



Connecting for Life

Data Dashboard - Pilot Study

> 3 Training Locations

> February, March 2017



59 Participants

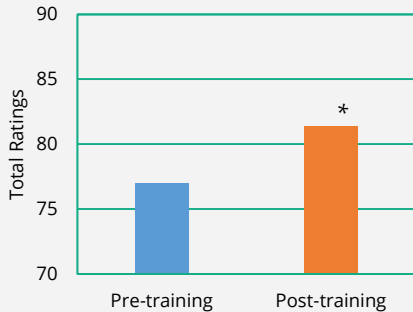
80% Female
20% Male

91% Irish

Average age: **35**
Age range: **20-61**

73% (n=43) attended the training in a professional capacity.
27% (n = 16) attended the training in a personal or student capacity.
78% (n=46) had participated in previous suicide prevention training. These participants reported significantly higher levels of knowledge, and confidence in their ability to 'relate and instill help-seeking behaviour' and 'recognise potential suicide risk' at baseline when compared with those who had no prior training.

CHANGES IN KNOWLEDGE (KNOWLEDGE OF SELF-HARM SCALE)



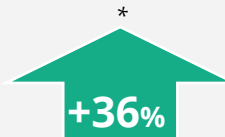
Analysis showed an **improvement in participants' knowledge** of self-harm following training i.e. participants had a significantly higher total score on the Knowledge of Self-Harm scale post-training.

A lower score indicates less knowledge of self-harm.

CHANGES IN CONFIDENCE POST-TRAINING



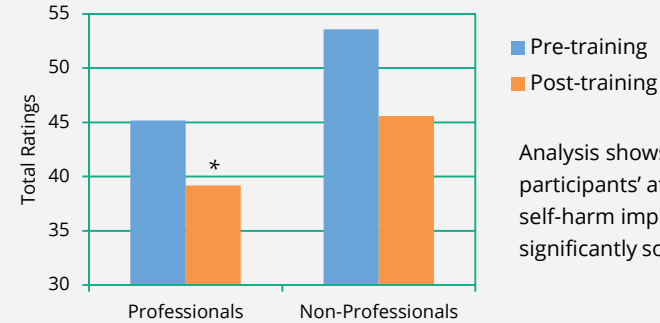
increase in score of confidence to
"relate and instill help-seeking behaviour"



increase in score of confidence to
"recognise potential suicide risk"

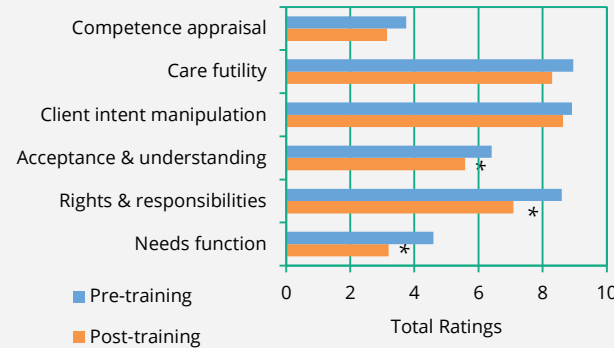
* denotes significant change where $p \leq 0.05$

CHANGES IN ATTITUDES (SELF-HARM ANTI-PATHY SCALE)



Analysis shows that post-training, participants' attitudes towards self-harm improved, and significantly so for professionals.

CHANGES IN ATTITUDES (FACTORS)



The improvement in attitudes is evidence by the fact that at the end of training, participants were more 'accepting & understanding' of self-harm, and understood more clearly the 'needs function' and 'rights & responsibilities' of self-harm.

SUMMARY

Pilot testing demonstrated the appropriateness of these questionnaires for monitoring the short-term outcomes of self-harm prevention training programmes.

Pre-post test analysis illustrated that, following Understanding Self-Harm training, there were:

- Significant **increases in participants' self-reported confidence** in relating and instilling help-seeking behaviour.
- Significant **increases in participants' self-reported confidence** in recognising potential suicide risk.
- Significant **increases in participants' self-reported knowledge** of self-harm.
- Significant **decreases in self-reported antipathy levels** for professionals.

BACKGROUND

The current pilot study sought to assess potential changes in participants' attitudes and knowledge towards self-harm following participation in the Understanding Self-Harm training workshop. A review of the literature identified standardised questionnaires that could be used to assess these changes. A total of 59 participants from three 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 self-harm.

1. SELF-HARM ANTI-PATHY SCALE (*Patterson et al., 2007*)

A modified version of this questionnaire containing 21 attitudinal items with six factors about individuals who self-harm was adopted in the current study. (Note. The original questionnaire contained 30 items). The six factors were as follows:

- i. Competence appraisal (*all items in this factor are associated with empathy*),
- ii. Care futility (*clients are unresponsive to care and any time spent with them is wasted*),
- iii. Client intent manipulation (*all items are negative in viewing the behaviour as a means to an end and comprises elements of staff attribution, specifically towards the motivation of the self-harming person*),
- iv. Acceptance and understanding (*related to the empathic theme but the focus is on being non-judgemental towards the person*),
- v. Rights and responsibilities (*related to beliefs about whether all self-harm must be stopped or whether individuals can be afforded choice*), and
- vi. Needs function (*explanations of what function self-harm has for the individual*).

Responses were made on a 7-point Likert scale ranging from Strongly Agree to Strongly Disagree. Agreement with negatively phrased statements such as "A self-harming patient is a complete waste of time", indicated antipathy, and were scored positively. Agreement with positively phrased statements such as "Self-harming individuals can learn new ways of coping" was reverse scored. The questionnaire has previously been used to assess nurses attitudes towards self-harm.

REFERENCES

1. Patterson, P., Whittington, R., & Bogg, J. (2007). Measuring nurses attitudes towards deliberate self-harm: the Self-Harm Antipathy Scale (SHAS). *Journal of Psychiatric and Mental Health Nursing*, 14(5), 438-445.
2. Jeffery, D., & Warm, A. (2002). A study of service providers' understanding of self-harm. *Journal of Mental Health*, 11(3), 295-303.
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. THE KNOWLEDGE OF SELF-HARM SCALE (*Jeffery & Warm, 2002*)

This questionnaire contains 20 statements consisting of 10 items that represent accurate perceptions of self-harm and 10 items that represent common myths about self-harm. Responses were made on a 5-point Likert scale ranging from Strongly Disagree to Strongly Agree. Statements relating to myths about self-harm were reverse scored and added together with the total scores from the accurate statements to obtain an overall score. Scores ranged from 20 (poor understanding of self-harm) to 100 (good understanding of self-harm). The questionnaire has previously been used to assess school counsellors' and medical health providers' knowledge of self-injury. It has also been used with populations who self-harm.

3. MORRISS CONFIDENCE SCALE (*Morriss et al., 1999*)

A modified version of the Morriss Confidence scale (*Morriss et al., 1999*) and adapted by *Capp et al. (2001)* containing two items was 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	Occupation
Social Worker 19% (n = 11)	Student 7% (n = 4)
Youth Justice Worker 15% (n = 9)	Other 39% (n = 23)
School Guidance Counsellor 8% (n = 5)	No response 12% (n = 7)

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 $p < 0.05$ 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 Self-Harm Antipathy (*Patterson et al., 2007*) and the Knowledge of Self-Harm (*Jeffery & Warm, 2002*) questionnaires were sensitive to changes in participants' attitudes and knowledge following training. It is recommended that these questionnaires are incorporated when monitoring the outcomes for the National Office for Suicide Prevention's (NOSP) self-harm prevention training programme.