



Suicide Prevention Training

Report to the Legislature

As required by 2019 Minnesota Laws, chapter 11, article 5, section 6

For more information:

Craig Wethington
School Climate Center
Minnesota Department of Education
1500 Highway 36 West
Roseville, MN 55113
(651) 582-8364
craig.wethington@state.mn.us
education.mn.gov

As requested by Minnesota Statutes, section 3.197: This report cost approximately \$400 to prepare, including staff time, printing and mailing expenses.

Upon request, this material will be made available in an alternative format such as large print, braille or audio recording. Printed on recycled paper.

Table of Contents

For more information:.....	2
Legislative Charge.....	4
Introduction.....	4
Analysis.....	6
Participant Feedback.....	7
Conclusion.....	10
Bibliography.....	10
Data Sources.....	11

Legislative Charge

[2019 Minnesota Laws, chapter 11, article 5, section 6](#)

APPROPRIATIONS

Subd. 1. Department of Education

The sums indicated in this section are appropriated from the general fund to the Department of Education for the fiscal years designated.

Subd. 2. Suicide prevention training for teachers.

(a) For a grant to a nationally recognized provider of evidence-based online training on suicide prevention and engagement of students experiencing mental distress:

\$265,000 - FY2020

(b) Training funded by the grant must be accessible to teachers in every school district, charter school, intermediate school district, service cooperative, and tribal school in Minnesota.

(c) The grant recipient must report to the commissioner of education the number of teachers completing the online training, average length of time to complete training, and length of average stay using the online training. The commissioner must survey online training users to determine their perception of the online training. By January 8, 2021, the commissioner must report the grant recipient's information and the survey results to the chairs and ranking minority members of the legislative committees having jurisdiction over kindergarten through grade 12 education.

(d) This is a onetime appropriation and is available until June 30, 2021.

Introduction

Suicide is the second leading cause of death for youth and young adults 10-24 years of age in Minnesota. In 2019, Minnesota suicide rates for youth and young adults 15-24 years of age were higher than U.S. rates; 15.6 per 100,000 population compared to 14.0 per 100,000. Data from the 2019 Minnesota Student Survey shows more students reporting long term mental, health, behavioral or emotional problems. This number is up from 18 percent of students surveyed in 2016 to 23 percent in 2019. Students reporting suicidal ideation increased for all grade levels in the last six years according to the Minnesota Student Survey data.

The Minnesota Legislature passed a law in 2016 requiring all teachers to take one-hour of evidence-based suicide prevention training as part of renewing their teacher's license. Changes in teacher licensure in 2017 kept this requirement for all Tier III and IV licenses. To supplement this effort in 2016, the Minnesota Department of Health and Minnesota Department of Education, in collaboration with the National Alliance on Mental Illness (NAMI) Minnesota, piloted the Kognito suicide prevention training in Minnesota. This program offered a series of online professional development modules called Kognito At-Risk PK-12 Educators designed for schools to increase educators' and other school staff's skills, confidence, and willingness to intervene with students in distress. It includes three online interactive courses each targeted to school staff working with a specific age

