TRAINING NEEDS & PREFERENCES OF COLORADO'S MENTAL HEALTH PROVIDERS TO ADDRESS SUICIDE PREVENTION: RESULTS OF A STATEWIDE SURVEY

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EXECUTIVE SUMMARY

Suicide is a significant public health issue in the state of Colorado. Coloradans experienced 1,058 suicide deaths in 2014 for an age-adjusted rate of 19.3 per 100,000. Suicide is the seventh leading cause of death in Colorado overall and second leading cause for ages 10-44. Since many individuals who die by suicide have been seen by a medical or mental health professional in the time leading up to their death, providers are an important part of any comprehensive plan to prevent suicide.

In cooperation with the Department of Regulatory Agencies (DORA) and other mental health associations and organizations, we conducted an online survey of mental health professionals in Colorado. We asked participants to report their professional characteristics, their prior personal and professional experiences with suicide, actions they have taken to address suicide with their clients, training and skills they had related to suicide, their preferences for future training, and their views on mandatory continuing education/professional development in suicide prevention and intervention.

The nearly 2,200 providers who participated in the survey reported many professional and personal experiences with suicide. Nearly half had a client attempt suicide while under care and nearly 40% had a client complete suicide. Almost three-quarters of providers had personal experiences with suicide. **Although providers reported that they were generally pleased with their existing training and felt prepared to address suicide within their practice, many providers felt there would be benefit to additional training.**

Overall, providers were amenable to mandated continuing education or professional development. **Overall, 80% of providers supported mandating suicide-related continuing education for all mental health providers.** However, providers reported there were many barriers to training so it may be important to carefully consider how training is offered**. The potential expense was a significant barrier to training for nearly 70% of providers in Colorado**, which may suggest that low cost training options may be beneficial**. Distance to training and/or time away from work were also barriers for many providers across the state, especially those in rural areas.**

In implementing voluntary or mandatory trainings, it may be beneficial to work with members of the community to develop tailored training for specific groups of providers. Marketing trainings to providers may also be beneficial, as many providers were not aware of existing trainings already available in Colorado. Providers may also benefit from the creation of a comprehensive list or website of mental health resources in the state. Although a list of resources would not ameliorate the systemic issues noted by providers in this survey, it may offer providers better support in finding the necessary resources for their clients.

The participants, as a group, had considerable professional and personal experience with suicide, which may have influenced their perceptions of their abilities and skills in helping suicidal clients. Given the potential issues with representing the wide range of providers, these survey results may not reflect the views of the overall group of all mental health providers in the state. It may be important to conduct follow-up surveys or interviews with key members of the community to determine if these results are consistent with their experiences and views. Regardless of the specific next steps, **it is clear that mental health providers in Colorado have a diverse range of training, professional experience, and preferences for future training. As a result, engagement with mental health providers in Colorado will be key to the successful implementation of training mandates or opportunities.**

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Acknowledgements: This work was undertaken under contract from the Yellow Ribbon Fund on behalf of the Colorado Suicide Prevention Commission. We appreciate the assistance of: Sarah Brummett, JD; Susan Marine, PhD; and Sara Brandspigel, MPH in developing the instrument and data collection strategy and for reviewing a draft of the report. We also thank Jo Donlin at the Department of Regulatory Agencies and Brian Turner of the Colorado Behavioral Healthcare Council for assistance in publicizing the survey. We appreciate the input from a number of members of the Training and Development Workgroup of the Colorado Suicide Prevention Commission.

INTRODUCTION

The suicide problem

According to data provided by the Colorado Suicide Prevention Commission, Coloradans experienced 1,058 suicide deaths in 2014 for an age-adjusted rate of 19.4 per 100,000.[1] Suicide was the seventh leading cause of death in Colorado overall and second leading cause for ages 10-44. Our suicide rates were the seventh highest in the nation in 2014. Though the rates have been relatively stable in the past five years, they have increased from 18.7 per 100,000 in 2009. For every suicide death in the state, it was estimated that 25 attempts were made. In the 2015 Healthy Kids Survey, 17.4% of Colorado teenagers (grades 9-12) indicated that they had considered suicide in the past 12 months, while 14.1% had made a plan for how they would attempt suicide and 7.8% reported having actually attempted suicide.[2]

Care received by persons who complete suicide

A recent study revealed that 83% of persons completing suicide had, in the prior year, visited a health professional, though only 24% had received a mental health diagnosis within the month preceding death.[3] Others have similarly reported that close to three quarters of persons completing a suicide had contact with a medical professional within the month prior to death while 30% had visited a mental health provider.[4] A 2012 report from the American Association of Suicidology[5] noted that most mental health professionals working in outpatient settings regularly encounter suicidal patients, including 97% of psychiatrists and more than half of social workers.

Training needs

A 2012 report from a Task Force of the American Association of Suicidology[5] referred to prior literature indicating the very limited instruction received by professionals in training to become physicians or social workers while noting the potential effectiveness of this training in improving diagnostic and treatment skills. Their review also indicated that no states require continuing education on suicide or other behavioral health emergencies, although at least one state has implemented mandatory continuing education on suicide since this report was published.[6] However, many states require school personnel to be trained in recognizing signs of suicide and state that "It is incomprehensible that, in many states, a teacher is now required to have more training on suicide warning signs and risk factors than the mental health professionals to whom he or she is directing potentially suicidal students" (page 297). This gap in training, the Task Force labels as "an egregious, enduring oversight by the mental health disciplines" (page 297) and raises ethical questions about inadequately trained individuals providing care to suicidal individuals.

Colorado mental health delivery system

A survey completed in 2013[7] among 479 mental health providers in Colorado found that almost half of participants dealt with suicide at least weekly in their practice. Only 8% of providers "almost never" dealt with suicide. Approximately two-thirds of participants felt that their professional training on suicide was adequate, but the amount of suicide-specific training received was variable. Nearly three-quarters of participants reported that suicide-specific training would be beneficial. However, expense was a significant barrier and only a quarter of participants reported that they were willing to pay for suicide-specific training, though many reported that their agencies provided or subsidized the cost of continuing education. Although this survey was the best information available on suicide training among mental health providers in Colorado, it was limited by the inability to systematically reach mental health providers because recruitment was conducted through professional associations. In addition, the low response rate may have limited the generalizability of the results.

In Colorado, mental health services are provided by a range of providers situated in schools, community mental health centers, crisis facilities, and health care settings, among others. Currently, providers are not required to

be licensed and those who are licensed are not required to receive continuing education on assessment or treatment of suicidal clients.

In order to better support the mental health provider community by responding to their needs and preferences regarding suicide training, the Suicide Prevention Commission's Training and Development Workgroup commissioned a new survey of providers to update understanding of the status of training statewide and to help plan for new initiatives to increase capacity and address any regional disparities.

METHODS

Participant recruitment

We recruited participants primarily through the Department of Regulatory Agencies (DORA), which licenses mental health providers in Colorado. DORA included an invitation to participate within the April 2016 newsletter sent to the 19,689 DORA licensed or registered mental health providers, with a reminder email in June. The newsletter announcement included a letter from Larry Wolk, MD, MSPH, Executive Director and Chief Medical Officer of the Colorado Department of Public Health and Environment, encouraging participation (Appendix A) and the June reminder email contained similar information (Appendix B). The email invitation was sent to providers in the following categories:

- Certified Addiction Counselors;
- Licensed Social Workers/Licensed Clinical Social Workers;
- Licensed Professional Counselors;
- Marriage and Family Therapists;
- Psychologists; and
- Registered Psychotherapists.

In addition, the Training and Development Workgroup of the Suicide Prevention Commission distributed the survey invitation through their professional networks and additional associations. Also, the survey was distributed through the Colorado Health Service Corps, the Colorado Behavioral Healthcare Council, and the Colorado Psychiatric Association with the intent of reaching as large a group as possible.

Data collection process

The survey invitation included a link to complete the survey online, using RedCap software[8]. The invitation described the purpose of the survey, outlined the survey, and directed participants to skip any questions that they did not wish to answer. Participants were also directed to complete the survey only if they were currently practicing in Colorado and to complete it only once, although they may have received it through multiple organizations. The survey instrument described below included 78 close-ended items and opportunities for open-ended comments. We offered potential participants the opportunity to be entered in a drawing for one of six $50 Visa gift cards. We asked participants who requested to enter in the drawing, receive the final report, or join to Suicide Prevention Commission listserv to provide their email addresses. However, we did not link this identifiable information to their survey responses.

The Colorado Multiple Institutional Review Board (COMIRB) reviewed our procedures and deemed the project to be "exempt."

Measures

We asked participants to report their professional characteristics, their prior personal and professional experiences with suicide, actions they take to address suicide with their clients (Section Three of the ZeroSuicide Workforce Questionnaire[9]), training and skills they had related to suicide (a modified version of Section Four of

the ZeroSuicide Workforce Questionnaire[9]), their preferences for future training, and their views on mandatory continuing education/professional development in suicide prevention and intervention. A full copy of the survey is provided in Appendix C.

Based on their primary role in their current job, we categorized participants as having direct client interaction, being a supervising provider, providing school-based services, or other. The other category included a wide range of roles that were not directly related to client interaction, such as education, research, and advocacy. Finally, participants reported their primary practice county. Based on their county of practice, we categorized participants by their location within the Colorado Crisis Services System: Northeast Behavioral Health (Northeast Colorado), Community Crisis Connection (Denver Metro), Aspen Pointe (Southern Colorado), or West Slope Casa (Western Slope).

RESULTS

Participants' characteristics

A total of 2,194 individuals responded to the survey from across the state of Colorado (Figure 1). Nearly two-thirds of participants were Master's-level providers (Table 1). More than half of respondents were licensed as professional counselors (35%) or social workers (24%). Overall, participants indicated a wide range of primary practice locations including private practice, community mental health centers, and PreK-12 schools as the most common locations (Table 2). Participants also reported a wide range of practice specialties, with nearly a quarter indicating a specialty in suicide and self-harm.

Overall, participants reported a high degree of experience as mental health providers (Table 3). Nearly half of participants had more than 15 years of experience and about one-in-ten had less than three years of experience. Supervisors had the most experience with nearly 90% having more than six years of experience.

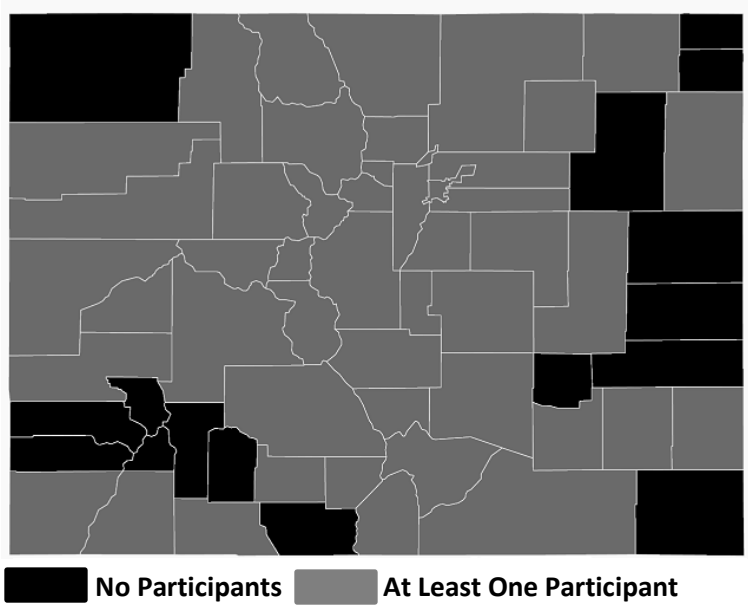


Figure 1. Counties of Colorado, by participation, 2016

Approximately three-quarters of participants had a current license. Only one-in-ten were providers in the Colorado Crisis System and even fewer reported that they were registered with HelpPRO.

Most participants had engaged with suicidal patients as part of their practice (Table 4). Nearly two thirds reported having facilitated an M1-hold, an involuntary hospitalization when an individual is a danger to himself, herself, or others. Providers in hospital settings reported facilitating M1-holds and completed suicide by clients at higher rates than providers in other common practice locations (Figure 2). Half of participants had a client attempt suicide while more than a third reported having had a client complete suicide. Nearly three quarters had personal experience with suicide loss (e.g., a friend, colleague, or family member).

