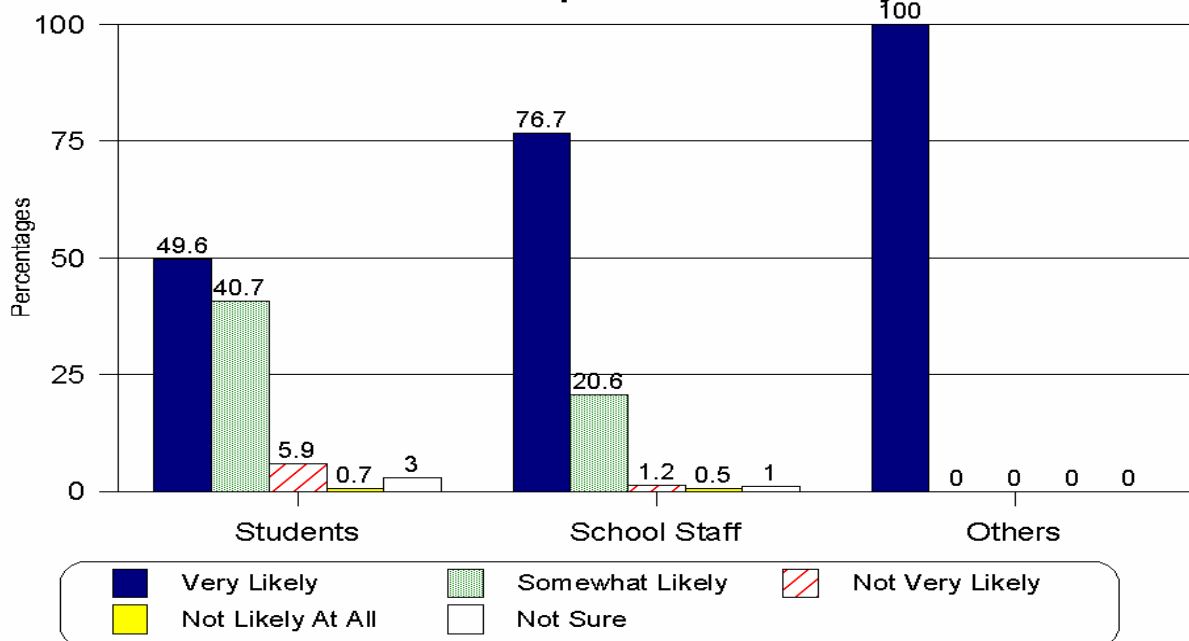
All of the school administrators who completed a follow-up questionnaire ( $n=9$ ) were likely to recommend that other schools implement safeTALK (Figure 98). Of these 66.7% were very likely to make this recommendation.

**Figure 96 Likelihood Of Participants To Recommend SafeTALK Workshops To Others? Aggregate**



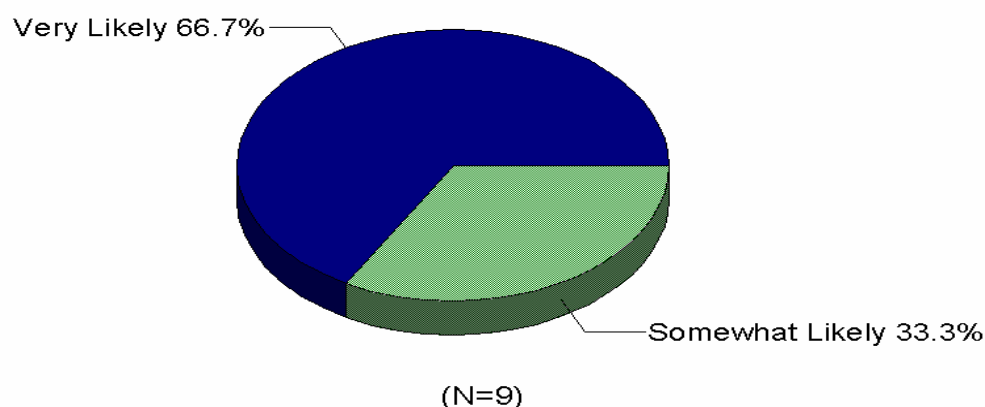
(N= 602. Adjusted to exclude missing data.)

**Figure 97 Likelihood Of Participants To Recommend SafeTALK Workshops To Others? By Role**



(N=135, 417, 29. Adjusted to exclude missing data.)

**Figure 98 How Likely Are Administrators To Recommend SafeTALK To Other Schools?**



(Taken from the School Administrators' Follow-Up Questionnaire.)

#### **7.5) Evaluating the Satisfaction of Participants Who Were Sad or Overwhelmed by SafeTALK Material:**

The final analysis in this section explores the satisfaction of participants who were sad or overwhelmed by material delivered through the safeTALK workshops.

##### **7.5.1) Their Overall Satisfaction With Information Received:**

Virtually all of the participants who reported being somewhat or very sad or overwhelmed by the workshop material (98.6%) were satisfied with the quality of the information they received (Figure 99). Just over three-quarters (75.7%) were very satisfied in this regard.

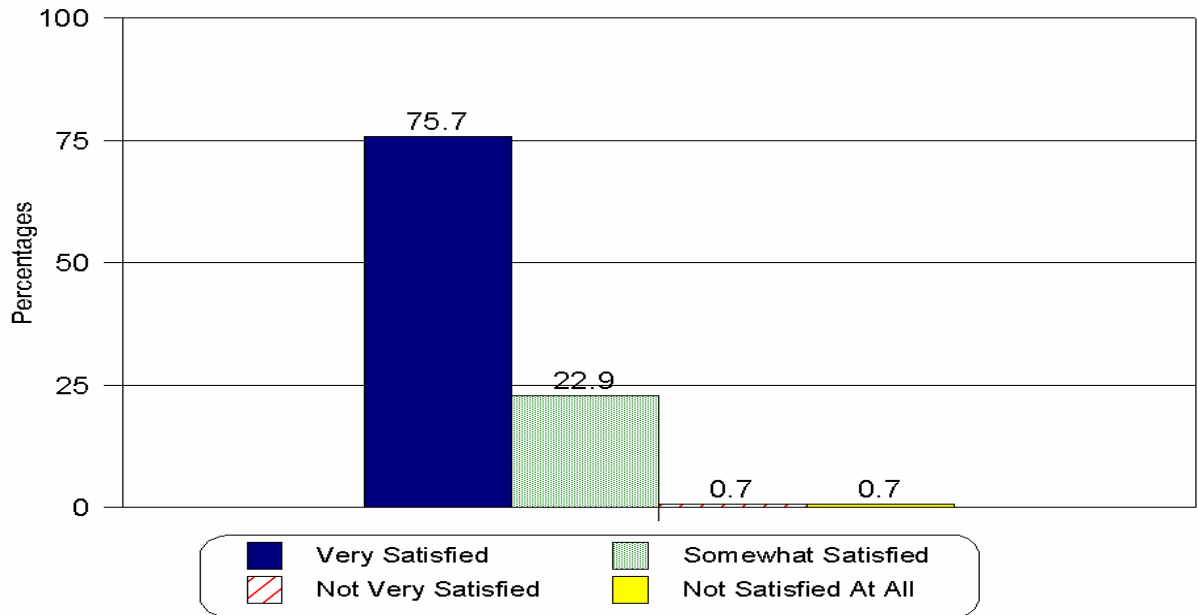
##### **7.5.2) Their Evaluation of Presenters' Knowledge of the Material Covered:**

Similarly, 99.3% of these participants felt that their presenters were knowledgeable about the material they delivered, with 88.8% feeling that they were very knowledgeable (Figure 100).

