

Evaluating QPR Training for Trainers with Community-Based Mental Health Advocates

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Abstract

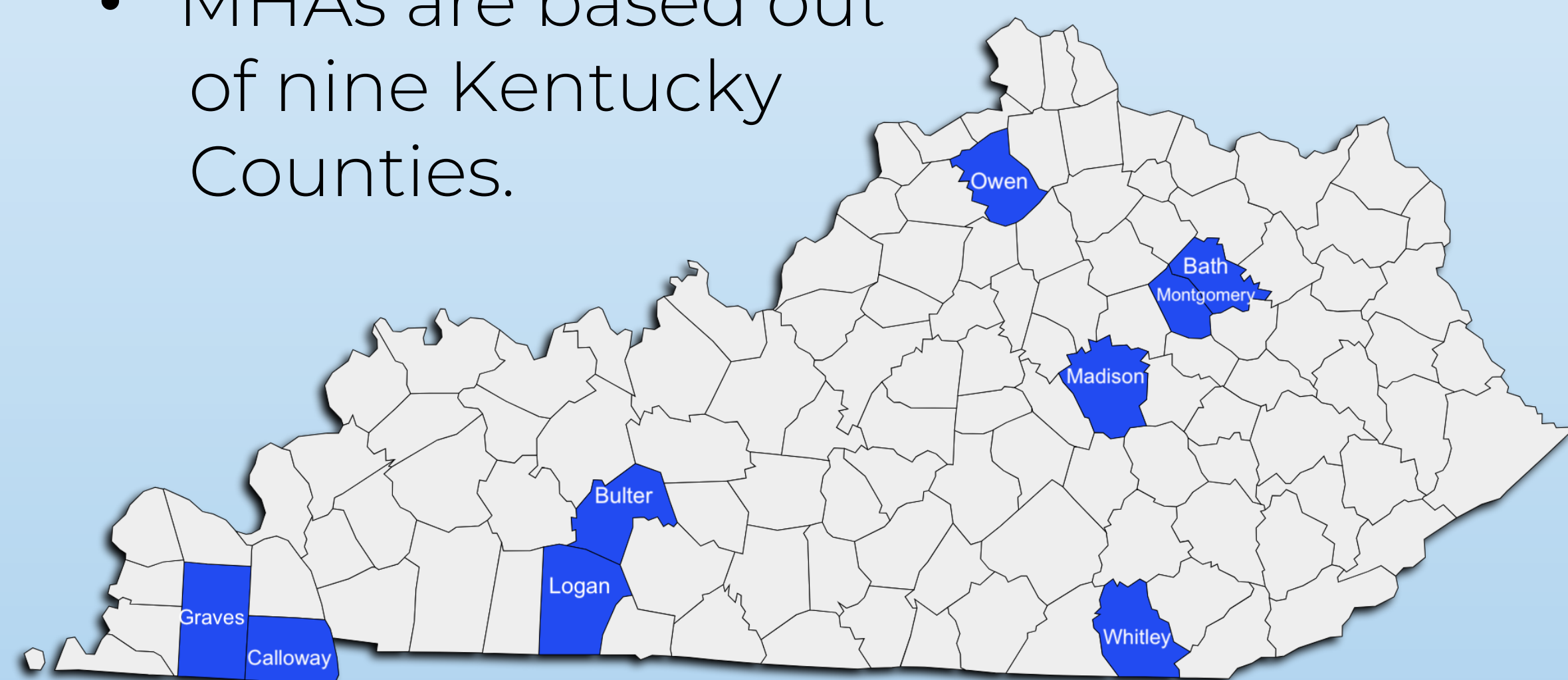
There have been many interventions aimed at improving farmer mental health, but little evaluation data has been collected on these interventions. As a pilot project, *Building Bridges to Farmer Mental Health* recruited community-based Mental Health Advocates to become Question-Persuade-Refer (QPR) trainers. The present study aims to evaluate the train-the-trainer model of QPR which is an evidence-based suicide prevention program. Using the Willingness to Intervene Enhanced (WISE) measure, participants were sent a pre-, one-month post-, and six-month post-training survey assessing attitudes toward suicide, subjective norms, perceived behavioral control, and intention to intervene.

