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A study of attitude towards suicide prevention among non-mental health care providers

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Abstract

Introduction: Increase in suicide rate is a major concern. Most suicide attempters approach health professionals for treatment. A negative attitude of these professionals toward these patients can be a major barrier for management. This study aims at assessing the attitude of non-mental health care providers towards suicide prevention.

Materials and Method: One hundred and seventy five health care providers were approached to participate in this study during awareness creation symposium for suicide prevention, which was held on World Suicide Prevention Day. An attitude toward suicide prevention scale was administered to the participants and comparison of various variables was done with non mental health care providers those who have not attended awareness programme.

Results: Mean age of participants was 29.24 (±8.62). The majority of them were doctors and Post graduate medical students including interns, 50.3% and 32% respectively. More than half (60%) of them had a positive attitude toward working with suicidal patients. Nearly 70% of the participants did not consider unemployment and poverty as the main causes of suicide, and were positively inclined towards suicide prevention measures. At the same time, nearly half of them were of the view that in the majority of the cases suicidal persons will not reveal their suicide plans to others.

Conclusions: More than half of the non mental health care providers had a positive attitude toward working with suicidal patients. There is thus a need to create awareness on suicide prevention and to integrate health professionals across all areas in efforts at suicide prevention.

Keywords: Suicide, Non-Mental Health Providers, Suicide Prevention Programme

Introduction

Suicide is a major public health problem affecting individuals and society at large. According to the WHO report, 2012, India ranked first in the world in the number of completed suicides.(1) Patients with self-harm pose a significant challenge to healthcare delivery system. The majority of them approach non-mental health professionals for treatment. An unfavourable attitude of these professionals towards suicide attempters can be a major barrier for effective management of suicide attempters.

There are various studies regarding health professionals' attitude towards suicide attempters. An Indian study found that medical doctors working in the emergency medicine department viewed suicide as unlawful and manipulative.(2) Whereas different opinions emerged among nurses who worked with emergency and mental health team such as mental health nurses who see themselves as ill-equipped for work in the emergency management of suicidal patients.(3) The more negative attitude expressed towards repeated attempters of self-harm, is highly alarming as it increases subsequent risk for suicide. Hence, health professionals' attitude influences their skills to assess and manage suicide risk as well as the quality of care.(4,5)

In our best knowledge, there are only few studies regarding health professionals attitude towards suicide prevention.(6,7,8,9,10) Patients with suicide attempts interact with health care professionals at various levels in health care system such as the entry point (emergency department and intensive care units), inpatient care (ward care), discharge and continuity care. One way to reduce suicide in the general hospital setting could be education and training of broad range of "front-line" professionals in suicide prevention.(11,12,13) Training of this kind has been advocated as an important aspect for suicide prevention.(14) Hence, there is need for sensitization of these health care professionals regarding effective management of suicidal patients in Indian context. Hence, our study was aimed to assess the attitude of 'non-mental health professionals' toward suicide prevention and compared various variables among those who have not attended awareness programme about suicide prevention.

Objectives

1. To study the attitude towards suicide prevention among non-mental health professionals.
2. To study the differences in attitude towards suicide prevention among those who attended and not attended the suicide prevention awareness programme

Materials and Method

One hundred and seventy five non mental health care providers including postgraduate students, nurses, interns, doctors were approached for voluntary participation in this study during an awareness creation

programme for suicide prevention. A three hour programme was about creating awareness regarding magnitude of problems and had covered topics including risk factors, risk assessment, suicide in special group of population like geriatrics and paediatrics, and role of professionals in suicide prevention.

An attitude toward suicide prevention scale[8] was distributed to non-mental health professionals who attended the programme (81) and to those who did not attend the programme (94).

Attitude towards Suicide Prevention Scale is a 14 item, self-rated, 5 points Likert Scale with good internal consistency and high test-retest reliability. It has been used in previous Indian studies also.[10]

Statistical Analysis: Frequencies with percentages were calculated for categorical variables and mean, standard deviation and median were calculated for continuous variables. Comparisons were done by using the t-test and chi square test. Results were analysed using SPSS (Statistical Package for the Social Science) 16.0 version.

Results

Nearly 58% respondents were females. Mean age of participants was 29.24(±8.62), the majority of participants were doctors followed by inters and staff nurses, 50.3%, 24.6% and 17.7% respectively. Those who had attended programme had significant differences in various socio demographic variables. (Table 1).

