

Outcome Summary

Frameworks Youth Suicide Prevention Project: NAMI-NH

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The Frameworks Project is a unique, community-based intervention designed to increase the competence of communities to respond to suicide events including suicidal thoughts, attempts and threats, and suicide deaths in a manner that ultimately reduces the number and rate of youth suicides. The project focuses on reducing youth suicide by recognizing youth at risk for suicide, connecting with those youth, connecting the youth with appropriate services to ensure his/her safety, and connecting members of the community in an integrated effort to prevent youth suicide.

The essence of the Frameworks intervention is the training of gatekeepers, peers, and professionals in protocols for responding to suicidal events. The protocols were developed by NAMI-NH staff working with professionals from around the state representing a variety of disciplines. National experts in youth suicide prevention also reviewed the protocols, which are now included on the National Suicide Prevention Best Practice Registry. The Frameworks training is designed to raise participants' awareness of factors that may indicate that youth are at heightened risk for suicide, prepare the participants to competently connect with such youth, and enhance their ability to connect the youth to appropriate professionals and services. Frameworks training also is designed to build linkages among professionals, programs, and services in a community to improve the likelihood of developing an integrated support system for youth.

Program Evaluation

The UNH Center on Adolescence designs and conducts the program evaluation and other applied research associated with the Frameworks Project. The Center completed the evaluation of the project in the pilot community—a coalition of five New Hampshire towns—in the spring of 2006. Project implementation and evaluation of that work is continuing in two new communities, one in southern and another in northern New Hampshire. The purpose of the evaluation is to determine the effects of the project on participants' knowledge about youth suicide and suicide prevention, on their confidence and comfort in dealing with suicide events, on stigma related to youth suicide and seeking mental health care, and on the development of an integrated community response. New evaluation and applied research components include comparison of the implementation communities with a comparison community, tracking youth who have been identified as being in need of mental health care and referred to services, determining the barriers to seeking mental health care in the implementation communities, and how to extend the project to include youth aged 18-24 years. Data are also being collected for the cross-site evaluation of all youth suicide prevention projects funded by SAMHSA as part of the national Garrett Lee Smith initiative.

Data for the evaluation come from a variety of sources including pre- and post-test data collected from participants in the Frameworks trainings, key informant interviews, existing data, and focus groups. Data have been collected from 310 participants in the pilot community, including 127 ninth graders. Data from 478 individuals in the new communities indicate that the pattern of outcomes of the Frameworks Project in these communities is very similar to the pattern in the pilot community.

Outcomes

- The Frameworks Project raised awareness of youth suicide prevention and trained a critical mass of community professionals in how to recognize youth at risk for suicide, how to connect with these youth, and how to connect youth to community resources. This is of major importance because at pretest in the pilot community, for example, 70% of the Trainers and 58% of the Community Participants reported that they had responded to a youth suicide or an attempt or threat prior to participating in the Frameworks Project. Forty-five percent of the students indicated they had helped friends that they thought might hurt themselves.
- Those participating in the Frameworks project felt very responsible for doing something to help if they knew someone was thinking about, threatening, or had attempted suicide.
- Frameworks trainings increased participants' knowledge about youth suicide prevention. For example, Figure 1 presents change in knowledge from pre- to post-training for community participants and youth participants in the pilot community.
- Frameworks trainings increased participants' belief that youth suicide is preventable. For example, the agreement of participants in the pilot community with the statement "Youth suicide is preventable" increased from 75% to 88%; $t(145) = 7.73, p < .001$.

- The Frameworks training increased participants' confidence in their ability to effectively respond to youth who might be thinking about, threatening, or who had attempted suicide. There was evidence that the training increased both participants' knowledge of information included in the protocols and their belief that they had the knowledge and training to help youth who might be at risk for suicide. For example, on a Preparedness to Help Scale designed for the project, scores increased from 22.4 to 32.8; $t(142) = 13.82, p < .001$. See Figure 2.
- The Frameworks Project increased both adult and youth participants' appreciation of the usefulness of mental health care. For example, the agreement of adult participants in the pilot community with the statement "Mental health care is useful for youth who might be thinking about, threatening, or who had attempted suicide" increased from 83% to 93%; $t(145) = 6.50, p < .001$.
- Frameworks training increased the likelihood that youth would seek adult assistance. For example, the agreement of youth participants in the pilot community with the statement "I would be likely to talk to an adult right away if I was concerned about someone hurting him or herself" increased from 62% to 76%; $t(115) = 5.80, p < .001$.
- Individuals trained in the Frameworks protocols are reportedly using their training to recognize and connect with youth who need assistance and are connecting them to the services they need.
- Frameworks training reduces stigma related to youth suicide and seeking mental health care. For example, on a stigma scale designed for the project, participants' scores significantly decreased. Figure 3 presents the change in stigma scores from pre- to post-training for community participants in the new community and youth participants in the pilot community.
- On-going evaluation work in new communities continues to provide support for the efficacy of the Frameworks model.

Figure 1: Overall Knowledge of Factual Items Pre- and Post-Test

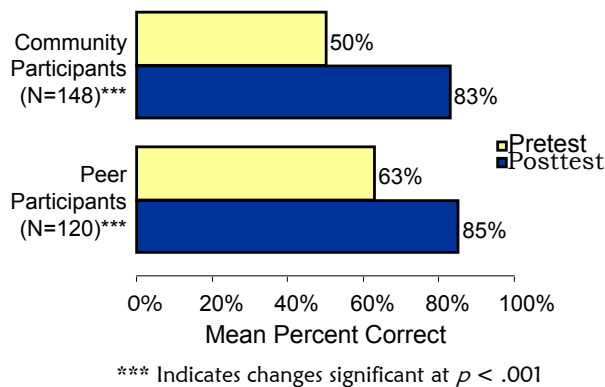


Figure 2: Community Participants Belief in Ability to Help Pre- and Post-Test

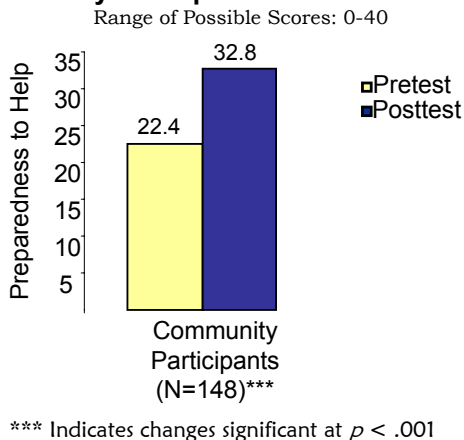


Figure 3: Comparison of Stigma Scores by Training Group