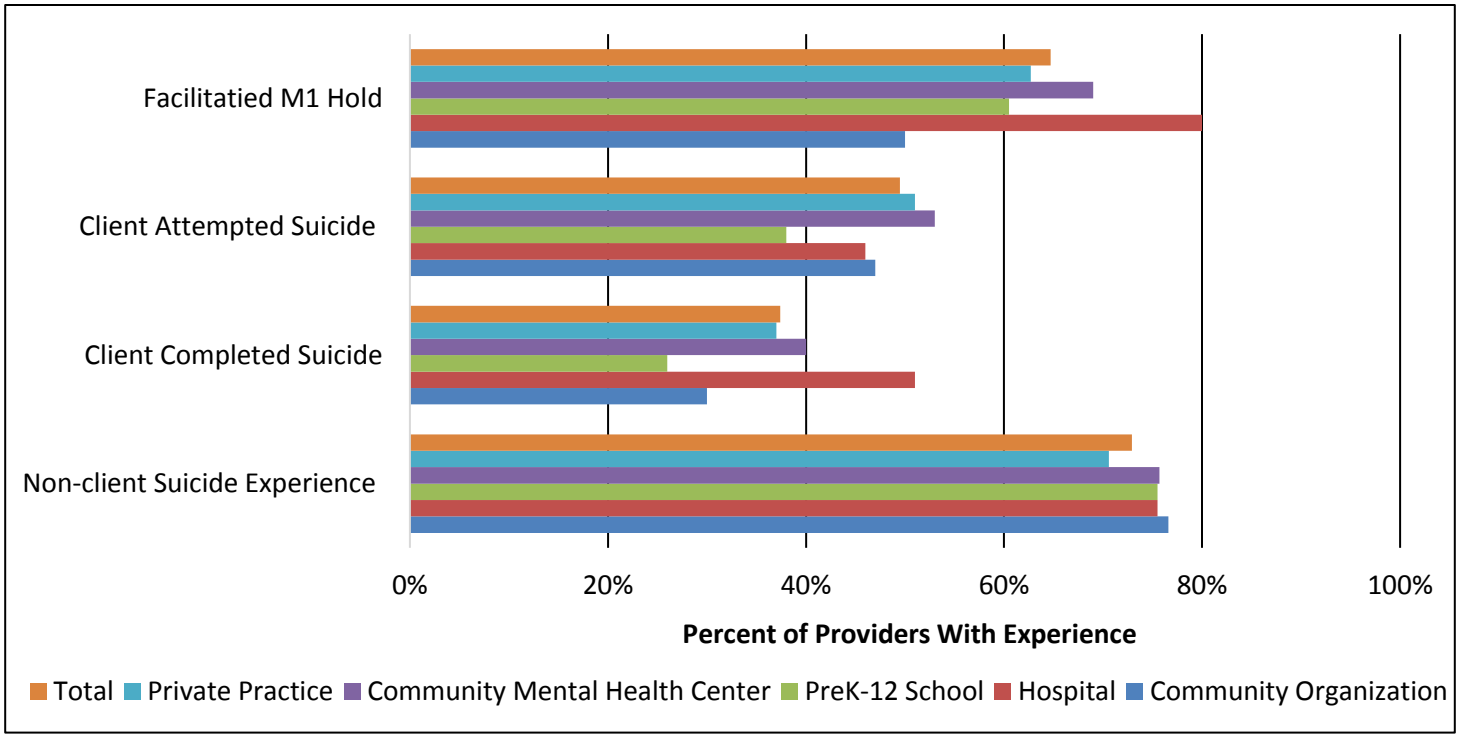


Figure 2. Colorado mental health provider experiences with suicide, by practice location, 2016

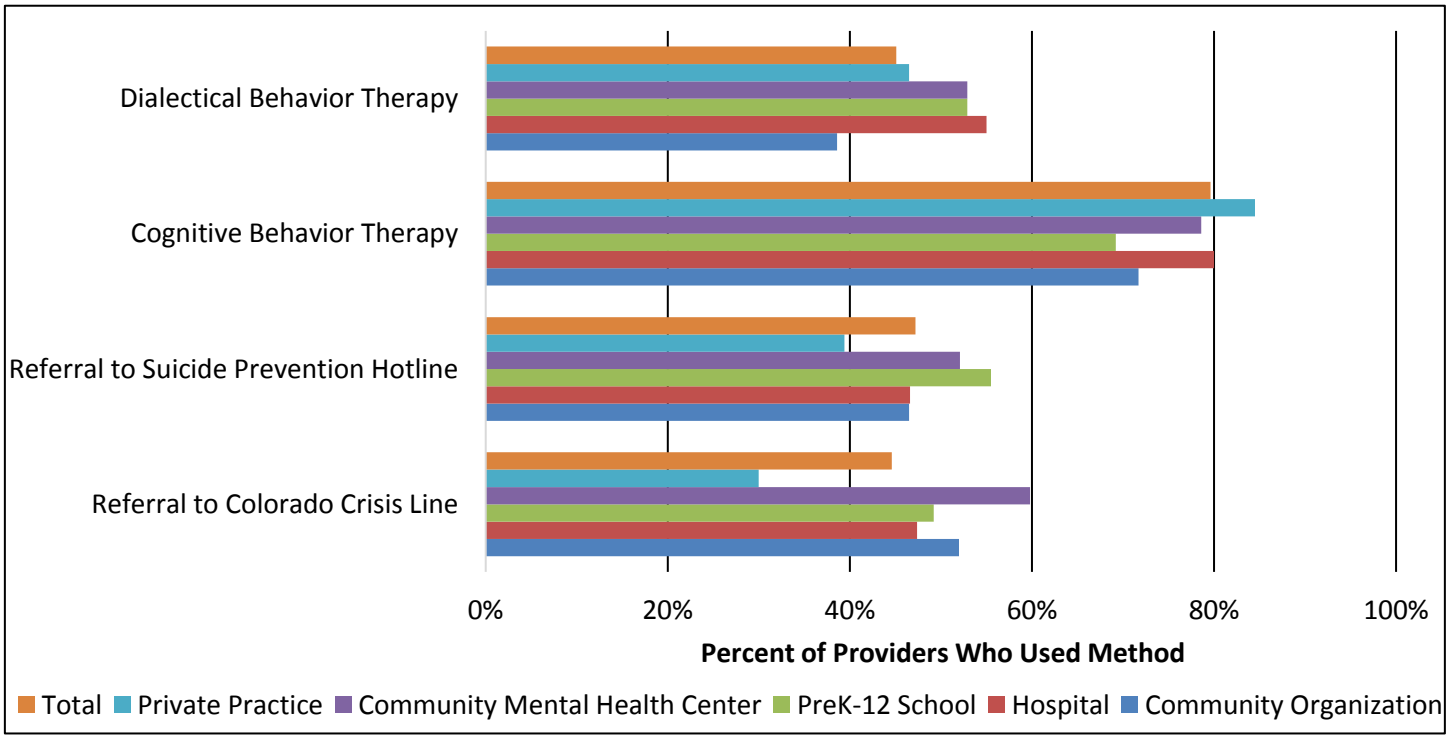


Figure 3. Actions taken by Colorado mental health providers to prevent or treat suicide, by practice location, 2016

Actions to Address Suicide

Participants reported feeling most comfortable connecting clients to resources in the community (Table 5). When asked about four evidence-based treatment and prevention activities, cognitive behavior therapy was the

activity used by the highest proportion of participants (Table 6, Figure 3). Overall, nearly 80% of participants had used cognitive behavior therapy to treat a suicidal client. Although less common, about half of participants reported using dialectical behavior therapy, the national suicide hotline, or the Colorado crisis line (Tables 6 & 7). When asked "Overall, how prepared are you to effectively address suicide risk within your practice", participant responses averaged 3.89 on a scale of '1 Not at all' to '5 Very much' (Table 8). Supervisors and those with direct clinical responsibilities reported the highest mean scores on preparedness (mean: 4.14 and 3.90 respectively) while participants engaged in other activities, including research or advocacy, indicated feeling less prepared. There were some striking differences in how prepared different types of professionals felt they were "to effectively address suicide risk" within their practices. Nearly 60% of psychiatrists reported feeling '5 Very Much' prepared to effectively address suicide, while less then 20% of providers seeking license and unlicensed providers rated their preparation as "very much". There were also some differences by practice location (Figure 4). Providers in hospital settings reported the highest mean rating (mean 4.2).

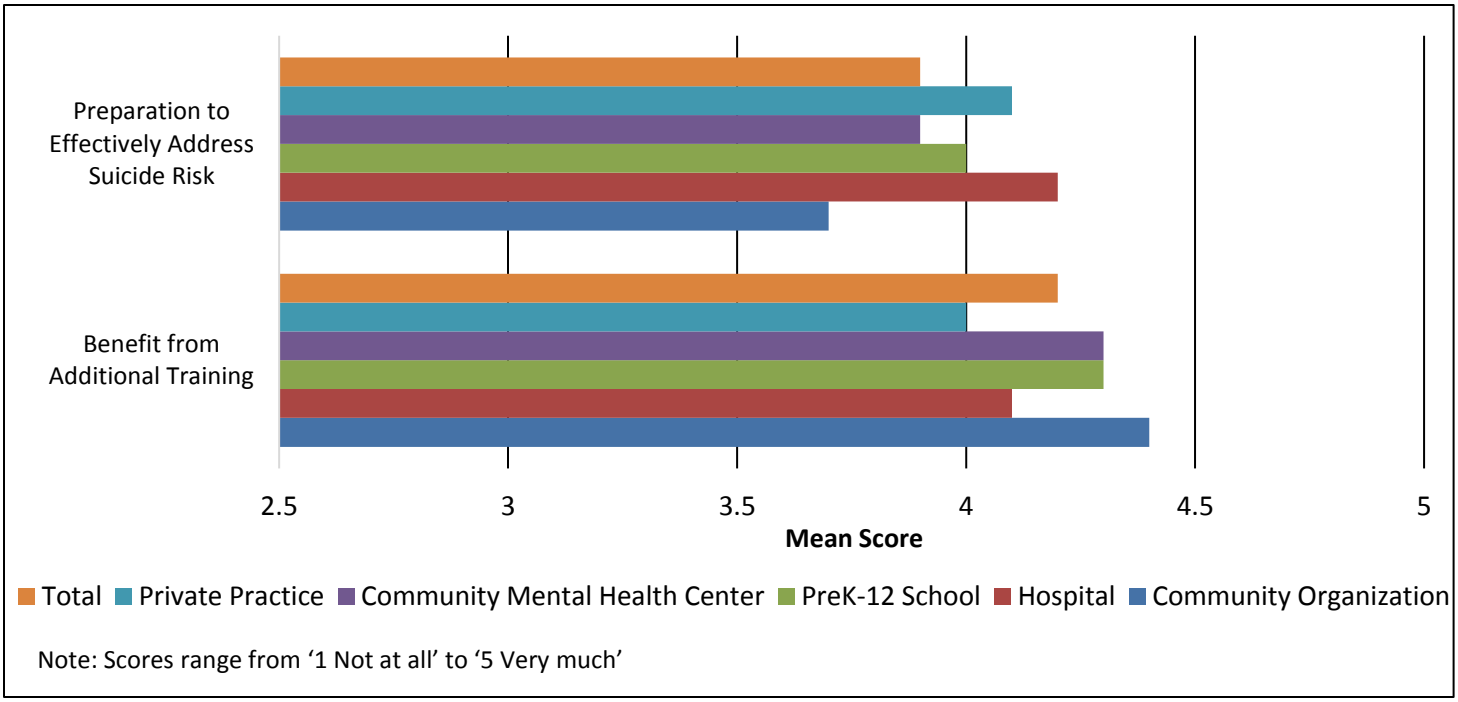


Figure 4. Perceived preparation to effectively address suicide risk and benefit from additional training on suicide, by practice location, 2016

Training and Skills related to Suicide Prevention and Treatment

Overall, participants were satisfied with their graduate and postgraduate training (Table 9). Participants also had strong agreement with a range of other statements in the series, indicating they believed they have the skills to screen and assess patients, use evidence-based approaches to treatment, and practice self-care. Supervisors (the most experienced professionals) felt most comfortable with their training and skills in addressing suicide.

Although they felt reasonably trained and skilled to address suicide, in general, participants reported they would benefit from additional training on suicide assessment and management (Table 10). Overall, psychiatrists reported the least perceived benefit from additional training, while many of the other license types reported a strong perceived benefit. In general, providers in all practice locations reported a high perceived benefit from additional training.

Despite reasonably high awareness of training in Colorado, more than a quarter of participants received no training in suicide in the last five years (Table 11). Only one-in-ten participants received training at least every

year. The types of training activities reported varied. Nearly half of participants had completed the Signs of Suicide training, which was by far the most commonly reported training (Tables 12-16). The next most commonly reported training was grief support/bereavement. In general, providers across all types of primary practice roles had availed themselves of these trainings. However, there were some differences. For example, approximately half of participants providing school-based services had received Applied Suicide Intervention Skills Training. By comparison, only about a quarter of participants engaged in other roles had received Applied Suicide Intervention Skills Training.