##### **7.5.3) Their Likelihood of Recommending SafeTALK Workshops to Others:**

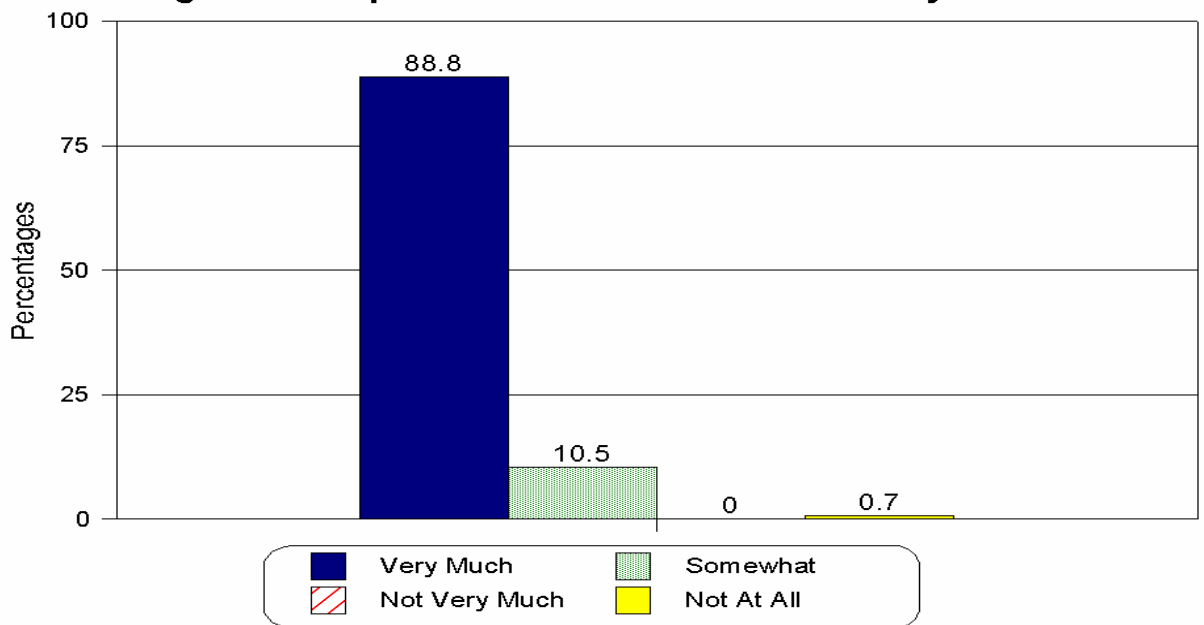
Virtually all of these participants (97.9%) were likely to recommend safeTALK workshops to others, with 75.7% being very likely to make this recommendation (Figure 101).

**Figure 99 Participants' Satisfaction With Information Received From The Workshop? Those Sad/Overwhelmed By Material**



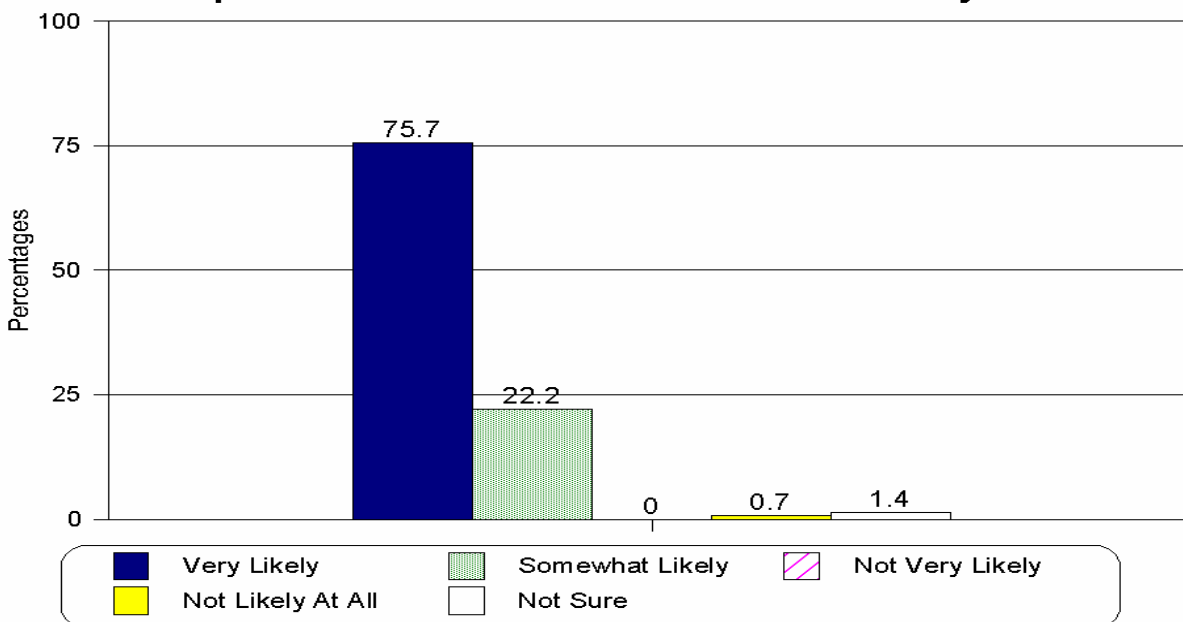
(N=144. Adjusted to exclude missing data.)

**Figure 100 Were Presenters Knowledgeable About Topics Covered During Workshops? Those Sad/Overwhelmed By Material**



(N=143. Adjusted to exclude missing data.)

**Figure 101 Participants' Likelihood To Recommend SafeTALK Workshops To Others? Those Sad/Overwhelmed By Material**



(N=144. Adjusted to exclude missing data.)

