Connecting for Life

Data Dashboard - Pilot Study

> 2 Training Locations
> September 2017

ASIST

** denotes significant change where p≤0.05*

66 Participants

83% Female
17% Male

97% Irish

Average age: **28**
Age range: **18-64**

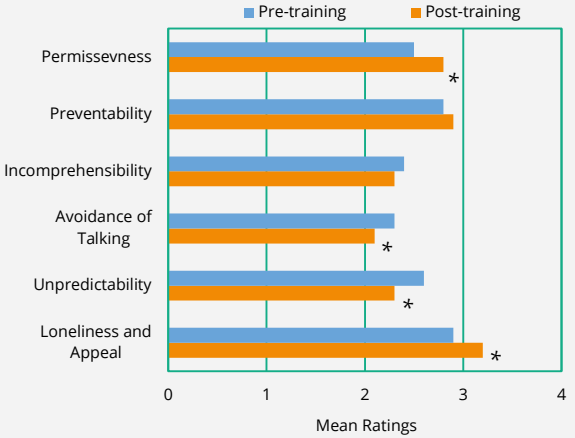
30% (n=18) attended the training in a professional capacity.

63% (n = 38) attended training in a student capacity.

7% (n=4) attended in a personal capacity.

86% (n=57) had experience of prior training; these participants reported significantly higher levels of confidence in their ability to 'deal with the needs of someone who may be suicidal' and in 'identifying appropriate services that individuals in distress could be referred on to' at baseline when compared with those who had no experience of prior training.

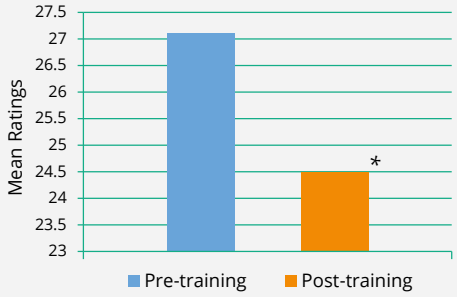
CHANGES IN KNOWLEDGE & UNDERSTANDING (ATTS FACTORS)



Analysis shows that post-training, participants had a better understanding of suicidal behaviours. This is evidenced by the fact that at the end of training, participants were significantly less likely to 'avoid talking' about suicide and view it as 'unpredictable'.

Post-training, participants were also significantly more likely to consider suicide as 'permissive' and recognise 'loneliness and the appeal' of suicide as a contributing factor.

CHANGES IN COMPETENCE (SIRI-2)

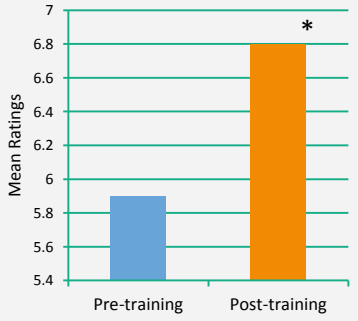


Analysis showed an **improvement in participants' competence** in a crisis risk management situation following training i.e.,

- participants had a significantly lower mean score on the SIRI-2 post-training.

A higher score indicates less competence in a crisis risk management situation.

CHANGES IN KNOWLEDGE (IKT)



Analysis showed that **knowledge of risk factors and intervention strategies in relation to suicide improved significantly** following training i.e.,

- participants had a significantly higher mean score on the IKT post-training.

A higher score indicates higher levels of knowledge in risk factors and intervention strategies with regard for suicide.

CHANGES IN CONFIDENCE POST-TRAINING

*
+65%

increase in self-reported confidence in *"dealing with the needs of someone who may be suicidal"*

*
+41%

increase in self-reported confidence in *"identifying appropriate services that individuals in distress could be referred on to"*

LEVELS OF EXPOSURE TO SUICIDE

Prior to taking part in the ASIST workshop, participants were asked to rate the highest level of exposure to suicide that they had experienced. Analysis showed that the three highest levels of suicide that participants were exposed to, were: *'Provided services to someone who attempted or died by suicide'* (30%), followed by *'Acquaintance attempted or died by suicide'* (18%), and *'Relative attempted or died by suicide'* (17%).

BACKGROUND

The current pilot study sought to assess potential changes in participants' knowledge, understanding, and attitudes towards suicide and suicide prevention following participation in the ASIST training workshop. A review of the literature identified standardised questionnaires that could be used to assess these changes. A total of 66 participants from two locations in Ireland took part in the pilot study.

AIM

To assess the validity, reliability, sensitivity (to change) and usability of modified versions of four standardised instruments intended to measure change in attitudes towards, and knowledge and understanding of suicide and suicide prevention.