Future training preferences

To inform planning for future suicide training efforts, we asked a series of questions about preferences for different aspects of training delivery. Participants were very interested in continuing education credits (Table 17). They also wanted to be able to engaged in training at their own convenience, rather than at scheduled times, so prerecorded webinars and online training were seen as highly desirable (Figure 5). However, short in-person workshops were also popular.

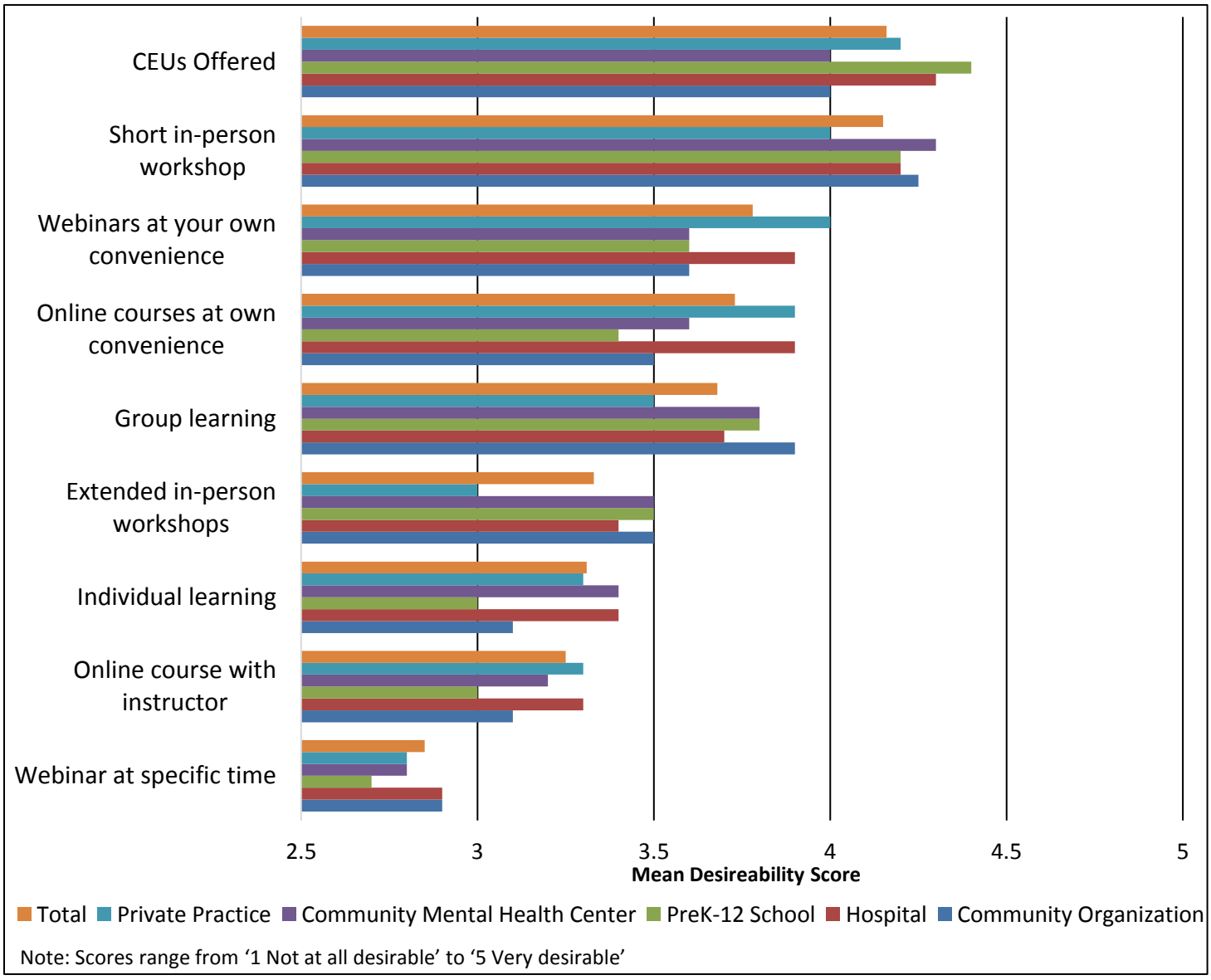


Figure 5. Desirability of training method reported by Colorado mental health providers, by practice location, 2016

Potential expense, time away from work, and distance to training were reported to be potential barriers by more than half of participants (Table 18; Figure 6). Distance to training was less commonly identified as a barrier to participants in Denver areas but was much more common in the three other regions. In the Western Slope region, for example, more than three-quarters of participants reported that distance to training was a barrier. In general, the training method preferences and reported barriers to training were similar across practice locations. However, there were some preferences that may be used to tailor trainings to locations. For example, private practice providers were more interested in asynchronous webinars and less interested in extended in-person workshops.

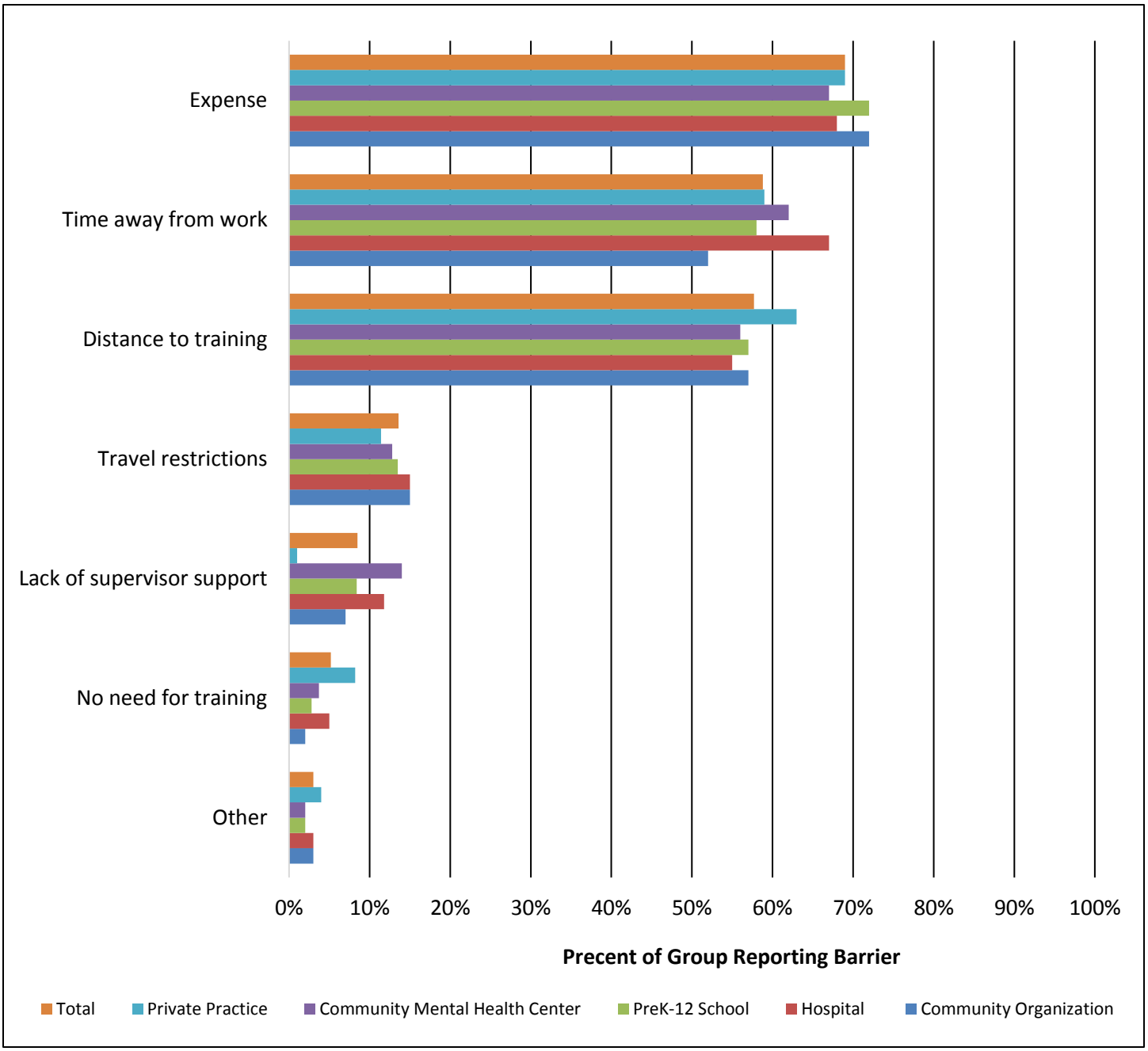
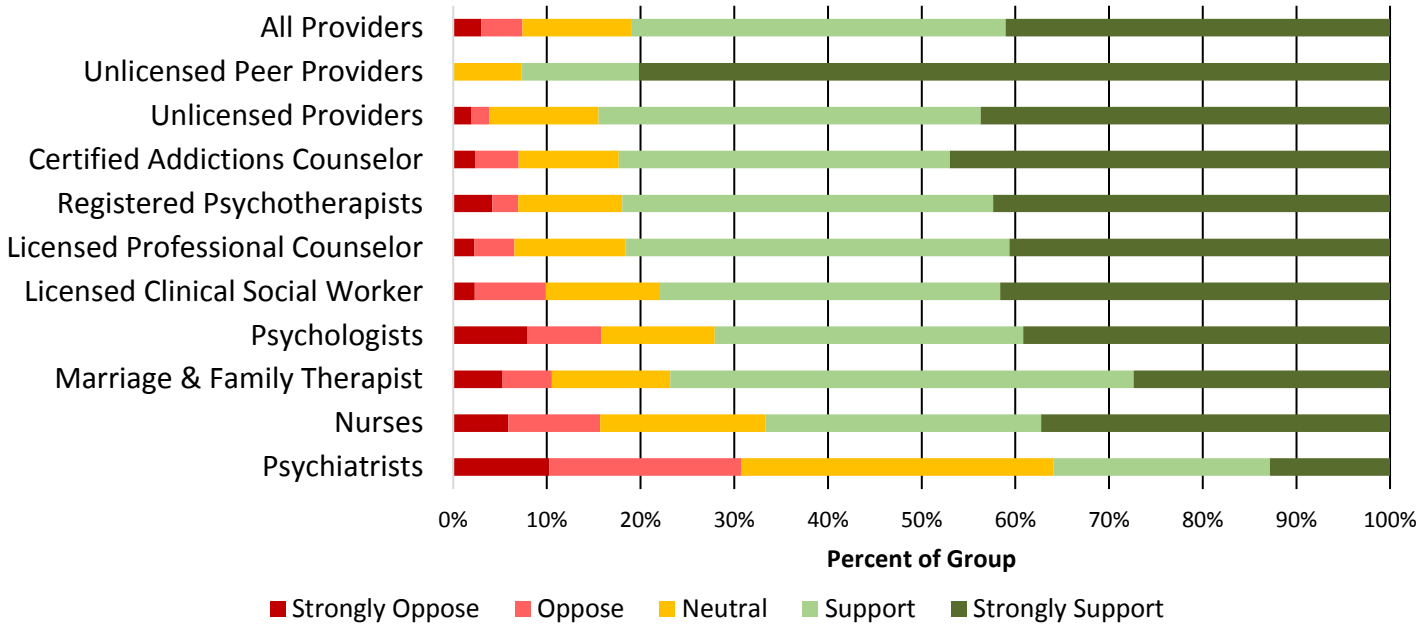


Figure 6. Barriers to training reported by Colorado mental health providers, by practice location, 2016

Support for CEU requirement

In general, participants were supportive of a professional development or CEU requirement related to suicide for licensure (Table 19). On a scale of '1 Strongly Oppose' to '5 Strongly Support', participants reported a mean score of 4.11 when asked about a requirement for "all mental health providers", with 40% indicating "Strong Support" for required training for all mental health professionals (Figure 7). The support for *a universal mandate* for all mental health providers was strongest among unlicensed peer providers, all other unlicensed providers, and providers licensed through the Department of Education. There were substantial differences in supportiveness of a CEU requirement across license types. When asked about requirements for *their specific type of licensure*, unlicensed providers and peer providers were the most strongly supportive of a CEU or professional development requirement (Figure 7). Psychiatrists were the least supportive of mandated training for other psychiatrists.



Note: Providers of all licenses responded to the question regarding "all mental health providers", only providers with the license responded to license-specific questions

Figure 7. Support for mandatory continuing education related to suicide for all providers and for each type of license, by license, 2016

DISCUSSION

Overview

As described in the results, this survey reached mental health providers from across the state of Colorado. The participants of this survey were largely master's level providers with degrees in counseling, social work, or psychology. Many of the participants were engaged in direct client interaction (i.e., providing mental health care) and many reported a high degree of experience in dealing with suicidal clients. There was a wide range of training experience and the providers had employed a range of therapeutic approaches when working with their clients. Most felt prepared to help suicidal patients but also considered more training to be desirable.

