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# **Suicide Prevention: Training**

**REPORT TO THE LEGISLATURE AS REQUIRED BY 2021 MINNESOTA LAWS,  
CHAPTER 13, ARTICLE 6 SECTION 3**

July 2021- June 2022

## **Suicide Prevention: Training**

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As requested by Minnesota Statute 3.197: This report cost approximately \$2,125.00 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.*

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# Legislative Charge

Chapter 13, Article 6, Section 3

## Subd. 2 Suicide Prevention training for teachers

- (a) For transfer to the commissioner of health 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 to MDH in 2022
- (b) Training funded by the grant must be accessible to teachers in every district, charter school, intermediate school district, service cooperative, and Tribal school in Minnesota.
- (c) The grant recipient must report to the commissioner of health 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, 2023, the commissioner must report the grant recipient's information and the survey results to the chairs and ranking minority members of the legislative committees with jurisdiction over kindergarten through grade 12 education and suicide prevention.
- (d) This is a onetime appropriation and is available until June 30, 2023.

## Introduction

Minnesota suicide prevention efforts are based on evidence that most suicides are preventable, mental illness is treatable, and recovery is possible. Suicide is a serious public health problem that can leave lasting impact on individuals, families, and communities. Suicide is complex; there is no single cause of death by suicide. But most importantly, suicide is preventable, and schools play an important role in prevention. Schools can provide community connection and caring adult-youth relationships, which are protective factors that shield against suicide. Additionally, schools can be a crucial access point for identifying youth at-risk and connecting youth to appropriate ongoing support. Additional information about Minnesota's suicide prevention efforts can be found at the MDH suicide prevention website [Suicide Prevention - Minnesota Department of Health \(https://www.health.state.mn.us/communities/suicide/index.html\)](https://www.health.state.mn.us/communities/suicide/index.html).

Suicide among youth and young adults ages 10-24 is a significant public health issue at both the state and national level. In Minnesota, between the years of 2016-2020, suicide was the second leading cause of death in 10-24-year-olds. Overall, Minnesota has a lower suicide rate than the U.S.; however, Minnesota suicide rates for youth and young adults 15-24 years of age were higher than U.S. rates at 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, health, behavioral, or emotional problems. This number is up from 18% of students surveyed in 2016 to 23% in 2019. Students reporting suicidal ideation increased for all grade levels in the last six years according to the Minnesota Student Survey data. In 2019, American Indian students had the highest reported suicidal ideation, with approximately 1 out of 5 students considering suicide within the last year. Suicide attempts also varied between races, with American Indian and Pacific Islander students reporting the greatest attempt rate at 8%, compared to white students, who reported a rate of 3%. Female students were about two times as likely to report suicidal ideation and attempts over the last year as males. This increased rate of suicide ideation and/or attempt is also reflected in hospital discharge data, where the number of hospital-treated self-harm injuries among females is approximately three times that of males.

In late 2021 and early 2022, community feedback related to suicide prevention was provided from over 650 Minnesotans through listening sessions, focus groups, and surveys. This process identified a need for investment in both formal and informal infrastructure to improve suicide prevention services for youth and young adults. Data from the qualitative analysis also showed Minnesota youth are first seeking assistance from peers, family members, and other trusted adults. Kognito, including Friend2Friend, is a school-based training strategy to build the skills of peers and school staff to recognize and engage with youth at risk for suicide and connect them to support services.

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 PreK-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 every district, charter school, intermediate school district, service cooperative, and Tribal school in Minnesota

This legislative report provides an update on the implementation and outcomes related to the use of State dollars for Kognito during the fiscal year of July 1, 2021 - June 30, 2022.

## **Kognito Roll Out**

The training program was launched in May 2020 through a partnership with the Minnesota Department of Education. 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 following up with participants to discuss and review 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 toolkits that can extend the learning to a minimum of two hours by using the provided introduction and post-discussion guides.