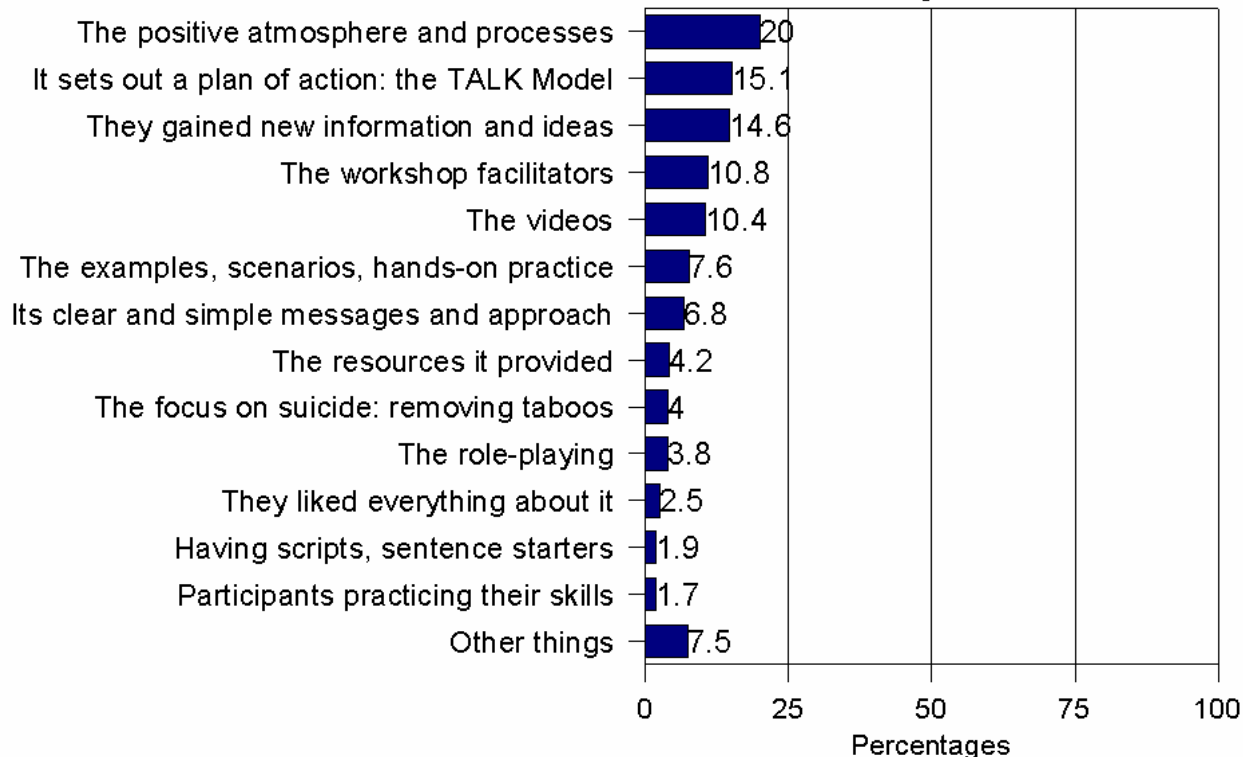
#### 7.6) What Participants Liked Most About Their SafeTALK Workshops:<sup>19</sup>

Participants were asked what they liked most about their safeTALK workshops. This was an open-ended question designed to elicit the broadest range of responses. Four hundred and seventy-one participants provided responses to this question, with multiple responses being allowed. Twenty-five themes emerged from their comments, with seven of these each being provided by one or two participants (Figure 102). In the end there was not one positive thing about the workshops that exclusively stood out for the majority of these participants, but many different but equally positive aspects of their experiences.

- 94 participants (20.0% of those who provided a response) appreciated ***the workshops' positive atmosphere and their inclusive processes***. Participants found them: interesting and engaging; well-paced; "not preachy"; calmly, openly and honestly presented; relaxed; safe and respectful; non-judgmental; "funny" (at times); easy to understand; to the point; and open to discussion.
- 81 participants (15.1%) liked that the ***workshops set out a plan of action through the T.A.L.K. model***. They liked that the workshops provided a "straight-forward and easy to understand" model to address people's thoughts of suicide. It provided them with a roadmap for how to approach people possibly thinking of suicide, and what to say to them. Some liked the step-by-step approach of the workshops' content and the "concrete examples."
- 68 participants (14.6%) liked that the workshops provided them with ***new information and ideas about how to approach people possibly thinking about suicide***. They learned about the signs of suicide; how to be alert to this possibility; about the prevalence of suicide; how to talk with people with these thoughts; that it is "okay" to directly ask if someone is thinking about suicide; about the resources available in their communities; and how to work through different situations.
- 51 participants (10.8%) ***liked their safeTALK facilitators***. Their facilitators were described by various participants as being knowledgeable, informative, approachable, sincere, friendly, fun and funny, sensitive, real and honest, respectful, and understanding

<sup>19</sup> Selected verbatim comments regarding this and the following question are provided as an appendix to this report.

**Figure 102 What Did Participants Like Most About Their SafeTALK Workshops?**



(N=471. From participants' open-ended responses. Multiple responses are allowed. Taken from the Participants' Questionnaire.)

- 49 participants (10.4%) **liked the videos incorporated into the workshops**. They noted that the videos helped to exemplify what it looks like when someone avoids, misses or dismisses a person possibly thinking about suicide; that they helped to reinforce concepts; the videos were clear and helpful; the “conversations are important” and that they “added perspective.”
- 36 participants (7.6%) liked the **workshops’ examples, scenarios and hands-on approaches**. They liked how the videos “really painted a picture about [how to carry out] invitations”; how they reviewed case studies; the “concrete examples and analogies provided by the presenters; and “acting out” different situations.
- 32 participants (6.8%) liked the **clear and simple messages and approaches incorporated into the workshops**. Some noted that the messages were “clear and concise,” “easy to follow,” or “practical and doable.” It was noted that the steps described in the workshop were “clear and simple for a very complex issue.” Another participant most liked the way in which the steps are very easily laid out.
- 20 participants (4.2%) liked **the resources provided through the workshops**. These included the handouts; the booklet; the list of ASIST connections; the lists of other resources; and identifying “people in the building who have ASIST training.”
- 19 participants (4.0%) liked how the **workshops focused on suicide while removing related taboos**. This was accomplished by normalizing suicide (“it isn’t rare and happens everywhere”); helping participants to understand “the seriousness of suicide”; learning that it is important to talk about suicide; and addressing suicide-related “misconceptions.”