Many providers were amenable to mandated continuing education or professional development. Overall, 80% of providers supported or strongly supported mandating suicide-related continuing education or professional development for all mental health providers in Colorado.

Based on the provider feedback, there may be ways to structure training to be accessible for providers. Expense was a significant barrier to training for nearly 70% of providers in Colorado, which may suggest that low cost training options would be most highly subscribed. Distance to training and/or time away from work were also barriers for many providers across Colorado. Distance to training was especially problematic for providers in rural areas. Distance training methods and trainings that could be completed at the convenience of the provider were seen as highly desirable. These approaches could reduce the impact of these barriers and increase availability of training to rural providers.

Limitations and Strengths

Though the participants of the survey represented a wide array of provider types and practice locations, they reflect a relatively small proportion of all providers in the state. However, given that there are no firm data on the numbers of providers, it is impossible to estimate a true response rate or determine how many potential respondents received duplicate invitations. As a result, the responses we received may or may not reflect the full range of views of mental health professionals in the state. We have reason to believe that psychiatrists and psychiatric nurses are under-represented because the Department of Regulatory Agencies (DORA) was unable include these providers in their mailing list. Because we did not have access to the list of people on the mailing list it was impossible to do individual follow-up with non-responders in an attempt to increase participation. Although we cannot be sure if the non-responders were less interested in these issues than those who responded, we speculate that those most concerned about the issue, possibly because of clinical or personal experiences with suicide, would have been more likely to participate. In addition, many providers had a very high level of professional experience, which may have influenced their perceptions. Despite these limitations, the nearly 2,200 responses provides a larger window on the views of this population than has been possible in previous surveys and may lay the groundwork for discussion in other forums.

Implications

These results indicate that mental health providers throughout Colorado who were engaged enough to respond to the survey invitation believe there is value in additional training and, overall, they support requiring training in suicide prevention for all providers. If additional training is to be required or encouraged, it will be necessary to evaluate the effects of the specific training methods. Although some suicide prevention and management trainings are evidence-based to improve provider capabilities, there are many trainings without this empirical support. Due to time, location, or financial restraints, it may be necessary to implement trainings or training methods without robust empirical support. As a result, rigorous evaluation of these methods will be important to demonstrate that the training has value for providers and their clients.

In implementing voluntary or mandatory trainings, it may be beneficial to work with members of different mental health disciplines, practice locations, and primary practice roles to develop tailored training for specific groups of providers. For example, unlicensed providers and unlicensed peer providers were highly supportive of mandatory training, which may reflect the inconsistent or incomplete training received by these individuals. Given these groups' openness to training, it may be beneficial to develop an easily accessible, low-cost training tailored to these groups and focused on simple recommendations, such as how to help the peer providers access resources or when to involve law enforcement or medical professionals. Other groups of providers, such as rural providers or inexperienced providers, may also benefit from training programs tailored to their distinct needs, while those with more experience or training may have different needs and interests.

Providers may also benefit from the creation of a comprehensive list or website of mental health resources in Colorado. In their responses to the open-ended questions, many providers reflected that it was difficult to find appropriate resources for their clients, that mental health services in Colorado are understaffed and underfunded, and that residential or in-patient programs for crisis situations were consistently unavailable due

to space limitations. Although a list of resources would not ameliorate the systemic issues reflected in these comments, it may offer providers better support in finding the necessary resources for their clients. In addition, this resource list could include opportunities for training, as many providers were unaware of existing trainings in Colorado.

These survey results may not represent the larger group of mental health providers in Colorado so it may be important to conduct follow-up surveys or interviews with key informants from within the mental health provider community to determine if these results are consistent with their experiences. For example, a large number of participants indicated they practice at community mental health centers so it may be reasonable to discuss the implications of these results and plans for the future with key members of that group. Many participants were also engaged in private practice and these individuals may also be important partners with distinctive viewpoints. However, due to the individualized nature of many private practices, it may be more difficult to identify practitioners who could speak to the needs and desires of the overall group. Regardless of the specific next steps, it is clear that mental health providers in Colorado have a diverse range of training, professional experience, and preferences for future training so engagement with members of the array of mental health provider groups in Colorado will be key to the successful implementation of training mandates or opportunities.

Table 1. Degree and license of Colorado mental health provider survey participants, 2016

	Total n(% of total)
Degree (n=2,107)	
MD	47 (2.3%)
PhD	221 (10.6%)
PsyD	107 (5.1%)
EdD/EdS	53 (2.5%)
Master's: Counseling	737 (35.4%)
Master's: Psychology	146 (7.0%)
Master's: Social Work	487 (24.1%)
Master's: Other	46 (2.2%)
Bachelor's: Counseling	41 (2.0%)
Bachelor's: Psychology	57 (2.7%)
Bachelor's: Other	83 (4.0%)
Other	82 (3.9%)
License (n=2,002)[a]	
Licensed Clinical Social Worker or Licensed Social Worker	472 (20.9%)
Licensed Professional Counselor	561 (24.9%)
Psychologist	270 (12.0%)
Certified Additions Counselor or Licensed Additions Counselor	266 (11.8%)
Registered Psychotherapist	176 (7.8%)
Marriage and Family Therapist	111 (4.9%)
Nurse	57 (2.5%)
Colorado Department of Education License	56 (2.5%)
Psychiatrist	49 (2.2%)
Seeking License	136 (6.2%)
Unlicensed	126 (5.6%)
Unlicensed Peer Service Provider	18 (0.8%)
Other[b]	30 (1.3%)

[a]Providers could select multiple licenses; [b]Other licenses included licenses from other states, students, conditional licenses, or professional certificates

Table 2. Practice location and specialties of Colorado mental health provider survey participants, 2016

	Total n (% of total)
Primary Practice Location (n=2,026)	
Private practice	562 (27.8%)
Community mental health center	491 (24.2%)
PreK-12 school	215 (10.6%)
Hospital (inpatient, ED)	144 (7.1%)
Community organization	142 (7.0%)
Integrated practice (behavioral/physical health)	91 (4.5%)
Addiction/alcohol treatment	68 (3.4%)
Higher level education	51 (2.5%)
Retired	38 (1.9%)
Veterans Health Administration	34 (1.7%)
Corrections	29 (1.4%)
Department of human services	22 (1.1%)
Pastoral/faith community	16 (0.8%)
Employee assistance program	13 (0.6%)
Crisis services	12 (0.6%)
Other	98 (4.8%)
Practice Specialty (n=1,924)[a]	
Anxiety disorders	747 (33.1%)
Depression/bipolar disorder	735 (32.6%)
Children/youth	683 (30.3%)
Mood disorders	663 (29.4%)
Suicide/self-injury	549 (24.4%)
Grief	515 (22.8%)
Addiction	485 (21.5%)
Chronic mental illness	429 (19.0%)
Marriage & family	428 (19.0%)
Women's issues	355 (15.7%)
Personality disorders	345 (15.3%)
LGBT issues	203 (9.0%)
Geriatrics	136 (6.0%)
Eating disorders	120 (5.3%)
Other	325 (14.4%)
No specific specialty	690 (30.6%)

[a] Providers could select multiple specialties

Table 3. Other characteristics of the Colorado mental health provider survey participants, by type of primary practice role, 2016

	Total n(col%)	Direct client interaction n(col%)	Supervising providers n(col%)	School-based n(col%)	Other n(col%)
Years in practice (n=2068)					
Less than 1 year	67 (3.2%)	36 (2.6%)	0 (0.0%)	3 (5.6%)	20 (33.9%)
1-2 years	167 (8.1%)	133 (9.4%)	4 (1.6%)	0 (0.0%)	25 (8.5%)
3-5 years	318 (15.4%)	245 (17.4%)	21 (8.6%)	7 (13.0%)	34 (11.5%)
6-10 years	386 (18.7%)	266 (18.9%)	47 (19.2%)	14 (25.9%)	49 (16.6%)
11-15 years	232 (11.2%)	142 (10.1%)	38 (15.5%)	9 (16.7%)	35 (11.9%)
More than 15 years	898 (43.4%)	589 (41.7%)	135 (55.1%)	21 (38.9%)	132 (44.8%)
License status (n=2079)					
Currently Licensed	1641 (78.9%)	1113 (79.1%)	232 (94.3%)	43 (78.2%)	209 (70.1%)
Seeking License	216 (10.4%)	181 (12.9%)	4 (1.6%)	2 (3.6%)	23 (7.7%)
Other	21 (1.01%)	8 (0.6%)	1 (0.4%)	5 (9.1%)	1 (0.4%)
Unlicensed	201 (9.7%)	106 (7.5%)	9 (3.7%)	5 (9.1%)	9 (3.7%)
Crisis system (n=1966)					
Provider in Colorado Crisis System	248 (12.6%)	152 (11.1%)	62 (25.4%)	4 (8.3%)	28 (9.7%)
Not Provider in Colorado Crisis System	1718 (87.4%)	1218 (88.9%)	182 (74.6%)	44 (91.7%)	260 (90.3%)
HelpPRO registration (n=1947)					
Listed in HelpPRO	30 (1.5%)	25 (1.8%)	3 (1.2%)	0 (0.0%)	2 (0.7%)
Not Listed in HelpPRO	1917 (98.5%)	1333 (98.2%)	238 (98.8%)	47 (100.0%)	283 (99.3%)

Table 4. Professional and personal experience with suicide among Colorado mental health providers, by primary practice location 2016

	Total n(col%)	Direct client interaction n(col%)	Supervising providers n(col%)	School-based n(col%)	Other n(col%)
Facilitated M1 hold (n=1964)					
Yes	1270 (64.7%)	878 (64.2%)	191 (72.3%)	26 (55.3%)	165 (78.3%)
No	672 (34.2%)	475 (34.8%)	52 (21.3%)	19 (40.4%)	119 (41.2%)
Don't Know	22 (1.2%)	14 (1.0%)	1 (0.4%)	2 (4.3%)	5 (1.7%)
Client attempted suicide (n=1961)					
Yes	971 (49.5%)	688 (50.4%)	150 (62.0%)	15 (31.9%)	112 (38.8%)
No	927 (47.3%)	640 (46.9%)	85 (35.1%)	31 (66.0%)	160 (55.4%)
Don't Know	63 (3.2%)	38 (2.8%)	7 (2.9%)	1 (2.1%)	17 (5.9%)
Client completed suicide (n=1956)					
Yes	731 (37.4%)	487 (35.7%)	126 (52.3%)	12 (26.1%)	100 (35.0%)
No	1100 (56.2%)	792 (58.0%)	103 (42.7%)	33 (71.7%)	162 (56.6%)
Don't Know	125 (6.4%)	87 (6.4%)	12 (5.0%)	1 (2.2%)	24 (8.4%)
Non-client experiences with suicide (n=1961)					
Yes	1430 (72.9%)	974 (71.4%)	178 (73.2%)	37 (78.7%)	229 (79.2%)
No	508 (25.9%)	374 (27.4%)	62 (25.5%)	9 (19.2%)	58 (20.1%)
Don't Know	23 (1.2%)	17 (1.3%)	3 (1.2%)	1 (2.1%)	2 (0.7%)

Table 5. Perceptions of Colorado mental health providers of actions related to treatment and prevention with suicidal clients, by primary practice role and region, 2016 [a]

