Does gatekeeper training really work?

Enhanced Case Identification Through Gatekeeper Training

Evidence From Post-Certification Self-Report Data

Executive Summary

Gatekeeper training is a cornerstone of community-based suicide prevention programming. Intended to improve knowledge, skills, attitudes and the early recognition of suicide risk and increased linkage to care, prior research demonstrates improvements in attitude, knowledge, skills, and confidence following training. Few follow-on studies have examined whether trained gatekeepers apply these skills in real-world settings over time. While learning outcomes and successful referrals are reported in small studies, no large N reports are available. Actual reductions in rates of suicide attributed to gatekeepers remain a mystery and, given the low rates of suicide and lack of well-funded research, will remain a persistent challenge. Still, it appears gatekeeper training is successful in identifying unknown people at risk of suicide in their communities.

This white paper presents findings from a post-training self-report survey collected with 10,373 adults who completed online QPR gatekeeper training and, one to two years later, retook the training and passed the same certification exam as well as two different real-world scenario-based interactive role plays. This 60-minute recertification course reviewed the core elements of the QPR intervention with added emphasis on suicide warning sign recognition and referrals skills in particular. A few of those completing the survey had been certified in QPR two years before the opportunity to report. Thus, they were reporting on a 2-year interval between initial training and being surveyed. However, the vast majority of respondents were reporting on a one-year interval between training and survey. Here are those findings.

Of those completing the survey:

- **22.1%** identified at least one individual experiencing suicidal thoughts.
- **92.6%** of those who identified someone at risk (recognized warning signs and confirmed the presence of suicidal ideation) made a referral to professional support.
- **42.7%** of those who made a referral personally escorted individuals to care (“accompanied” referral).
- An additional **5.8%** of all respondents Identified distress signals as possible suicide warning signs and took positive action but did not identify the person as having suicidal ideation. (QPR has shown to be a universal intervention for people in a mental health crisis and in need of help, but who may not be considering suicide).

These large N findings strongly suggest that QPR-trained gatekeepers do in fact *act* after being trained in how to help others in distress. They appear quite able to identify unknown people at risk of suicide in their communities, and they report they are ready and willing to gently engage with and confront people emitting distress signals and warning signs known to be the result of suicidal

desire and possible intent. We can only speculate about how many of these interventions may have prevented a suicide attempt, a hospitalization, or even a death.

Accompanied referral. Since QPR training emphasizes the "accompanied" referral, we see that nearly 43% of people who identify someone at risk accompany them to the referral source. This appears to be a substantial investment of personal time and resources to assist someone who needs help. We did not collect data on whether or not the 988 number was provided to people in distress and have no data on that question.

QPR as a universal intervention. Nearly 6% of this sample responded to someone in distress who was not experiencing suicidal desire, or for whom it was never determined that they were experiencing suicidal ideation. This supports QPR as a universal intervention for people in crisis and exhibiting signs that something is seriously amiss with their mental well-being. Clearly some people are sending distress warning signs out of psychological pain but are not yet thinking about suicide. These are the so-called false positives (people who will not go on to die by suicide). Still, we believe this is a worthy population for mental health support and too often overlooked by healthcare systems.

Background and rationale for this paper

Gatekeeper training is among the most widely implemented suicide prevention strategies in the United States and, increasingly, the world. It operates as a community-based surveillance and response system by equipping ordinary citizens with the skills to recognize warning signs of suicide and initiate supportive intervention.

Previous studies show that warning signs can be taught and that brief training improves knowledge, confidence, and perceived competence in responding to suicide risk (Gould et al., 2007; Wyman et al., 2010). However, less evidence has been available regarding whether gatekeepers use these skills after training and whether their actions translate into meaningful referral behaviors. To the degree that a compassionate, supportive conversation with a gatekeeper may reduce suicide risk, we simply don't know enough. Arguments can be made that such conversations reduce the risk of suicide attempts and even deaths.

As many states and organizations now require periodic or annual retraining—including acceptance of online formats, new opportunities exist to assess post-training behavior over time. To address this gap, the QPR Institute embedded a follow-up survey within its recertification training modules to capture real-world application of gatekeeper skills. The recertification course is fundamentally the same as the original but with more focus on some skills and particularly warning sign recognition and referral skills. Online course delivery uses a multimodal interactive scenario-based advanced active training methodology geared to adult learners.

