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Implementing Suicidal Prevention Education For Korean American Nurses in Los Angeles

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UNIVERSITY OF CALIFORNIA

Los Angeles

Implementing Suicide Prevention Education for Korean American Nurses in Los Angeles

A dissertation submitted in partial satisfaction of the

requirements for the degree

Doctor of Nursing Practice

by

Sarah Cho Ko

2024

ABSTRACT OF THE DISSERTATION


Implementing Suicide Prevention Education for Korean American Nurses in Los Angeles


by


Sarah Cho Ko

Doctor of Nursing Practice

University of California, Los Angeles, 2024

Professor Paul Michael Macey, Chair

**Background**: Suicide is a significant public health issue in the United States, with 50,000 deaths in 2022, and the Korean American community has almost twice the national average of suicide rate. Korean American nurses are therefore key frontline healthcare providers in suicide prevention. **Objectives**: This project aimed to address the gap in suicide prevention education among Korean American nurses in Los Angeles by implementing a two-day Korean-Applied Suicide Intervention Skills Training (K-ASIST) program. The primary aim was to improve suicide prevention skills and attitudes among Korean American nurses, ultimately contributing to reducing suicide rates in the Korean community. **Methods:** A pre-posttest design was utilized. Data collection included demographic information, knowledge assessment, confidence and

competency evaluations, and attitudes toward suicide, and satisfaction. Statistical analyses comprised descriptive statistics and paired t-tests. **Results:** Fourteen Korean American nurses, averaging an age of 27 at U.S. arrival with 20 years of residency, attended the workshop. The workshop led to a slight, non-significant increase in knowledge about suicide prevention (pre-test mean: 7.93, SD=0.997; post-test mean: 8.71, SD=1.490; $p = 0.059$, $t = -2.065$) and a significant enhancement in confidence and competency for suicide intervention (pre-test mean: 3.36, SD=1.336; post-test mean: 4.64, SD=0.633; $p = 0.013$, $t = -2.857$). Attitudes toward suicide showed a non-significant decrease in the belief that "suicide is wrong" (pre-test mean: 4.07, SD=1.072; post-test mean: 3.64, SD=1.277; $p = 0.306$, $t = 1.066$) and a notable increase in the belief that "everyone has a right to suicide" (pre-test mean: 2.29, SD=1.204; post-test mean: 3.36, SD=1.336; $p = 0.008$, $t = -3.160$). Overall, participant satisfaction with the workshop was above 90%. **Conclusion:** The culturally sensitive K-ASIST program enhanced suicide intervention skills and attitudes among participants. Although knowledge increases were modest, the program's ability to improve direct interactions with at-risk individuals and high participant satisfaction show potential for reducing suicide within the Korean American community. The encouraging initial results highlight the importance of further research to confirm these findings and their broader relevance. Ultimately, this study adds to the evidence supporting the value of culturally adapted training in preparing healthcare professionals to address the specific challenges of suicide prevention as well as mental health broadly within diverse populations.

The dissertation of Sarah Cho Ko is approved.

Nancy Jo Bush

Kristen R. Choi

Paul Michael Macey, Committee Chair

University of California, Los Angeles

2024

This dissertation is dedicated to my beloved family, whose unwavering support has been my bedrock. First and foremost, heartfelt thanks to my husband, Ray, for his deep love and steadfast support throughout my educational journey, from my associate degree to this doctoral degree. To my son, Solomon, you are the miracle of our lives—thank you for your support and pride in me. To my daughter, Angelia, you are the angel that brought immense joy into our lives. My enduring gratitude to my mother, whose infinite love and belief in me have been a constant source of strength. I also extend a special thank you to my father, who, though he passed away last December, continues to guide me through his memories and teachings. Lastly, I am profoundly thankful to the societies and communities that have welcomed me, offering opportunities to learn and grow, share love, and help one another. We truly are in this together.

Seeing

Fire's flame resides in drops of a water stream,

Tea in the cup is gracefully dancing,

The wind in the sky is still, not blowing,

Trees in upaya are swiftly running,

Birds in the sky are silently floating.


Now, feeling the warmth of tears in smiling.

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## EDUCATIO

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| 12/2020 - 12/2021 | Psychiatric Mental Health Nurse Practitioner | Behavioral Health Urgent Care Center |
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## PROFESSIONAL ACTIVITIES/ AFFILIATIONS

01/2016 - present    Korean American Nurses Association of Southern California
      President

01/2019 – present    World Christian Nursing Foundation (WCNF)
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04/2019 - present    American Psychiatric Nurses Association (APNA)
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CHAPTER ONE: INTRODUCTION

In the United States (U.S.), suicide led to almost 50,000 deaths in 2022 (Centers for Disease Control and Prevention (CDC), 2022a). Suicide is the ninth leading cause of death for individuals between the ages of 10 to 64 years and the second leading cause of death for individuals between the ages of 10 to 14 years and 20 to 34 years (CDC, 2023). The overall suicide rate in the U.S. peaked in 2018 and declined in 2019 and 2020 during the COVID-19 pandemic. However, factors such as social isolation, financial hardship, family stressors, new or worsening mental health symptoms, and disruptions to work and school associated with the COVID-19 raised concerns about suicide risk in the U.S. (Ehlman, 2022). Generally, an estimated 12.3 million people seriously contemplated suicide at some point during the pandemic (CDC, 2023). Even with the conclusion of the pandemic, suicide remains a vital concern in society.

While suicide rates in the Asian American population tend to be lower than the national average in the U.S., Asian American suicide rates from 2021 to 2022 have increased by 5.7% (CDC, 2022b). Moreover, trending rates of suicide vary among various Asian American subgroups. Specifically, the CDC reports increasing suicide trends among Korean Americans with 181 recorded suicides in 2020 and 207 in 2021, totaling a 14% increase from the previous year (CDC, 2022b). While suicide accounts for 1.3% of all deaths in the U.S., it accounts for 2.5% of all deaths among the Korean American population, nearly double the national percentage (CDC, 2022b).

Los Angeles, California, is widely considered the epicenter of the Korean American diaspora, as it holds the largest concentration of Korean Americans and Korean immigrants in the U.S. (Pew Research Center, 2021). Studies show that cultural differences, poor mental

health, family dysfunction, poverty, a lack of social support, and difficulty navigating through the healthcare system due to language barriers are contributing factors to an increased risk for suicide among the Korean American population (Chung & Lesorogol, 2019). Due to these barriers, many Korean American and Korean immigrant patients in Los Angeles may seek out and receive care from Korean healthcare providers, highlighting the crucial role these professionals hold in recognizing signs of suicidal ideation and conducting suicide screenings (Jang et al., 2020). It is important for Korean-speaking healthcare workers, specifically Korean American Registered Nurses (RNs), to understand how to have challenging conversations about suicide and assist people at risk of suicide using evidence-based practices. However, Korean American nurses may lack awareness and knowledge about suicide prevention, as exposure to mental health education is typically limited to short curricular offerings during nursing school (Ryan et al., 2021). This, in turn, limits nurses' effectiveness in addressing the mental health needs of their community (Ryan et al., 2021). Furthermore, although there have been effective suicide education programs for healthcare providers, these educational programs are predominantly available in English and seldom available in other languages, such as Korean, limiting their application among the Korean American population (Ferguson et al., 2017).

This Doctor of Nursing Practice scholarly project aimed to implement a Korean version of Applied Suicide Intervention Skills Training (K-ASIST) to train Korean American nurses in the greater Los Angeles area, ultimately contributing to the broader goal of reducing suicide rates within the Korean community. The K-ASIST program is a dynamic two-day in-person workshop designed to engage participants through interactive small-group activities. These activities include attending lectures, watching videos, participating in discussions, role-playing, and exchanging feedback. In order to accurately answer how the implementation of K-ASIST

compared to standard suicide intervention training affects nurses' knowledge, confidence, and attitudes toward suicide prevention, there was a comprehensive evaluation encompassing key activities before, during, and after the study.

CHAPTER TWO: THEORETICAL FRAMEWORK

The Plan-Do-Study-Act (PDSA) cycle is a method for testing changes before putting them into practice. PDSA, short for Plan-Do-Study-Act, is a cyclic four-stage model designed for problem-solving and enhancing processes or implementing alterations using a systematic process (Shewhart & Deming, 1986). Appendix A shows PDSA cycle. PDSA has been applied extensively in larger quality improvement (QI) projects has been shown to be beneficial (Coury et al., 2017). There is also the potential of incorporating training and education into PDSA cycles for testing changes in healthcare settings (Zann et al., 2021).