- 18 participants (3.8%) liked the **opportunity to participate in role-playing situations**. One participant commented that role-playing helped her/him to “get a better experience for what a real life situation could be.” It also helped them practice “using language” and “reinforcing the materials” covered in the workshop.
- **‘Other’ positive aspects of the workshops**, each identified by one or two participants, included:
  - The use of mixed teaching methods
  - The availability of supports
  - Khari Jones
  - That the material is a “good refresher” for people who completed their ASIST training
  - The workshop’s format
  - That role-playing was optional
  - In one case that all staff from one team participated in the safeTALK workshop
  - That the workshop was not overly long
  - That it encouraged participants to “rely on their instincts”
  - That it was community-based
  - That it included youth participants

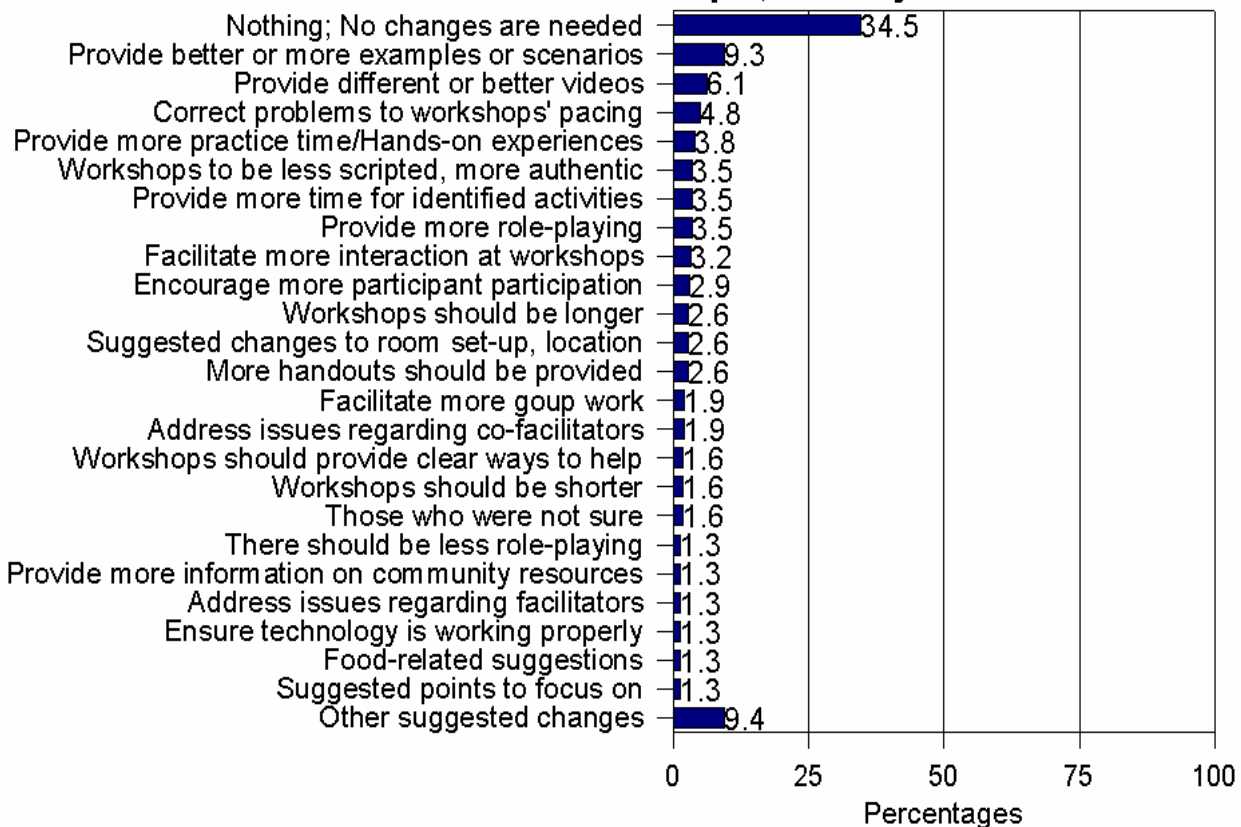
One participant could not identify anything that she or he liked about the workshop.

### 7.7) Changes Participants Would Make to the SafeTALK Workshops If They Could:

Participants were then asked what changes they would make to the safeTALK workshops, if they could. This was also an open-ended question. Three hundred and thirteen participants provided a response, falling into 39 themes (Figure 103). The majority of these responses were provided by fewer than three or four participants. The small percentage of participants who put forward suggested changes indicates that there were *no systemic areas of concern* expressed by these individuals. However, this does not negate the potential value of each suggestion. Related comments and suggestions included:

- 108 participants (34.5% of those who provided a response) **felt that no improvements to the safeTALK workshops were required**. Their specific responses included “None” (n=54) and “Nothing” (n=7). Others noted that the workshops are currently fine as is: “I think its fine – works well as a ½ day session,” “This kept my focus and attention,” “I wouldn’t change anything,” “None, it was wonderful,” “None! It was awesome!” and “Everything was fine. Thank you.”
- 29 participants (9.3%) suggested the need for **more or better examples or scenarios in the workshops**. This included “more real life stories”; “more specific situations that have actually happened and how people dealt with it”; “more examples/scenarios related to students - young adults or even younger”; more realistic scenarios; and the opportunity to hear from “someone who survived suicide.”
- 19 participants (6.1%) suggested **providing more or better videos to show during the workshops**. These included “videos more applicable to a school environment”; better quality videos that are less “awkward and distracting”; videos featuring “suicidal individuals not being compliant to help”; videos featuring “less Khari [and] more credible speakers on video”; videos featuring “better actors”; and “more current videos.”
- 15 participants (4.8%) suggested that **improvements be made to the workshops’ pacing**. This included suggestions that the workshops be delivered “faster and smoother to maintain flow and the attention of listeners”: that facilitators incorporate “a little movement [during the workshops]; change groups part way or move when you need a partner”; slow the pace down a bit as “it was a bit too rushed”; and include “a little less material and more breaks.”
- 12 participants (3.8%) suggested that the workshops offer **more time to practice and to facilitate hands-on experience**. This included suggestions that that the workshops provide “more time to practice asking [people if they] are thinking of suicide”; and “more training [using] fish bowl, role-playing, scenarios on how to talk with someone who may be feeling suicidal.”

**Figure 103 What Changes Would Participants Make To The SafeTALK Workshops, If They Could?**



(N=313. From participants' open-ended responses. Multiple responses are allowed. Taken from the Participants' Questionnaire.)

