



**Center for Research and Intervention on Suicide and
Euthanasia**

**Evaluation of the Implementation and
Effectiveness of Education in Mental
Health Facilities near Tracks to Prevent
Railway Suicides**

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This document describes the proposed evaluation of the implementation and the effects of the project (described in detail in another document on this web site) to provide education to personnel in mental health facilities near tracks in order to prevent railway suicides. The consistent finding that most railway and metro suicide victims are in treatment for psychiatric disorders, and that they often reside in a psychiatric facility and commit suicide in the station or on the tracks in the vicinity of a psychiatric institution provides important information to identify both high risk populations and high risk locations on metro and railway lines. We proposed an alternative to the “signage and poster” pilot program involving the provision of proper training in the identification of persons at risk of suicide and the development of protocols and interventions to prevent their suicides in mental health facilities near tracks. The present document describes the evaluation of both the implementation and costs of a pilot project for an “education in mental health facilities near tracks” suicide prevention strategy in Canada.

Evaluation plan

There would be an evaluation of the implementation (how well it has been implemented) and an evaluation of the effects (its impact on suicidal individuals and in preventing suicides).

Evaluation of the implementation

When evaluating the implementation of the training programme the following issues would be addressed:

- Assess the actual coverage that was achieved by the training campaign (number and adequacy of organisations and clinicians).
- Evaluate the quality and consistency of the training delivery and of knowledge acquired.
- Monitor the use of training by mental health professionals.
- Participant (clinicians and organisations) satisfaction with the programme.

Data would include: participations rate for the mental health organisations identified and for the personnel in those institutions.; Follow-up questionnaires with participating clinicians (e.g. assessing the suitability of the training, if it was delivered to the right people, acquired knowledge, satisfaction, actual use of training content, identification of railway related suicide risk)



Evaluation of effects

The evaluation of the effects would involve assessing the impact of the training on the identification of clients who are at risk of railway suicides, interventions with those clients, the impact of the assessment and interventions on their suicidal behaviours and an assessment in changes in railway suicides, suicidal behaviours and associated factors, such as trespassing incidents. This evaluation would be conducted over a 4 years period so that we may eventually be able to demonstrate a potential impact on suicide rates. As indicated in Section 1 of this report, since the annual number of suicides is quite low, it is important to obtain several years of data in order to be able to determine if there are significant changes in suicide rates which may be associated with the programme.

Data will be gathered from incident reports from railway companies, coroners' reports on deaths in each province and, if possible, train crew observations about occurrences near tracks during the four years. In addition we will use records from the institutions which received training and questionnaires with staff to obtain information on the usefulness of the training to identify potential railway suicide victims and provide interventions to prevent railway suicide attempts.



Evaluation timeline

Evaluation process – training

Timeline	Phases of implementation evaluation	Phases of effect evaluation
Month 1-3	Identification and negotiation with implementation partners	Data collection protocols with coroners, railway companies and helplines, medical psychiatric partners
Month 1-3	Design of evaluation documents and protocols	
Month 3	Data collection after implementation	
Month 4	Implementation data analysis	
Month 4-5	Post implementation report (1)	
Month 4-12	Data collection year 1	Data collection year 1
Month 13	Data analysis Year 1	Data analysis Year 1
Month 13-14	Year 1 report (2)	Year 1 report (1)
Month 13-24	Data collection year 2	Data collection year 2
Month 25	Data analysis Year 2	Data analysis Year 2
Month 25-26	Year 2 report (3)	Year 2 report (2)
Month 25-36	Data collection year 3	Data collection year 3
Month 37	Data analysis Year 3	Data analysis Year 3
Month 37-38	Year 3 report (4)	Year 3 report (3)
Month 37-48	Data collection year 4	Data collection year 4
Month 49	Data analysis Year 4	Data analysis Year 4
Month 49-50	Final implementation report (5)	Final effects report (4)



Associated costs are as follows

Budget for the evaluation of training

Salaries	
1 research assistant 2 days / week for 48 months (4 years) who will organise data collection and compilation with on-site partners throughout the project - 23\$ / hour	67 000
1 Project coordinator 2 day/week for 50 months and 60 days of data analysis and report writing – 47\$/hour	170 000
8 on site monitors – 1 day / week for 48 months who work on the assessment of implementation variables – 23\$/hour	33 500
Services and Equipment	
Computers – one high performance laptop to manage interactive maps	1 500
Telephone calls (28h of calls)	1 000
Ink, prints, stationary, post office	2 000
Sub total	273 650
Indirect costs 40%	109 460
Project final reports design and printing for 50 copies	2 000
Transportation and lodging employees	
We plan at least 2 visits per year from the research assistant to each site	24 032
○ One trip to the Québec Site : car rental 45\$/day x3 days, 3 nights (90\$ per night and per diem 53\$) = 564\$ (x8 visits = 4 512\$)	
○ One trip to the Toronto areas : car rental 45\$/day x4 days, 3 nights (130\$/night and per diem 85\$), train ticket (160\$ or plane 250\$) = 1 075\$ (x8visits = 8 600\$)	
○ One trip to Vancouver site : plane ticket 800\$, car rental 45\$/day x3days, 2 nights (130\$ per night and per diem 85\$) = 1 365\$ (x8visits = 10 920\$)	
Transportation and lodging partners	10 000
We will have to compensate local partners for their travels to conduct data gathering	5 000
Presentations of results at scientific meetings	
Knowledge transfer activities	
2 conferences	4 000
Professional services (translation) 23cents per word	20 000
Total	448 142



Overall assessment of feasibility, costs, and potential to prevent suicides of training programs

	Advantages	Difficulties
Technical feasibility	This project does not involve any specific technical equipment or ability that the research team does not already possess	It will be difficult to monitor the number of cases of railway suicide risk that will be identified by trained staff. Monitoring in such contexts is notoriously difficult.
Financial feasibility	The project has a relatively low cost. Parts of the training could potentially be financed by local mental health governing bodies such as CSSS in Québec.	An unexpected cost may be associated with the relatively high turnover rate that mental health and community services face. More training sessions than expected may have to be conducted.
Potential to prevent railway suicides	Identifying at risk patients is a well-recognised way to improve suicide prevention. The present project also aims at training professionals from psycho-social and community services, increasing the chances of reaching suicidal people who do not seek medical help.	Since not all suicide victims consult a mental health professional prior to their death, a prevention strategy that targets mental health services will not identify of all potentially suicidal people.
Potential effects in other areas	Training professionals, and offering refresher sessions helps renew and maintain their attention to the problem of evaluating suicide risk in patients. This increased awareness will apply to all patients, and should benefit all suicidal persons, whether or not railway suicide is of concern.	