**Plan:**

The 'Plan' stage entails identifying the project's goal, developing a hypothesis, outlining the steps for the change, and defining metrics for evaluating success (Shewhart & Deming, 1986). The current approach to education for suicide prevention for nurses is not currently targeted to any one demographic, nor is there any consistency regarding necessity or re-education. One study highlighted the significance of language and format concerns in the evaluation of healthcare accessibility for elderly Korean Americans (Kim et al., 2018). It is essential to acknowledge the prevailing obstacles and deficiencies in suicide prevention efforts among the Korean American community residing in Los Angeles in planning interventions. These issues encompass cultural hurdles, language impediments, and restricted availability of culturally sensitive healthcare services. Additionally, researchers address the lack of culturally tailored suicide risk assessment measures for youth from communities of color, including the need to consider factors such as stigma, acculturation, racial socialization, and exposure to racism and community violence (Molock, 2023).

We considered these gaps in planning the intervention and evaluation for this clinical project exploring how K-ASIST can enhance the skill set of Korean American nurses, thereby aiding in the larger mission of decreasing suicide rates among this at-risk community. This involved bolstering the nurses' understanding of suicide, their self-assurance in recognizing and assisting patients in danger, and altering their perspectives on suicide.

The recruitment process involved the selection and enrollment of 14 Korean American nurses as the project's target population. This was achieved by promoting the educational and training opportunity through various channels, including emails, flyers, and social media, in collaboration with the Korean American Nurses Association of Southern California (KANASC). It is important to note that this recruitment took place during KANASC's annual event, and participants had the added incentives of earning Continuing Education Units (CEUs) as well as $100 Visa gift cards for participating and completing the K-ASIST workshop. Free parking and lunch was provided to all participants, courtesy of Together Mental Health clinic.

**Do:**

In the 'Do' phase, the planned change is implemented on a small scale, observations are documented, and data is collected to evaluate its initial impact (Shewhart & Deming, 1986). We first collected pre-training data on nurses' knowledge, confidence, and attitudes regarding suicide prevention. Second, the two-day K-ASIST workshop was conducted for the 14 participating Korean American nurses, ensuring that the training was culturally relevant, sensitive, and adapted to the specific needs of this community. An example was ordering K-ASIST educational material available from the Department of Mental Health, Los Angeles County specifically for this population of nurses.

The next step was to document any challenges that arose during implementation, to observe any opportunities that present more widespread engagement in the Korean American nursing communities, and to keep careful data regarding all completed efforts. It is essential to integrate internal and external customers of the education sector to create change. For example, the nurses engaging in the K-ASIST training acted as internal customers by providing feedback on the benefits or desired improvements of the K-ASIST training. Suicide data and statistics are, in essence, the external customers within the targeted communities indicating whether the training was beneficial or not.

**Study:**

During the 'Study' stage, the focus shifts to evaluating the intervention's efficacy and its influence on the target population (Shewhart & Deming, 1986). This stage encompassed several key activities. First and foremost, the data gathered throughout the project, including feedback from the 14 Korean American nurses who attend the K-ASIST workshop, was examined by quantitatively categorizing feedback themes and assessing any discernible changes in training materials or outcomes. Furthermore, the evaluation process extended to assessing the results over a measurable time frame, encompassing the periods before, during, and after the K-ASIST workshop for Korean American nurses within the participating communities. This comprehensive evaluation sought to gauge the impact of the workshop on variables such as knowledge, confidence, and attitudes related to suicide prevention among the participating nurses.

**Act:**

The 'Act' stage is based on the decision to adopt, adapt, or abandon the change based on the analysis from the Study phase, and implement successful improvements on a larger scale

while planning for future cycles (Shewhart & Deming, 1986). The end of the project was an assessment of whether K-ASIST was a beneficial intervention for the target problem. Normally in the PDSA method, the act stage would be implementing the new approach (depending on the study stage), but for this project, potential implementation of sustainability of K-ASIST would occur after completion of the current project.

Integrating K-ASIST into the nurse training curriculum at Together Mental Health Clinic be considered as an action step, along with the implementation of yearly refresher courses, feedback mechanisms, collaboration with other institutions, and a second PDSA cycle for program development. The objective of these phases is to evaluate abilities and promote the efficient use of K-ASIST procedures.

In conclusion, the PDSA model provides a systematic framework for planning, implementing, evaluating, and refining the suicide prevention education project for Korean American nurses in Los Angeles. By following this model, the project aims to enhance the competencies of nurses and contribute to recognize suicide risks within the Korean American community, addressing the unique cultural and linguistic challenges they face.

CHAPTER THREE: REVIEW OF LITERATURE

A literature review was conducted to explore topics related to suicide prevention education among healthcare professionals, mental health service utilization among immigrants, linguistic aspects of suicidal ideation, caregiver mental health knowledge, and the risks of suicide in the Korean population. Key words using Boolean operators ((Nurs* or "healthcare worker" or "healthcare providers") AND ("Suicide education" or "suicide prevention education" or "suicide intervention*")) AND (Confidence or attitude or skills or knowledge or "intervention skills") AND (Korea*), (Nurse* or "Korean American nurses" OR "healthcare worker" OR "healthcare providers") were utilized with three electronic databases (PubMed, CINAHL, PsychINFO, and Google Scholar) from January 1st, 2019 to December 31st, 2023. While studies conducted in South Korea populated in all four databases, no relevant studies on Korean Americans were found on CINAHL and PsychINFO. Five studies were found in PubMed and Google Scholar and one study was found in a book. Key information from the final sample of studies including author, year, study design, sample size and characteristics, interventions, comparators, outcomes measured, and results, were summarized in the table of evidence.

Darnell et al. (2021) conducted a study called Project WISE (Workplace Integrated Support and Education) with the objective of enhancing suicide prevention training for healthcare providers, particularly nurses, working with medically hospitalized patients and using e-learning and novel technology integration. The research objectives included identifying strategies for integrating this training into the workflow of nurses, adapting existing technologies for counseling skills enhancement in suicide safety planning, assessing training acceptability, and evaluating nurse engagement. The authors conducted qualitative research, observational studies, and usability testing with a group of acute care nurses, beginning in July 2019 and

concluding in September 2021. They successfully completed focus groups and usability testing with 30 nurses. Through a multi-faceted approach, the researchers demonstrated improvement in the skills and engagement of healthcare providers in preventing suicide among hospitalized patients.

Darnell et al. (2023) conducted a qualitative descriptive study that aimed to investigate the potential for acute and intensive care nurses to actively participate in suicide prevention activities among patients hospitalized for medical, surgical, or traumatic injuries. This research comprised two key studies conducted at a level 1 trauma center and safety net hospital, focusing on the unique role that nurses can play in the context of suicide care. While Study 1 was initially intended to lead to a pilot trial, it was not explicitly stated whether the described studies were part of a larger pilot study or standalone research efforts. Study 1 took place prior to the pandemic, from January to February 2020, and Study 2 occurred in December 2020. The findings of this study, which included 27 registered nurses, underscored the significance of training in suicide prevention within the acute care setting.

The study recommended several major qualitative themes: (1) Barriers to suicide safety planning included time constraints, as nurses faced challenges related to limited time for a 30 to 45-minute intervention, workflow challenges, and the recognition that not all patients may be ready, willing, or able to engage in the safety planning intervention; (2) Strategies to overcome barriers included assigning fewer patients to the nurse, having specialized nurses for safety planning, utilizing existing time slots, and flexible training schedules so training was accessible at various times during the day, allowing for intermittent access; and (3) A key facilitator for suicide safety planning was nurses expressing motivation for training in suicide prevention (Darnell et al., 2023).

Furthermore, major qualitative themes from Study 2 pertained to suicide prevention activities and training. Nurses identified discharge planning as an appropriate time to generate safety plans for reducing access to lethal means and making the home environment safe after discharge and expressed a desire to have therapeutic conversations with at-risk patients. Nurses also had concerns about service limitations, including challenges in obtaining consultation services and the availability and effectiveness of outpatient resources. Lastly, nurses expressed an interest in training for therapeutic interactions with at-risk patients, training to clarify their role in psychiatric care, and further understanding the nature of outpatient services available to patients (Darnell et al., 2023).