Question-Persuade-Refer

- QPR training is an evidence-based suicide intervention designed to question the person's intent to die by suicide, persuade them to seek help, and then refer them to mental health resources in their area.
- QPR Training-for-Trainers (T4T) consisted of an online asynchronous module, which takes around eight hours to complete.

Mental Health Advocates

- Over the past year, the *Building Bridges to Farmer Mental Health* project has recruited 12 Mental Health Advocates (MHAs).
- MHAs are based out of nine Kentucky Counties.



MHA Training

- To enhance understanding of the needs for community-based farmer mental health support and suicide prevention (e.g., QPR), MHAs complete a project-designed curriculum on farm stress, the effect of stress on the body, farmer suicide, self-care/mindfulness, community action planning, and youth engagement over the course of a year.
- As part of this curriculum, MHAs attend QPR T4T and become certified QPR instructors.
 - MHAs were recruited in two cohorts, six months apart, with the first starting in December 2023 and the second cohort starting in June 2024.
 - The first cohort took all three surveys, but the second cohort only had time in the MHA program to complete the first two measures.
- In addition to the surveys, we used monthly MHA meetings to gain qualitative feedback about their experiences with QPR T4T and the MHA program.

Results/Discussion

WISE Measure

- One-month post-QPR, participants showed improvements in all WISE domains.
- Subjective norms, confidence to intervene, and intention to seek help or intervene gains were not maintained over six months.
- Attitudes toward suicide continued to improve 6 months post-QPR.

MHA Qualitative Feedback

- Starting with less stigmatizing topics (like stress management) could gain community buy-in before presenting QPR.
- Online QPR T4T did not give MHAs confidence to present QPR.

Take Aways

- QPR T4T alone is not enough
- Mental health stigma in rural communities persists and is a barrier to QPR.

Willingness to Intervene in Suicide Enhanced

- WISE items were rated on a Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*)
 - Items were then summarized by mean.
- The samples below are unpaired.

| Domains | Pre-QPR T4T (N = 15) | 1-Month Post (N = 5) | 6-Months Post (N = 3) |
|------------------------------|---|--|--|
| Attitudes Toward Suicide | Intervening when someone is suicidal would be... Scary (M = 3.0) Stressful (M = 3.45) | Intervening when someone is suicidal would be... Scary (M = 2.45) Stressful (M = 3.0) | Intervening when someone is suicidal would be... Scary (M = 2.0) Stressful (M = 2.0) |
| Subjective Norms | Others expect me to intervene (M = 4.25) Others like me would intervene (M = 4.17) | Others expect me to intervene (M = 4.5) Others like me would intervene (M = 4.17) | Others expect me to intervene (M = 4.0) Others like me would intervene (M = 3.75) |
| Perceived Behavioral Control | I am very confident that I could intervene (M = 3.77) Use community resources (M = 4.0) | I am very confident that I could intervene (M = 4.40) Use community resources (M = 4.0) | I am very confident that I could intervene (M = 4.0) Use community resources (M = 5.0) |
| Intention to Intervene | I would seek help (M = 4.75) I would intervene (M = 4.42) I would provide social support to the individual (M = 4.42) | I would seek help (M = 5.0) I would intervene (M = 4.6) I would provide social support to the individual (M = 4.8) | I would seek help (M = 4.0) I would intervene (M = 4.0) I would provide social support to the individual (M = 5.0) |

Acknowledgments

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Limitations/Future Directions

Limitations

- The small sample size did not allow for statistical analysis of MHA WISE responses.
- Data were not matched pre/post.

Future Directions

- Rethink the MHA training model to include:
 - More QPR skill training to enhance MHA suicide intervention intention and confidence
 - Develop materials on stress management for MHAs to present in their communities
- Continue collecting data from MHAs on QPR T4T