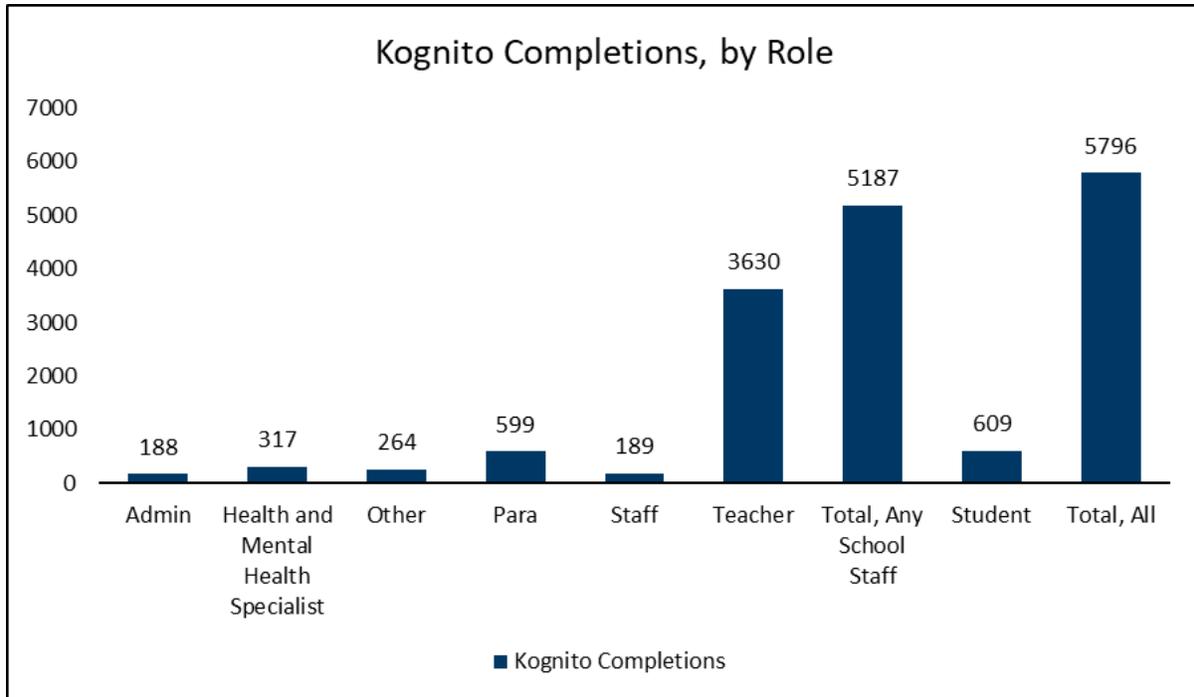
### **Implementation**

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 confidence, and 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 complement 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 impacted schools significantly and created many challenges over the last few years. 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

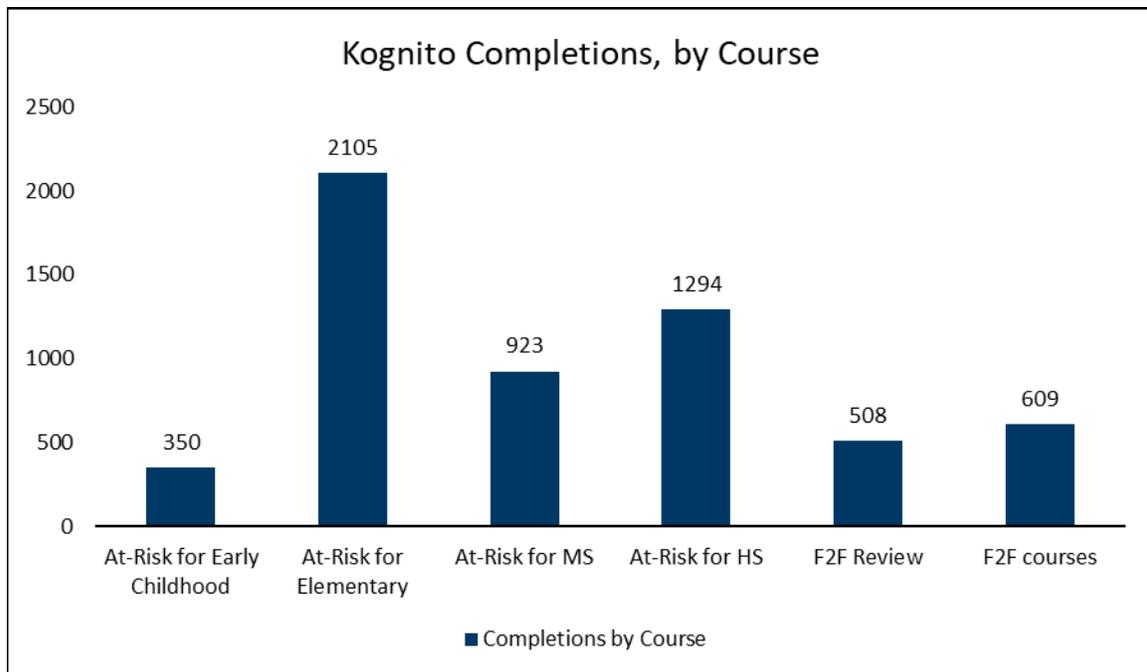
participation in some of the rural areas of the state. Yet, other schools have found the online virtual nature of the training for staff attractive, beneficial, and helpful during the pandemic.