Limitations to the study included timing challenges, as the Covid-19 pandemic influenced the design and conduct of Study 1, potentially introducing unique challenges and affecting the applicability of the findings to different timeframes. Another limitation was the subjectivity in qualitative analysis, as qualitative analysis involves interpretation, and different analysts may interpret findings differently. The text did not elaborate on measures taken to ensure inter-rater reliability in the qualitative analysis. Additionally, there was a potential for social desirability bias, as participants may have been inclined to provide responses that aligned with perceived social norms or expectations, affecting the accuracy of their reported perspectives. The study provided evidence that nurses had little knowledge on how to therapeutically respond to clients at risk for suicide but were motivated to learn. Moreover, given that the study highlighted concerns about limitations in accessing consultation services, the workshop mentioned community mental health resources that catered to Korean Americans in Los Angeles, providing a network of support beyond the training (Darnell et al., 2023).

Yoon et al. (2021) explored suicidal behaviors among Korean Americans along with cultural factors and their implications by conducting a systematic review. Major themes from the review were that Korean American men and women both have the highest suicide rates among Asian American ethnic groups, the older Korean population has the highest rate of suicide among all older adults in America. There were a few risk factors in this study. First, marital status impacted suicidal behaviors; single Korean Americans reported higher levels of depression and suicidality. Second, fewer years of education were more at risk for suicide. Third, many Korean Americans do not feel a sense of community and belongingness in the American culture of individualism, as Korean Americans remain tied to their cultural upbringing in a collectivist society where interpersonal relationships and social support are valued (Suh et al., 2017). Korean Americans have the highest percentage of non-English speaking households. This language barrier contributes to difficulty assimilating to American culture (Chung & Lesorgol, 2019). Additionally, a key aspect of collectivist culture includes the concept of saving face, an idea that one must maintain a positive public image to protect one's reputation. This notion to save face. hinders Korean Americans from accessing mental health assistance and ignoring symptoms of depression (Kramer et al., 2002).

Park and Park (2020) explored the functions of immigration status and primary languages spoken at home and the correlation with suicidal ideation and depressive symptoms among Asian American subgroups and non-Hispanic White adolescents. Results supported the hypothesis that Asian Americans born in the U.S. are at higher risk of suicidal ideation compared to foreign-born Asian Americans and non-Hispanic White youth. Limitations to this study includes the use of language and immigration status as measures of acculturation among Asian Americans and a lack of a multi-item scale to measure suicidal ideation which may cause misspecification and

statistical errors. Researchers recommend to be mindful of differences within Asian American subgroups (Park & Park, 2020).

Chao et al. (2020) aim to identify the challenges and risks faced by older Asian immigrants when navigating through the American mental health service system using a mixed-methods approach with an explanatory sequential design. Participants were recruited from Chinatowns in three New York City (NYC) boroughs, with 130 participants included in the quantitative survey portion of the study and 14 included in the qualitative interview. Results showed that limited access to health insurance, language barriers, and cultural stigma, specifically attitudes towards mental health, hinder the utilization of mental health services. Researchers mentioned that Chinese elderly do not seek mental health help from professionals, but rather from family, friends, and Eastern healers (Chao et al., 2020). One limitation reported in the study was the lack of generalizability, as it focuses specifically on older Chinese immigrants in NYC and may introduce bias to the study.

A systematic review by Hurley et al. (2020) examined 21 existing research articles with the following criteria: (1) be an empirical study of parent and caregiver mental health literacy as it relates to child and adolescent mental health; (2) explicitly use the phrase "mental health literacy" in the title, abstract, review of literature, or discussion of results; and (3) be a peer-reviewed journal article published in the English language. Hurley et al. (2020) aimed to explore parent and caregiver mental health literacy such as knowledge, attitudes, and help-seeking behaviors in the context of child and adolescent mental health.

Key findings from the studies in this systemic review have several themes. Parents and caregivers generally have limited knowledge of mental health issues, which impacts their ability to recognize and respond to mental health disorders in children and adolescents (Hurley et al.,

2020; Frauenholtz et al., 2015). Prominent barriers influencing help-seeking behaviors include cultural and religious beliefs, financial and knowledge barriers, fear and mistrust of treatment services, and stigma (Jeong et al., 2017; Jorm & Wright, 2007; Lawrence et al., 2015). Previous experience with mental illness and treatment utilization is associated with better mental health literacy. Females and Western populations generally exhibit higher mental health literacy compared to males and populations in developing regions (Mendenhall & Frauenholtz, 2013; Furnham & Hamid, 2014).

Hurley et al. (2020) underscore the significant role of parents and caregivers in managing and supporting child and adolescent mental health, emphasizing the need to enhance mental health literacy within this group to ensure early recognition and intervention for mental health disorders. The review acknowledges limitations, including the inability to statistically group quantitative findings between knowledge, attitudes, and help-seeking behaviors. Additionally, the review notes a lack of experiential research on beliefs and attitudes, with most studies conducted in Western developed countries. Future research should focus on diverse samples, prevention, and controlled trials of educational programs to better understand and address the mental health literacy needs of parents and caregivers (Hurley et al., 2020).

**Synthesis of Literature Review**

The literature review covers a range of topics related to suicide prevention education, mental health service utilization, linguistic aspects of suicidal ideation, caregiver mental health knowledge, and suicide risks in the Korean American population. Recognizing specific risk factors and cultural nuances relevant to this group—such as the impact of collectivist culture, societal expectations, and challenges in seeking mental health assistance—can inform the development of the K-ASIST program (Yoon et al., 2021). Understanding the unique challenges

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faced by foreign-born children (Park & Park, 2020) is crucial for addressing acculturation-related stressors and suggesting appropriate interventions for Korean American nurses. By incorporating strategies (Chao et al. 2020) to overcome language barriers and cultural stigma. The K-ASIST can ensure its content is accessible and relevant for older generations. Additionally, Hurley et al. (2020) highlight that parents and caregivers often have limited mental health knowledge, with cultural and spiritual beliefs, financial constraints, mistrust of the medical system, and stigma against mental health posing significant barriers to seeking help. The K-ASIST workshop can address these barriers by providing culturally sensitive information and resources, aiming to bridge knowledge gaps among Korean American nurses, who may also be caregivers at home.

In applying these findings to the K-ASIST workshop, it is crucial to consider cultural nuances, motivation factors, language accessibility, and the unique challenges faced by different generations of Korean Americans. By tailoring the workshop content to address these specific aspects, the training becomes more relevant, engaging, and effective in equipping nurses with the skills needed for suicide intervention in their healthcare roles. Additionally, recognizing and providing information on community mental health resources specific to Korean Americans in Los Angeles can offer ongoing support beyond the workshop.

CHAPTER FOUR: METHODS

**Design**

This education project used a pretest-posttest design to deliver and evaluate K-ASIST among Korean American nurses. The project involved administering a quantitative questionnaire evaluating demographic information, knowledge of suicide, confidence and competency in suicide prevention, participants' attitudes toward suicide, and workshop satisfaction. In addition to the quantitative evaluation, there was a qualitative component that involved involving a section at the bottom of the post-test questionnaire asking participants to clarify any answers or include comments about the workshop.

**Sample and Setting**

Together Mental Health, an outpatient psychiatric clinic situated in Koreatown, Los Angeles, was chosen as the implementation site for this project due to its accessibility, availability, and alignment with the community served. The project targeted Korean American nurses, primarily utilizing outreach facilitated by the Korean American Nurses Association of Southern California (KANASC) during an annual event. During this event, which usually attracts 50-100 attendees, approximately 55 individuals attended and were engaged in outreach efforts for the project. Requirements for the project were announced during the event and nurses were informed on how to sign up for the workshop. Participants were offered incentives including with 13 Continuing Education Units (CEUs), $100 Visa gift cards, free parking and lunch to complete the K-ASIST workshop. Recruitment of participants was based on specific inclusion criteria: individuals had to possess one of four levels of educational attainment (ADN, BSN, MSN, DNP/PhD), currently working as a registered nurse (RN) or have been employed as an RN within the past year and demonstrate proficiency in the Korean language to effectively address

the unique cultural challenges within the Korean American community. To ensure cultural specificity, non-Korean American nurses and those not identifying as Korean American were excluded. Despite rigorous recruitment efforts conducted, the number of qualifying nurses who signed up to attend the workshop was lower than anticipated. 15 registered nurses verbalized interest in participating and a total of 14 participants signed up for the workshop. All 14 participants were screened appropriately and met criteria to attend the workshop. The workshop, designed to be interactive and intensive, focused on addressing cultural nuances in mental health care delivery to the Korean American community. As such, a smaller group size was deemed appropriate to facilitate meaningful engagement and discussion among participants, taking into account available resources such as workshop materials and facilitator capacity.