		Primary Practice Role				Region			
	Total Mean (sd)	**Direct client interaction** (n range: 1320-1345) Mean (sd)	**Supervising providers** (n range: 233-235 Mean (sd)	**School-based** (n range: 44-45) Mean (sd)	**Other** (n range: 274-282) Mean (sd)	**Western Slope** (n range: 137-148) Mean (sd)	**Southern Colorado** (n range: 308-344) Mean (sd)	**Denver Metro** (n range: 1021-1137) Mean (sd)	**Northeast Colorado** (n range: 170-186) Mean (sd)
I am comfortable connecting my suicidal clients with the resources they need in the community. (n=1841)	4.78 (0.84)	4.44 (0.86)	4.59 (0.72)	4.40 (0.83)	4.57 (0.85)	4.62 (0.79)	4.52 (0.83)	4.43 (0.86)	4.56 (0.72)
I am comfortable asking direct and open questions about suicide. (n=1918)	4.75 (0.60)	4.75 (0.60)	4.85 (0.46)	4.58 (0.72)	4.66 (0.59)	4.78 (0.52)	4.69 (0.66)	4.75 (0.57)	4.72 (0.63)
I bring up the topic of suicide with clients whenever I suspect they may be at risk. (n=1883)	4.74 (0.57)	4.74 (0.57)	4.77 (0.57)	4.50 (0.73)	4.72 (0.52)	4.76 (0.55)	4.75 (0.54)	4.73 (0.57)	4.74 (0.57)
I bring up the topic of suicide with clients whenever their record indicates any history of suicidal thoughts or behaviors. (n=1855)	4.69 (0.62)	4.70 (0.63)	4.78 (0.49)	4.41 (0.77)	4.63 (0.66)	4.75 (0.58)	4.71 (0.62)	4.68 (0.63)	4.72 (0.58)
I address access to lethal means (e.g., firearms) with all clients who report thoughts of suicide. (n=1829)	4.62 (0.68)	4.61 (0.69)	4.67 (0.64)	4.52 (0.86)	4.66 (0.65)	4.65 (0.67)	4.61 (0.75)	4.62 (0.66)	4.61 (0.65)
I know how to gather information…from suicidal clients. (n=1888)	4.54 (0.71)	4.52 (0.71)	4.66 (0.64)	4.57 (0.76)	4.54 (0.73)	4.57 (0.68)	4.54 (0.74)	4.53 (0.70)	4.52 (0.73)
I develop a collaborative safety plan with all suicidal clients. (n=1812)	4.54 (0.73)	4.51 (0.75)	4.71 (0.55)	4.40 (0.81)	4.58 (0.71)	4.59 (0.70)	4.53 (0.77)	4.54 (0.71)	4.49 (0.70)
I involve family members or supportive person in my treatment and discharge plans for clients at risk of suicide. (n=1724)	4.34 (0.85)	4.30 (0.88)	4.53 (0.71)	4.56 (0.77)	4.36 (0.87)	4.48 (0.79)	4.32 (0.87)	4.34 (0.85)	4.31 (0.86)
I involve family members in the removal or restriction of lethal means for all clients who report thoughts of suicide. (n=1758)	4.30 (0.91)	4.27 (0.92)	4.45 (0.82)	4.51 (0.78)	4.25 (0.95)	4.42 (0.82)	4.30 (0.94)	4.29 (0.92)	4.26 (0.86)
I use supervision when working with suicidal clients. (n=1753)	4.27 (0.93)	4.21 (0.95)	4.47 (0.88)	4.26 (0.89)	4.35 (0.81)	4.37 (0.88)	4.13 (1.00)	4.30 (0.90)	4.23 (0.98)
I always ask about suicide with new clients. (n=1837)	4.19 (1.05)	4.20 (1.04)	4.49 (0.82)	2.97 (1.04)	4.00 (1.14)	4.08 (1.13)	4.32 (0.98)	4.18 (1.05)	4.07 (1.11)

[a] Responses ranged from '1 Strongly Disagree' to '5 Strongly Agree'; participants who responded 'Don't Know' or 'Not Applicable' were excluded

Table 6. Actions taken by Colorado mental health providers to prevent or treat suicidal behaviors or intent, by primary practice role and region, 2016

		Primary Practice Role				Region			
	Total n(col%)	**Direct client interaction** n(col%)	**Supervising providers** n(col%)	**School-based** n(col%)	**Other** n(col%)	**Western Slope** n(col%)	**Southern Colorado** n(col%)	**Denver Metro** n(col%)	**Northeast Colorado** n(col%)
Dialectical Behavior Therapy (n=1,836)									
Not aware of activity	83 (4.5%)	37 (2.9%)	7 (3.1%)	6 (14.0%)	32 (11.8%)	5 (3.6%)	15 (4.5%)	47 (4.3%)	11 (6.2%)
Aware of activity but have not used	811 (27.8%)	341 (26.7%)	45 (19.7%)	23 (53.5%)	98 (36.2%)	36 (25.5%)	90 (27.2%)	304 (27.8%)	48 (27.0%)
Provided referral to activity but have not used	417 (22.7%)	293 (22.9%)	56 (24.5%)	9 (20.9%)	57 (21.0%)	21 (14.9%)	63 (19.0%)	276 (27.3%)	38 (21.4%)
Have used activity	825 (44.9%)	610 (47.6%)	121 (52.8%)	5 (11.6%)	84 (31.0%)	79 (56.0%)	163 (49.2%)	465 (42.6%)	81 (45.5%)
Cognitive Behavior Therapy (n=1,853)									
Not aware of activity	22 (1.2%)	8 (0.6%)	3 (1.3%)	1 (2.3%)	10 (3.7%)	1 (0.7%)	3 (0.9%)	9 (0.8%)	8 (4.4%)
Aware of activity but have not used	182 (9.8%)	114 (8.8%)	11 (4.7%)	10 (22.7%)	46 (17.0%)	12 (8.2%)	20 (6.0%)	126 (11.5%)	15 (8.2%)
Provided referral to activity but have not used	175 (9.4%)	111 (8.6%)	17 (7.3%)	10 (22.7%)	35 (13.0%)	11 (7.5%)	26 (7.9%)	110 (10.1%)	15 (8.2%)
Have used activity	1474 (79.6%)	1061 (82.0%)	201 (86.6%)	23 (52.3%)	180 (66.4%)	122 (83.6%)	285 (85.3%)	850 (77.6%)	145 (79.2%)

Table 7. Referral by Colorado mental health providers to support lines, by primary practice role and region, 2016

		Primary Practice Role				Region			
	Total n(col%)	**Direct client interaction** n(col%)	**Supervising providers** n(col%)	**School-based** n(col%)	**Other** n(col%)	**Western Slope** n(col%)	**Southern Colorado** n(col%)	**Denver Metro** n(col%)	**Northeast Colorado** n(col%)
Referral to 24 Hour Suicide Prevention Lifeline 1.800.273.TALK (n=1,853)									
Not aware of activity	133 (7.2%)	104 (8.0%)	14 (6.1%)	3 (7.0%)	11 (4.1%)	16 (11.0%)	24 (7.2%)	69 (6.3%)	14 (7.8%)
Aware of activity but have not used	401 (21.6%)	276 (21.3%)	44 (19.1%)	9 (20.9%)	68 (25.1%)	36 (24.7%)	84 (25.2%)	226 (20.6%)	34 (18.9%)
Provided referral to activity but have not used	447 (24.1%)	316 (24.4%)	55 (23.9%)	13 (30.2%)	59 (21.77%)	32 (21.9%)	94 (28.2%)	260 (23.7%)	35 (19.4%)
Have used activity	872 (47.1%)	602 (46.4%)	17 (50.9%)	18 (41.9%)	133 (49.1%)	62 (42.5%)	131 (39.3%)	544 (49.5%)	97 (53.9%)
Referral to24 Hour Colorado Crisis & Support Line 1.844.493.TALK (n=1,845)									
Not aware of activity	191 (10.4%)	150 (11.6%)	14 (6.1%)	4 (9.1%)	21 (7.8%)	21 (14.6%)	40 (12.0%)	97 (8.9%)	21 (11.5%)
Aware of activity but have not used	415 (22.5%)	292 (22.6%)	41 (18.0%)	10 (22.7%)	69 (25.7%)	42 (29.2%)	93 (27.8%)	216 (19.7%)	41 (22.5%)
Provided referral to activity but have not used	419 (22.7%)	298 (23.1%)	43 (18.9%)	14 (31.8%)	59 (21.9%)	34 (23.6%)	117 (35.0%)	241 (22.0%)	34 (18.7%)
Have used activity	820 (44.4%)	552 (42.7%)	130 (57.0%)	16 (36.4%)	120 (44.6%)	47 (32.6%)	84 (25.2%)	540 (49.4%)	86 (47.3%)

Table 8. Perceived ability of Colorado mental health providers to address suicide risk , by primary practice role and region, 2016 [a]

		Primary Practice Role				Region			
	Total Mean(sd)	**Direct client interaction** (n=1279) Mean(sd)	**Supervising providers** (n=229) Mean(sd))	**School-based** (n=44) Mean(sd)	**Other** (n=262) Mean(sd)	**Western Slope** (n=142) Mean(sd)	**Southern Colorado** (n=332) Mean(sd)	**Denver Metro** (n=1086) Mean(sd)	**Northeast Colorado** (n=176) Mean(sd)
Overall, how prepared are you to effectively address suicide risk within your practice? (n=1,827)	3.89 (0.93)	3.90 (0.89)	4.14 (0.86)	3.75 (0.81)	3.63 (1.08)	3.97 (0.90)	3.94 (0.94)	3.87 (0.92)	3.73 (0.94)

[a] Responses ranged from '1 Not at all' to '5 Very much'

Table 9. Perceived training and skills of Colorado mental health providers to prevent or treat suicide, by primary practice role and region, 2016 [a]

		Primary Practice Role				Region			
	Total Mean (sd)	**Direct client interaction** (n range: 1265-1300) Mean (sd)	**Supervising providers** (n range: 2222-231) Mean (sd)	**School-based** (n range: 41-44) Mean (sd)	**Other** (n range: 232-263) Mean (sd)	**Western Slope** (n range: 140-146) Mean (sd)	**Southern Colorado** (n range: 325-337) Mean (sd)	**Denver Metro** (n range: 1047-1097 Mean (sd)	**Northeast Colorado** (n range: 173-182) Mean (sd)
I have the skills to screen and assess a patient/client's suicidal desire and/or intent. (n=1,852)	4.34 (0.78)	4.33 (0.76)	4.51 (0.69)	4.25 (0.72)	4.27 (0.93)	4.32 (0.73)	4.34 (0.85)	4.33 (0.78)	4.31 (0.80)
I practice self-care when working with suicidal clients. (n=1,814)	4.22 (0.78)	4.22 (0.78)	4.32 (0.75)	3.93 (0.77)	4.22 (0.82)	4.37 (0.68)	4.24 (0.80)	4.20 (0.78)	4.16 (0.80)
I have the support/supervision I need to engage and assist people with suicidal desire and/or intent. (n=1,821)	4.10 (0.96)	4.09 (0.96)	4.37 (0.77)	3.72 (0.91)	4.03 (1.04)	4.37 (0.94)	4.10 (1.00)	4.10 (0.93)	4.05 (1.04)
I have the skills I need to treat people with suicidal desire and/or intent. (n=1,830)	4.06 (0.97)	4.06 (0.94)	4.34 (0.82)	3.57 (0.95)	3.88 (1.15)	4.15 (0.94)	4.09 (0.99)	4.04 (0.94)	3.94 (1.06)
I utilize an evidence-based approach in treating a patient/client's suicidal thoughts and behavior. (n=1,771)	4.05 (0.89)	4.04 (0.88)	4.22 (0.86)	3.59 (0.89)	4.01 (0.95)	4.07 (0.89)	4.15 (0.87)	4.01 (0.88)	3.98 (0.98)
I have received the post-graduate training (e.g., workshops, CEUs) I need to engage those with suicidal desire and/or intent. (n=1,798)	3.97 (1.10)	3.93 (1.10)	4.23 (0.93)	4.28 (0.85)	3.89 (1.20)	4.09 (1.01)	4.06 (1.08)	3.90 (1.11)	4.00 (1.13)
I have received the graduate training I need to engage and assist those with suicidal desire and/or intent. (n=1,806)	3.72 (1.18)	3.76 (1.15)	3.74 (1.15)	3.43 (1.23)	3.53 (1.31)	3.78 (1.16)	3.77 (1.22)	3.69 (1.16)	3.67 (1.21)

[a] Responses ranged from '1 Strongly Disagree' to '5 Strongly Agree'; participants who responded 'Don't Know' or 'Not Applicable' were excluded

Table 10. Perceived need for additional training among Colorado mental health providers, by primary practice role and region, 2016 [a]

		Primary Practice Role				Region			
	Total Mean (sd)	**Direct client interaction** (n=1280) Mean (sd)	**Supervising providers** (n=228) Mean (sd)	**School-based** (n=443 Mean (sd)	**Other** (n=261) Mean (sd)	**Western Slope** (n=143) Mean (sd)	**Southern Colorado** (n=331) Mean (sd)	**Denver Metro** (n=1085) Mean (sd)	**Northeast Colorado** (n=176) Mean (sd)
Overall, how much would you benefit from additional training on suicide assessment and management?(n=1,825)	4.22 (0.95)	4.24 (0.95)	4.08 (0.98)	4.44 (0.80)	4.21 (0.94)	4.21 (0.90)	4.40 (0.88)	4.17 (0.97)	4.30 (0.95)

[a] Responses ranged from '1 Not at all' to '5 Very much'

Table 11. Frequency of suicide training in past five years among Colorado mental health providers, by primary practice role and region

