



# Is it my job to prevent suicide? Perspectives of Health Care Professionals



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## Objective of the Study

- Examine health care professionals' perceptions of their role in suicide intervention.

## Rationale for the Study

- A number of researchers have acknowledged that health care professionals are in a prime position to identify persons who are at risk for suicide (e.g., Conwell et al., 2000).
- While a number of studies have examined the attitudes of health care professionals about suicide (e.g., Domino, Shen, & Su, 2000), few have assessed health care professionals' belief that suicide prevention is part of their jobs.

## Method

- Participants attended an hour long QPR tailored for the primary care setting.
- After the training, 25 of the attendees completed a 10-item survey to assess:
  - usefulness of the training
  - responsibility for suicide intervention
  - time constraints for suicide intervention
  - liability of suicide intervention
  - confidence to intervene with a potentially suicidal individual
- Participants were: Staff Physicians ( $n = 19$ ) Residents ( $n = 2$ ), and one nurse. Three participants endorsed the "other" category.

## Results

### Usefulness of QPR Training

- 92% of the participants believed the training had **practical value** and was **relevant to their work**.
- 76% of the participants believed that the training would **influence their ability to perform their job**.

### Responsibility for suicide intervention

- 96% of the participants believed that they were in a **position to identify and refer** potentially suicidal individuals
- 88% believed that **suicide prevention was part of their job**.
- 44% of participants believed that it should be the **responsibility of other professionals** to get involved in preventing their patient from committing suicide.

### Seventy-two percent of participants did **not** believe that a time constraint would prevent them from intervening with a suicidal patient.

### Only 12% of participants were concerned about **legal consequences for intervening** with a suicidal patient.

### The majority of participants felt **confident** about **recognizing warning signs** (88%) and **intervening** with a potentially suicidal individual (83%).

## Discussion

- Overall, our results revealed positive reactions to the training, indicating that suicide intervention is seen as part of health care professionals' work and that gatekeeper trainings may be well received by them.
- However, looking at the findings another way, 23% of participants did not believe the training would influence their ability to perform their job and 56% did not think it should be the responsibility of other professionals to get involved.
- In light of the recognition that health care professionals are key gatekeepers, who are in need of training in the identification and management of suicide and depression (Sudak et al., 2007; U.S. Department of Health and Human Services, 2001), these results have important implications for suicide prevention efforts.

## Limitations and Future Directions

- Future research should extend this study's findings with larger and more representative samples before drawing conclusions.
- These findings are based on the views expressed by health care professionals who participated in QPR training, however it is important to understand the perceptions of those who did not want to take part in the training.

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A more detailed report is available by contacting Taylor Moore (jeffery.taylor.moore@gmail.com)