**Intervention**

The Applied Suicide Intervention Skills Training program (ASIST) is a two-day workshop that spans over 14 hours and is widely utilized across various sectors, including crisis centers nationwide (LivingWorks, n.d.a; Substance Abuse Mental Health Administration (SAMHSA), 2021). It equips caregivers with the necessary skills to approach individuals at risk of suicide, fostering increased competence and confidence in intervention scenarios. ASIST employs the Pathway for Assisting Life (PAL) model, emphasizing emphatic interaction and personalized safe-planning to help individuals choose "safety for now" and mitigate suicide risk (Shannonhouse et al., 2017). In this project, a Korean language adaptation of ASIST was implemented with Korean American nurses, K-ASIST. K-ASIST aimed to both enhance knowledge, confidence, and competency in suicide and suicide prevention and understand participants' attitudes toward suicide.

**Measures/ Instruments**

A pre/posttest survey was developed to evaluate K-ASIST. A questionnaire assessing participants' demographics was included in the survey to gather information about age, gender, place of birth, age at arrival in the U.S., duration of residency in the U.S., frequency of Korean language usage, and proficiency in speaking, reading, and writing Korean. Ten true/false questions from ASIST's material were included in the survey to assess knowledge about suicide, in addition to four statements assessing confidence and competency in identifying and interacting with individuals at risk for suicide and two statements to assess attitudes toward suicide (LivingWorks, 2018). All responses to these six statements were recorded on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree.).

The posttest questionnaire from the ASIST Feedback Form assessed participant satisfaction with the K-ASIST workshop using a 10-point Likert scale, with scores ranging from 4-40, where a higher score indicates greater satisfaction (LivingWorks, n.d.b). The survey incorporated open-ended questions to allow for qualitative insights and flexibility in capturing unforeseen themes or issues. This method aligns with the Suicide Prevention Resource Center (2015) and the RAND Suicide Prevention Program Evaluation Toolkit's recommendations for evaluating suicide prevention programs, ensuring a comprehensive and culturally sensitive assessment of the K-ASIST intervention's effectiveness (Acosta et al., 2013).

**Procedures**

This project, implemented within Together Mental Health Clinic, focused on community-based education as a quality improvement initiative. The K-ASIST workshop was completed on February 16, 2024, at Together Mental Health Clinic in Los Angeles, California. Workshop attendance was tracked through self-reported logs, while consent for participation was obtained

via email. Participants were required to complete a survey before and after the K-ASIST workshop to assess changes in knowledge, confidence, competency, and attitudes toward suicide prevention. Due to its scope and nature, which fall outside the purview of research requiring ethical oversight, this project did not necessitate formal IRB approval. Ethical considerations were observed, ensuring participant anonymity.

**Analysis**

Data from the pre-post questionnaire were extracted for analysis. Statistical analysis was performed using SPSS software version 29 and Microsoft Excel. Descriptive and frequency statistics were utilized to examine demographic data and workshop satisfaction. Paired t-tests were conducted to evaluate changes in knowledge, confidence, competency, and attitude. The analysis also included a qualitative component, which involved adding a section at the bottom of the post-test questionnaire where participants could clarify their answers or provide comments about the workshop, enriching the understanding of their experiences and perceptions. The comments were analyzed by reading them thoroughly and identified themes, such as words 'helpful', 'satisfied', and 'good' as positive perspective of the educational training.

CHAPTER FIVE: RESULTS

**Demographics**

All participants in this project (N=14) were female individuals who were born in South Korea. The average age of the participants was 48 years, and the range of the age was 29 to 61 years. The mean age at which they immigrated to the United States was 27 years old (SD=111.27). On average, participants had resided in the US for 20 years. As shown in Figure 1, 14 participants were asked about the frequency of speaking, reading, and writing the Korean language. All participants reported speaking Korean daily, 13 participants reported reading Korean daily, and nine participants reported writing Korean daily.

**Figure 1** *Frequency of Korean Language Activities*
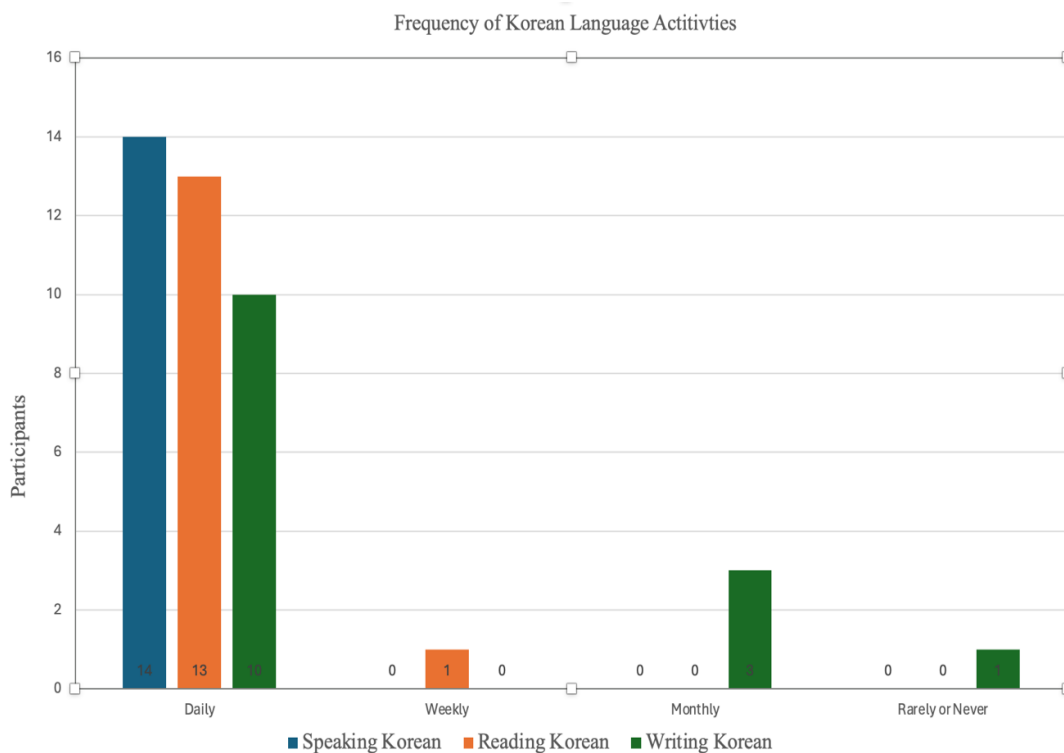


*Note.* This figure illustrates the distribution of participants' frequency in speaking, reading, and writing Korean. Daily use is compared to weekly and monthly use among the surveyed participants. The data suggests a higher proportion of participants engage in these activities daily.

**Knowledge**

In order to assess changes in knowledge following the K-ASIST workshop, participants were given 10 true/false questions derived from the ASIST materials before and after the training. In Table 1, the knowledge assessment scores analysis indicated an overall improvement from the pre-test (Mean = 7.93, SD = 0.997) to the post-test (Mean = 8.71, SD = 1.490). Despite this positive trend in knowledge gain, the difference was not statistically significant ($t$ = -2.065, $p$ = .059).

**Table 1:** *Knowledge Assessment Result*

| | Pretest Mean (SD) | Posttest Mean (SD) | t-test | p value |
|---|---|---|---|---|
| Knowledge Assessment | 7.93(.997) | 8.71(1.490) | -2.065 | 0.059 |

Table 2 demonstrates that all participants scored 7 and above on the knowledge pretest and three individuals scored 9 and above out of 10. The posttest showed that among the 14 participants, 8 demonstrated an increase in knowledge. In contrast, 2 participant's score remained unchanged, and 4 participants experienced a decrease in their scores, therefore implying that the findings did not result in statistically significant data.

**Table 2:** *Knowledge Scores Variance*

| Participant | Pretest | Posttest | Variance |
|---|---|---|---|
| 1 | 7 | 7 | 0 |
| 2 | 8 | 10 | 2 |
| 3 | 8 | 10 | 2 |
| 4 | 8 | 7 | -1 |
| 5 | 8 | 10 | 2 |
| 6 | 9 | 10 | 1 |
| 7 | 6 | 8 | 2 |
| 8 | 8 | 7 | -1 |
| 9 | 7 | 10 | 3 |
| 10 | 9 | 8 | -1 |
| 11 | 8 | 9 | 1 |
| 12 | 8 | 10 | 2 |
| 13 | 10 | 10 | 0 |
| 14 | 7 | 6 | -1 |

**Confidence and Competency**

As Table 3 indicates, participants had higher levels of confidence and competence in addressing suicide-related situations from pre- to posttest, as evidenced by significant improvements across several items. Participants demonstrated increased readiness to directly inquire about suicide when perceiving a risk. Scores increased from a pre-test mean of 4.64 (SD = 0.633) to a post-test mean of 4.93 (SD = 0.267), indicating an improvement (t = -2.280, p = .040). There was consistent improvement in participants' preparedness to engage in suicide intervention. Scores increased from a pre-test mean of 4.64 (SD = 0.497) to a post-test mean of 4.93 (SD = 0.267), signifying an improvement (t = -2.280, p = .040). Participants reported

feeling more equipped to assist individuals at risk of suicide, with scores decreasing from a pre-test mean of 3.79 (SD = 1.251) to a post-test mean of 4.71 (SD = 0.469). This significant enhancement underscored the effectiveness of the training program (t = -2.239, p = .037). There was a significant increase in participants' confidence levels to intervene in situations involving individuals at risk of suicide. Scores increased from a pre-test mean of 3.36 (SD = 1.336) to a post-test mean of 4.64 (SD = 0.633), indicating an increase in confidence (t = -2.857, p = .013).