- 11 participants (3.5%) suggested that the workshops be **less scripted and more authentic**. Some of these comments seemed to reflect the reality that some facilitators had not delivered the workshops before and that more practice was needed. “\_\_\_\_\_ please do not read directly from notes; just speak on the topic [facilitator] refer to roles then speak while looking at your audience”; “more real practice, less reading.” Others focused on the perception that the workshops seemed to be “scripted”: “not so scripted and cheesy”; and “it seems a little too scripted.”
- 11 participants suggested the need for **specific activities to be added to the workshops**. This included smaller group activities; more information on community connections; providing “a larger range of examples” during the workshops; having “a few more activities and demonstrations”; having “more real life stories” and “scenarios...that students can relate to”: and providing “more links to student/teacher relationships...”
- 11 participants suggested the provision of **more role-playing experiences**. Several of these simply wrote “more role-playing.” One suggested expanding the experience to include “more role-playing in a bigger group, not just partners.”
- 10 participants (3.2%) suggested that the workshops should **facilitate more interaction among participants**. This included requests for more: “interactive activities”; “interactive material”; “interaction with the group”; “interaction with students”; and “discussion time.”
- **Other suggestions** were each put forward by fewer than 10 participants. They include 29 specific suggestions, including:

- Facilitating more participant participation
- Making changes to room setup or location
- Making the workshops longer
- Making the workshops shorter
- Providing handouts and information
- Facilitating more group work
- Resolving issues regarding co-facilitators
- Workshops should offer clear ways to help people thinking about suicide
- Suggesting important points for the workshops to focus on
- Suggesting less role-playing
- Providing information on community links and resources
- Having better functioning technology
- Issues regarding facilitators
- Food-related comments
- Changing the time of day for workshops
- Having no or fewer videos
- Suggestions about the questionnaires
- Having more or different topics
- Having more youth involvement
- Creating material with an Aboriginal focus
- Better describing upcoming workshop content and targeted audience
- Providing more statistics regarding suicide
- Doing a follow-up evaluation
- Providing scripts
- Facilitators 'modeling' role-playing
- Participants being on time
- Addressing 'black humour' during presentations
- Providing workshops in French
- Comments from participants who were not sure about what to change



## CHAPTER FIVE

### 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>20</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>21</sup>

<sup>20</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 in 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 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>21</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** It is notable that just over half of the first cohort of facilitator-trainees facilitated Four: 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 were 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 participants who identified any of the 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 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>22</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 their 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>22</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** 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.

**Eight:**

## **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 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>23</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%)
  - 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%)

<sup>23</sup> Many of the verbatim comments are included as an appendix to this report.



- 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.

|                           |   |
|---------------------------|---|
| <b>Conclusion Ten:</b>    | <p><b>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:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Participants generally found the workshop topics to be useful to them, with most finding them to be very useful.</b></li> <li>➤ <b>They were satisfied with the information they received through the workshops.</b></li> <li>➤ <b>They felt that their workshop presenter was knowledgeable about the topics they delivered.</b></li> <li>➤ <b>They would recommend that others attend the workshop.</b></li> <li>➤ <b>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.</b></li> </ul> |
| <b>Conclusion Eleven:</b> | <p><b>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.</b></p>  |
| <b>Conclusion Twelve:</b> | <p><b>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.</b></p>  |

## 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>24</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:**

- |                              |   |
|------------------------------|---|
| <b>Recommendation One:</b>   | <b>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.</b>   |
| <b>Recommendation Two:</b>   | <b>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.</b>  |
| <b>Recommendation Three:</b> | <b>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. <i>LivingWorks Education</i> may also appreciate receiving this feedback, along with a copy of the full evaluation report.</b>  |
| <b>Recommendation Four:</b>  | <b>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.</b>  |
| <b>Recommendation Five:</b>  | <b>Given the importance of <i>measuring the impact</i> 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.</b> |

<sup>24</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)

## **APPENDIX**

### **The Verbatim Comments Regarding What Participants Liked Most about Their Workshops and Changes They Would Make If They Could**



## **What Participants Liked Most About Their SafeTALK Workshops:**

### **Participants Who Liked the Positive Atmosphere and Processes:**

*It was very interesting; I had a couple good laughs and learned something new!*

*\_\_\_\_\_ <sup>25</sup> made this topic interesting; \_\_\_\_\_ was funny.*

*The pace was good. I felt like I was able to get a grasp on all information provided.*

*Conversational tone; collaborative approach, not preachy.*

*Delivered in a relaxed manner, easy to follow.*

*The honesty behind conversations. I learned how to ask the right questions at the right time.*

*It was calm and to the point. I learned and reaffirmed what I knew when recognizing suicidal thought...*

*[The] comfortable and open discussions. Going over the steps a number of times; touching on something once does not have the same impact.*

*When we practiced the TALK with people we were comfortable with and learning a lot of things from this workshop.*

*A safe place. [It] addressed the elephant in the room.*

*The opportunity to share/ask questions anytime during the presentation.*

*Open and frank language and conversation.*

*Respectful; lots of collaboration and conversation.*

*Very well done. Great examples; good conversations and facilitation of questions and comments.*

*Small group – the safe [and] respectful environment. [It] allows more understanding on how to deal with prevention of suicide.*

*Encouraging everyone to take an active role in talking about SUICIDE and its prevention.*

*[The] group/partner work. Trainers were interactive with participants...*

*Upfront, honest and non-judgmental...*

*Getting informed while feeling like a community.*

*I liked how open everyone was with discussing the subject.*

*Small setting conducive to open discussions.*

*Opportunities for group discussion.*

### **Participants Who Liked That It Sets Out A Plan Of Action: The TALK Model:**

*[It] provides a straightforward easy to understand model and strategies to address a complex and difficult topic.*

*I really loved learning about the safeTALK and having/knowing the knowledge on what to do and how to approach it.*

*When we practiced the TALK with people we were comfortable with and learning a lot of things from this workshop.*

*Very good and valuable knowledge for school staff who knew the kids and are often the first to sense a problem.*

<sup>25</sup> Names and pronouns that could potentially identify individuals are omitted from this report.

