

This program description was created for SAMHSA's National Registry for Evidence-based Programs and Practices (NREPP). Please note that SAMHSA has discontinued the NREPP program and these program descriptions are no longer being updated. If you are considering this program, you may wish to visit the full [program listing on our website](#) or search other sources for more up-to-date information.

LEADS: For Youth (Linking Education and Awareness of Depression and Suicide)

LEADS: For Youth (Linking Education and Awareness of Depression and Suicide) is a curriculum for high school students in grades 9-12 that is designed to increase knowledge of depression and suicide, modify perceptions of depression and suicide, increase knowledge of suicide prevention resources, and improve intentions to engage in help-seeking behaviors. The curriculum addresses such topics as depression and its symptoms, the link between depression and suicide, the risk and protective factors associated with suicide, the warning signs of suicide, seeking help and overcoming barriers to seeking help, and school and community suicide prevention resources. By educating students about seeking help and the resources available to them, the intervention aims to empower students to get help for themselves or others.

Teachers implement the curriculum for 1 hour a day over a 3-day period. Each session includes classroom lecture, individual and group activities, and small-group discussions, followed by activities and homework outside of school. The intervention incorporates technology-based activities that resonate with youth, such as a simulated blog, an email and instant messaging activity, and innovative awareness-raising projects. Implementation of LEADS is intended to occur as part of a school suicide crisis management plan. The intervention can be implemented by teachers with different teaching styles.

Descriptive Information

Areas of Interest	Mental health promotion
Outcomes	<p>Review Date: January 2012</p> <p>1: Knowledge of depression and suicide</p> <p>2: Perceptions of depression and suicide</p> <p>3: Knowledge of suicide prevention resources</p>
Outcome Categories	<p>Mental health</p> <p>Suicide</p>
Ages	13-17 (Adolescent)

Genders	Male Female
Races/Ethnicities	American Indian or Alaska Native Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified
Settings	School
Geographic Locations	Suburban
Implementation History	First implemented in 2008, the intervention has been used in more than 855 schools and has reached approximately 21,000 students. The intervention has been implemented in more than 15 States, as well as in Canada and Switzerland.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
Adaptations	No population- or culture-specific adaptations of the intervention were identified by the developer.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	Universal

Quality of Research

Review Date: January 2012

Documents Reviewed

The documents below were reviewed for Quality of Research. The [research point of contact](#) can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Leite, A., Idzelis, M., Reidenberg, D., Roggenbaum, S., & LeBlanc, A. (2011). Linking Education and Awareness of Depression and Suicide (LEADS): An evaluation of a school-based suicide prevention curriculum for high school youth. St. Paul, MN: Wilder Research.

Supplementary Materials

Suicide Awareness Voices of Education (SAVE). (2007). LEADS: Youth follow-up. Bloomington, MN: Author.

Suicide Awareness Voices of Education (SAVE). (2007). LEADS: Youth post test. Bloomington, MN: Author.

Suicide Awareness Voices of Education (SAVE). (2007). LEADS: Youth pre test. Bloomington, MN: Author.

Outcomes

Outcome 1: Knowledge of depression and suicide	
Description of Measures	Knowledge of depression and suicide was measured using pretest, posttest, and follow-up surveys developed by researchers for the study. The surveys included items that assessed knowledge of depression and suicide, perceptions of depression and suicide, intentions to engage in help-seeking behavior, and knowledge of suicide prevention resources. Items assessing knowledge of depression and suicide included 10 true/false statements and a list of 10 characteristics from which the student selected symptoms of depression.
Key Findings	A study compared students at three schools who received LEADS with students at five schools who did not receive the intervention. Intervention group students completed the pretest, posttest, and follow-up survey (at 3-month follow-up), and control group students completed the posttest survey only, prior to receiving a suicide prevention presentation. At posttest, a significantly higher percentage of students in the intervention than control group correctly answered "true" to the statements "Having a family history of depression increases someone's risk of depression and/or suicide" ($p < .001$) and "Writing about death can be a warning sign of suicide" ($p = .027$) and correctly answered "false" to the statement "People who are depressed cry all the time" ($p = .021$).
Studies Measuring Outcome	Study 1

Study Designs	Preexperimental
Quality of Research Rating	1.8 (0.0-4.0 scale)
Outcome 2: Perceptions of depression and suicide	
Description of Measures	Perceptions of depression and suicide were measured using pretest, posttest, and follow-up surveys developed by researchers for the study. The surveys included items that assessed knowledge of depression and suicide, perceptions of depression and suicide, intentions to engage in help-seeking behavior, and knowledge of suicide prevention resources. For each of the 10 items assessing perceptions of depression and suicide, a statement was given. The student indicated his or her level of agreement with the statement using a 4-point scale.
Key Findings	A study compared students at three schools who received LEADS with students at five schools who did not receive the intervention. Intervention group students completed the pretest, posttest, and follow-up survey (at 3-month follow-up), and control group students completed the posttest survey only, prior to receiving a suicide prevention presentation. At posttest, a significantly higher percentage of students in the intervention than control group strongly agreed or agreed with the statements "Depression is a medical illness, like diabetes" ($p < .001$) and "Suicide should be talked about in the classroom" ($p = .008$). Likewise, a significantly lower percentage of students in the intervention than control group strongly agreed or agreed with the statements "People who complete suicide are not good at dealing with stress" ($p < .001$) and "People who complete suicide are crazy" ($p = .025$).
Studies Measuring Outcome	Study 1
Study Designs	Preexperimental
Quality of Research Rating	1.8 (0.0-4.0 scale)