**Table 3***: Confidence and Competency Results*

| Confidence and competency | Pretest Mean (SD) | Posttest Mean (SD) | t-test | p value |
|---|---|---|---|---|
| 1. Ask directly if thinking about suicide | 4.64 (.633) | 4.93 (.267) | -2.280 | .040 |
| 2. Do suicide intervention | 4.64 (.497) | 4.93 (.267) | -2.280 | .040 |
| 3. Prepare to help | 3.79 (1.251) | 4.71 (.469) | -2.239 | .037 |
| 4. Confident to help | 3.36 (1.336) | 4.64 (.633) | -2.857 | .013 |

**Attitude**

While participants' attitudes towards suicide demonstrated trends towards positive changes, not all were statistically significant (Table 3). There was a decrease in the belief that "Suicide is wrong" from a pre-test mean of 4.07 (SD = 1.072) to a post-test mean of 3.64 (SD = 1.277). However, this change was not statistically significant (t = 1.066, p = .306), indicating that there was no significant alteration in this attitude following the training. Conversely, there was a significant increase in the belief that "Everyone has a right to suicide." from a pre-test mean of

2.29 (SD = 1.204) to a post-test mean of 3.36 (SD = 1.336). This shift was statistically

significant (t = -3.160, p = .008), suggesting a noteworthy change towards acknowledging the

autonomy of individuals in making decisions related to suicide.

**Table 4:** *Attitude Results*

| Attitude | Pretest Mean (SD) | Posttest Mean (SD) | t-test | p value |
|---|---|---|---|---|
| 1. Suicide is wrong | 4.07 (1.072) | 3.64 (1.277) | 1.066 | .306 |
| 2. Everyone has a right to suicide | 2.29 (1.204) | 3.36 (1.336) | -3.160 | .008 |

**Satisfaction**

      Overall, participants reported high levels of satisfaction with the K-ASIST training, with

none scoring below 8 out of 10. The mean scores for each item on the K-ASIST satisfaction

assessment ranged from 9.7 to 9.8 out of 10.  Additionally, one open ended question was

included regarding the ASIST workshop, to which two participants responded: "Now I feel less

fear of listening about suicidal thoughts and more prepared to do at least a little thing to help

them when they need my help. Thank you!" and "The small group sessions and revisiting the

scenario was very helpful." These results indicate a strong positive perception of the training

program among participants, suggesting high levels of satisfaction and perceived usefulness in

both professional and personal contexts.

CHAPTER SIX: DISCUSSION

This educational project evaluated the potential benefits of K-ASIST workshops for Korean American nurses in the Los Angeles area. With the cultural barriers and stigma surrounding mental health in the Korean American community, Korean American nurses play a crucial role in providing care for suicide prevention and intervention (Han et al., 2017). The results of this evaluation provide valuable insights into how the K-ASIST training program may enhance the knowledge, confidence, competency, and attitudes of Korean American nurses regarding suicide prevention. Findings indicate that the K-ASIST had an overall positive impact on participants' skills and attitudes related to suicide prevention. Furthermore, it suggests that education in one's preferred language may offer benefits in enhancing suicide training skills and increasing self-confidence. Further efforts may be required to address stigmatizing attitudes towards suicide within this population. Our findings indicate that while the belief that 'Suicide is wrong' did not significantly decrease, there was a notable increase in the belief that 'Everyone has a right to suicide.' This suggests the persistence of stigmatizing attitudes, underscoring the need for additional intervention.

One aim of the project was to investigate the benefits of K-ASIST in improving knowledge regarding suicide. Although findings were not statistically significant, we observed trends towards improved knowledge. There are several possible reasons for these findings. First, there were three participants who scored 9 and above (10) out of 10 in the pretest, representing 21% of the participants. Their knowledge level was already near or at the maximum achievable score, which may have limited the impact of the training. Second, participants might have been rushing to finish the questionnaire due to fatigue from the length of the 2-day workshop. Such fatigue can affect concentration and the quality of responses, potentially leading

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to less accurate answers. Third, the questionnaire was provided in English, which may have

posed challenges for participants who were not fluent in the language. This language barrier

might have hindered their ability to accurately demonstrate their knowledge, and a Korean-

language questionnaire could have yielded better performance. Lastly, the project may have been

underpowered, as an insufficient sample size can limit the ability to detect statistically significant

differences, even if there is a genuine effect.

One important finding is the improvement in participants' confidence and competency in

handling suicide related situations. The significant enhancements observed in participants'

readiness to ask directly about suicide, conduct suicide intervention, and assist individuals at risk

of suicide underscore the potential of the training program in equipping nurses with the

necessary skills and confidence to intercept effectively. The program may have improved

confidence and competency more than knowledge due to its practical, hands-on approach, which

can be more effective in building self-assurance and skills. Additionally, participants may have

already had a high baseline level of knowledge, as evidenced by their pretest scores, limiting the

potential for measurable knowledge gains. This contrast suggests that the training's interactive

components had a more profound impact on participants' practical abilities and confidence than

on their factual knowledge.

It is noteworthy that the study yielded mixed results regarding attitudes toward suicide.

While the perception that "suicide is wrong" remained relatively unchanged, there was a

significant increase in the belief that "everyone has a right to suicide." This shift towards

acknowledging an individual's autonomy in making decisions related to suicide reflects a

broader cultural and societal shift towards a more empathetic understanding of mental health

issues within the Korean American community. However, it is essential to clarify that this does

not suggest that suicide is an acceptable or favorable outcome. Instead, it highlights the importance of fostering a more open and non-judgmental attitude among Korean American nurses. Such an attitude can create a safer and more supportive environment for individuals at risk of suicide, encouraging them to seek help and share their struggles without fear of judgment (Albuquerque et al., 2022). Additionally, it emphasizes the complexity of influencing deeply held beliefs within a short two-day workshop time frame.

The K-ASIST workshop aimed to equip Korean American nurses with knowledge and skills in suicide prevention and improve attitudes toward suicide to intervene effectively. The project results demonstrated that K-ASIST successfully enhances participants' sense of competency and confidence for suicide prevention. It is also worth noting that the workshop received high satisfaction ratings from participants.

**Limitations**

The current project has several limitations that should be considered when interpreting the findings. First, the sample size of 14 participants, primarily consisting of Korean American nurses in Los Angeles, raises concerns about the generalizability of the results and power to detect statistically significant differences. Although the training program improved participants' knowledge levels, further investigation or potentially larger sample sizes may be necessary to establish statistically significant effects. The focus on this specific population and location may restrict the broader applicability of the study's conclusions to more diverse or geographically distinct groups. Self-reporting is a key method used in the study. However, it introduces the potential for bias, therefore affecting the accuracy and reliability of the gathered data. The absence of a control group further complicates the interpretation of observed changes, as there is no comparative baseline for assessing the results. In addition, the study was conducted over two

days with pre and post tests administered within a single day. This calls into question the sustainability of the observed improvements. In light of these limitations, it is recommended that future research endeavors address these concerns by incorporating larger and more diverse samples as well as utilizing alternative sampling methods to ensure a more representative sample. Additionally, assessing long-term effects and utilizing validated tools would enhance the reliability of the results. A post-survey conducted over an extended period would contribute valuable insights into the sustainability of the observed improvements.

CONCLUSION

This education project aimed to investigate the impact of a two-day Korean version of Applied Suicide Intervention Skills Training (K-ASIST) on participants' knowledge, confidence and competency, and attitudes regarding suicide prevention. We hypothesized that implementing a K-ASIST workshop for Korean American nurses in the Los Angeles area would result in potential benefits regarding suicide intervention skills. The significant improvements observed in participants' readiness to ask directly about suicide, conduct suicide interventions, and assist individuals at risk of suicide accentuate the potential of the training program in equipping nurses with the necessary skills and confidence to intervene effectively.