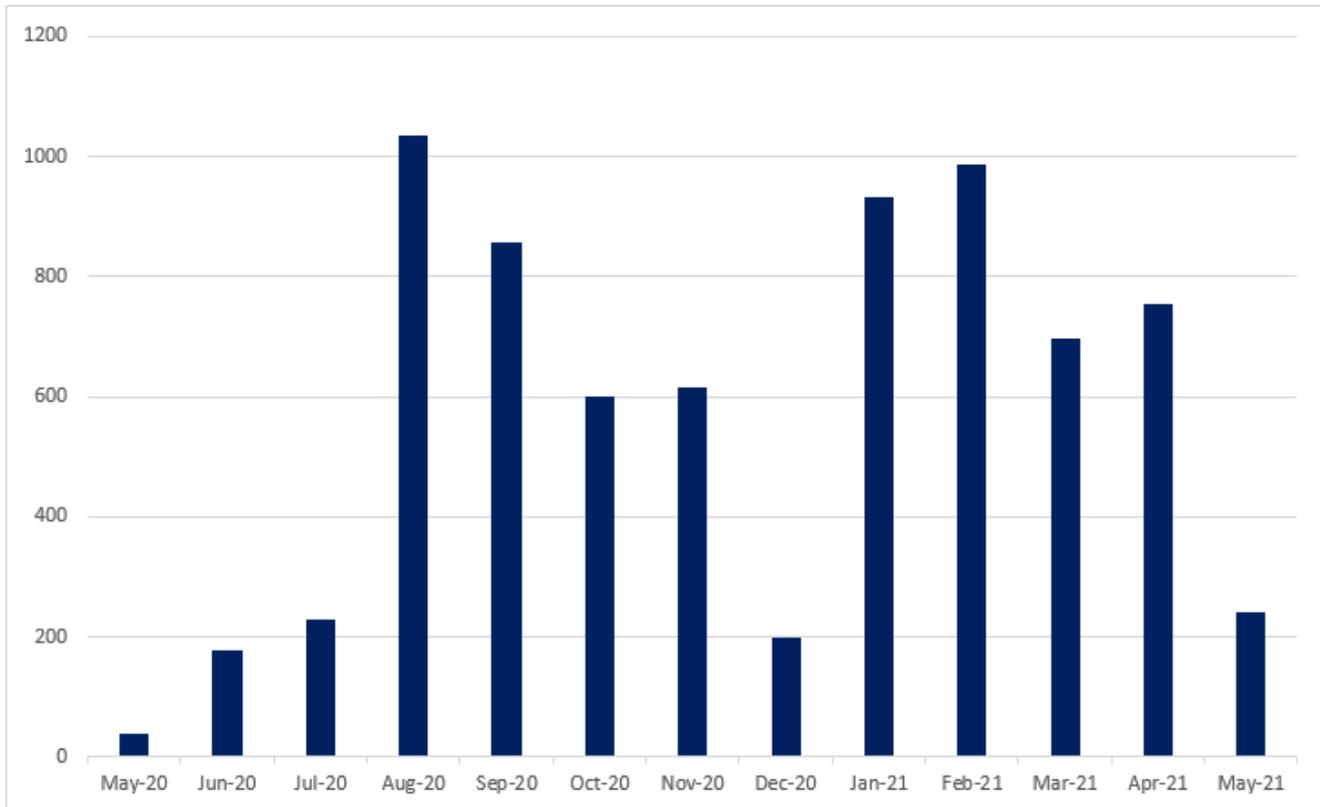
group: Elementary (grades Pre K-5), Middle Years (grades 6-8) and High School (grades 9-12). In 2019, legislative funds were allocated to make the Kognito At-Risk training available across the state for public, charter, and tribal schools across the state.

The training program was launched in May 2020 through a partnership with the Minnesota Department of Health. Monthly informational webinar sessions were scheduled for schools and districts to provide them with tools and resources necessary to implement Kognito At-Risk. Schools and districts are encouraged to provide the highest quality training by introducing the training to staff, allowing time to complete the training, and providing following up with participants including discussion and review of school/district referral protocols. School districts can use and approve the Kognito At-Risk training to meet the requirement for one hour of suicide prevention training for educators per statute Minnesota Statutes, section 122A.187. On average, the training takes participants one hour to complete. Kognito provides implementation tool kits districts that can extend the learning to a minimum of two hours utilizing the provided introduction and post-discussion guides.

The response to the training has been very positive. Teachers and other school staff participating in the training have shared the training was relevant, easy to use, increased their confidence and noted that they would recommend it to others. The principals, administrative staff and other support staff tasked with implementation of the training found the training flexible and used it as a part of the professional development within their districts; approving sessions for continuing education to compliment and fulfill required suicide prevention and mental health licensure requirements. Several schools used the training and follow-up discussion as an opportunity to develop and update referral protocols. The pandemic has affected schools significantly and created many challenges over the last year. It has been difficult for some school systems across the state to implement the training for staff as they are overwhelmed and tasked with too many other duties. This has been a barrier to participation in some of the rural areas of the state. Yet, other schools have found the online virtual nature of the training for staff attractive, beneficial, and helpful during the pandemic.