Overall, 74% of all educators who activated Kognito went on to complete the course. Over 5,000 educators in total completed a Kognito training module during fiscal year of July 1, 2021- June 30, 2022, the majority of which were teachers. Additionally, approximately 600 students completed the Friend2Friend module with a 70% course completion rate for students. By course, At-Risk for Elementary had the most completions (approximately 2,000), followed by At-Risk for High school (approximately 1,300).

**Figure 1: Kognito Completions, by Role, July 1, 2021- June 30, 2022**



**Figure 2: Kognito Completions, by Course, July 1, 2021- June 30, 2022**



### **Integrated prevention and early intervention effort**

Through interviews, selected partnering schools revealed effective practices for implementing Kognito trainings. While the exact process of implementation varies between schools, partnering schools shared the following keystones for implementing the trainings successfully:

1. **Meaningful introduction.** School leadership must express support for the training and clearly articulate the value and importance of building suicide prevention skills within the school community and culture.
2. **Kognito learning modules.** Staff can complete the interactive Kognito At-risk learning modules independently as part of professional development in-service days or in remote work settings.
3. **Supporting staff to process and debrief the Kognito training modules.** Schools provided emotional support and opportunities to debrief or reflect on what was learned in the trainings, including time for staff to reflect on their own feelings of stigma and discomfort around mental health and suicide topics.
4. **School specific expectations for response protocols and training.** Schools followed Kognito with a training like Question, Persuade, Refer (QPR) or another training to set the expectation of asking youth directly if they are thinking about suicide or have a plan for self-harm.

Successful suicide prevention efforts within a school setting requires activation of people across the school network. Participating schools identified the following key components driving successful implementation of Kognito:

- **Administrative support.** School or district leadership making suicide prevention and mental health promotion a priority, reinforcing the value of this work consistently and integrating it into a strategic vision.
- **School staff.** Schools have sought funding to expand school-based mental health teams and hire school counselors to serve as in-house first points of connection for youth needing additional support and to lead Friend to Friend facilitation efforts.
- **Community partners.** Many schools partnered with crisis mobile teams and local mental health providers to connect students with community resources.

- Youth who are driven to support their peers. In implementing Friend2Friend in particular, many efforts were driven directly by students who were interested in building their skills to provide peer support.
- Part of a comprehensive plan. Staff training was identified as one part of a multi-strategy effort.

## Kognito Outcomes

### Participants reported satisfaction with training

- 96% of participants indicated that they would recommend this training to other educators and school staff
- 96% of participants indicated the training scenarios were relevant

### Staff feel more prepared and self-confident to intervene

Participants completed surveys prior to training, immediately after completion of the Kognito training, and again three months later to assess their confidence to recognize psychological distress and motivate students to connect with mental health support services as needed. Of those who completed follow up surveys, participants reported statistically significant increases in measures of preparedness and self-efficacy to intervene after the training that was sustained at three-month follow-up across elementary, middle school, and high school audiences. Minnesotan participants reported retention in their levels of confidence which were as significant as those reported nationally. Staff also reported that through Kognito, they became connected to a broader range of suicide prevention efforts, expanding their access to resource and ability to network with others doing similar work across the state.

