

Nursing Teachers' Attitude Towards Suicide Prevention- A Study From Gujarat

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Abstract: Background: Suicide is a global health problem and the second leading cause of death in 15-29 years of age. There were reports of nursing students committing suicide in Gujarat. As nursing teachers are the important gatekeepers, it was essential to study their attitude towards suicide prevention. Methodology: A questionnaire containing 20 statements, derived from the Attitude towards suicide prevention scale and from the Suicide opinion questionnaire, to be marked as 'agree', 'disagree' or 'uncertain' was administered to 80 nursing teachers from Gujarat. This was followed by an interactive session on suicide prevention. Results: Most of the nursing teachers felt that suicide prevention was their responsibility, that a large proportion of suicides was preventable, most suicides were impulsive and that suicide in the young was particularly puzzling. However, nearly 80 % felt that those who are serious about committing suicide usually don't tell anyone. Around one-fifth felt there was no way of knowing who was going to commit suicide and they were not comfortable in assessing suicide risk. Conclusion: The overall attitude of the nursing teachers towards suicide prevention was positive. However more educational and skill-based training programmes are required to better equip the nursing teachers for suicide prevention. [Shah ND NJIRM 2016; 7(1):74-78]

Key Words: attitude towards suicide, gatekeepers, nursing, nursing students, suicide prevention.

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Introduction: Suicide is a global health problem. One person dies by suicide every 40 seconds, somewhere across the globe, and there are many more who attempt. In the age-group of 15-29 years, suicide is the second leading cause of death.¹ According to the National Crime Records Bureau, more than 1 lakh people committed suicide annually in the decadal period from 2004 to 2014; and the rate of suicide in this period has increased by 15.8 %. Nearly 5.5 % of the suicides in India in 2014 have happened in Gujarat; the rate of suicide being 11.7 per one lakh population, as against the national average of 10.6. Of all the suicides in India in 2014, 6.1 % were by students.²

In Gujarat, there were a few cases of nursing students committing suicide in early 2015. There was an urgent need to look into the matter and take some preventive steps. Individuals at risk of suicide seldom seek help by themselves. However, they exhibit some behaviors by which they can be identified as vulnerable. Among young people, suicidal behavior has been found to be associated with female gender, not attending school/college, independent decision making, sex before marriage, physical abuse at home and probable common mental disorders.³ Any person who is in a position to identify these risk factors and come to know whether a person may be contemplating suicide, is a 'gatekeeper'. Gatekeepers may include health workers, social welfare workers, police officers, and, most importantly, in the case of students, the teachers and other school staff.¹

Gatekeepers' training has been found to be an effective suicide prevention strategy.⁴ If the nursing teachers are sensitized to this issue and trained to identify the students at risk and help them out, such incidents may go down. Hence, a one-day sensitization programme was planned by the Government of Gujarat for the nursing teachers across Gujarat. As a part of this programme, it was planned to find out the attitude and approach of the nursing teachers towards suicide prevention. This would in turn, give us crucial information, on the basis of which, further intervention could be planned.

Material and Methods: The study was conducted after taking permission from the Superintendent of the Hospital for Mental Health, who was the organiser of the programme on behalf of the Government of Gujarat. The questionnaire was anonymous, and filled up after taking the participants' consent.

The questionnaire: In a classroom setting, the nursing teachers had gathered for the sensitization programme. A pre-validated, semi-structured questionnaire consisting of 20 statements, to be marked as 'agree', 'disagree' or 'can't say', was administered to them and they filled it up anonymously. The statements were chosen from two different scales- 6 from the Attitude towards suicide prevention scale by Herron J et al.⁵ and 14 from the Suicide opinion questionnaire developed by Rogers JR and DeShon RP^{6,7} and Domino G.⁸ Those statements which were relevant to the aim of the

programme viz. sensitizing the nursing teachers to their role in the prevention of student suicides were chosen.

Interactive session: The filling of the questionnaire was followed by an interactive session on suicide prevention. It consisted of brain-storming on the perceived reasons behind the increasing rate of student suicides, a discussion on the risk factors of suicide and how to deal with a student at risk of or contemplating suicide; and clarification of myths related to suicide.

Interactivity was introduced with the help of three hypothetical case scenarios and two role-plays depicting different approaches to the same situation. The scenarios depicted -first, a girl with depression who later failed in her exam; second, a boy who jumped off the third floor in an alcohol intoxicated state after a failed love affair and third, a girl from rural background who was ridiculed by some of her classmates, was unable to adjust in the new environment and lost her self-confidence. These scenarios were used to generate a discussion on how to identify risk factors of suicide and how to help such students.

The role-play situation was of a student who comes to meet the teacher to tell her that she would not be able to appear for her exams. In the first role-play, the teacher talks to her sympathetically and gives her general motivating advice. But for the student, it is a 'status-quo'. In the second, the teacher asks her what the matter was, the student opens up, and the teacher listens carefully to find out the exact reason. The student confides in the teacher that she has been thinking of suicide. The teacher then decides the further course of action to help her. The student finds new hope. These role-plays were done to emphasize the importance of active listening and empathy. At the end of the session, opinions were taken on what further efforts need to be taken for suicide prevention.

Results: The questionnaire was filled up by 80 participants; 10 male and 70 females. Their average teaching experience ranged from 5 to 20 years, with an average of around 10 years. Their responses were as depicted in Table 1.

A large majority of the nursing teachers felt that suicide prevention was their responsibility, that a large proportion of suicides was preventable, most suicides were impulsive in nature and that suicide in the young was particularly puzzling. Most of them also disagreed

that people had a right to take their lives, that suicide was normal behavior and that there might be situations where the only reasonable resolution was suicide.