		Primary Practice Role				Region			
	Total n(Col%)	**Direct client interaction** n(col%)	**Supervising providers** n(col%)	**School-based** n(col%)	**Other** n(col%)	**Western Slope** n(col%)	**Southern Colorado** n(col%)	**Denver Metro** n(col%)	**Northeast Colorado** n(col%)
Attended suicide prevention training in past 5 years (n=1,825)									
Never	476 (26.1%)	351 (27.4%)	45 (20.1%)	73 (27.3%)	73 (9.15)	29 (20.3%)	77 (23.2%)	302 (27.9%)	43 (24.4%)
Once	642 (35.2%)	454 (35.5%)	79 (35.3%)	91 (34.1%)	13 (29.6%)	49 (34.3%)	103 (31.0%)	398 (36.7%)	65 (36.9%)
Every other year	479 (26.3%)	335 (26.2%)	58 (25.9%)	67 (25.1%)	17 (38.6%)	50 (35.0%)	91 (27.4%)	262 (24.2%)	46 (27.8%)
Yearly	177 (9.7%)	108 (8.4%)	33 (14.7%)	28 (10.5%)	7 (15.9%)	13 (9.1%)	44 (13.3%)	92 (8.5%)	17 (9.7%)
More than once per year	51 (2.8%)	31 (2.4%)	9 (4.0%)	8 (3.0%)	3 (6.8%)	2 (1.4%)	17 (5.1%)	30 (2.8%)	2 (1.1%)

Table 12. Colorado mental health providers' awareness and use of suicide prevention and intervention training opportunities (part 1), by primary practice role and Region, 2016

		Primary Practice Role				Region			
	Total n(col%)	**Direct client interaction** n(col%)	**Supervising providers** n(col%)	**School-based** n(col%)	**Other** n(col%)	**Western Slope** n(col%)	**Southern Colorado** n(col%)	**Denver Metro** n(col%)	**Northeast Colorado** n(col%)
Signs of Suicide (n=1,776)									
Not aware of training	644 (36.04%)	460 (36.8%)	80 (36.0%)	11 (25.6%)	90 (34.4%)	44 (32.1%)	100 (31.1%)	405 (37.9%)	65 (38.5%)
Aware of training but have not used	335 (18.8%)	226 (18.1%)	42 (18.9%)	12 (27.9%)	54 (20.6%)	22 (16.1%)	52 (16.2%)	215 (20.1%)	32 (18.9%)
Have used training	808 (45.2%)	563 (45.1%)	563 (45.1%)	20 (46.5%)	118 (45.0%)	71 (51.8%)	170 (52.8%)	450 (42.1%)	72 (42.6%)
QPR (Question, Persuade, Refer) (n=1,778)									
Not aware of training	11.52 (64.4%)	862 (69.0%)	113 (50.5%)	27 (62.8%)	143 (54.5%)	73 (53.3%)	218 (67.7%)	706 (66.0%)	101 (58.7%)
Aware of training but have not used	401 (22.4%)	234 (18.7%)	75 (33.5%)	12 (27.9%)	77 (29.4%)	40 (29.2%)	62 (19.3%)	238 (22.3%)	42 (23.8%)
Have used training	236 (13.2%)	153 (12.3%)	36 (16.1%)	4 (9.3%)	42 (16.1%)	24 (17.5%)	42 (13.0%)	125 (11.7%)	30 (17.4%)
safeTALK (n=1,756)									
Not aware of training	1029 (58.2%)	782 (63.2%)	95 (44.2%)	16 (37.2%)	130 (50.0%)	73 (53.3%)	190 (59.4%)	597 (56.8%)	115 (67.3%)
Aware of training but have not used	552 (31.2%)	337 (27.2%)	95 (44.2%)	19 (44.2%)	96 (36.9%)	50 (36.5%)	101 (31.6%)	330 (31.4%)	46 (26.9%)
Have used training	186 (10.5%)	119 (9.6%)	25 (11.6%)	8 (18.6%)	34 (13.1%)	14 (10.2%)	29 (9.1%)	124 (11.8%)	10 (5.9%)

Table 13. Colorado mental health providers' awareness and use of suicide prevention and intervention training opportunities (part 2), by primary practice role and region, 2016

		Primary Practice Role				Region			
	Total n(col%)	**Direct client interaction** n(col%)	**Supervising providers** n(col%)	**School-based** n(col%)	**Other** n(col%)	**Western Slope** n(col%)	**Southern Colorado** n(col%)	**Denver Metro** n(col%)	**Northeast Colorado** n(col%)
Applied Suicide Intervention Skills Training (ASIST) (n=1,766)									
Not aware of training	834 (46.9%)	632 (51.2%)	73 (32.7%)	8 (18.6%)	114 (43.4%)	45 (31.9%)	158 (49.1%)	492 (46.5%)	93 (54.7%)
Aware of training but have not used	525 (29.5%)	342 (27.7%)	84 (37.7%)	12 (27.9%)	84 (31.9%)	43 (30.5%)	85 (26.4%)	326 (30.8%)	45 (26.5%)
Have used training	419 (23.5%)	263 (21.3%)	66 (29.6%)	23 (53.5%)	65 (24.7%)	53 (37.6%)	79 (24.5%)	240 (22.7%)	32 (18.8%)
Assessing and Managing Suicide Risk (n=1751)									
Not aware of training	1179 (66.9%)	854 (69.4%)	119 (53.6%)	34 (79.1%)	165 (65.5%)	84 (60.9%)	199 (62.2%)	709 (67.6%)	128 (74.9%)
Aware of training but have not used	440 (25.0%)	270 (22.0%)	84 (37.8%)	8 (18.6%)	74 (28.9%)	47 (34.1%)	85 (26.6%)	258 (24.6%)	33 (19.3%)
Have used training	143 (8.1%)	106 (8.6%)	19 (5.6%)	1 (2.3%)	17 (6.6%)	7 (5.1%)	36 (11.3%)	82 (7.8%)	10 (5.9%)
Collaborative Assessment and Management of Suicide (n=1,758)									
Not aware of training	1226 (69.3%)	893 (72.3%0	122 (55.2%)	34 (79.1%)	170 (65.6%)	89 (65.44%)	223 (69.7%)	760 (69.5%)	118 (67.8%)
Aware of training but have not used	425 (24.0%)	270 (21.9%)	72 (32.6%)	7 (16.3%)	73 (28.2%)	30 (22.1%)	79 (24.7%)	258 (24.6%)	41 (23.6%)
Have used training	117 (6.6%)	72 (5.8%)	27 (12.2%)	2 (4.7%)	16 (6.2%)	17 (12.5%)	18 (5.83%)	63 (6.0%)	15 (8.6%)

Table 14. Colorado mental health providers' awareness and use of suicide prevention and intervention training opportunities (part 3), by primary practice role and region

		Primary Practice Role				Region			
	Total n(col%)	**Direct client interaction** n(col%)	**Supervising providers** n(col%)	**School-based** n(col%)	**Other** n(col%)	**Western Slope** n(col%)	**Southern Colorado** n(col%)	**Denver Metro** n(col%)	**Northeast Colorado** n(col%)
Recognizing and Responding to Suicide Risk (n=1,758)									
Not aware of training	1312 (74.2%)	938 (76.0%)	148 (66.7%)	35 (81.4%)	183 (70.7%)	95 (69.9%)	229 (71.1%)	791 (75.3%)	133 (76.9%)
Aware of training but have not used	372 (21.0%)	232 (18.8%)	68 (30.6%)	6 (14.0%)	64 (24.7%)	37 (27.2%)	65 (20.2%)	215 (20.5%)	36 (20.8%)
Have used training	85 (4.8%)	64 (5.2%)	6 (2.7%)	2 (4.7%)	12 (4.6%)	4 (2.9%)	28 (8.7%)	45 (4.3%)	4 (2.3%)
Counseling on Access to Lethal Means (n=1,755)									
Not aware of training	1302 (73.7%)	937 (76.2%)	134 (60.1%)	39 (90.1%)	183 (70.7%)	104 (76.5%)	243 (75.0%)	759 (72.4%)	133 (77.8%)
Aware of training but have not used	343 (19.4%)	215 (17.5%)	62 (27.8%)	4 (9.3%)	60 (23.2%)	29 (21.3%)	63 (19.4%)	203 (19.4%)	30 (17.5%)
Have used training	121 (6.9%)	78 (6.3%)	27 (12.1%)	0 (0.0%)	16 (6.2%)	3 (2.2%)	18 (5.6%)	87 (8.3%)	8 (4.7%)
Grief Support/Bereavement (n=1,773)									
Not aware of training	574 (32.2%)	404 (32.4%)	75 (33.5%)	16 (38.1%)	76 (29.3%)	32 (22.9%)	93 (28.8%)	360 (33.9%)	58 (33.9%)
Aware of training but have not used	560 (31.4%)	369 (29.6%)	76 (33.9%)	19 (45.2%)	91 (35.15%)	45 (32.1%)	90 (27.95)	334 (61.4%)	66 (38.6%)
Have used training	650 (36.4%)	475 (38.1%)	73 (32.6%)	7 (16.7%)	92 (35.5%)	63 (45.0%)	140 (43.3%)	369 (34.7%)	47 (27.5%)

Table 15. Colorado mental health providers' awareness and use of suicide prevention and intervention training opportunities (part 4), by primary practice role and region, 2016

		Primary Practice Role				Region			
	Total n(col%)	**Direct client interaction** n(col%)	**Supervising providers** n(col%)	**School-based** n(col%)	**Other** n(col%)	**Western Slope** n(col%)	**Southern Colorado** n(col%)	**Denver Metro** n(col%)	**Northeast Colorado** n(col%)
Suicide 2 Hope (n=1,742)									
Not aware of training	1411 (80.5%)	1022 (83.5%)	150 (68.8%)	36 (83.7%)	195 (75.6%)	107 (78.7%)	261 (81.3%)	831 (80.0%)	142 (82.6%)
Aware of training but have not used	319 (18.2%)	186 (15.2%)	64 (29.4%)	6 (14.0%)	60 (23.4%)	28 (20.6%)	57 (17.8%)	192 (18.5%)	29 (16.9%)
Have used training	23 (1.3%)	16 (1.3%)	4 (1.8%)	1 (2.3%)	2 (0.8%)	1 (0.7%)	3 (0.9%)	16 (1.5%)	1 (0.6%)
Bridging the Divide Annual Suicide Awareness and Prevention Summit (n=1,766)									
Not aware of training	1325 (74.6%)	958 (77.4%)	146 (65.5%)	30 (71.4%)	181 (68.8%)	97 (71.3%)	235 (72.5%)	791 (74.8%)	133 (76.0%)
Aware of training but have not used	353 (19.9%)	223 (18.0%)	59 (26.5%)	8 (19.1%)	62 (23.6%)	33 (24.3%)	66 (20.4%)	210 (19.9%)	31 (17.7%)
Have used training	99 (5.6%)	57 (4.6%)	18 (8.1%)	4 (9.5%)	20 (7.6%)	6 (4.4%)	23 (7.1%)	56 (5.3%)	11 (6.3%)
Elevating the Conversation Annual Conference (n=1,752)									
Not aware of training	1364 (77.4%)	992 (80.8%)	150 (68.2%)	30 (69.8%)	184 (70.5%)	99 (72.3%)	247 (77.2%)	817 (77.9%)	134 (77.5%)
Aware of training but have not used	312 (17.7%)	185 (15.1%)	56 (25.5%)	10 (23.3%)	59 (22.6%)	27 (19.7%)	63 (19.7%)	182 (17.4%)	30 (17.3%)
Have used training	86 (4.9%)	51 (4.2%)	14 (6.4%)	3 (7.0%)	18 (6.9%)	11 (8.0%)	10 (3.1%)	50 (4.8%)	9 (5.2%)

Table 16. Colorado mental health providers' awareness and use of suicide prevention and intervention training opportunities (part 5), by primary practice role and region, 2016

		Primary Practice Role				Region			
	Total n(col%)	**Direct client interaction** n(col%)	**Supervising providers** n(col%)	**School-based** n(col%)	**Other** n(col%)	**Western Slope** n(col%)	**Southern Colorado** n(col%)	**Denver Metro** n(col%)	**Northeast Colorado** n(col%)
Facilitating a Bereavement Support Group (n=1,729)									
Not aware of training	1377 (79.1%)	986 (81.2%)	158 (72.5%)	34 (81.0%)	191 (74.9%)	1.04 (75.4%)	252 (80.3%)	821 (79.5%)	136 (79.5%)
Aware of training but have not used	326 (18.7%)	204 (16.8%)	54 (24.8%)	8 (19.1)	57 (22.4%)	31 (22.5%)	52 (17.2%)	193 (18.7%)	29 (17.0%)
Have used training	37 (2.1%)	24 (2.0%)	6 (2.8%)	0 (0.0%)	7 (2.8%)	3 (2.2%)	8 (2.6%)	19 (1.8%)	6 (3.5%)