*“(I think about) the interconnectedness and how one point of contact has broadened all of these different opportunities that our school district has been able to be a part of. The committees, the trainings, (...) support from the state and how that is helping our school district come up with a strategic plan and an actual master plan around mental health intervention for our students, and (...) how do we link with community providers.”*

*-School social worker*

Participants were asked to document the number of youths for whom they had been concerned about psychological distress and approached to provide support and connections to mental health support services. There was no significant change in the number of youths reported between pre and follow-up surveys across elementary, middle, or high school audiences, although individual staff reported their reflections on how they would respond to situations in the future and selected school counselors reported increases in the number of teachers making student referrals.

*“I would connect sooner, connect with reflection, open ended questions and referrals.” -  
School staff*

*“I’m the music teacher, so in the past when I have noticed a student behaving differently, I would not worry about it. Now, I will reach out to the student’s classroom teacher to see if they have noticed a behavioral change in the student and support the teacher and student.” -  
Teacher*

*"I had a conversation with a student that was much different than it would have been based on this training." -Teacher*

## **Friend2Friend equipped youth to better respond to their peers and galvanized youth-led school initiatives**

*"I feel now confident to be able to ask my friend if they're doing OK, or if they are thinking about suicide. Now I know that I can ask them if we need to go talk to the school counselor or talk to a teacher." – Student reflection*

*"The biggest success is that we're giving our kids the skills to be able to make a difference in the lives of their peers and their friends. (...) The ideas that kids have are just from movies, and those aren't always the best place to get information. And so, I just think that we're giving them the information that we want them to have and how we want them to go about addressing a problem with a friend, I think that's what's huge for me." – Elementary school social worker*

*"The kids feel like they have been skilled up, (...) that they have some more skills that they can use to help their friends. And I think it is a big deal. They talk about it as being like they've had someone that they've been concerned about or friend that has talked to them and they didn't know what to do. And that is a discussion that we have."-Elementary school social worker*

Additionally, one school reported that participating youth were empowered to create mental health friendly spaces in their school:

*"The first group that we did thought the training was so good and (they) identified that there were just moments during the day that they needed a break. And so, they designed and funded a calming room. That was kind of cool. So, they got furniture and fidgets and special lights and light covers and sound machines." -High school counselor*

## **Comprehensive suicide prevention is essential to ensure lasting behavior change and impacts to school culture**

Schools are experiencing the ongoing demand for youth mental health supports. With the impact of the ongoing pandemic, students, and community members are more willing to talk openly about mental health because the struggles and impacts are undeniable. Kognito At-Risk and Friend2Friend modules are an accessible, user-friendly, entry point for students and staff to build their skills in responding to the mental health needs of youth and connecting them to school counselors for ongoing care. However, if school and community resources are over capacity, equipping youth and school staff to respond in this way will not be enough. To be successful, suicide prevention efforts require leadership support and investment in mental health resources.

*"I feel like kids are reaching out a lot more to the point where it's overwhelming. (...) I think that's where the trainings have been helpful (because other school roles are able to respond to a youth.) And you know, it was just having the ability for them to do it. But stepping outside of their role to do it too. (...) We make this so approachable and that kids are more*

*comfortable, and then they reach out and they don't get the help because we're so busy with other people.” -School counselor, rural context*

Kognito evaluation data demonstrates that Kognito training alone is not enough to impact long term school culture change to prevent suicide. In the next iteration of Kognito, additional emphasis has been placed on encouraging school staff who are leading Kognito efforts to consider and commit to a comprehensive suicide prevention approach, including updating or adopting referral policies and protocols for when a student is identified as being at-risk and more expansion of the Friend2Friend module.