1. ATTITUDES TOWARDS SUICIDE *(ATTS; Renberg & Jacobsson, 2003)*

A modified version of the questionnaire which assesses attitudes, knowledge and personal beliefs regarding suicide and its prevention was adopted in the current study (i.e., 25 of the original 37 items were used). Responses were made on a 5-point Likert scale ranging from Strongly Agree to Strongly Disagree. The ATTS was broken down in terms of the following six factors:

i. Permissiveness *(people have the right to take their own life),*
ii. Preventability *(suicide can and must be prevented),*
iii. Incomprehensibility *(suicide cannot be justified or understood),*
iv. Avoidance of Talking *(talking about suicide triggers suicidal thoughts),*
v. Unpredictability *(suicide happens without any warning)* and
vi. Loneliness and Appeal *(loneliness is a reason for suicide and an attempt of suicide is a cry for help).*

A higher mean score indicated a higher agreement with the statements in the factors. The questionnaire has previously been used to assess attitudes towards suicide in students, coroners and the general population.

2. CONFIDENCE SCALE *(Morriss et al., 1999)*

Two items from the Morriss Confidence Scale *(Morriss et al., 1999)* and adapted by *Capp et al. (2001)* were used to assess confidence in dealing with individuals who self-harm. Items were scored on a scale ranging from 0 ("Not at all confident") to 10 ("Very confident").

3. INTERVENTION KNOWLEDGE TEST *(IKT; Tierney, 1994)*

This questionnaire assesses knowledge about suicide, and 10 multiple-choice items are presented which query knowledge on risk factors and intervention strategies with regard to suicide. For all items, one answering option is correct. The IKT total score is the number of correct responses. The questionnaire has previously been used to assess knowledge about suicide in community facilitators (e.g., teachers, nurses, social workers) and the police force.

4. LEVELS OF EXPOSURE TO SUICIDE SCALE *(Batterham et al., 2013)*

Exposure to suicide was assessed using a 10-level multiple choice-item, with the highest level of exposure to suicide recorded. The scale was adopted by *Batterham et al. (2013)* from a Level of Contact Report by *Holmes et al. (1999).*

5. SUICIDE INTERVENTION RESPONSE INVENTORY – 2 *(SIRI-2; Neimeyer & Bonnelle, 1997)*

A modified version of the questionnaire which probes skill responses to a person at risk (PAR) in a crisis management situation was adopted in the current study (i.e., 10 of the 25 original items were used). Ratings to a series of excerpts from counselling sessions as to how appropriate or inappropriate participants think each response is, were made on a scale ranging from +3 to -3. The SIRI-2 is scored by computing the difference (taking into account sign) between the respondent's rating for a particular item and the mean rating assigned by the criterion group of excerpts. The total score on the SIRI-2 therefore, represents the total discrepancy between the individual and the panellists across all items. Larger scores represent less, not more competence in recognising facilitative responses to a suicidal individual. The questionnaire has previously been used to assess knowledge of suicide intervention counselling skills in paraprofessional counsellors, health professionals, and crisis line counsellors, clergy, and non-counselling students.

PARTICIPANTS

Occupation		
Student nurse 29% (n = 19)	Student 23% (n = 15)	Social care worker 8% (n = 5)
Garda 5% (n = 3)	Other 33% (n = 22)	No response 3% (n = 2)

ANALYSIS

Participants' mean ratings on the ATTS, and total mean ratings on the IKT and the SIRI-2 questionnaires before (pre) and after (post) training were compared using paired sample *t*-tests (i.e., the same participants at different times). A significance level of $p \leq 0.05$ was adopted – meaning that if a statistical result was less than or equal to .05, there was less than a 5% chance that the changes observed were due to random chance; $p < 0.01$ = 1% change.

RECOMMENDATIONS

The Attitudes towards Suicide *(Renberg & Jacobsson, 2003),* the Intervention Knowledge Test *(Tierney, 1994)* and the Suicide Intervention Response Inventory – 2 *(Neimeyer & Bonnelle, 1997)* questionnaires were sensitive to changes in participants' knowledge, understanding and competence, respectively, following training. It is recommended that these questionnaires are incorporated when monitoring the outcomes for the National Office for Suicide Prevention's (NOSP) ASIST training programme.

REFERENCES

1. Renberg, E. S., & Jacobsson, L. (2003). Development of a questionnaire on attitudes towards suicide (ATTS) and its application in a Swedish population. *Suicide and Life Threatening Behaviour, 33*(1), 52-64.
2. Morriss, R., Gask, L., Battersby, L., Francheschini, A., & Robson, M. (1999). Teaching front-line health and voluntary workers to assess and manage suicidal patients. *Journal of Affective Disorders, 52*, 77-83.
3. Tierney, R. J. (1994). Suicide intervention training evaluation: A preliminary report. *Crisis, 15*(2), 69-76.
4. Batterham, P. J., Calear, A. L., & Christensen, H. (2013). Correlates of suicide stigma and suicide literacy in the community. *Suicide and Life-Threatening Behavior, 43*(4), 406-417.
5. Neimeyer, R. A., & Bonnelle, K. (1997). The suicide intervention response inventory: A revision and validation. *Death Studies, 21*(1), 59-81.