Data Source and Methods

Participants

The sample included **10,373 gatekeepers** from a wide variety of educational institutions, individuals, state healthcare organizations, and other government and large workforce employers.. All participants had previously completed QPR gatekeeper graining and were completing online recertification. Some of those surveyed had completed training in the classroom setting with certified instructors. Recertification training was entirely online.

Procedure

Participants completed a brief survey embedded within the recertification module. The survey assessed gatekeeper behaviors since prior certification. Participation was voluntary and anonymous.

Measures

Survey items assessed:

1. Whether the participant identified at least one person experiencing suicidal thoughts.
2. Whether a referral for professional treatment or support was made.
3. Whether the participant personally escorted the individual to services (accompanied referral).
4. Whether the participant took action when warning signs were present but suicidal intent was uncertain or remained unknown.

Key Findings

Of the 10,373 respondents:

- **2,289 (22.1%)** identified at least one person experiencing suicidal thoughts.
- Among those identifying risk, **2,120 (92.6%)** made a referral for professional support.
- **905 (42.7%)** of referring gatekeepers personally escorted individuals to care, consistent with QPR's preferred "accompanied" referral recommendation.
- **603 (5.8%)** of all respondents reported taking action when distress was observed even without confirmed suicidal ideation.

These results align with prior evidence that gatekeeper training increases recognition of suicide warning signs and improves referral behavior (Gould et al., 2007; Wyman et al., 2010; Kurtz et al., 2011).

The substantial rate of accompanied referrals is particularly notable. Research shows that warm handoffs significantly increase engagement with behavioral health services. Adolescents receiving warm handoffs are more than three times as likely to engage in care compared with those receiving electronic referrals alone (Randolph et al., 2023).

Implications for Public Health and Policy

Gatekeeper training strengthens the pathway from risk detection to professional care by:

1. Increasing identification of otherwise unknown at-risk individuals.
2. Promoting timely referral to mental health services.
3. Reducing barriers to care through accompanied referrals.

Although definitive reductions in suicide rates are difficult to attribute to any single intervention, the consistent evidence shows that gatekeeper training achieves its primary objectives of enhanced knowledge, skills and attitudes, which then lead to greater suicide risk detection and linkage to care.

From a systems perspective, early case identification may reduce downstream costs associated with psychiatric hospitalization, emergency department use, and crisis intervention. These data support future cost–benefit analyses of gatekeeper training not only as a key element in a multi modal approach to this public health problem, but as a sound investment in upstream suicide prevention.

Because both training and recertification can be delivered entirely online, these findings demonstrate the feasibility and scalability of maintaining high-fidelity implementation while achieving population level training. QPR training is now delivered both online and in classrooms across diverse sectors and multiple countries, supporting its cultural acceptability and adaptability. As is well known, the survival rates from cardiac arrest increase with the number of people per capita trained in the population where heart attacks occur. We believe it is reasonable to expect that the more gatekeepers trained in a defined population the fewer lives will be lost to suicide in that population.

Limitations

These findings are based on self-report and may reflect recall bias or social desirability effects. The data do not allow direct assessment of suicide outcomes following referral. However, referral behavior is a necessary precursor to treatment engagement and expected risk reduction. We have no reason to doubt the self-report data here, as this is the standard way of collecting scientific information about human behavior in this space.

Conclusion

Post-certification data from more than 10,000 trained gatekeepers show that approximately **one in five** identifies at least one person at risk for suicide and that the vast majority initiate referral for professional support. The frequent use of accompanied referrals suggests meaningful application of training principles in real-world settings.

These results reinforce the value of gatekeeper training as a scalable, community-based mechanism for identifying unknown at-risk individuals and facilitating access to care. While not all

identified individuals will go on to attempt suicide, reducing psychological suffering and strengthening help-seeking pathways represents a significant public health benefit.

In sum, gatekeeper training demonstrates that ordinary citizens can be trained to intervene effectively in moments of crisis functioning as an essential complement to professional mental health systems or more formal crisis response systems and crisis lines.