

# **SUICIDE PREVENTION TRAINING: EVALUATION**

## Evaluation: the study

- Evaluation of the training effectiveness was done by Kristina Mozūraitytė and Eglė Rekašiūtė (from Lithuanian University of Health Sciences).
- The aim of the study was to find out the previous experiences of trainees with regard to suicide prevention, to clarify the subject's attitudes on this topic and to evaluate the change in knowledge before and after the training.
- The study was conducted in 8 Lithuanian municipalities (Anyksciai, Druskininkai, Marijampolė, Panevėžys, Pasvalys, Silute, Tauragė and Vilkaviškis) where the training of the Supreme Aim project was organized. In Akmene municipality evaluation has not been done because trainings started faster than evaluation system has been prepared. One study group from each municipality was randomly selected. The survey was carried out by means of a questionnaire before and after training in paper questionnaires.

## Evaluation: the study

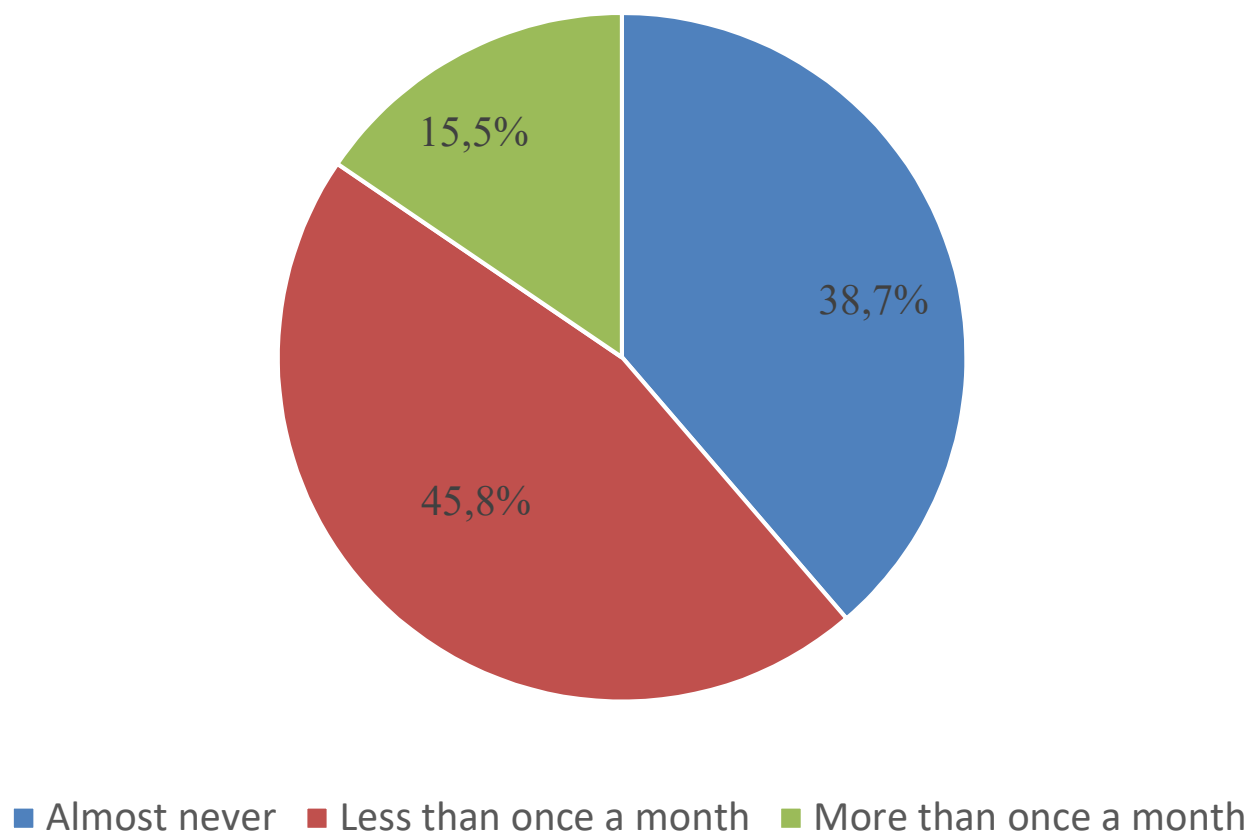
- Two questionnaires were used to carry out the study, the first one before the training, the second - after. Most of the questions are closed type with options and one open question is related to the knowledge of the subjects about suicide prevention.
- The first questionnaire consisted of 16 questions: 6 socio-demographic, 1 related to experience of frequent suicide risk, 1 about previous experience of participating in training on suicide prevention, 2 about seeing her role in suicide prevention, 1 about self-care. emotional difficulties and 5 related to the knowledge of people at risk of suicide. The second questionnaire consisted of 5 questions taken from the first questionnaire. They are designed to assess participants' knowledge of suicide prevention and potential change in knowledge after training.
- In sum, 172 specialists participated in the evaluation.

