

Research Article**Overview of Brief Volunteers Training Program in Suicide Prevention****Mahesh. R. Gowda^{1*}, Pallavi. Sarji Uthkarsh², Meena. K. S³, Harish. B⁴, Preethi. S⁵**^{1,5}Consultant Psychiatrist, Spandana Nursing Home, Bangalore, Karnataka, India²Associate professor of Department of Community Medicine, Sree Siddharta Medical College, Tumkur, Karnataka, India^{3,4}Consultant Psychiatric Social Worker, Spandana Nursing Home, Bangalore, Karnataka, India***Corresponding author**

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Abstract: Suicide is a significant public health problem worldwide that requires evidence based prevention efforts. One approach to prevention is first responders training. Such training programs for community members have demonstrated positive changes in knowledge about suicide. The objective was to study the knowledge and attitude of first responders before and after a brief, training program on suicide prevention. Participants in a community gatekeeper training were counsellors in nongovernmental organisation. 50 participants participated in a three day training program, pre and post training evaluation is done to know the effectiveness of program. Study participants showed significant improvement in the level of knowledge about suicide and likelihood of facilitating help to at risk individuals. Volunteers training had significantly improved level of knowledge of participants and likelihood of facilitating help.**Keywords:** Suicide prevention, Gatekeeper, Volunteers, Karnataka.

INTRODUCTION

According to WHO [1], every year almost one million people die by suicide around the world. Suicide is very significant social and public health problem.

Even in India more than one lakh persons (1,35,445) lost their lives by committing suicide during the year 2012. During the decade (2002-2012) India has recorded increase of 22.7% of suicides [2].

Suicide is one of the three leading causes of death among those in the most economically productive age group (15-44 years), and the second leading cause of death in the 15-19 years age group [3]. India 37.8% of suicides are by those below the age of 30 years [4, 5]. More than 42% of suicide deaths in men and 40% of suicide deaths in women occurred in four southern states including Karnataka [6].

According to Public health model suicide prevention strategies can be grouped as primary secondary and tertiary levels of prevention. Primary prevention focuses on reducing risk factors and health promotion, Secondary level of prevention includes early detection /case finding and early referral/treatment. The main case finding strategies include general education campaigns, school-based and primary care provider screening programs, and gatekeeper training [7-9]. Most Indians do not have community or support services for the prevention of suicide and have restricted access to

care for mental illnesses associated with suicide, especially access to treatment for depression, which has been shown to reduce suicidal behaviors [10]. Gatekeeper training holds promise as part of a multifaceted strategy to combat suicide which equips community members, to understand risk and protective factors, to identify people at risk, to be aware of available resources, and to make referrals when required [11, 12].

As a part of world suicide day celebrations a volunteers working in suicide helpline were involved in a gate keepers training program and the effect of the program on their knowledge and attitude towards suicide and its prevention was evaluated.

MATERIALS AND METHODS**Gate keepers training program**

First responders training program conducted at Spandana Rehabilitation Research and Training Centre, Bangalore, India on the occasion of World suicide prevention day celebrations held in the month of September 2014 conducted.

Around 50 volunteers working in help lines participated in the study. The training module was fixed for three days. Professionals working in the area of suicide were assigned to train the volunteers. Faculty from departments of community medicine, psychiatry,

psychiatric social work and psychology were involved as resource persons for the training program.

Training modules were prepared based on the review of literature and previous studies keeping the context of local setting, which covered topics on epidemiology of suicides, facts and myths about suicide, role of caregivers including family members in suicide prevention, where and how to seek help, legal complications of suicide, use of 24 hr suicide helpline, counselling techniques and impact of suicides on families. Each session ensured the required breaks to keep the audience attentive.

Training incorporated different teaching and interactive techniques. Epidemiology of suicides, role of caregivers in suicide prevention were delivered through didactic lecture, skills and technique required to direct counselling and Telephone counselling were demonstrated through short role plays combined with didactic lecture. An insight to impact of suicides on families was given through interaction of participants with suicide affected families.

A pre and post test evaluation was conducted to evaluate the effectiveness of the training on level of knowledge of participants and perceived likelihood in facilitating help to potential seekers after the informed consent.

Measures

At the baseline Study measured socio demographic variables of participants such as age, gender, education qualification, occupation and their pretraining experiences, or any incidence of attempted or completed suicides among their kins.

The level of knowledge of participants was measured in terms of following dimensions such as facts about burden of suicide and its prevention; myths about suicide; pre-disposing factors of suicide; warning signs; exploring suicide related behaviours of potentially suicidal persons; persuading some to seek help; facilitating help; and local resources for helping with suicide. The responses were rated in a five point Likert type items ranging from “very low=1” to “very high”.

