

# NW PA Veteran Suicide Prevention Program

Monthly Report: April 2022

## Program Overview

The **Northwest Pennsylvania Veteran Suicide Prevention Program (NWPVSP)** is a collaborative effort between federal and state-level entities, community-level service providers, and organizational experts in **suicide prevention** to create significant and lasting change in the **15-county NW PA region**. The program aims to **reduce Veteran suicide attempts and death** by an average of 10% over five years (2020-2025). Other program goals include increasing awareness of suicide risk, promoting community connection and resilience, and improving delivery of suicide care.

## Report Overview



### Key Updates

- Completed **7 key informant interviews** with Advisory Group members.
- Conducted **4 virtual [Question Persuade Refer \(QPR\) Suicide Prevention Gatekeeper Trainings](#)**, with a total of **113 individuals trained**.
- Piloted the **Suicide Awareness and Perceptions Survey** with the Erie County Suicide Prevention Advisory Board (ECSPAB).

### Key Next Steps

- Continue **onboarding activities and technical assistance efforts** for recruited primary care sites.
- Review results of key informant interviews and gatekeeper training evaluations and **create action plans** within the next month to address stakeholder feedback.

## Meeting Outcomes

### Key Points:

- The April **Advisory Group** meeting focused on implementation and evaluation activities, updates from work groups, and general project announcements including next steps with provider incentive strategies and syndromic surveillance.
- The **Communication & Dissemination Work Group** was cancelled for the month of April due to limited stakeholder availability. Email updates were provided to work group members in lieu of the meeting.
- The **Data & Evaluation Work Group** met in April and discussed the Suicide Awareness and Perceptions Survey and evaluation instruments for gatekeeper training.
- The April **Journal Club** discussion focused on the association between [gratitude and suicidal ideation in student Veterans](#).

Meeting	Partner Attendance
Advisory Group Meeting	18
Communication & Dissemination Work Group	N/A
Data & Evaluation Work Group	5
Journal Club	2

## Meeting Evaluations

### Key Points:

- Beginning in April, real-time **meeting evaluation polls** were implemented to increase stakeholder feedback.
- The poll asked members to rate their agreement (Yes/No) on **two questions** about the content and relevance of the meeting. An open-ended comment space was also included.

### Summary:

- Overall, there was **strong agreement** with both statements across meetings.
- **Advisory Group:** Response rates **improved** from 5 members (March) to 15 members (April). Qualitative comments were **positive** and remarked on the progress of the project and the focus of the meeting.
- Singular topics in the last **three comments mentioned** that the content could have been emailed, a desire to understand how the variables in the impact model were operationalized, and a desire to know the baseline used for the Veteran suicide rates.
- **Evaluation Work Group:** Response rates remained low in April. One open-ended comment was offered and mentioned that participants felt **heard, listened to, and valued** in the meeting.

### Next Steps:

- Future **Advisory Group meeting agendas** will include further discussion about the program's impact model and suicide death rates to address the qualitative comments from April.
- Work Group chairs will continue to ensure meeting agendas include sufficient **time for completion of evaluation polls** to increase response rates.

Meeting	Responses
Advisory Group	15
Communication & Dissemination Work Group	N/A
Data & Evaluation Work Group	2

## Suicide Awareness and Perceptions Survey Pilot

- The Suicide Awareness and Perceptions Survey is divided into four sections: myths, risk factors, barriers to treatment, and protective factors. This survey will be used to track community attitudes and perceptions concerning suicide **to measure change in awareness of suicide across time**.
- In April 2022, the survey was piloted by the **Erie County Suicide Prevention Advisory Board (ECSPAB)**. Twenty members completed the survey and responses are summarized in Table 1 below.