***I thought being given a script and the TALK model to follow when individuals talk to you about suicide was very helpful.***

***It provided us with the knowledge, resources and strategies to deal with suicide prevention and making our community a suicide safe one.***

***It gave a good basis of strategies and things to look for; a stepping off point if I find a student in crisis (good to have an idea of what could be done/helpful).***

***I like that the process was explained while keeping in mind that every person and situation is different, as with teaching, there's no one-size fits all.***

***I thought being given a script and the TALK model to follow when individuals talk to you about suicide was very helpful.***

***Concrete examples [regarding the] words, what to say. Examples of what to watch for.***

***Understanding the invitations and how to address them; the importance of listening and following up on individual's thoughts and feelings.***

***I liked how the instructors explained the issues and how to help; I feel very informed on this topic.***

***Seeing the differences in the scenarios between the non safeTALK situation and the safeTALK situation***

***Encouraging everyone to take an active role in talking about suicide and it's prevention***

***The TALK model is easy to follow; makes it more comfortable to ask***

***How to help others in need when they're thinking about suicide***

***The reassurance that it is OK to talk/listen, to ask, to help!***

***The emphasis of the importance of directly talking about suicide and giving us tools to deal with it.***

#### **Participants Who Liked Gaining New Information and Ideas:**

***It made me stop and think about the signs and it made me more aware of how to be alert. The discussions were good to listen to.***

***The amount of knowledge presented by the presenters. A lot learned in a short amount of time.***

***Very informative; the sample phrases to use when speaking/listening to someone who is thinking about suicide.***

***The importance of the information given, and the clarity on how to deal with it.***

***The information was very useful, like the booklet and resources. Thank you!***

***It provided us with the knowledge, resources and strategies to deal with suicide prevention and making our community a suicide safe one.***

***The part I like the most about this workshop was how much I learned how to talk to people who are thinking of suicide.***

***The emphasis on the importance of directly talking about suicide and giving us tools to deal with it.***

***How to work through different situations; learning that just asking outright is acceptable.***

***Understanding the invitations and how to address them; the importance of listening and following up on individual's thoughts and feelings.***

***What resources that I will need to make in order to help out someone who is contemplating suicide.***

***I liked getting to know the signs of suicide and things we can do to prevent them.***

*It was very informative and all questions were answered thoroughly.*

*Learning about some of the stigmas.*

*The knowledge it gave about how often suicide happens.*

#### **Participants Who Liked the Facilitators:**

*\_\_\_\_\_ did a great job. Very knowledgeable, approachable, calm and sensitive to the topic.*

*Very effective presenter; knowledgeable about topics; allowed us to ask questions and gave excellent answers!*

*The conversations and explanation from the presenter; very knowledgeable.*

*Trainers were interactive with participants...*

*Very comfortable and real; I felt safe being vulnerable and nervous. Trainers were very real, honest and professional.*

*Excellent presenters who covered all content in a very sensitive and respectful way.*

*Details were covered very well and explained great...*

*The co-trainer's messages and the interactiveness of the trainers presents.*

*The sincerity of the presenter.*

*[The] presenter's friendliness.*

*Very informative and the instructor was GREAT!*

*The way \_\_\_\_\_ presented – very sensitive and knowledgeable.*

*The knowledgeable presenters –genuine and empathetic.*

*[The] instructor had real life experience.*

#### **Participants Who Liked the Videos:**

*Seeing the situations on video and what it looks like when someone avoids, misses, dismisses. What it looks like when you respond as a suicide alert trained person.*

*The video examples were clear; the conversations are important.*

*Listening and watching the video about different scenarios.*

*I liked the videos and examples of real-life situations.*

*Videos were helpful to reinforce concepts.*

*The videos, they really helped add perspective.*

*Discussing the videos and what are possible options were.*

*The video situations on how to prompt the person to tell.*

*The videos were awesome.*

#### **Participants Who Liked the Examples, Scenarios and Hands-On Practicing:**

*All of the real life scenarios that were presented.*

*The scenes helped portray what we learned.*

*Presenters are from \_\_\_\_\_ [school division] and understand our context.*

*The drama skit and the true stories the co-worker talked about.*

*Concrete examples and analogies provided by the presenter.*

*The acted out scenes really painted a picture about invitations.*

*All the opportunities to see examples and discuss them.*

*The clown and farmer.*

*Acting out of the situations.*

*The play with 2 grade 10 girls.*

*\_\_\_\_\_ speaks from the heart, not rehearsed.*

*The scenarios with group members!*

#### **Participants Who Liked the Clear and Simple Message and Approach:**

*It was straightforward and provided us with effective strategies to approach, identify and ask individuals who may be thinking about suicide.*

*The easy to follow format; having the slides in the book to make notes on is fantastic!*

*Clear and concise; identifies the role well: A bridge to meet safe person.*

*Easy and simple model to follow; app is great.*

*Clear and simple directions for a very complex issue.*

*Straightforward approach; trying to adapt it to our school community.*

*The direct and simple open sentences to use in situations.*

*Common sense and the feeling of support if a situation happened.*

*It is practical and doable*

*I felt it was kept simple in helping people to know what to say.*

*It was simple, easy to grasp and use; made a lot of things clear.*

*The way in which the steps are very easily laid out to follow*

#### **Participants Who Liked the Resources:**

*The information was very useful, like the booklet and resources. Thank you!*

*I appreciated the opportunity for folks to identify which people in the building have ASIST training.*

*Resources about how to deal with suicidal people.*

*Resource business cards and list of phone numbers.*

*Papers, cards, stickers, numbers.*

*Direct practice and use of resources.*

*List of ASIST connections.*

*Recognition steps.*

#### **Participants Who Liked the Focus on Suicide; Removing Taboos:**

*It showed me how suicide isn't rare and it happens everywhere; and taught me how to deal with other's feelings of suicide.*

*The part I like the most about this workshop was how much I learned how to talk to people who are thinking of suicide.*

*Addressed many misconceptions about suicide; TALK scaffolds the conversation steps to get people in need to a care worker.*



*The fact that it was a topic which needs to be talked about more.*  
*[It] opened up my awareness to a subject that doesn't normally cross my mind.*  
*Learning about how important it is to talk about suicide.*  
*That people are trying to reduce the stigma around suicide.*  
*I liked the focus on using the word suicide to get us used to it.*  
*[It] addressed many misconceptions about suicide.*  
*Bringing awareness to an important topic.*  
*Learning to be direct in asking about suicide.*  
*Getting more comfortable with "the asking."*

**Participants Who Liked the Role-Playing:**

*Role-play helped [us] get a better experience for what a real life situation could be.*  
*Role-playing scenarios to practice using language...*  
*I like the role-play as it was a good way to reinforce the materials that were given.*  
*The drama skit and the true stories the educator talked about.*  
*Role-play – tell, ask, listen, keepsafe; it was good practice.*  
*Scripts and role-playing.*  
*The little skit afterwards.*

**Participants Who Liked Everything:**

*Everything; lots of different way to get information: speakers, practical practice.*  
*I really liked the workshop. Excellent.*  
*Excellent presentation overall.*  
*Would not make any changes.*  
*Everything was helpful.*  
*Enjoyed it all.*  
*A great first step!*  
*Very useful.*

**Participants Who Liked Having a Script/Sentence Starters:**

*Having scripts of what to say gives context to the conversation.*  
*The script with exact words to say to the person was useful since it's a difficult topic.*  
*TALK scaffolds the conversation steps to get people in need to a care worker.*  
*Having a script is helpful.*  
*Learning how to talk to people – what to say and how.*