Further, the likelihood of facilitating help to potentially suicidal persons among the study participants was measured in a five point Likert type items. The measurement was in terms of “ask someone if they are suicidal”; tell a suicidal person who talk for help; call a crisis line to get help someone you believe

is about to commit suicide”; and “ go with a suicidal persons to get help”. The response ranged from “very unlikely=1” to very likely=5” with a direction that higher the score represent study participants are more likely facilitate help to persons who are potentially suicidal.

At the end of the training, participants satisfaction was measured about the training schedule,contents,speakers,method of training and whether they want to refer others for such training using a scale of 1-5(strogly agree to strogly disagree) and mean score was computed.

Statistical analysis

Analyses were done for 42 people as 8 of them had not completed the questionnaire. Descriptive statistics was used to describe socio demographic variables of study participants. Mean score of knowledge before after the session was assessed. All the Four items of likelihood of fecilitating help were computed to one domain and assesed.

Paired t’ test was used to test the defference between mean scores of pre and post tests.

RESULTS

Nearly 90% of the volunteers were aged below 50 years and majority were females,more than seventy percent of them had an undergraduate degree. Most of the study participants had not participated in any previous training programme on suicide Nearly half of the participants had a person attempted /committed suicide among their Kins. (Table 1).

Pre-and-post tests scores on study participants’ knowledge level on suicide. The analysis revealed a highly significant pre-and-post test difference indicating a significant improvement on the level of knowledge about suicide among the study participants (Table 2).

Further, the likelihood of facilitating help to potentially suicidal persons among the study. Pre-test scores ranged from 7-17 (Range=10) with a mean of 13.2 and SD of 2.5, while the post-test scores obtained ranged from 6-20 (Range=16) with a mean of 15.1 and SD of 2.8. The result shows statistically highly significant difference between pre-and-post test scores (Table 2)

Participants were satisfied with the training program and were willing to recommend the training to others.

Table 1: Sociodemographic profile of the study participants

Socio-demographic variables	Number	Percent
Age groups		
Below 25 years	19	45.2
25-50 years	17	40.5
51-75 years	05	11.9
Above 75 years	01	2.4
Gender		
Male	09	21.4
Female	33	78.6
Education		
High school	01	2.4
Pre-University Course	05	14.3
Under Graduate	24	57.1
Post Graduate	11	26.2
Previous training experience		
Yes	03	7.1
No	39	92.9
Relationship with any Suicide attempted/committed person		
Attempted	13	31.0
Committed	09	21.4
Not applicable	20	47.6

Table 2: Paired t' test score of pre and post test on the domains of suicide

Sl. No.	Test variables	Mean		SD		t' score	Df	Sig.
		Pre-test	Post-test	Pre-test	Post-test			
1	Level of knowledge about the suicide related behaviours in study participants	17.8571	27.2381	4.46434	5.43615	-9.464	41	.001
2	Pre-&- post test difference between likelihood of facilitating help for potentially suicidal persons	13.2381	15.0952	2.45754	2.83540	-3.979	41	.001

DISCUSSION

Spandana Hospital initiated a 24-hour Suicide Helpline in Oct. 2010 looking at the increasing epidemic of suicides in Bangalore. The goal is to stimulate and improve suicide prevention initiatives in the state and to help develop, implement, and fund suicide prevention initiatives that seem likely to be effective.

Training volunteers/gate keepers in suicide prevention was one of the objective of the world suicide day activities of 2013, to train volunteers in providing free and confidential crisis counselling. The trained volunteers/gate keepers would compassionately support callers in need, providing immediate assistance and referring to professionals that would put them on the path to healing.

Gatekeepers are usually described as people who, in non-medical settings, in the course of their work regularly come into contact with individuals or families in distress. They make daily contact with vulnerable individuals and can play significant roles in identifying risk behaviour at an early stage and, in many cases, facilitating pathways to mental health care. Where psychiatrists and other dedicated mental health care

workers are available, the role of gatekeepers will be one of acting as a channel for those at heightened risk of suicide, and training should therefore focus on assessment and referral skills [13]. Current study was part of capacity building program for the volunteers who were already working in the suicide help line of a voluntary organisation, these participants were chosen as they come in contact with people in distress. Study evaluated the efficacy of training program in changing the knowledge and perceived likelihood of facilitating help among volunteers in suicide prevention activities.

Though Gate keepers/first responders training program were commonly seen in suicide prevention activities of western countries, in India only in Chennai (Sneha Chennai) gate keeper training program been held to train school teachers to identify at risk children.

To the best of our knowledge in Karnataka state this is the only study which is made an attempt to conduct a gate keepers training program and to evaluate its efficacy.