**1 table. Socio-demographic characteristics of participants**

Question	Answer	N	Percentage
Gender	Male	7	4,1
	Female	164	95,9
Age	under 30 years	17	9,9
	<b>31-40 years</b>	<b>36</b>	<b>20,9</b>
	<b>41-50 years</b>	<b>61</b>	<b>35,5</b>
	<b>51-60 years</b>	<b>47</b>	<b>27,3</b>
	more then 61 years	11	6,4
Education	<b>higher university</b>	<b>102</b>	<b>59,3</b>
	<b>higher non-university</b>	<b>60</b>	<b>34,9</b>
	secondary	9	5,2
	other	1	0,6
Municipality	Anyksciai	21	12,2
	Druskininkai	18	10,5
	Marijampole	19	11
	Panevezys	22	12,8
	Pasvalys	21	12,2
	Silute	22	12,8
	Taurage	25	14,5
	Vilkaviskis	23	13,4
Profession	<b>doctors / nurses</b>	<b>38</b>	<b>22,3</b>
	<b>psychologists</b>	<b>22</b>	<b>12,9</b>
	police specialists, fire brigade specialists	10	5,8
	<b>social workers</b>	<b>49</b>	<b>28,5</b>
	<b>education specialists</b>	<b>29</b>	<b>16,9</b>
	community health workers	14	8,1
Years working	other	8	4,7
	under 5 years	36	21,2
	6-10 years	27	15,9
	11-15 years	23	13,5
	16-20 years	23	13,5
more than 20 years	61	35,5	