**Participants Who Liked Practicing New Skills:**

*The actual practice was important to actually say the word suicide.*

*The practice exercises.*

*Time to practice scenarios.*

*Practicing the skill.*

**Participants Who Liked the Use of Mixed Media/Approaches:**

*Mix of videos, discussions, role-plays, booklet, sticker, cards etc.*

*Video examples, discussion of what is happening in our community.*

*Mix of video and discussion.*

*The mix of video and real people.*

*The organized PowerPoint and demonstrations.*

**Reinforcing that Participants Don't Need to Have All the Answers:**

*The idea that I don't need to have all the answers but can be useful by directing people to where they can get help.*

*Stressing the idea that it isn't your job to fix the entire problem.*

*Knowing where to find additional help; learning how to have this hard conversation; learning it's okay and necessary to ask someone if they are thinking about suicide*

*What I liked the most was knowing that if you are in any problem or trouble there's always someone there to help...*

*What resources that I will need to make in order to help out someone who is contemplating suicide.*

**Participants Who Liked Having Supports Available:**

*The feeling of support if a situation happened.*

*Supports in place.*

*Offering of ongoing support.*

**Participants Who Liked Khari Jones' Participation:**

*[The] personal impact by Khari.*

*Khari Jones involvement.*

*Khari Jones – personal and real.*

*Video clips of Khari Jones.*

**Participants Who Liked that the Workshop was a Good Refresher:**

*Being affirmed that what I already know about suicide and what to say and do and NOT say and do is correct.*

*Refreshed what I learned years ago in ASIST.*

*This was a review of ASIST for me and the steps that come before; the fact that all staff got trained.*

**Participants Who Liked that the Workshop Format:**

*[The] order of the presentation.*

*[The] visual and verbal format.*

*[The] repeat of information, to affirm my response at any time.*

**Participants Who Liked that Role-Playing was Optional:**

*I liked that we were not forced to role-play.*

*I liked the fact that we didn't have to role-play very much.*

**A Participant Who Liked that All Support Workers Being Trained:**

*I was impressed that all student service support workers will receive ASIST training.*

**A Participant Who Liked that the Workshop Was Not Too Long:**

*Its briefness.*

**A Participant Who Liked that the Workshop Encouraged Participants to Follow Their Instincts:**

*Getting people to connect with their instincts or hunches. We all need to follow our intuition more.*

**A Participant Who Liked that the Workshop was Community-Based:**

*That it was offered to the community.*

**A Participant Who Liked that the Workshop Involved Youth:**

*Having youth involved and participating in discussions.*

**A Participant Who Did Not Particularly Like Anything About the Workshop:**

*I didn't "like" anything. [The] information presented was average.*

## **Changes Participants Would Make To Their SafeTALK Workshops, If They Could:**

### **No Changes Are Needed:**

*None (x54)*  
*Nothing (x7)*  
*Nothing really (x2)*  
*I think its fine. [It] works well as a half-day session.*  
*I would say none because I loved how it was.*  
*I thought it was very well done.*  
*None – the timeframe is great.*  
*None, it was a great workshop.*  
*None, it was wonderful.*  
*None! It was awesome!*  
*Nothing; Great - even when it was getting late.*  
*Very useful, thanks!*

### **Suggesting Better or More Examples and Scenarios:**

*Maybe include more specific situations that have actually happened and how people dealt with it.*  
*More examples/scenarios related to students-young adults or even younger. Mentioning at what age people may start to think about suicide.*  
*One case study as the practice exercise felt unauthentic.*  
*I would make some of the scenes more extended to the way they often could be or to show a couple stages of reaching out.*  
*To include more scenarios, differing scenarios, one's students can relate to and maybe be exposed to more.*  
*Less time on philosophy, more time on real world examples and school based scenarios.*  
*More examples of suicidal people; practice on dealing with it.*  
*Perhaps provide a larger range of examples of hints to look for.*  
*Dealing with students that don't show "any signs" [of thoughts of suicide]; good student, happy?*  
*Maybe more real life stories that the educator can talk about.*  
*Examples that are less obvious.*  
*More realistic and varied situations.*  
*Have real people tell their stories about suicide.*  
*Someone who survived suicide.*

### **Suggesting Different or Better Videos:**

*If [the workshop is] for teachers, use videos with teens and teen warning signs and issues. Most videos are not applicable to my school. Should suicide always be the first question when one appears distressed?*

*Video examples were awkward and more distracting [with] low quality, actors, etc. than anything. Didn't really receive the information on Keepsafe connections in my community. I didn't like listening to someone reading from a script on a video; should be 100% done in person.*

*More videos on suicidal individuals not being compliant to help; how to "convince" them they are ok and need help.*

*All the videos had similar "solution" answers from the person at risk.*

*To leave out the Khari bit, I found that very distracting.*

*Less Khari, more credible speakers on video.*

*Videos were a bit lame.*

*Better actors in videos.*

*More videos demonstrating suicide.*

*Not all scenarios seemed realistic.*

*Make the videos more current.*

#### **Identifying Problems with Workshops' Pacing:**

*I found it somewhat long at some points. However I understand and appreciate the importance of this topic.*

*Make it go by faster, go more in-depth with the connections in the community.*

*It was a bit too rushed.*

*For me, the pace was a little slow.*

*Pacing could be faster and smoother to maintain flow and attention of listeners.*

*A little [physical] movement; change groups part way or move when you need a partner.*

*Keep track of time.*

*Maybe a little less material and more breaks.*

#### **Suggesting More Time for Practicing and Hands-On Experience:**

*More training [including] fish bowl, role-playing, scenarios on how to talk with someone who may be feeling suicidal; videos were good but brief; \*instead of just listening, more time to actually practice.*

*Need more time to practice asking are you thinking of suicide.*

*More practicing in small groups.*

*To get more hands-on experience.*

#### **Suggesting More Role-Playing:**

*Maybe some more role-playing in a bigger group, not just partners.*

*Giving more opportunities for role-play.*

*More practice in role-play.*

*Act it out.*

### **Suggesting that Workshops Be Less Scripted/More Authentic:**

*\_\_\_\_\_ please do not read directly from notes; just speak on the topic. Refer to roles then speak while looking at your audience.*

*More real practice, less reading.*

*Less reading/repetition of scenarios.*

*One case study as the practice exercise felt unauthentic.*

*Eliminate “practice” as it lacks authenticity.*

*It seems a little “too scripted.”*

*Not so scripted and cheesy.*

### **Suggesting More Time for Specific Material or Activities:**

*To include more scenarios, differing scenarios, ones that students can relate to and maybe be exposed to more.*