Table 17. Training preferences of Colorado mental health providers, by primary practice role and region, 2016 [a]

		Primary Practice Role				Region			
	Total Mean (sd)	**Direct client interaction** (n range: 1238-1248) Mean (sd)	**Supervising providers** (n range: 220-225) Mean (sd)	**School-based** (n range: 41-44) Mean (sd)	**Other** (n range: 250-257) Mean (sd)	**Western Slope** (n range: 135-140) Mean (sd)	**Southern Colorado** (n range: 316-328) Mean (sd)	**Denver Metro** (n range: 1036-1057) Mean (sd)	**Northeast Colorado** (n range: 170-174) Mean (sd)
CEUs provided (n=1,778)	4.16 (1.01)	4.18 (1.01)	4.02 (1.03)	4.32 (0.88)	4.19 (1.01)	4.26 (0.90)	4.33 (0.86)	4.11 (1.05)	4.18 (1.05)
Short in person workshop (n=1,777)	4.15 (0.98)	4.14 (1.02)	4.22 (0.84)	4.21 (1.00)	4.16 (0.92)	4.12 (0.97)	4.19 (0.91)	4.14 (1.00)	4.17 (0.99)
Webinar at own convenience (n=1,781)	3.78 (1.22)	3.75 (1.25)	3.91 (1.16)	3.63 (1.13)	3.88 (1.17)	3.77 (1.36)	3.94 (1.14)	3.77 (1.23)	3.70 (1.29)
Online at own convenience (n=1,783)	3.73 (1.24)	3.70 (1.26)	3.88 (1.14)	3.72 (1.14)	3.74 (1.26)	3.84 (1.14)	3.91 (1.20)	3.68 (1.25)	3.80 (1.62)
Group learning (n=1,752)	3.68 (1.05)	3.66 (1.07)	3.66 (1.02)	3.67 (0.94)	3.78 (1.02)	3.76 (0.91)	3.75 (1.03)	3.66 (1.07)	3.67 (1.11)
Extended in person workshop (n=1,763)	3.33 (1.20)	3.31 (1.22)	3.37 (1.15)	3.56 (1.03)	3.39 (1.16)	3.33 (1.13)	3.45 (1.36)	3.28 (1.20)	3.42 (1.51)
Individual learning (n=1,766)	3.31 (1.16)	3.34 (1.16)	3.21 (1.17)	3.00 (1.15)	3.28 (1.16)	3.33 (1.07)	3.53 (1.21)	3.24 (1.14)	3.35 (1.23)
Online with instructor (n=1,765)	3.25 (1.23)	3.21 (1.23)	3.39 (1.23)	3.21 (1.17)	3.33 (1.22)	3.39 (1.03)	3.40 (1.56)	3.20 (1.24)	3.24 (1.55)
Webinar at specific times (n-1,779)	2.85 (1.24)	2.76 (1.23)	3.11 (1.20)	2.84 (1.22)	3.06 (1.23)	3.02 (1.06)	2.96 (1.28)	2.80 (1.23)	2.91 (1.24)

[a] Responses ranged from '1 Not at all desirable' to '5 Very desirable'

Table 18. Perceived barriers to training among Colorado mental health providers, by primary practice role and region, 2016

		Primary Practice Role				Region			
	Total (n=2255) % of total n	**Direct client interaction** (n=1279) % of total n	**Supervising providers** (n=224) % of total n	**School-based** (n=44) % of total n	**Other** (n=267) % of total n	**Western Slope** (n=154) % of total n	**Southern Colorado** (n=365) % of total n	**Denver Metro** (n=1204) % of total n	**Northeast Colorado** (n=192) % of total n
Expense	69.0%	69.4%	60.3%	67.3%	67.8%	62.3%	70.7%	68.4%	75%
Time away from work	58.8%	60.5%	58.7%	52.7%	48.8%	53.8%	58.9%	59.1%	60.4%
Distance to training	57.7%	58.1%	53.4%	56.4%	54.8%	77.9%	62.7%	51.9%	67.8%
Travel restrictions	13.6%	13.5%	12.2%	12.7%	14.0%	14.3%	13.4%	13.1%	16.1%
Lack of supervisor support	8.5%	8.9%	6.9%	3.6%	9.6%	7.1%	8.8%	7.2 %	17.2%
No need for training	5.2%	5.3%	4.5%	5.5%	5.0%	3.9%	2.7%	6.3%	4.2%
Other	3.0%	3.1%	1.6%	3.6%	4.7%	3.2%	2.7%	3.0%	3.1%

Table 19. Colorado mental health providers' support for continuing education/professional development in suicide prevention and intervention, by primary practice role and region, 2016[a,b]

		Primary Practice Role			Region			
	Total (n=1804) Mean (sd)	**Direct client interaction** (n=1261) Mean (sd)	**Supervising providers** (n=218) Mean (sd)	**Other** (n=260) Mean (sd)	**Western Slope** (n=140) Mean (sd)	**Southern Colorado** (n=326) Mean (sd)	**Denver Metro** (n=1073) Mean (sd)	**Northeast Colorado** (n=175) Mean (sd)
All mental health providers	4.11 (0.98)	4.09 (0.98)	4.19 (0.94)	4.11 (1.02)	4.04 (0.85)	4.17 (0.97)	4.09 (1.00)	4.21 (0.95)
Peer Providers	4.71 (0.61)	4.75 (0.50)	--	4.70 (0.67)	--	--	4.67 (0.65)	--
Unlicensed Providers	4.22 (0.87)	4.20 (0.97)	4.00 (0.71)	4.32 (0.70)	--	4.25 (0.91)	4.19 (0.87)	4.30 (0.82)
Certified Addition Counselors	4.20 (0.97)	4.22 (0.97)	4.25 (1.02)	4.06 (0.92)	4.25 (0.93)	3.89 (1.25)	4.29 (0.86)	4.29 (0.95)
Registered Psychotherapists	4.13 (1.00)	4.15 (0.97)	3.83 (1.60)	4.14 (1.10)	4.36 (0.50)	4.33 (0.96)	4.05 (1.04)	4.56 (0.53)
Licensed Professional Counselors	4.13 (0.94)	4.08 (0.95)	4.29 (0.84)	4.20 (1.01)	4.00 (0.73)	4.10 (0.97)	4.17 (0.93)	4.05 (1.13)
Licensed Clinical Social Workers	4.08 (1.02)	4.10 (1.00)	4.27 (0.88)	3.59 (1.19)	4.00 (0.87)	4.18 (0.95)	4.06 (1.04)	4.12 (1.02)
Psychologists	3.88 (1.24)	3.79 (1.25)	4.07 (1.17)	3.81 (1.33)	3.67 (1.29)	4.09 (1.22)	3.82 (1.24)	3.79 (1.38)
Marriage & Family Therapists	3.88 (1.04)	3.88 (1.05)	4.13 (0.99)	3.67 (1.03)	3.63 (1.19)	3.90 (1.00)	3.90 (1.07)	3.82 (1.16)
Nurses	3.82 (1.21)	3.63 (1.31)	3.67 (1.15)	4.55 (0.69)	4.50 (0.58)	3.09 (1.58)	4.00 (1.02)	4.00 (1.73)
Psychiatrists	3.08 (1.18)	3.19 (1.09)	2.80 (1.64)	2.00 (1.41)	--	3.00 (1.41)	2.97 (1.20)	--

[a] Responses ranged from '1 Strongly Oppose' to '5 Strongly Support'; [b]Providers of all licenses responded to the question regarding "all mental health providers", only providers with the license responded to license-specific questions

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APPENDIX A. April DORA Newsletter Invitation

An Invitation from Larry Wolk, M.D., MSPH
Executive Director and Chief Medical Officer
Colorado Department of Public Health and Environment

On behalf of the Colorado Suicide Prevention Commission, I invite you, as a mental health provider in Colorado, to complete a brief online survey on your professional experiences with suicide, and your training needs for responding to suicidal clients. With your help, we plan to use the findings of this survey to improve the training opportunities for mental health providers in Colorado.

When you access the survey (http://j.mp/1OCZa6N), you will find additional information on this important initiative to reduce suicides in Colorado. The survey is voluntary and you may skip any question you do not wish to answer.

(cont'd p.2 Wolk)

(Wolk Cont'd)

Your responses will remain confidential and will not be linked to any identifiable information.

If you have any questions or comments about this study, please contact Dr. Laura Schwab Reese at 303.864.5307 or by email at laura.schwabreese@ucdenver.edu. If you have questions about your rights as someone in this study, you may contact Dr. Schwab Reese or the Colorado Multiple Institutional Review Board at 303.724.1055.

Thank you for your time and for helping us learn how best to serve the needs of Coloradans.

COLORADO
Department of Public Health & Environment

Mind Matters—A Newsletter from the Colorado Mental Health Boards—Spring 2016

APPENDIX B. June DORA E-mail Reminder

A Message from Larry Wolk, M.D., MSPH Executive Director and Chief Medical Officer

Colorado Department of Public Health and Environment

On behalf of the Colorado Suicide Prevention Commission, I invite you, as a mental health provider in Colorado, to complete a brief online survey on your professional experiences with suicide and your training needs for responding to suicidal clients. With your help, we plan to use the findings of this survey to improve the training opportunities for mental health providers in Colorado.

When you access the survey (http://j.mp/1OCZa6N), you will find additional information on this important initiative to reduce suicides in Colorado. The survey is voluntary and you may skip any question you do not wish to answer. Your responses will remain confidential and will not be linked to any identifiable information. **The survey will only be available until June 24, 2016.**

If you have any questions or comments about this study, please contact Dr. Laura Schwab Reese at 303.864.5307 or by email at laura.schwabreese@ucdenver.edu. If you have questions about your rights as someone in this study, you may contact Dr. Schwab Reese or the Colorado Multiple Institutional Review Board at 303.724.1055.

Thank you for your time and for helping us learn how best to serve the needs of Coloradans.

APPENDIX C. Questionnaire

Note: The online survey instrument included skip patterns not reflected in this document. Only participants who responded 'other' were promoted with the open-ended questions. Additionally, all participants were asked about their support of continuing education mandates for "all mental health providers". For the license specific mandate support questions, only participants who endorsed that license were asked about their support for the mandate.

Suicide Prevention Commission Mental Health Provider Survey

Thank you for your interest in our survey!

On behalf of the Colorado Suicide Prevention Commission, we are contacting a wide variety of mental health providers to better understand how providers in Colorado address suicide and what types of training providers have and need to respond to suicidal clients. With your help, we hope to use the results of this survey to collaboratively improve the suicide prevention training opportunities for mental health providers in Colorado.

Please complete our short (10-15 minute) confidential survey. The survey focuses on your experiences with clients considering suicide, your skills, actions, and confidence in responding to these clients, and the types of training you have completed and would like to have available to assist providers in helping suicidal clients. There are no right or wrong answers to the survey and the results will be used to support the training needs of providers in Colorado. We do not anticipate that the questions will make you uncomfortable, and you may skip any question that you do not wish to answer.

To thank you for your time in completing this survey, you may choose to be entered in a drawing for one of six $50 Visa gift cards.

You may receive a link to this survey from multiple organizations. If you have already completed this survey, please do not do so again.

If you have any questions about this study, please contact Laura Schwab Reese at 303.864.5307 or by email at laura.schwabreese@ucdenver.edu.

Would you like to participate in our survey?

◯ Yes
◯ No

If you're not able to complete the survey in one sitting, you may save your responses and return at a later time. To do so, click "Save & Return Later", which is located at the bottom of each page. You will be provided a unique code to allow you to return to your survey. Only you have access to this code so make sure you save it.

When you are ready to complete the survey, follow the original link and click "Returning", which is located in the top right corner of the page. After you enter your unique code, you will be able to continue the survey.

Which of the following degrees have you completed? Please check all that apply.

- ☐ MD
- ☐ PhD
- ☐ PsyD
- ☐ EdD
- ☐ Master's
- ☐ Bachelor's
- ☐ Associate's
- ☐ Other

What is your other degree? _____

What type of master's degree do you have (e.g., MSN, MA, MSW)? _____

What was your primary area of study for your highest degree?

- ◯ Counseling, including Marriage & Family, Addiction, etc.
- ◯ Medicine/Psychiatry
- ◯ Nursing
- ◯ Psychology
- ◯ Social Work
- ◯ Other

What was your other area of study? _____

What is your current mental health provider license status?

- ☐ Currently licensed
- ☐ Seeking license
- ☐ Unlicensed
- ☐ Other

What is your other license status? _____

How are you currently licensed? Please check all that apply.