Table 1: Socio demographic Characteristics of Professionals

Variables		Total Number N (%)	Awareness Programme Yes N (%)	Awareness Programme No N (%)	P value
Age	Mean(±SD)	29.24(8.62)	33.57 (±9.75)	25.51 (±5.18)	P = 0.00
Gender	Male	73(41.7)	40(49.4)	33 (35.1)	P = 0.03
	Female	102(58.3)	41 (50.6)	61 (64.9)	
Profession	Nurses	31(17.7)	10 (32.3)	21 (67.7)	P = 0.00
	Interns	43(24.6)	8 (18.6)	35 (81.4)	
	Post-graduate Students	13(7.4)	10 (76.9)	3 (23.1)	
	Doctors	88(50.3)	53 (60.2)	35 (39.8)	

More than half (60%) of the participants had a positive attitude towards working with suicidal patients. At same time, nearly 47% of them view that majority of the cases of suicidal persons will not reveal their suicidal plans to others. Nearly 2/3rd of participants believe that people have no right to take their life. Nearly 70% of participants didn't consider unemployment and poverty as main causes of suicide and were positively inclined towards suicide prevention measures. More than half (59%) of the respondents feel comfortable in assessing patients with suicide attempt. Nearly 2/3 participants considered that there is need for resources and need to assess people who have suicidal ideations. Nearly 87% respondents felt that suicide prevention is their responsibility. (Table 2)

Those who have not attended the programme feel that providing more resources such as funds and services will not make any difference to the suicide prevention and also considered that people have the right to take their life as compared to those who attended the programme. Those who have not attended the programme feel that there is no way of knowing about suicide, and also feel unemployment and poverty are the main cause of suicide, as compared to those who have attended programme. (Table 3)

Discussion

This study sample covers health care providers from various levels of the health care system such as post graduate medical students, interns, staff nurses and doctors, which is a unique kind of sample. Positive attitudinal statements of those who had attended awareness programme might also be due to their previous exposure to such suicide prevention awareness programmes or training during their professional life or long-term care working with suicidal patients in emergency settings. Even previous studies also emphasized that greater education and professional experience impacts the positive attitude.[15,16,17,18,19] Hence, their attitude towards suicidal patient is an integral part of effective management of suicide.

Table 2: Attitudinal Statements from Non Mental Health Care Providers

Variables	Median Response	Strongly Disagree N (%)	Disagree N (%)	Uncertain N (%)	Agree N (%)	Strongly Agree N (%)
I resent being asked to do more about suicide	Strongly Disagree	58(33.1)	50(28.6)	47(26.9)	14(8.0)	6(3.4)
Suicide prevention is not my responsibility	Strongly disagree	81(46.3)	71(40.6)	10(5.7)	7(4.0)	6(3.4)
Making more funds available to the appropriate health services would make no difference to the suicide rate	Disagree	34(19.4)	73(41.7)	36(20.6)	25(14.3)	7(4.0)
Working with suicidal patients is rewarding	Agree	10(5.7)	18(10.3)	49(28.0)	82(46.9)	16(9.1)
If people are serious about committing suicide they don't tell anyone	Agree	18(10.3)	38(21.7)	37(21.1)	63(36.0)	19(10.9)
I feel defensive when people offer advice about suicide prevention	Disagree	32(18.3)	75(42.9)	37(21.1)	30(17.1)	1(0.6)
It is easy for people not involved in clinical practice to make judgments about suicide prevention	Agree	25(14.3)	49(28.0)	34(19.4)	58(33.1)	9(5.1)
If a person survives a suicide attempt, then this was a play for attention	Disagree	30(17.1)	58(33.1)	37(21.1)	38(21.7)	12(6.9)
People have the right to take their own lives	Strongly Disagree	70(40.0)	51(29.0)	26(14.9)	21(12.0)	7(4.0)
Since unemployment and poverty are the main causes of suicide there is little that an individual can do to prevent it	Disagree	44(25.1)	77(44.0)	17(9.7)	29(16.6)	8(4.6)
I do not feel comfortable assessing someone for suicide risk	Disagree	32(18.3)	71(40.6)	45(25.7)	22(12.6)	5(2.9)
Suicide prevention measures are a drain on resources, which would be more useful elsewhere	Disagree	54(30.9)	71(40.6)	26(14.9)	21(12.0)	3(1.7)
There is no way of knowing who is going to commit suicide	Disagree	28 (16.0)	85(48.6)	23(13.1)	29(16.6)	10(5.7)

More than half of these health care providers had a positive attitude toward working with suicidal patients, which is consistent with the findings of McLaughlm and Anderson study.[20,21] Nearly 70% of participants didn't consider social constraints such unemployment and poverty as main causes of suicide and perhaps they might be positively inclined towards suicide prevention measures.