While the project demonstrates the efficacy of the K-ASIST program in enhancing participants' skills and attitudes, it is essential to acknowledge the need for further research to address limitations and enhance the generalizability of the findings. Overall, the results of this project contribute to the growing body of literature on suicide prevention efforts, specifically within the Korean American community, and emphasize the importance of culturally tailored interventions in addressing mental health differences. By equipping healthcare professionals with the necessary skills and attitudes to intervene effectively, programs like the K-ASIST have the potential to make a meaningful impact on suicide prevention efforts and ultimately save lives within diverse populations.

APPENDICES

**Appendix A Theoretical Frame: PDSA cycle**
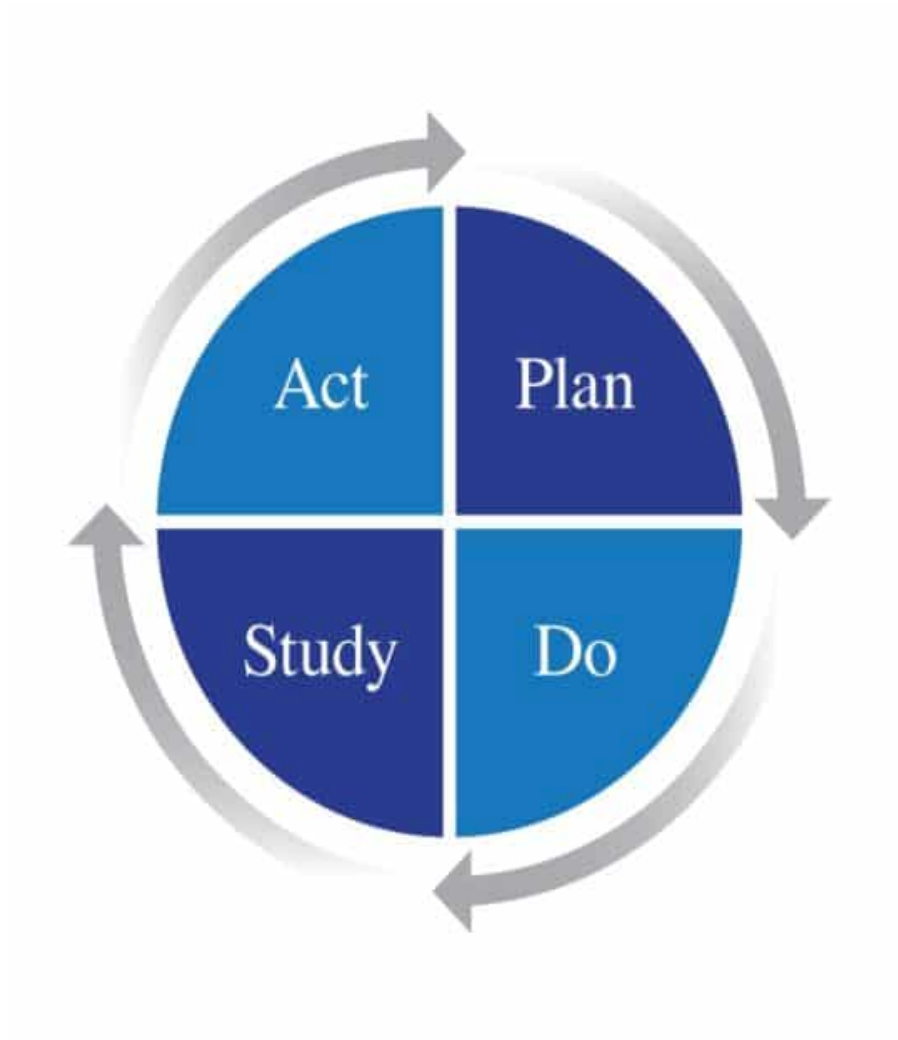


PDSA cycle (The W. Edwards Deming Institute®, Ketchum, ID, USA).

**Appendix B ASIST Your Feedback**

# ✚ ASIST

# Your Feedback

| WORKSHOP DATE | WORKSHOP LOCATION | NAME OF WORKGROUP TRAINER |
|---|---|---|
| | | |

**Please circle the letter next to your primary role/job** (please select only one).

| | | |
|---|---|---|
| **a.** Administrator | **b.** Firefighter | **c.** Volunteer | **d.** Police/Corrections |
| **e.** Clergy/Pastoral | **f.** Youth Worker | **g.** Psychologist | **h.** Military Branch: _____ |
| **i.** Counselor | **j.** Nurse | **k.** Social Worker | **l.** Chaplain/Assistant Military Branch: _____ |
| **m.** Educator | **n.** Physician | **o.** Transit Worker | **p.** Other (specify): |

| On a scale of 1 to 10, please write the rating number that best describes your response to the questions. | Rating |
|---|---|
| **1.** How would you rate ASIST? (1 = did not like at all…10 = liked a lot) | |
| **2.** Would you recommend ASIST to others? (1 = definitely no…10 = definitely yes) | |
| **3.** This workshop has practical use in my personal life. (1=definitely no…10=definitely yes) | |
| **4.** This workshop has practical use in my work life. (1=definitely no…10=definitely yes) | |

| Please circle the number that describes your response. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| **5.** If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide. | 1 | 2 | 3 | 4 | 5 |
| **6.** Before taking the ASIST training, my answer to #5 would have been: | 1 | 2 | 3 | 4 | 5 |
| **7.** If someone told me he or she were thinking of suicide, I would do a suicide intervention. | 1 | 2 | 3 | 4 | 5 |
| **8.** Before taking the ASIST training, my answer to #7 would have been: | 1 | 2 | 3 | 4 | 5 |
| **9.** I feel prepared to help a person at risk of suicide. | 1 | 2 | 3 | 4 | 5 |
| **10.** Before taking the ASIST training, my answer to #9 would have been: | 1 | 2 | 3 | 4 | 5 |
| **11.** I feel confident I could help a person at-risk of suicide. | 1 | 2 | 3 | 4 | 5 |
| **12.** Before taking the ASIST training, my answer to #11 would have been: | 1 | 2 | 3 | 4 | 5 |

| Please place a check mark in the appropriate box. | | |
|---|---|---|
| **13.** I attended two consecutive 8-hour days of training. (Including lunch hour) | ❏ Yes | ❏ No |
| **14.** All trainers were present at the workshop for the full 2 days. | ❏ Yes | ❏ No |
| **15.** The "Jack" exercise was done on the afternoon of day 1. | ❏ Yes | ❏ No |

Please write any additional comments you may have about the ASIST workshop or clarify any of your responses.

_____

_____

_____

_____

_____

**Implementing Suicide Prevention Education for Korean American Nurses in Los Angeles**

This scholarly project is interested in collecting information from nurses on suicide- related knowledge and beliefs before and after completing the two-day Korean version Applied Suicide Intervention Skills Training (K-ASIST) workshop. The intent of this pretest questionnaire is also to collect data related to demographic characteristics. Every effort will be made to protect your confidentiality. However, if you are uncomfortable answering any of the questions, you may leave the questions blank. Thank you for your participation and cooperation!

| Workshop Date | Workshop Location | Name of Workgroup Trainer |
|---|---|---|
| 2/15-2/16/2024 | Together Mental Health | |

1) **Participant's Profile**

| Participant's Profile | | | |
|---|---|---|---|
| **a. Age** | | **e. Years of residency in the U.S.** | _____ years |
| **b. Gender** | __ Male<br>__ Female<br>__ prefer not to say<br>__ Nonbinary/other<br><br>If other, wish to share, please specify. _____ | **f. How often do you speak Korean?** | __ daily<br>__ weekly<br>__ Monthly<br>__Rarely or never |
| **c. Place of Born** | __ In Korea<br>__ In U.S.<br>__ Others<br><br>If other, wish to share, please specify.<br>_____ | **g. How often do you read Korean?** | __ daily<br>__ weekly<br>__ Monthly<br>__Rarely or never |
| **d. Age at arrival in the U.S.** | | **h. How often do you write Korean?** | __ daily<br>__ weekly<br>__ Monthly<br>__Rarely or never |

*Page Continues*

### 2) Pretest: Suicide Related Knowledge Assessment

**Please read each statement carefully. Indicate your answer by circling 'True' if you believe the statement is correct, or 'False' if you believe the statement is incorrect.**

1. True or False: Asking about suicide thoughts will inevitably plant the idea in someone's mind.

2. True or False: Many people with suicidal thoughts are looking for a way to live, not to die.

3. True or False: The official number of suicides reported is usually more than the actual number of suicides.

4. True or False: It is easy to detect invitations from persons with suicidal thoughts because they are apparent.

5. True or False: A safety plan should be built for a person with suicidal thoughts because they cannot think clearly.

6. True or False: Any previous suicide attempt and mental health issues should also be identified in Safety Plan.

7. True or False: When a person with suicidal thoughts cannot decide between life and death, safe for now is the third choice that the caregiver can suggest to the person.