Outcome 3: Knowledge of suicide prevention resources

<p>Description of Measures</p>	<p>Knowledge of suicide prevention resources was measured using posttest and follow-up surveys developed by researchers for the study. The surveys included items that assessed knowledge of depression and suicide, perceptions of depression and suicide, intentions to engage in help-seeking behavior, and knowledge of suicide prevention resources. Three items assessed knowledge of suicide prevention resources. One item asked if the student knew someone in the community he or she could go to for help, and another asked if the student knew someone in the school. In addition, the following open-ended item was used: "List resources (people or agencies) you can talk to if you knew anyone who was thinking about suicide. Please do not list names, but list the persons' relationship to you. For example, do not list 'Mr. Bennett,' but list 'PE teacher.'"</p>
<p>Key Findings</p>	<p>A study compared students at three schools who received LEADS with students at five schools who did not receive the intervention. Intervention group students completed the posttest and follow-up survey (at 3-month follow-up), and control group students completed the posttest survey only, prior to receiving a suicide prevention presentation. At posttest, a significantly higher percentage of students in the intervention than control group were able to identify five suicide prevention resources ($p < .001$).</p>
<p>Studies Measuring Outcome</p>	<p>Study 1</p>
<p>Study Designs</p>	<p>Preexperimental</p>
<p>Quality of Research Rating</p>	<p>1.8 (0.0-4.0 scale)</p>

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
<p>Study 1</p>	<p>13-17 (Adolescent)</p>	<p>51.1% Male 48.9% Female</p>	<p>76% White 12% Race/ethnicity unspecified 6% Black or African American 5% Asian</p>

5% Hispanic or Latino
1% American Indian or Alaska Native

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Knowledge of depression and suicide	1.5	1.5	2.0	1.0	2.0	2.5	1.8
2: Perceptions of depression and suicide	1.5	1.5	2.0	1.0	2.0	2.5	1.8
3: Knowledge of suicide prevention resources	1.5	1.5	2.0	1.0	2.0	2.5	1.8

Study Strengths

The intervention is grounded in the literature, and the study used a theoretical framework. Several of the items used to assess outcomes have face validity. An attempt was made to assess intervention fidelity. In general, appropriate statistical analyses were used.

Study Weaknesses

Although the researchers extensively documented previous research and evaluation efforts, they developed new instruments for the study and did not evaluate the reliability or validity of these measures. In terms of intervention fidelity, group activities were not consistently observed, and observers were volunteers with undefined background and training. The study's considerable attrition was not addressed in discussion or analysis. The baseline equivalence of the intervention and control group students cannot be determined

due to a lack of data on the schools and control group students, introducing potential confounds. Analyses did not take into account that students were embedded within schools and classrooms.

Readiness for Dissemination

Review Date: January 2012

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The [implementation point of contact](#) can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Program Web site, <http://www.save.org/leads>

Suicide Awareness Voices of Education (SAVE). (2007). LEADS: Implementation checklist. Bloomington, MN: Author.

Suicide Awareness Voices of Education (SAVE). (2007). LEADS: Youth follow-up. Bloomington, MN: Author.

Suicide Awareness Voices of Education (SAVE). (2007). LEADS: Youth post test. Bloomington, MN: Author.

Suicide Awareness Voices of Education (SAVE). (2007). LEADS: Youth pre test. Bloomington, MN: Author.

Suicide Awareness Voices of Education (SAVE). (2008). LEADS: For Youth. Linking Education and Awareness of Depression and Suicide. Curriculum and teacher's guide [CD-ROM]. Bloomington, MN: Author.

Suicide Prevention Resource Center & the American Foundation for Suicide Prevention. (2008, July). LEADS for Youth. Linking Education and Awareness of Depression and Suicide. Available from the Best Practices Registry Web site, <http://www.sprc.org/sites/sprc.org/files/bpr/LEADSBPRfactsheet.pdf>

Additional program materials:

- Teacher Survey
- Welcome letter with sample program schedules for day 1 and 2

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.4	2.7	2.9	3.0

Dissemination Strengths

The program materials are of high quality and are well organized and readily usable in a school setting. The curriculum and teacher's guide clearly outline how to prepare for and facilitate program delivery. The program materials include fidelity checklists and a comprehensive discussion on school management plans for suicide awareness and prevention, intervention, and postvention that provides guidance on how LEADS can be incorporated into a school's current plans. The developer is available to provide assistance to implementers by phone and email. Quality assurance materials are available to new implementers and are accompanied by clear guidance for administration.

Dissemination Weaknesses

Limited guidance is included on building the organizational supports necessary for obtaining and maintaining teacher buy-in. It is unclear whether and how new implementers can adapt the program to meet unique implementation needs while maintaining fidelity to the model. The lack of available training on the intervention may present a challenge for some sites that need this level of support to ensure effective and consistent implementation. It is unclear how new implementers are to be supervised and supported to ensure implementation fidelity. Limited guidance is provided on how to interpret the data derived from quality assurance tools to improve program delivery and outcomes.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The [implementation point of contact](#) can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
Curriculum and teacher's guide on CD-ROM (includes quality assurance tools)	\$125 each	Yes
Telephone and email support	Free	No

Replications

No replications were identified by the developer.

Contact Information

To learn more about implementation, contact:

Daniel J. Reidenberg, Psy.D.

(952) 946-7998

dreidenberg@save.org

To learn more about research, contact:

Amy Leite, M.P.H.

(651) 280-2661

amy.leite@wilder.org