Nearly 47% of the participants believe suicidal persons will not reveal their suicidal plans to others. Thus, it makes it the duty of the hospital staff to always ask patients regarding their intentions. Nearly 2/3rd of participants believe that people have no right to take their life, while in one of the Indian study regarding nursing students attitude towards suicide prevention found that half of the participants agreed that people have the right to end their life.[10] This divergence in finding could be due to difference in population of sample which includes doctors, interns, postgraduate medical students and staff nurses. These professionals have more opportunities to interact with patients with suicide attempt as compared to nursing students. Nearly 87% respondents were felt that suicide prevention is their responsibility. Hence, there is huge acceptance among non mental health care providers regarding helping the suicidal patients. Since magnitude of problem of suicide in India is huge, however there is scarcity of mental health professionals in effective management of suicide prevention due to lack of resources.

Table 3: Comparison of Attitudinal Statements among Professionals with or without exposure to an awareness programme

Statements	Awareness Programme Attended N = 81 Mean (±S.D)	No Exposure to Awareness Programme N = 94 Mean (±S.D)	P Value
I resent being asked to do more about suicide	2.04(1.066)	2.34(1.103)	P = 0.52
Suicide prevention is not my responsibility	1.64(0.88)	1.89(1.03)	P= 0.68
Making more funds available to the appropriate health services would make no difference to the suicide rate	2.31(0.97)	2.51(1.16)	P=0.01*
Working with suicidal patients is rewarding	3.32(1.09)	3.53(0.88)	P=0.04
If people are serious about committing suicide they don't tell anyone	3.00(1.23)	3.29(1.13)	P = 0.66
I feel defensive when people offer advice about suicide prevention	2.25(0.42)	2.51(2.51)	P=0.06
It is easy for people not involved in clinical practice to make judgments about suicide prevention	2.56(1.14)	3.14(1.14)	P=0.77
If a person survives a suicide attempt, then this was a play for attention	2.49(1.14)	2.84(1.21)	P=0.31
People have the right to take their own lives	1.88(1.09)	2.31(1.26)	P=0.004*
Since unemployment and poverty are the main causes of suicide there is little that an individual can do to prevent it	2.14(1.04)	2.47(1.22)	P=0.001**
I do not feel comfortable assessing someone for suicide risk	2.26(1.04)	2.54(0.98)	P=0.91
Suicide prevention measures are a drain on resources, which would be more useful elsewhere	1.95(0.92)	2.29(0.97)	P=0.000**
There is no way of knowing who is going to commit suicide	2.17(0.97)	2.73(1.17)	P=0.000**

Note. *p < .05 **p < .01.

Hence, these non-mental health care providers can be utilized as a multidisciplinary team at various levels in risk assessment and management of suicidal patients.

Those who did not attend the programme feel more defensive about suicide prevention and consider that people have the right to take their life, and unemployment and poverty are the main cause of suicide as compared to those who have attended programme. This differential opinion might be due to lack of training into suicidal preventive measures. This is also further supported by observation in our study as those who attended the programme felt they would be able to recognize, address and discuss with patients who have suicidal tendencies.

Up to one fourth of the participants were uncertain about attitudinal statements. This may be due to lack of awareness and experience of managing patients with self-harm. Even previous studies have shown that a brief training program on suicide prevention for front-line general hospital personnel as well medical students had significant impact on their attitudes and beliefs towards suicide.[22,23] Hence future similar awareness programmes may help them to develop insight regarding suicide prevention.

Limitations

Our study has come up with interesting findings, however it also has few limitations such as, the sample size was not as per the scientific methods so results from our study may be biased. Since it was not a case and control study, hence we had no control over selection bias. Though, we have attempted to cover various issues related to suicide prevention, it was not the standard interventional protocol as we have not adopted standard available interventions programme from elsewhere. Hence, the finding of this study cannot be generalized. There is need to develop culture

sensitive interventional module for changing the attitude of professionals toward suicide.

Conclusion

Those who have not attended programme have more negative attitude.

Considering the shortage of mental health professionals in developing countries, there is thus a need to create an awareness on suicide prevention and to integrate heath care providers across all areas in efforts at suicide prevention. Future studies are required with rigorous methodology to address few limitations of our study.

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