8. True or False: It is not a good idea to connect the person with suicide thoughts to someone else or other resources when you are not able to help. It will cause negative outcomes and increase risk of suicide.

9. True or False: The caregiver's self-care ideas can be used as valuable resources for the person with suicide thoughts.

10. True or False: When someone expresses suicidal thoughts, understanding if they have a plan and the means to carry out that plan is crucial in determining the urgency of intervention needed. -true

### 3) Pretest: Confidence and Competency Assessment

| Please circle the number that describes your response | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide | | | | | |
| 2. If someone told me he or she were thinking of suicide, I would do a suicide intervention. | | | | | |
| 3. I feel prepared to help a person at risk of suicide | | | | | |
| 4. I feel confident I could help a person at-risk of suicide. | | | | | |

### 4) Pretest: Attitude Assessment

| Please circle the number that describes your response | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 5. Suicide is wrong. | | | | | |
| 6. Everyone has a right to suicide | | | | | |

*Thank you for completing questionnaire.*

**Implementing Suicide Prevention Education for Korean American Nurses in Los Angeles**

This scholarly project is interested in collecting information from nurses on suicide- related knowledge and beliefs before and after completing the two-day Applied Suicide Intervention Skills Training (ASIST) workshop. The intent of this pretest questionnaire is also to collect data related to demographic characteristics. Every effort will be made to protect your confidentiality. However, if you are uncomfortable answering any of the questions, you may leave the questions blank. Thank you for your participation and cooperation!

| Workshop Date | Workshop Location | Name of Workgroup Trainer |
|---|---|---|
| 2/15-2/16/2024 | Together Mental Health | |

### 1) Posttest: Suicide Related Knowledge Assessment

**Please read each statement carefully. Indicate your answer by circling 'True' if you believe the statement is correct, or 'False' if you believe the statement is incorrect.**

1. True or False: Asking about suicide thoughts will inevitably plant the idea in someone's mind.

2. True or False: Many people with suicidal thoughts are looking for a way to live, not to die.

3. True or False: The official number of suicides reported is usually more than the actual number of suicides.

4. True or False: It is easy to detect invitations from persons with suicidal thoughts because they are apparent.

5. True or False: A safety plan should be built for a person with suicidal thoughts because they cannot think clearly.

6. True or False: Any previous suicide attempt and mental health issues should also be identified in Safety Plan.

*Page Continues*

7. True or False: When a person with suicidal thoughts cannot decide between life and death, safe for now is the third choice that the caregiver can suggest to the person.


8. True or False: It is not a good idea to connect the person with suicide thoughts to someone else or other resources when you are not able to help. It will cause negative outcomes and increase risk of suicide.

9. True or False: The caregiver's self-care ideas can be used as valuable resources for the person with suicide thoughts.

10. True or False: When someone expresses suicidal thoughts, understanding if they have a plan and the means to carry out that plan is crucial in determining the urgency of intervention needed.


## 2) Posttest: Confidence and Competency Assessment

| Please circle the number that describes your response | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1. If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide | | | | | |
| 2. If someone told me he or she were thinking of suicide, I would do a suicide intervention. | | | | | |
| 3. I feel prepared to help a person at risk of suicide | | | | | |
| 4. I feel confident I could help a person at-risk of suicide. | | | | | |


## 3) Posttest: Attitude Assessment

| Please circle the number that describes your response | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 5. Suicide is wrong. | | | | | |
| 6. Everyone has a right to suicide | | | | | |

### 4) Satisfaction Survey

| On a scale of 1 to 10, please write the rating number that best describes your response to the questions | Rating<br>(1 = definitely no…<br>10 = definitely yes) |
|---|---|
| 1. Overall, I am satisfied with the training. | |
| 2. I will recommend ASIST to others. | |
| 3. I will use what I learned from this training in my job. | |
| 4. The training is applicable to my work and/or daily life. | |

### 5) Feedback

*What stood out to you in this training? What thoughts, questions, or suggestions do you have on this training?*

| |
|---|
| |

*Thank you for completing questionnaire.*

**Appendix E Electronical version of Pre-Posttests**

1. Pretests

   https://form.jotform.com/240391124975155

2. Pretests

   https://form.jotform.com/240391629130148

| CITATION | PURPOSE | SAMPLE/SETTING | METHODS (Design, Interventions, Measures) | RESULTS | DISCUSSION, INTERPRETATION, LIMITATIONS |
|---|---|---|---|---|---|
| Chao, Y. Y., Seo, J. Y., Katigbak, C., & Chang, Y. P. (2020). Utilization of Mental Health Services Among Older Chinese Immigrants in New York City. *Community mental health journal, 56*(7), 1331–1343. https://doi.org/10.1007/s10597-020-00570-2 | Examine utilization of mental health services among older Chinese immigrants in NYC<br><br>Identify factors that influence utilization of mental health services & explore experiences of seeking mental health services<br><br>Understand the factors with mental health service utilization to develop culturally sensitive interventions and early screening programs | Sample: Older Chinese immigrants in NYC recruited from Chinatowns in Brooklyn, Queens, and Manhattan.<br><br>Included: self-identify as Chinese immigrants, aged 60+, and proficient in Chinese (Mandarin/Cantonese)<br><br>Excluded: U.S. birth, dementia, or significant cognitive impairment.<br><br>130 participants in quantitative part and achieved data saturation in qualitative part w/14 interviews. | Used an explanatory sequential design with two phases: quantitative (surveys exploring mental health service utilization factors in older Chinese immigrants) and qualitative (interviews delving into stressors, service-use factors, and Chinese cultural influences).<br><br>Logistic regression analyzed predictors.<br><br>Interviews, audio-recorded and transcribed verbatim | Many older Chinese immigrants in NYC face mental health issues, with 81.5% unable to speak English, and 75.4% rating their health as poor or fair.<br><br>Factors influencing mental health service utilization: predisposing factors and enabling factors (like health insurance access).<br><br>Those perceiving higher depressive symptoms were 26.4% more likely to seek mental health services. | Cultural values and mental health stigma impact help-seeking choices among older Chinese immigrants in NYC, favoring family, friends, or traditional healers over professional services.<br><br>Emphasizes the need for culturally sensitive interventions.<br><br>Limitations include specificity to NYC's older Chinese immigrants, potential bias from convenience sampling, and lack of sample size and statistical details in the quantitative phase. |

| CITATION | PURPOSE | SAMPLE/SETTING | METHODS (Design, Interventions, Measures) | RESULTS | DISCUSSION, INTERPRETATION, LIMITATIONS |
|---|---|---|---|---|---|
| Darnell, D., Areán, P. A., Dorsey, S., Atkins, D. C., Tanana, M., Hirsch, T., Mooney, S. D., Boudreaux, E. D., & Comtois, K. A. (2021). Harnessing innovative technologies to train nurses in suicide safety planning with hospitalized patients: Protocol for formative and pilot feasibility research. *JMIR Research Protocols*, *10*(12), e33695. doi:10.2196/33695 | Develop learning training in suicide safety planning, Identify strategies for the implementation and workflow integration of both the training and safety planning with patients Assess feasibility of recruitment, retention, and collection of longitudinal self-report and electronic health record data for patients identified as at risk of suicide | The Project WISE research takes place at a level 1 trauma center Nurses required to complete 6 hours of suicide-prevention training Predominantly identify as female and White; patients predominantly identify as male and White | Qualitative and observational methods to explore implementation context and technology usability, formative evaluation of the training paradigm, and pilot research to assess feasibility Examine whether patients at risk of suicide have better suicide-related post discharge outcomes when admitted to a unit with nurses trained using the skill-building technology than those admitted to a unit with untrained nurses. | Patients hospitalized for medical or surgical reasons or traumatic injury who are at risk of suicide have better suicide-related post discharge outcomes when admitted to a unit with nurses trained using the skill-building technology | Project WISE takes a pragmatic approach, both in terms of what is developed and deployed as well as how the impact of the training on patients will be evaluated. Promotes a task-shifting approach; health care workers with fewer mental health care qualifications but who can be trained in a short period effective in basic safety planning Training necessary but insufficient to ensure that providers are able to deliver a high-quality, evidence-based intervention over time, a problem that can be assuaged with occasional feedback on performance or refresher training Potential need for booster training, and the intention behind the workplace integrated training model to make such booster sessions readily accessible. |