Analysis

Total Training Session Usage Month by Month between May 2020 through May 2021

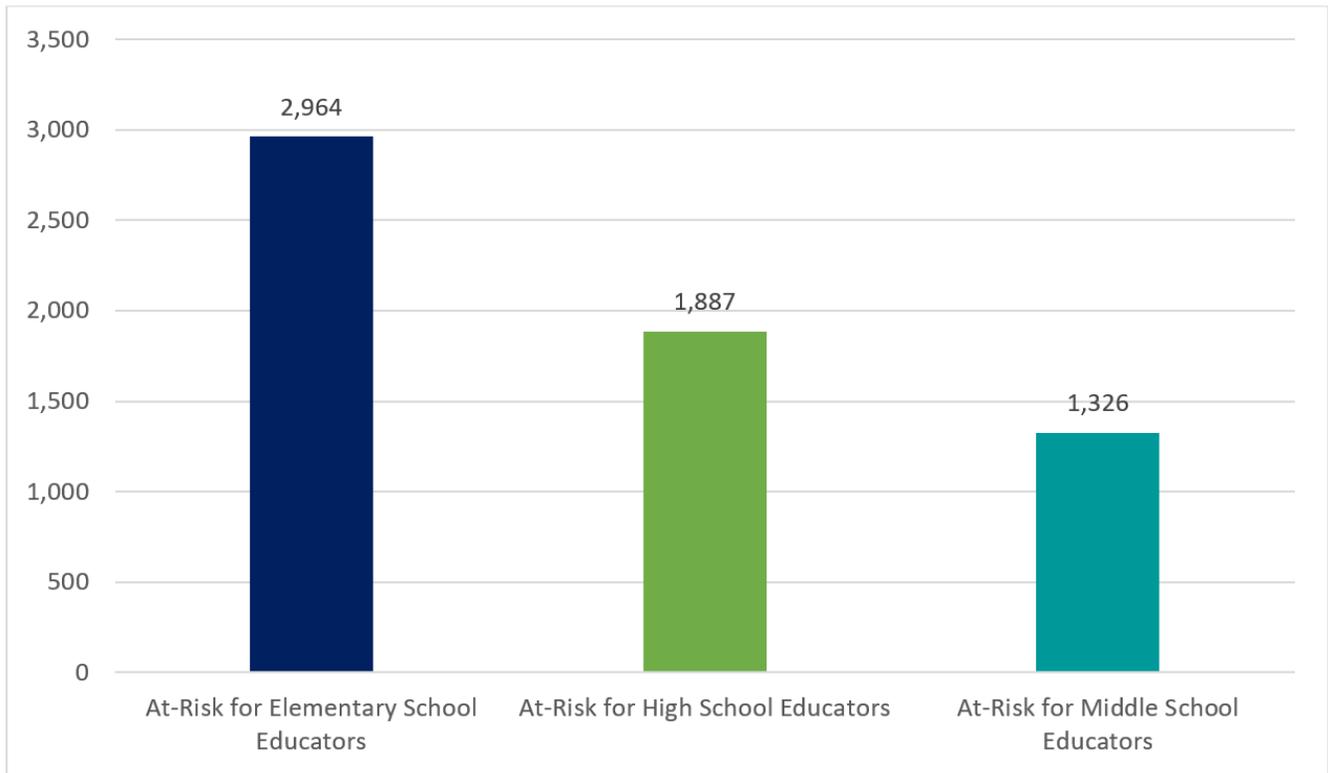


The Kognito At-Risk training was rolled out in May of 2020. From May 2020 to May 2021 more than 600 staff accessed the training each month. Access to the training peaked in August 2020 with of over 1,000 staff participating.