Current study was limited in the aspect that it just measured the changes in participant's knowledge of suicide prevention and confidence in dealing with

suicidal individuals and could not assess any change in participant's abilities or skills to recognize and deal appropriately with suicidal individuals and hence impact on the suicidal behaviour.

The findings of the study indicate that majority of the volunteers though many were working in the Help line for more than three to four years their baseline knowledge about suicide and its prevention was very low as they had no any formal training in suicide prevention activities and were just working in the help line with mere social concern.

Training program was effective in changing the perceived knowledge and there is a significant improvement in likelihood of facilitating help to potentially suicidal persons [14-16].

CONCLUSION

The study has shown that there was a significant improvement in the level of participant's knowledge about suicide and likelihood of facilitating help to at risk individuals. Volunteers training had significantly improved level of knowledge of participants and likelihood of facilitating help.

Gate keepers training program will be effective when they are done periodically and further studies should be taken to assess the behaviour of volunteers in managing at risk individuals and its effect on suicide rates.

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REFERENCES

1. Hsu C; One Million Die By Suicide Each Year, WHO. Medical Daily. Available from <http://www.medicaldaily.com/one-million-die-suicide-each-year-who-242408>
2. Accidental deaths and suicide in India. National Crime Records Bureau. Ministry of Home Affairs; 2012. Available from: <http://ncrb.nic.in/CD-ADSI-2012/ADSIHome2012.htm>.
3. Patton GC, Coffey C, Sawyer SM, Viner RM, Haller DM, Bose K, Mathers CD; Global patterns of mortality in young people: a systematic analysis of population health data. *The Lancet*, 2009; 374(9693): 881-892.
4. National Crime Records Bureau; Accidental Deaths and suicides in India. Ministry of Home Affairs, Government of India, 2005.
5. Vijaykumar L; Suicide and its prevention: The urgent need in India. *Indian J Psychiatry*, 2007; 49(2): 81-84.
6. Patel V, Ramasundarhettige C, Vijayakumar L, Thakur JS, Gajalakshmi V, Gururaj G; Million Death Study Collaborators. Suicide

- mortality in India: a nationally representative survey. *The Lancet*, 2012; 379(9834): 2343-2351.
7. Mann JJ, Apter A, Bertolote J, Beautrais A, Currier D, Haas A, Hendin H; Suicide prevention strategies: a systematic review. *Jama*, 2005; 294(16): 2064-2074.
 8. Gould MS, Kramer RA; Youth suicide prevention. *Suicide Life Threat Behav.*, 2001; 31(SI): 6-31.
 9. Beautrais A, Fergusson D, Coggan C, Collings C, Doughty C, Ellis P *et al.*; Effective strategies for suicide prevention in New Zealand: a review of the evidence. *NZ Med J.*, 2007; 120.
 10. Patel V, Weiss HA, Chowdhary N, Naik S, Pednekar S, Chatterjee S *et al.*; The effectiveness of a lay health worker led collaborative stepped care intervention for depressive and anxiety disorders on clinical, suicide and disability outcomes over 12 months: the Manas cluster randomized controlled trial from Goa, India. *Br J Psychiatry*, 2012; 199(459): 66.
 11. Baber K, Bean G; Frameworks: A community based approach to preventing youth suicide. *Journal of Community Psychology*, 2009; 37(6): 684-696.
 12. Isaac M, Elias B, Katz LY, Belik S, Deane FP, Enns MW *et al.*; Gatekeeper training as a preventative intervention for suicide: A systematic review. *Canadian Journal of Psychiatry-Revue Canadienne de Psychiatrie*, 2009; 54(4): 260-268.
 13. Takahashi Y, Wasserman D, Pirkis J, Xiao S, Huong TT, Chia BH *et al.*; Educating Gatekeepers in Asia. In *Suicide and Suicide Prevention in Asia*. Hendin H, Phillips M, Vijayakumar L, Pirkis J, Wang H, Yip P *et al.*; Chapter 5, World Health Organization, 2008. Available from http://www.who.int/mental_health/resources/suicide_prevention_asia_chapter5.pdf
 14. Wendi C, Matthieu MM, Lezine D, Knox KL; Does a brief suicide prevention gatekeeper training program enhance observed skills? *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 2010; 31(3): 149-159.
 15. Matthieu MM, Cross W, Batres AR, Flora CM, Knox KL; Evaluation of gatekeeper training for suicide prevention in veterans. *Archives of Suicide Research*, 2008; 12(2): 148-154.
 16. Capp K, Deane FP, Lambert G; Suicide prevention in Aboriginal communities: application of community gatekeeper training. *Aust N Z J Public Health*, 2001; 25(4): 315-321.