**Table 1. Proportion of Agree and Disagree for Myths Items**

Statement	% Disagree/ Strongly Disagree	% Agree/ Strongly Agree
I can tell if a person is considering suicide.	25	75
I would feel comfortable working with a person who attempted suicide.	5	95
If a person wants to die by suicide, there is nothing anyone can do to stop them.	5	95
Older people are at a GREATER risk for suicide than younger people.	45	55
A person's race/ethnicity does NOT impact their chance of dying by suicide.	80	20
A person's gender does NOT impact their chance of dying by suicide.	85	15
Suicide can be prevented.	0	100
Most people who attempt suicide show some signs in advance.	20	80
Seeking mental health treatment is a sign of strength.	0	100
Seeking mental health treatment is NOT as good as seeing a minister, pastor, priest, Imam, or rabbi.	100	0
Mental health is as important as physical health.	5	95

- The lack of variability in responses to the general questions about myths surrounding suicide **is expected given the nature of the pilot group**. Although some interesting disagreements are seen especially surrounding age and suicide. Every item on the risk factor list was endorsed by all respondents. Interestingly, the entire list of barriers to treatment were endorsed by all but one respondent who only selected “Lack of hope.” Finally, the entire list of protective factors was endorsed by all respondents but two.
- On April 13, 2022, members **of the ECSPAB who piloted the survey** were invited to an **hour-long focus group** to discuss their impressions of the survey items and provide suggestions for improvement. Two project staff took notes concerning participant reactions during the meeting. Feedback provided during this focus group was **incorporated into the final version of the survey**.
- The group was engaged and eager to provide suggestions. In general, they expressed thanks for creating the instrument so they can **gain a better sense of their community’s awareness of the risk and protective factors** associated with suicidal behavior.

### Key Informant Interviews

- Key informant interviews (KIIs) will be **conducted quarterly** to gather stakeholder feedback on the following areas: PERU's project management and leadership, quality and strength of partnerships, and communication and data reporting.
- The **second round of KIIs**, which included seven interviews, was **completed at the end of March**.
- Results from the second round of interviews identified a need to **establish clear expectations** for Advisory Group members and **streamline communication pathways** across the various project meetings and stakeholder groups.
- The program implementation team will review results of the second round of key informant interviews and **create an action plan** to address stakeholder feedback. A summary of this action plan will be included in the May report.

### Gatekeeper Training Evaluations

- Training evaluations were administered to stakeholders at the end of the virtual **Question Persuade Refer (QPR)** trainings conducted in March and April 2022.
- The findings will be used to inform **continuous quality improvement efforts** and to assist the program implementation team in identifying areas for targeted improvement for delivering trainings to stakeholders.
- Responses showed **strong approval** of the training content and understanding of suicide prevention following the training.
- The [program implementation team](#) and external training partners will review training evaluation results and **create an action plan** to address trainee feedback. A summary of this action plan will be included in the May report.

## Region 1 Summary: April 2022

PERU is working to enhance local suicide prevention, intervention, and response efforts and work to address gaps in efforts or services. Implementation is being phased across **three geographic regions** that were selected based on resource availability and existing healthcare and community partnerships. Currently, implementation efforts are focused in **Region 1: Erie, Crawford, Venango, Warren, McKean.**



### Partner Engagement

The goal of the program’s outreach and engagement strategy is to build and maintain positive relationships with community partners in each county to support implementation efforts. The table below represents the **number and types of meetings** held in April.

Entity Type	Meeting Purpose	# Meetings
		April 2022
County Coalitions/Task Forces	Continued Engagement	3
Dept. of Military & Veterans Affairs (DMVA)	Continued Engagement	1
Healthcare	Site Engagement	3
Healthcare	Data Reporting	1
Hold My Guns & National Shooting Sports Foundation	Safe Storage Planning	3
Other Community Stakeholders	Continued Engagement	4
State-Level Agencies	Continued Engagement	3
UPMC Western Behavioral at Safe Harbor	Recruitment & Training Planning	6
VA VISN4	Continued Engagement	2
Advisory Group and Work Groups	Project Planning	2
<b>Totals</b>		<b>28</b>