The training sessions are available to all school staff including but not limited to teachers, administrative staff, paraprofessionals, food service staff, transportation staff and maintenance staff. The following is a breakdown by participant role:

- 4,457 Teachers
- 1028 Paraprofessionals
- 587 Nurses, Social Workers, Psychologists, Mental Health Specialists, or Counselors
- 648 Other
- 296 Administrators
- 265 Staff Members

At Risk Training Session Completions by Course May 1, 2020-June 16, 2021



School staff participating in the training can virtually access all three training modules: elementary, middle and high school. There has been more staff participation with the elementary and high school versions and there appears to be a gap with middle school participation, which is an area of opportunity and growth.

Participant Feedback

Participants are asked to complete a post-training survey. The following is a summary of the participant survey results.

- 99% of participants rated the training as Excellent, Very Good or Good.
- 95% said it was based on scenarios relevant to their experience.
- 95% would recommend it to others.

Participants are asked the following questions on the post training survey. The following are some of the participant comments.

“What did you like best about the simulation?”

- It was practical, applicable, and fun. It was brief enough to not drag on, but it was good information that was purposeful and filled the appropriate amount of them. The interactive feature was really fun. I enjoyed it very much.

- I liked that the simulation gave different options of responses to use. It had helpful feedback on the responses you chose. The ability to undo and retry a different response.
- I liked that the simulation gave the opportunity to talk with parents regarding mental health issues. I liked that it allowed me to make my own choices, and undo what I chose to see different outcomes.
- The situations were relevant and culturally sensitive.
- I appreciated the conversation between teacher and student. I felt it was extremely relatable and a great example of connecting with a student in a way that makes them comfortable.
- I loved that you could move through the conversation with different options and approaches. It was even helpful when I made a mistake and it explained why that may not be the best option.
- I enjoyed the layout of clear information and warning signs, and then being able to go through 3 scenarios in being able to make choices on how we would guide the conversation.
- I liked how the Kognito training gave options to try, instead of right or wrong answers. It felt interactive instead of most webinars!

“Now that you have completed the simulation, please describe a situation that you would have managed differently.”

- A student was hiding under her table refusing to read, I left her for a significant amount of time, then called for help once she started making noise and disrupting others. I would take the time to talk with her and get more information and reflect, so we could problem solve to make this time more successful for her.
- I will manage nearly all my conversations with students differently. I am in a role where I primarily have to get to the bottom of an issue. This helped me better with the open-ended questioning.
- I would have spent more time getting to know a student like Jen (aggressive behavior toward classmates) and whatever personal situation is going on outside of class better. In my own class and with Jen here, I seemed to jump to quickly to trying to the behavior toward the classmate just to stop -- without getting to the root of what was going on with potential personal life issues and crises.
- I had a student who was very argumentative with adults. I tried to work with the child in a positive way before he would enter the argumentative stage. That usually worked, but once he continued to be argumentative, I found myself picking up the rope and arguing with him. I would have never been argumentative back. It would have been better to let him be and talk to him when he was calmer and more removed from the situation.
- I definitely learned what not to say in a parent situation. I will use more open-ended statements, stick to facts, and try to make sure that the parents know how much I value their child and am trying to help. I need to acquaint myself better with our after-school programs and options so that I can help present these as options to help in these situations.
- I tend to leave the conversation short. After doing this simulation I see that I need to ask more open-ended questions and push a little more for a wider variety of answers. Sometimes I ask too many yes or no questions or questions. And sometimes I ask the question the wrong way possibly making the student feel defensive of their feelings.

Please comment as to whether you think the skills learned can help someone deal with the stress of the pandemic in the home and why.