| CITATION | PURPOSE | SAMPLE/SETTING | METHODS (Design, Interventions, Measures) | RESULTS | DISCUSSION, INTERPRETATION, LIMITATIONS |
|---|---|---|---|---|---|
| Darnell, D., Pierson, A., Whitney, J. D., Wolkow, C. A., Dorsey, S., Boudreaux, E. D., Areán, P. A., & Comtois, K. A. (2023). Acute and intensive care nurses' perspectives on suicide prevention with medically hospitalized patients: Exploring barriers, facilitators, interests, and training opportunities. *Journal of Advanced Nursing*, 79(9), 3351–3369. doi:10.1111/jan.1565 0 | Explore opportunities for acute and intensive care nurses to engage in suicide prevention activities with patients hospitalized for medical, surgical or traumatic injury reasons. | Acute and intensive care nurses working in an urban trauma center and safety net hospital<br><br>Recruited through unit nurse managers via email, word-of-mouth, and flyers posted in the work area<br><br>Urban level 1 trauma center with 413 inpatient beds and over 1700 nurses | Two qualitative descriptive studies using focus groups.<br><br>Nurses participate in 2 focus groups, 1 hour in duration, recorded and transcribed.<br><br>Post-positivist epistemological point of view and reflected a naturalistic ontological position<br><br>Data analysis utilized a top-down, framework-driven approach, where the focus group transcripts were analyzed using the Theoretical Domains Framework to identify barriers and facilitators.<br><br>Intervention: discussing suicide prevention activities and training with the nurses | Acute and intensive care nurses recognize the importance of suicide prevention in their role and identify the need for training in this area<br><br>Main barriers identified include the lack of adequate uninterrupted time for suicide prevention activities and training<br><br>Nurses offered various strategies to address these barriers and suggested ways to make training successful | Discusses the identified barriers, facilitators, strategies, and training needs related to engaging in suicide prevention activities.<br><br>Emphasizes the importance of tailoring interventions and training to accommodate nurses' workload in the hospital context.<br><br>Limitations: findings may not reflect the perspectives of all acute and intensive care nurses at the hospital or in other healthcare settings, and that the perspectives expressed during the COVID-19 pandemic may have been influenced by the pandemic.<br><br>Suggests the need for future survey research to validate the findings and assess their generalizability. |

| CITATION | PURPOSE | SAMPLE/SETTING | METHODS (Design, Interventions, Measures) | RESULTS | DISCUSSION, INTERPRETATION, LIMITATIONS |
|---|---|---|---|---|---|
| Hurley, D., Swann, C., Allen, M. S., Ferguson, H. L., & Vella, S. A. (2020). A Systematic Review of Parent and Caregiver Mental Health Literacy. *Community mental health journal*, *56*(1), 2–21. https://doi.org/10.1007/s10597-019-00454-0 | Collate and evaluate the available research on parent and caregiver mental health literacy.<br><br>To synthesize attitudes and help-seeking practices as it pertains to child and adolescent mental health. | Sample: 21 articles pulled from a database search and record screening.<br><br>Inclusion Criteria:<br>1. Be an empirical study about the topic<br>2. Use Mental health literacy in one of the article sections.<br>3. Be a peer reviewed journal article publish in English<br><br>Excluded Criteria:<br>1. Did not explicitly refer to parent or caregiver mental health literacy.<br>2. Did not examine parent and caregiver mental health literacy in the context of child and adolescent mental health. | Utilized the PRISMA-P guidelines for systematic reviews and meta-analyses.<br><br>The Mixed Methods Appraisal Tool (MMAT) was used to assess the methodological quality of included studies.<br><br>Undertook a narrative synthesis to enable integration and analysis of evidence with significant methodological heterogeneity. | Mixed findings showing association between mental health disorders and help-seeking in previous experience but a less clear association between past experience and help-seeking attitudes.<br><br>Overall, parents and caregivers showed favor in seeking help with some exceptions.<br><br>Parents and caregivers generally had limited mental health knowledge. | Help-seeking experience among parents and caregivers has been associated with more positive help-seeking attitudes, reduced stigmatization, greater help-seeking intentions, and higher use of services in adolescents.<br><br>Suggests that parents and caregivers demonstrate openness to receiving mental health information and acknowledge the significance of their role in supporting youth mental health.<br><br>Lack of studies in nonwestern countries where religious and cultural beliefs, mental health education and treatment services differ. |

| CITATION | PURPOSE | SAMPLE/SETTING | METHODS (Design, Interventions, Measures) | RESULTS | DISCUSSION, INTERPRETATION, LIMITATIONS |
|---|---|---|---|---|---|
| Park, S. Y., & Park, S. Y. (2020). Immigration and Language Factors Related to Depressive Symptoms and Suicidal Ideation in Asian American Adolescents and Young Adults. *Community mental health journal*, 56(1), 139–148. https://doi.org/10.1007/s10597-019-00463-z | Compare depressive symptoms and suicidal ideation by immigration status & language<br><br>Explore mental health variations within Asian American groups and compared to non-Hispanic white youth<br><br>Stress the importance of addressing cultural nuances for effective mental health interventions for Asian American adolescents and young adults. | Sample: Asian American and non-Hispanic white (NHW) youth who participated in the National Longitudinal Study of Adolescent to Adult Health<br><br>Utilized data from Waves I, III, and IV of the Add Health data<br><br>Asian American- 1418 in Wave I, 1079 in Wave III, and 946 in Wave IV<br><br>Included individuals who were followed over time.<br><br>Add Health is a nationally representative study of U.S. adolescent | Utilizes data from the National Longitudinal Study of Adolescent to Adult Health<br><br>Employs linear regression and linear probability models for data analysis<br><br>Design involves using three waves (Waves I, III, and IV) of the Add Health data for a subsample of Asian and NHW (non-Hispanic white) youth who completed the in-home interviews. | Varied depressive symptoms among Asian American subgroups by U.S. birth and English-speaking families, with higher scores than non-Hispanic white youth.<br><br>Significant suicidal ideation differences observed, especially among U.S.-born and English-speaking Asian American youth compared to others and non-Hispanic white youth. | Immigration status and language influence mental health outcomes in Asian American youth, who face higher risks than non-Hispanic white peers.<br><br>Emphasizes the need for culturally tailored mental health interventions.<br><br>Limitations include using proxies for acculturation, a single-item measure for suicidal ideation, smaller Asian American subgroup sizes, potential attrition biases, and the study's generalizability due to treating all Asian Americans as a single group. |

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| CITATION | PURPOSE | SAMPLE/SETTING | METHODS (Design, Interventions, Measures) | RESULTS | DISCUSSION, INTERPRETATION, LIMITATIONS |
|---|---|---|---|---|---|
| Yoon, A. S., Moon, S. S., Son, H., & Kim, J. W. (2021). Suicidal behavior among Korean American: Cultural factors and implications for intervention. In A. S. Yoon, S. S. Moon, & H. Son (Eds.), *Understanding Korean Americans' mental health: A guide to culturally competent practices, program developments, and policies* (pp. 253–280). Lexington Books/Rowman & Littlefield. | Underscore the heightened prevalence of mental health issues among Korean Americans.<br><br>Review the different cultural factors associated with suicide among Korean Americans.<br><br>Educate on the different theories surrounding current social work practice.<br><br>Dive into specifics about Korean American mental health assessment and intervention.<br><br>Discuss intervention suggestions for clinicians regarding suicide prevention and how to respond effectively and appropriately with cultural considerations. | Sample: not applicable<br><br>Article focused on the Korean-American Population. | Systematic review that conducted a comprehensive review of existing research on suicide risk factors among the Korean American community.<br><br>Reviews factors, interventions, theories, programs, and education associated with mental health in the Korean American population. | A variety of mental health issues in the Korean American community can be connected to challenges with cultural stigma and racial prejudice.<br><br>Demographic, cultural, psychological, social, and environmental factors create potential high risk individuals among those involved with suicide. | Emphasizes the importance of intentional engagements from mental health workers since Asian American are less likely to seep support for mental health.<br><br>Need to educate mental health workers of potential barriers to seeking help in certain communities will work as a resource to cater to specific needs in the community.<br><br>Broadening awareness of Korean American needs could provide more suicide intervention strategies.<br><br>Limited number of studies on this topic. |

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