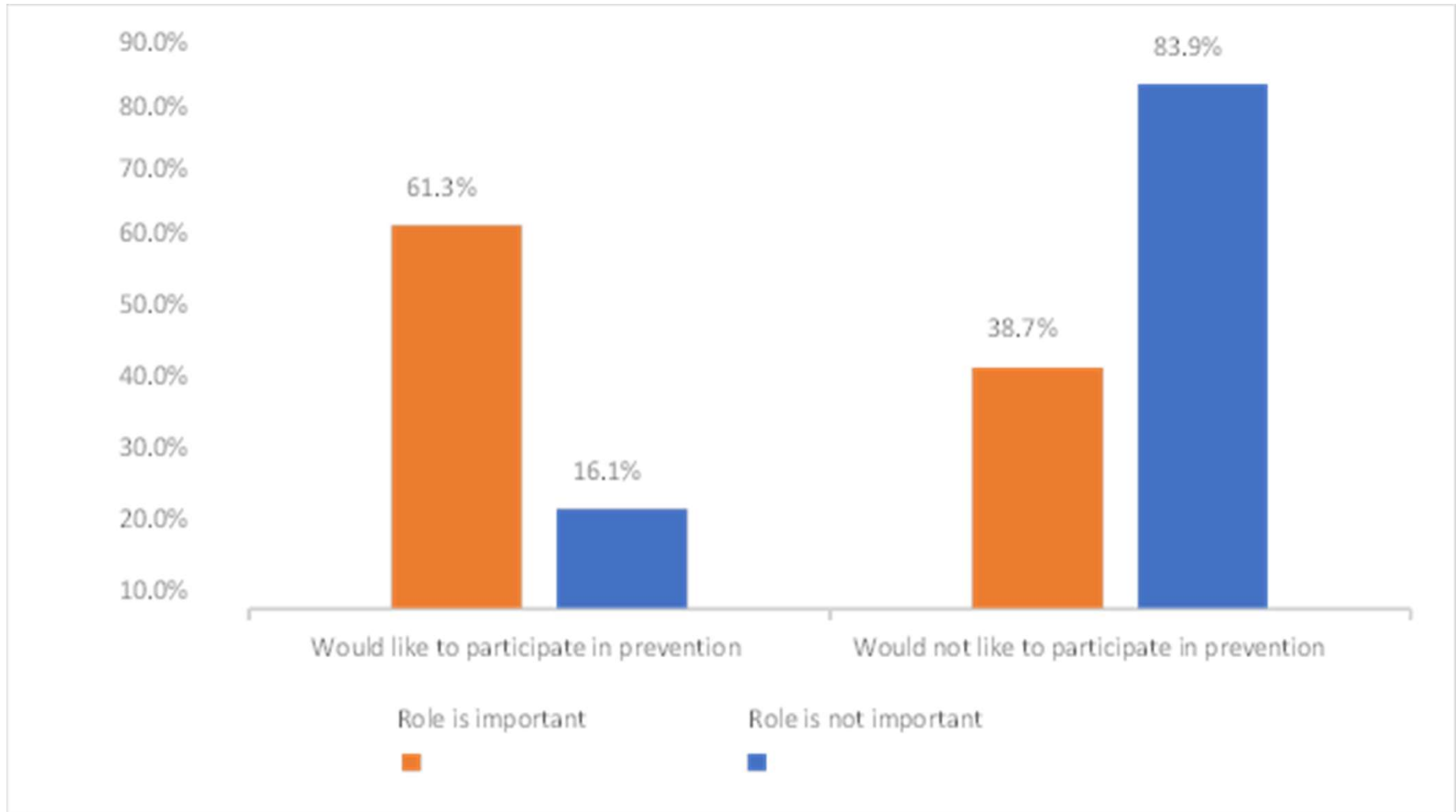
## The previous experience of the training participants related to the prevention of suicide

**Figure 1.** Occurrence of suicide risk situations in work.



## Participants' attitudes related to suicide prevention

**Figure 2.** Distribution of participant according to perspective on the role in suicide prevention and willingness to participate in prevention



## Training participants' knowledge of suicide prevention

**Figure 3.** Subjective assessment of knowledge and skills before and after the training.



## 11 suicide topic related statements

1. People who talk a lot about suicide usually do not commit suicide.
2. If a person has already decided to commit suicide, no one will persuade him otherwise.
3. Young people in Lithuania are mostly suicidal among all age groups.
4. Suicide is hereditary.
5. If a person is very depressed, one should not mention about suicide - this may put him in such a thought.
6. Suicide usually occurs without any prior warning.
7. There are situations in life where suicide is the only way out.
8. Normal person does not think about suicide. All those who kill themselves are mental unhealthy.
9. If for a long time one was at the threshold of suicide, but suddenly mood has improved, it means there is not suicide risk.
10. If one is trying to kill himself or herself, he or she is determined to die.
11. Children's problems related to suicide are not as difficult as adults'.



**Figure 4.** Distribution of correct answers to the statements before and after the training.



## Conclusions of the evaluation

The study revealed the effectiveness of the Supreme Aim project. Significant changes have been identified both by subjective assessment of knowledge by the participants and by objective evaluations:

- Prior to training, 28.2 percent of respondents considered their knowledge sufficient. After training, this number increased by 2.9 times to 83.1 percent.
- Before training 10.5 percent specialists said they know how to work with a person with a risk of suicide. 5.9 times more specialists (62.2%) knew how to deal with the threat of suicide after training.
- When evaluating the responses of specialists to statements on suicide prevention, participants provided an average of 7 correct answers before training, and an average of 10 out of 11 after the training. After the training, the number of participants who answered all the questions correctly increased more than 5 times, from 10 percent up to 57.2 percent.