- This simulation gives us some prompts and ideas for how to talk to children. It allows us to feel confident that expressing kindness and concern can go a long way in getting a child to open up on any issue.
- I think we will still need to support students and parents during distance learning. Often the parents want and need the support from the teacher. Most definitely, I feel that the skills in this workshop can help someone deal with the stresses of distance learning and other issues associated with the pandemic.
- I have two elementary school-age children and I can use these skills when addressing problems with schoolwork and other issues at home.
- Sure. This simulation deals with stress the students are feeling - no matter what the situation. One was from the stress of divorce and family change and the other was the stress of his dad getting a job and not being around as much. It doesn't matter what the reason for the stress, how they are feeling and reacting to those feelings would be same no matter what the stressor is.
- Absolutely!! This past spring, I had a student who was great in person and never missed a day. After missing multiple days of distance learning assignments, I emailed him with no response. He eventually contacted back through email and said he was too stressed-out taking care of his siblings to worry about school and was going to give up. I was able to talk with him and direct him to our counselor and the rest of the distance learning, he was spot on. Like the video said at the end, "it only takes one kid to connect with to make a difference."

Additional Participant Feedback

"I found the Kognito training beneficial to me because it is like real scenarios. The training allows me to work through interactive role play in a safe environment. After the training I believe I am better equipped to address my at-risk students who are struggling and not just pass them off or shy away from the hard situations. Each person (teacher) has a platform to impact a student life! Kognito training reminded me to - stay the course - to be a positive voice and a listening ear to each student I encounter!"

- Dan Devine, Virtual Arts Teacher, Pequot Lake School District

"I have looked thru some of the materials and completed the High School program and scenarios. I enjoyed how the program walked you through various choices. I tried a variety of responses to see how the program interfaced and educated. It was very interesting and helpful to have the hand raise and offer a suggestion - it did not make you feel incompetent however "it may be better to try" then you could walk thru that option. I am not tech or computer savvy and this program was easy to navigate and quite user friendly from my perspective. Thanks for offering this course."

- Deb Herman: School Nurse, Marshall School District

The following feedback highlights experiences from staff within the Mounds View Alternative Learning Center:

“The Kognito training was one of the more useful simulation activities I have participated in because the situations sounded like ones we see on a daily basis. The scenarios seemed real and the kid’s responses seemed like how kids we know would actually respond. It also taught me to more quickly move to a crisis intervention in very serious situations.”

“The Kognito training was worth my time because it gave scenarios of real-world situations to work through as well as possible responses as a guide. Our crisis discussion was very useful in that staff shared their experiences with students in crisis, how they handled the situations and what they would do differently. It provided me an opportunity to add to my toolbox.”

“I feel more confident in my ability to help a student in crisis. The emergency numbers & crisis procedures are relevant and applicable- we have a unified plan for our building.”

“Wow, we haven't had time to discuss such details in the past. This was so helpful.”

After the training was completed a final comment came from an administrative staff to the lead coordinator, “Thanks for pushing me to get it done.”

Conclusion

The collaboration between the Minnesota Department of Health and the Minnesota Department of Education, made possible by the legislative allocation for online suicide prevention training for school staff has provided a high-quality training experience.

- Encouraging participation and implementation from schools across Minnesota.
- Participating staff report a positive training experience overall and reported more engagement with the training compared to “sit and get” training formats.
- Supporting legislative funds provided schools with a nationally recognized online training opportunity at no cost for all staff during a very challenging time.
 - Creates a potential for an increased number of staff within schools to be provided training that may not have been able to be provided in person.
 - The virtual nature of the training avoids potential travel costs for staff to attend other training.

Bibliography

Stone DM, Jones CM, Mack KA. Changes in Suicide Rates — United States, 2018–2019. MMWR Morb Mortal Wkly Rep 2021;70:261–268. DOI: [http://dx.doi.org/10.15585/mmwr.mm7008a1external icon](http://dx.doi.org/10.15585/mmwr.mm7008a1external%20icon).

Data Sources

Age adjustments were made using the standard US 2000 population was used. Details on this population are available from CDC WONDER at

<https://wonder.cdc.gov/wonder/help/ucd.html#2000%20Standard%20Population>.

Minnesota Department of Health. 2019 Minnesota Student Survey Results Released. News Release Oct 17, 2019.

<https://www.health.state.mn.us/news/pressrel/2019/studentsurvey101719.html>.

Minnesota participation data for the At Risk K-12 training was provided by Kognito.