



Connecting for Life

Data Dashboard - Pilot Study

> 5 Training Locations

> February, March, May 2017



safeTALK

* denotes significant change where $p \leq 0.05$

89 Participants

83% Female
17% Male

92% Irish

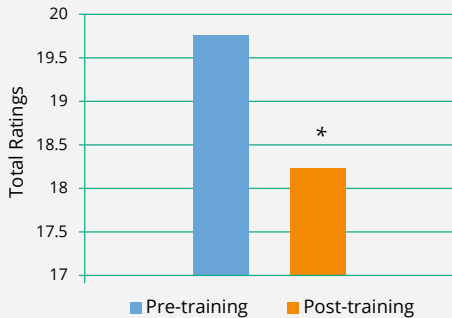
Average age: **42.6**
Age range: **19-65**

76% (n=68) attended the training in a professional capacity.

24% (n = 21) attended training in a personal or student capacity.

23% (n=21) had participated in previous suicide prevention training and were significantly more confident at baseline in 'Dealing with the needs of someone who may be suicidal' ($p=.013$), in comparison to those who had no prior training.

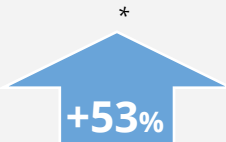
CHANGES IN ATTITUDE (ATSP)



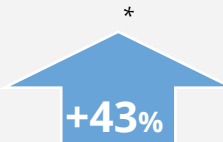
Analysis showed a significant **improvement in participants' attitudes towards suicide prevention** at the end of the safeTALK training i.e. participants had a significantly lower mean score on the ATSP post-training.

A higher score indicates a more negative attitude towards suicide prevention.

CHANGES IN CONFIDENCE POST-TRAINING

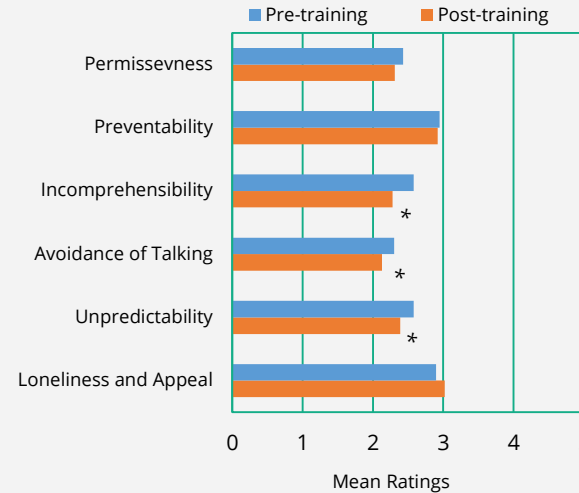


increase in score of confidence in *"dealing with the needs of someone who may be suicidal"*



increase in score of confidence in *"identifying appropriate services that individuals in distress could be referred on to"*

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 the training participants were less likely to consider suicide as 'incomprehensible' and 'unpredictable'.

Importantly, participants were significantly less likely to 'avoid talking' about suicide, post-training.

SUMMARY

Pilot testing demonstrated the appropriateness of these questionnaires for monitoring the short-term outcomes of the safeTALK suicide prevention training programme.

Pre-post test analysis illustrated that, following safeTALK training, there were:

- Significant **increases in participants' self-reported confidence** in dealing with the needs of someone who may be suicidal.
- Significant **increases in participants' self-reported confidence** in identifying appropriate services that individuals in distress could be referred on to.
- Significant **improvements in participants' self-reported attitudes** towards suicide prevention.
- Significant **improvements in participants' self-reported attitudes** towards three of the six factors in the ATTS questionnaire.

BACKGROUND

The current pilot study sought to assess potential changes in participants' attitudes towards suicide and suicide prevention following participation in the safeTALK training workshop. A review of the literature identified standardised questionnaires that could be used to assess these changes. A total of 89 participants from five locations in Ireland took part in the pilot study.

AIM

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

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

A modified version of the questionnaire which assess 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.

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. Herron, J., Ticehurst, H., Appleby, L., Perry A., & Cordingley, L. (2001). Attitudes toward suicide prevention in front-line health staff. *Suicide and Life Threatening Behaviour*, 31(3), 342-347.
3. 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.

2. ATTITUDES TOWARDS SUICIDE PREVENTION (ATSP; Herron et al., 2001)

A modified version of this questionnaire which assesses attitudes towards suicide prevention was adopted in the current study (i.e., 10 of the original 14 items were used). Responses were made on a 5-point Likert scale ranging from Strongly Agree to Strongly Disagree. The possible range of scores is 9-45, and a higher score indicated a more negative attitude to suicide prevention. Note: only 9 of the items in the questionnaire adopted were scored using the Likert scale. The questionnaire has previously been used to assess attitudes towards suicide prevention in front-line health staff, nurses, midwives and allied health professionals.

3. 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").

PARTICIPANTS

Occupation (n)	Occupation (n)	Occupation (n)	Occupation (n)
Teacher 12% (n = 11)	Care worker 3% (n = 3)	Counsellor 2.25% (n = 2)	Crew Worker 2.25% (n = 2)
Student 10% (n = 9)	Guidance Counsellor 3% (n = 3)	Physiotherapist 2.25% (n = 2)	Other 46% (n = 41)
Psychologist 6% (n = 4)	School Principal 2.25% (n = 2)	Care Assistant 2.25% (n = 2)	
Garda 4.5% (n = 4)	Social Care Worker 2.25% (n = 2)	Retired 2.25% (n = 2)	

ANALYSIS

Participants' total ratings on all 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 Prevention (Herron et al., 2001) and the Attitudes towards Suicide (Renberg & Jacobsson, 2003) questionnaires were both sensitive to changes in participants' attitudes towards suicide prevention and suicide, respectively, following training. It is recommended that these questionnaires are incorporated when monitoring the outcomes of the National Office for Suicide Prevention's (NOSP) suicide prevention training programmes.