- ☐ LCSW
- ☐ LPC
- ☐ CAC I, II, III
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Marriage and Family Therapist
- ☐ Registered Psychotherapist
- ☐ Registered Nurse
- ☐ Physician Assistant
- ☐ Advanced Practice Nurse
- ☐ Licensed Practical Nurse
- ☐ Unlicensed Peer Service Provider
- ☐ Unlicensed
- ☐ Currently Seeking License
- ☐ Other

What type of license are you seeking? _____

What is your other license? _____

How many years have you worked as a mental health practitioner?

- ◯ Less than 1
- ◯ 1-2
- ◯ 3-5
- ◯ 6-10
- ◯ 11-15
- ◯ More than 15 years

What is your primary practice location?

- ◯ PreK-12 school
- ◯ Higher level education
- ◯ Private practice
- ◯ Community mental health center
- ◯ County department of human services
- ◯ EAP/HR
- ◯ Integrated practice (behavioral health/physical health)
- ◯ Hospital (inpatient, ED)
- ◯ Addition/alcohol treatment center
- ◯ Veterans Health Administration
- ◯ Pastoral/faith community
- ◯ Policy/lobby firm or advocacy association
- ◯ Evaluation/research firm
- ◯ Community organization
- ◯ Retired
- ◯ Other

What is your other practice location?

_____

What is your primary practice specialty? Please check all that apply.

- ☐ Addiction or Alcohol/Substance Dependency
- ☐ Anxiety Disorders
- ☐ Children/Youth
- ☐ Chronic Mental Illness
- ☐ Crisis Intervention
- ☐ Depression/Bipolar Disorder
- ☐ Eating Disorders
- ☐ Geriatrics
- ☐ Grief
- ☐ LGBT Issues
- ☐ Mood Disorders
- ☐ Marriage & Family
- ☐ Personality Disorders
- ☐ Suicide/Self-Injury/Aggressive Behavior Women's
- ☐ Issues
- ☐ General mental health (no specific specialty)
- ☐ Non-clinical or community level work
- ☐ Other

What is your other practice specialty?

_____

Which of the following best describes your primary role in your current job?

- ◯ Providing clinical services to clients
- ◯ Supervising individuals providing clinical services to clients
- ◯ Educating/training clinical service providers
- ◯ Advocacy or community outreach
- ◯ Other

What is your other role?

_____

In what Colorado county do you primarily practice?

- ◯ My practice is not located in Colorado.
- ◯ Adams
- ◯ Alamosa
- ◯ Arapahoe
- ◯ Archuleta
- ◯ Baca
- ◯ Bent
- ◯ Boulder
- ◯ Broomfield
- ◯ Chafee
- ◯ Cheyenne
- ◯ Clear Creek
- ◯ Conejos
- ◯ Costilla
- ◯ Crowley
- ◯ Custer
- ◯ Delta
- ◯ Denver
- ◯ Dolores
- ◯ Douglas
- ◯ Eagle
- ◯ El Paso
- ◯ Elbert
- ◯ Fremont
- ◯ Garfield
- ◯ Gilpin
- ◯ Grand
- ◯ Gunnison
- ◯ Hinsdale
- ◯ Huerfano
- ◯ Jackson
- ◯ Jefferson
- ◯ Kiowa
- ◯ Kit Carson
- ◯ La Plata
- ◯ Lake
- ◯ Larimer
- ◯ Las Animas
- ◯ Lincoln
- ◯ Logan
- ◯ Mesa
- ◯ Mineral
- ◯ Moffat
- ◯ Montezuma
- ◯ Montrose
- ◯ Morgan
- ◯ Otero
- ◯ Ouray
- ◯ Park
- ◯ Phillips
- ◯ Pitkin
- ◯ Prowers
- ◯ Pueblo
- ◯ Rio Blanco
- ◯ Rio Grande
- ◯ Routt
- ◯ Saguache
- ◯ San Juan
- ◯ San Miguel
- ◯ Sedgwick
- ◯ Summit
- ◯ Teller
- ◯ Washington
- ◯ Weld
- Yuma

What professional membership organizations do you currently belong to? Please check all that apply.

- ☐ Association of Social Work Boards
- ☐ Association of Marriage and Family Therapy and Regulatory Board
- ☐ Colorado Society for Clinical Social Work
- ☐ Colorado Association of Addiction Professionals
- ☐ Colorado Association of Psychotherapists
- ☐ Colorado Association of Marriage and Family Therapists
- ☐ Colorado Counseling Association
- ☐ Colorado Providers Association
- ☐ Colorado Child and Adolescent Society
- ☐ Colorado Counseling Association
- ☐ Colorado Psychiatric Society
- ☐ Colorado Psychological Assoc. of State and Provincial Psychology Boards
- ☐ Colorado Sex Offender Management Board
- ☐ Division of Criminal Services
- ☐ National Association of Social Workers, CO. Chapter
- ☐ National Board for Certified Counselors and Affiliates
- ☐ Peer Assistance Services
- ☐ School Social Work Association
- ☐ Not a member of a professional organization

Are you a provider within the Colorado Crisis System?

- ◯ Yes
- ◯ No

Are you currently listed in HelpPRO?

- ◯ Yes
- ◯ No

Other than HelpPRO, are you currently listed in any other suicide prevention therapist directories?

- ◯ Yes
- ◯ No

What is the other suicide prevention therapist directory?

_____

Suicide in Colorado is more prevalent than many people realize. Lives lost to suicide have a profound and lasting effect to those bereaved. We are asking the following questions to better understand how frequently mental health providers are faced with these losses so that we may better support you as a community.

Have you ever facilitated an involuntary hospitalization or Mental Health Hold (M-1) for a client due to suicidal ideation or attempt?	◯ Yes ◯ No ◯ Don't know
Have you ever had a client attempt suicide while under your care?	◯ Yes ◯ No ◯ Don't know
Have you ever had a client or former client die by suicide?	◯ Yes ◯ No ◯ Don't know
Besides clients, have you had any other experience(s) with suicide (e.g., family, friend, colleague, etc.)?	◯ Yes ◯ No ◯ Don't know

Please indicate the extent to which you agree or disagree with each of these statements regarding actions you may take to address suicide.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know	Not Applicable
I am comfortable asking direct and open questions about suicide.	○	○	○	○	○	○	○
I always ask about suicide with new clients.	○	○	○	○	○	○	○
I bring up the topic of suicide with clients whenever I suspect they may be at risk.	○	○	○	○	○	○	○
I bring up the topic of suicide with clients when their record indicates any history of suicidal thoughts or behaviors.	○	○	○	○	○	○	○
I know how to gather information about suicide warnings, signs, risk factors, and protective factors from suicidal clients.	○	○	○	○	○	○	○
I use supervision when working with suicidal clients.	○	○	○	○	○	○	○
I develop a collaborative safety plan with all suicidal clients.	○	○	○	○	○	○	○
I address access to lethal methods (e.g., firearms) with all clients who report thoughts of suicide.	○	○	○	○	○	○	○
I involve family members in the removal or restriction of lethal means with all clients who report thoughts of suicide.	○	○	○	○	○	○	○
I involve family members or other supportive persons in my treatment and discharge plans for clients at risk for suicide.	○	○	○	○	○	○	○
I am comfortable connecting my suicidal clients with the resources they need in the community.	○	○	○	○	○	○	○

Please indicate the extent to which you agree or disagree with each of these statements regarding training and skills related to suicide treatment.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
I have received the graduate training I need to engage and assist those with suicidal desire and/or intent.	○	○	○	○	○	○
I have received the post-graduate training (e.g., workshops, CEUs) I need to engage and assist those with suicidal desire and/or intent.	○	○	○	○	○	○
I have the skills to screen and assess a patient/client's suicidal desire and/or intent.	○	○	○	○	○	○
I have the skills I need to treat people with suicidal desire and/or intent.	○	○	○	○	○	○
I have the support/supervision I need to engage and assist people with suicidal desire and/or intent.	○	○	○	○	○	○
I practice self-care when working with suicidal clients.	○	○	○	○	○	○
I utilize an evidence-based approach in treating a patient/client's suicidal thoughts and behavior.	○	○	○	○	○	○

Below is a list of suicide prevention and intervention activities. Please indicate your experience with each activity.

	Not aware of activity	Aware of activity but have not used	Have provided referral to activity but have not used	Have used activity
Dialectical Behavior Therapy	○	○	○	○
Cognitive Behavior Therapy	○	○	○	○
Referral to 24 Hour Suicide Prevention Lifeline 1-800-273-TALK (8255)	○	○	○	○
Referral to 24 Hour Colorado Crisis & Support Line 1-844-493-TALK (8255)	○	○	○	○

Below is a list of suicide prevention and intervention training opportunities. Please indicate if you are aware of the training and/or have completed the training.

	Not aware of training	Aware of training, but have not completed	Completed training
Signs of Suicide	○	○	○
QPR (Question, Persuade, Refer) Training	○	○	○
safeTALK	○	○	○
Applied Suicide Intervention Skills Training (ASIST)	○	○	○
Assessing and Managing Suicide Risk (AMSR)	○	○	○
Collaborative Assessment and Management of Suicide (CAMS)	○	○	○
Recognizing & Responding to Suicide Risk (RRSR)	○	○	○
Counseling on Access to Lethal Means (CALM)	○	○	○
Grief Support/Bereavement	○	○	○
Suicide 2 Hope	○	○	○
Bridging the Divide Annual Suicide Awareness and Prevention Summit	○	○	○
Elevating the Conversation Annual Conference- Critical Skills Training in Suicide Risk Assessment, Management, and Support	○	○	○
Facilitating a Bereavement Support Group from the American Foundation for Suicide Prevention	○	○	○

In the past five years, how frequently did you attend suicide prevention training courses?

- ○ Never
- ○ Once
- ○ Every other year (2-3 times)
- ○ Yearly (4-5 times)
- ○ More than once per year (6-10+ times)

	Not at all 1	2	3	4	Very much 5
Overall, how prepared are you to effectively address suicide risk within your practice?	○	○	○	○	○
Overall, how much would you benefit from additional training on suicide assessment and management?	○	○	○	○	○

Please rate the desirability of each of these suicide prevention and intervention training methods.

	Not at all desirable 1	2	Neutral 3	4	Very desirable 5
Short in-person workshops	○	○	○	○	○
Extended in-person workshops	○	○	○	○	○
Online course completed at your convenience	○	○	○	○	○
Online course with regular instructor interaction	○	○	○	○	○
Webinars that you watch at a specific time	○	○	○	○	○
Webinars that you watch at your own convenience	○	○	○	○	○
Obtaining continuing education credits or satisfying professional development requirements	○	○	○	○	○
Individual learning setting	○	○	○	○	○
Group learning setting	○	○	○	○	○

Assuming you were interested in the topic, what types of barriers would prevent you from participating in a suicide prevention training?

- ☐ Time away from work
- ☐ Distance to training
- ☐ Expense
- ☐ Lack of support from supervisors
- ☐ Travel restrictions
- ☐ No need for training
- ☐ Other

What other barrier would prevent you from attending a training? _____

Some states require continuing education/professional development in suicide prevention and intervention for health provider licensure. How supportive would you be to this requirement for this type of provider in Colorado?

	Strongly oppose	Oppose	Neutral	Support	Strongly support
All Mental Health Providers in Colorado	○	○	○	○	○
Certified Addiction Counselors	○	○	○	○	○
Licensed Clinical Social Workers	○	○	○	○	○
Licensed Professional Counselors	○	○	○	○	○
Marriage and Family Therapists	○	○	○	○	○
Nurses	○	○	○	○	○
Physician Assistants	○	○	○	○	○
Psychologists	○	○	○	○	○
Psychiatrists	○	○	○	○	○
Registered Psychotherapists	○	○	○	○	○
Unlicensed Peer Providers	○	○	○	○	○
Unlicensed Providers	○	○	○	○	○
Your other type of license	○	○	○	○	○

Note: The questions about support for the mandate for specific types of licenses were only asked of participants with that type of license (e.g., only nurses responded to the question about a mandate for nurses).

Is there anything else you think we should know about suicide treatment and prevention in Colorado?

Thank you for completing our survey. We hope the results of our survey will help improve mental health provider training opportunities and client care in Colorado. We look forward to sharing our results with Colorado's mental health providers.

If you are interested in being entered in the drawing, receiving our final report, or being added to the Suicide Prevention Coalition Listserv, you will be asked to enter your email address. Your email address will only be used for the contact you selected and will not be linked with your survey responses.

Would you like to be entered in our drawing for $50 Visa gift card?	○	Yes
	○	No
Would you like to receive a copy of our final report?	○	Yes
	○	No
Would you like to be added to Suicide Prevention Coalition Listserv?	○	Yes
	○	No

If you said yes to one of the above options, please enter your email address so that we may contact you.

Your email address will only be used for the contact you selected and will not be linked with your survey responses.

_____