*More links to student/teacher relationships and how to approach. Video examples would be helpful.*

*Perhaps provide a larger range of examples of hints to look for.*

*More activities between presenter and listeners.*

*A bit more time to discuss in small groups.*

*More information on community connections.*

*Have a few more activities/demonstrations.*

*Make more group projects.*

*Add more real life stories.*

### **Suggesting the Need for More Interactions:**

*More interaction with the group; by that it would be nice to hear what they have thought of and taken away from the program.*

*More interactive activities.*

*More interactive material.*

*More interaction with students.*

*More discussion time.*

### **Suggesting the Need for More Participant Participation:**

*Discussions about mental health issues and recognizing how this may lead to suicide.*

*To get more people to answer the questions.*

*More chances to ask questions.*

*More audience participation/active learning.*

*Put in an exercise for all the students to try.*

*More dialogue at the tables.*

*More open discussion.*

*More activities between presenter and listeners.*

### **Suggesting Changes to Room Setup/Location:**

*Set up table and chairs in circle so everyone can listen and share together. This makes everyone together.*

*[The] room layout – sat in table rows. Felt like I needed to see who was in the space with me. See their faces.*

*Wouldn't do it in a classroom setting, too formal.*

*More ability to move...*

*Comfier chairs.*

*Louder volume*

*Different location, more for classroom teachers, less for student services.*

### **Suggesting that the Workshops Should Be Longer:**

*It should have been a whole day for many reasons. As a teacher I felt rush to get back to school at lunch. I have lunch at 11:15 till 12:10.*

*Change it to an all-day session.*

*More time! I felt there was more I could learn.*

*More time – not to rush, especially during the practice time.*

*Longer, more intensive.*

### **Suggesting the Provision of Handouts/More Information:**

*Better handout where to get help – one thing that has everything rather than a bunch of loose brochures and cards*

*More specific information for teachers about course content to avoid about suicide or encourage*

*Have a handout with the information on the other slides that are not in the book. This is what people need the most, but very few will "take notes"*

*More handouts to take with you*

*Booklet should be more similar to the slides.*

*More visuals in resource booklet.*

### **Suggesting More Group Work:**

*A bit more time to discuss in small groups.*

*More discussions/group work.*

*Make more group projects.*

*Larger groups.*

### **Identifying Issues Regarding Co-Facilitators:**

*Wouldn't put the co-instructor into the presentation, instructor was good on \_\_\_\_\_ own.*

*Remove the awkward "co-trainer" that detracted from the information.*

*Using the co-instructor in a new/different way.*

*No co-trainer on video.*

**Participants who were Not Sure:**

*I don't know.*

*Not sure.*

**Suggesting that Workshops Should Be Shorter:**

*Maybe not quite as long.*

*Shorter times.*

*Shorter with breaks.*

**Suggesting that Workshops Offer Clear Ways to Help:**

*Start this program/training at kindergarten to help identify early signs or recognition of mental health issues.*

*More about if people are refusing help though they need it/deep down want it.*

*More explicit instruction about how to help.*

**Suggesting the Important Points to Focus On:**

*Start this program/training at kindergarten to help identify early signs or recognition of mental health issues.*

*Help people turn their negative feelings into physical happy lives doing and learning parkour.*

*How important ones belief toward suicide is. Do they have a plan? Do they have access to what's necessary to execute plan?*

*Help others around if you know if they need help feel free to ask.*

*More about if people are refusing help though they need it/deep down want it.*

**Suggesting Less Role-Playing:**

*Not so keen on the role-playing exercises.*

*Less role-play.*

**Suggesting the Provision of More Information on Community Links and Resources:**

*Go more in depth with the connections in the community.*

*I'd love to have the local community resource information.*

*We could have specifically addressed what is available in our community.*

*More information on community connections.*

**Suggesting Better Functioning Technology:**

*Accidentally advancing to the next slide too early really took away from the previous slide's important message.*

*Smoother PowerPoint/presenter work – I found it very distracting.*

*Technology to work more smoothly.*

*Louder volume.*

**Identifying Issues Regarding Facilitators:**

\_\_\_\_\_ *could speak more clearly*



*To be more organized.*

*Be more involving.*

**Identifying Food-Related Suggestions:**

*Some food or drink beverages.*

*Free food.*

*Snacks maybe.*

*More fruit at break time.*

**Suggesting Changes to the Time of Day for Workshops:**

*During an in-service.*

*Earlier in the day!*

*Maybe AM instead of PM?*

**Suggesting No or Fewer Videos:**

*All information from the presenter not videos.*

*Video examples were awkward and more distracting (low quality, actors, etc.) than anything. Didn't really receive the information on Keep Safe connections in my community; didn't like listening to someone reading from a script on a video. Should be 100% done in person.*

*Less videos.*

**Suggesting Changes to the Evaluation Questionnaires:**

*Some questions in the questionnaire should be more generalized as suicide is not just school related.*

*Shorter surveys.*

*These questionnaires leave no room for content.*

**Suggesting More or Different Topics:**

*Speak a bit more about what "not to say."*

*Going over more signs of suicide.*

*More links to student/teacher relationships and how to approach; video examples would be helpful.*

**Suggesting More Youth Involvement:**

*More youth involvement,*

*Put in an exercise for all the students to try.*

**Suggesting Creating Material with an Aboriginal Focus:**

*Create a workshop with videos that have Aboriginal people and that are filmed in the environmental context of the communities and confer with people in those communities about more specific for safeTALK that are culturally relevant.*

*More of a northern/aboriginal focus.*

**Suggesting Better Describing Workshop Content And Targeted Audience:**

*Slideshow presentation to be sure what's next up.*

*At beginning of session, explain who the intended audience is.*

**Suggesting Providing More Statistics Re Suicide:**

*Perhaps adding statistics about suicide and related topics.*

*Some stats on suicide - white, aboriginal, social causes that contribute to suicide, poverty etc.*

**Suggesting a Follow-Up Evaluation:**

*Maybe revisiting or evaluating workshop with others who have attended this session.*

*Just an idea to do a follow up perhaps or a staff meeting to keep the dialogue in mind.*

**Suggesting the Provision of Scripts:**

*Script for the person needing help to better facilitate the helper.*

**Suggesting That Facilitators Should 'Model' Role-Playing:**

*Could have presenters model the role-play.*

**Suggesting Fewer Videos:**

*Fewer videos.*

**Suggesting that Participants Arrive On Time:**

*Encourage participants to be on time... although I realize that can't be helped. Thank you.*

**Suggesting that 'Black Humour' Be Addressed:**

*Dealing with "black" humour.*

**Suggesting that the Workshop be Provided in French:**

*In French.*