Table 1: Attitude of the nursing teachers towards suicide (n=80)

Statement	Disagree (%)	Uncertain (%)	Agree (%)
Suicide prevention is not my responsibility	72 (90)	0	8 (10)
If people are serious about committing suicide they don't tell anyone	12 (15)	3 (3.7)	65 (81.3)
People have the right to take their own lives	79 (98.8)	0	1 (1.2)
I do not feel comfortable assessing someone for suicide risk	53 (66.2)	11 (13.8)	16 (20)
There is no way of knowing who is going to commit suicide	51 (63.8)	15 (18.8)	14 (17.5)
A large proportion of suicides is preventable	2 (2.5)	4 (5)	74 (92.5)
The higher incidence of suicide is due to the lesser incidence of religion	39 (48.8)	11 (13.8)	30 (37.5)
I would feel ashamed if a member of my family committed suicide	12 (15)	6 (7.5)	62 (77.5)
Most suicide attempts are impulsive in nature	0	5 (6.2)	75 (93.8)
People who commit suicide are usually mentally ill	48 (60)	8 (10)	24 (30)
Suicide happens without warning	36 (45)	12 (15)	32 (40)
People who commit suicide must have a weak personality structure	32 (40)	11 (13.8)	37 (46.2)
There may be situations where the only reasonable resolution is suicide	64 (80)	11 (13.8)	5 (6.2)
Suicides among young people, (e.g. students) are particularly puzzling as they have everything	9 (11.3)	7 (8.7)	64 (80)

to live for				They could identify the stressors and risk-factors in the scenarios and agreed to the importance of active listening as depicted in the role-plays; but needed further guidance in how to deal with such issues at individual and institutional level. They opined that more intensive skill-building workshops should be carried out, the teacher-student ratio must improve, and professional counselors must be available at the institutes. Discussion: The overall attitude of a large majority of the nursing teachers towards suicide prevention was positive. In the interactive session also it came out that they were conversant and empathic about the problems faced by students and willing to help. These teachers are very important potential gatekeepers and training them for their role in suicide prevention in students would be crucial. Possessing a higher degree of mental health training and a high level of emotional intelligence have been found to be associated with a more positive attitude towards patients with suicidal behavior. Emotional intelligence has been found to be very important in being able to care for those at risk of suicide. ⁹ It has been found that health professionals who had attended suicide prevention education showed significantly more positive attitudes towards suicide prevention initiatives. ¹⁰ This means that educating the non mental-health professionals in suicide risk awareness and management would be effective in suicide prevention. Brief suicide prevention gatekeeper training programmes have been reported to enhance observed skills in the trainees. ¹¹
Once a person survives a suicide attempt, the probability of his trying again is minimal	55 (68.8)	5 (6.2)	20 (25)	
Suicide is a normal behavior	74 (92.5)	2 (2.5)	4 (5)	
If someone wants to commit suicide, it is their business and we should not interfere	78 (97.6)	1 (1.2)	1 (1.2)	
We should have 'suicide clinics' where people who want to die could do so in a painless and private manner.	73 (91.4)	5 (6.2)	2 (2.5)	
Those people who attempt suicide are usually trying to get sympathy from others	29 (36.2)	18 (22.5)	33 (41.3)	
Suicide attempters are, as individuals, more rigid and less flexible than non-attempters	36 (45)	19 (23.7)	25 (31.3)	

However, a large number also reported that they would feel ashamed if their family member committed suicide. Around one-fourth of the nursing teachers felt that once a person survived a suicide attempt, the probability of his trying again was minimal; and suicide attempters as individuals were more rigid and non-flexible. Around one-fifth felt that there was no way of knowing who was going to commit suicide and they were not comfortable in assessing some-one for suicide risk. Nearly 80 % also felt that those who are serious about committing suicide usually don't tell anyone.

Findings in the interactive session: The nursing teachers opined that the various reasons behind the increasing rates of student suicides were stress related to studies, conflicts in the family, relationship issues, friendship issues, feeling lonely and left-out and poor stress tolerance. Regarding the difficulty faced by them in dealing with the issue, they opined that there were time constraints which prevented them from having one-one interaction with all the students. Also, they felt that the students preferred to confide in their peers rather than teachers.

In the study by Cross W and colleagues, it was noted that 54 % of the participants met the criteria for acceptable gatekeeper skills after the training; and the authors opined that other strategies such as behavioral rehearsal may be required for the other participants. Shtivelband A and colleagues conducted in-depth interviews with trainees and found that post-training interventions would be more effective if they included connecting with other gatekeepers, continued learning, convenient access, reminders and ongoing communication, continuous enhancement of previous trainings and certification.¹²

A large number of teachers reported that they would feel ashamed if their family member committed suicide and quite a few felt that those who commit suicide are weak-minded or rigid and inflexible as individuals. This reflects the stigma associated with suicidal behavior. It is

due to such stigma only, that people in India perceive having a mental illness as shameful; and students with emotional problems do not easily come up for a mental health evaluation.¹³ In a study related to suicide risk in nursing students, 14% of the students were considered to present a substantial suicide risk. It was found that depression and emotional attention significantly predicted suicidal ideation; and there was a negative association with self-esteem and emotional clarity and repair. The authors suggest that interventions must include a strategy to improve emotional coping skills.¹⁴

In an Indian study of suicide attempts in medical students, it was found that 17% had consumed alcohol before attempting suicide, and 15% had an alcohol use disorder.¹⁵ Srinivas SR, in his article, states that in dental colleges also, student suicide rates have been increasing. Dentistry is not the first choice of pre-university students; the training is extensive and stressful and teachers are not always trained in the art of teaching.¹⁶ These factors hold true for nursing students also, probably creating a situation of high stress for them. The parents are horrified and the teachers have to face legal allegations when students commit suicide.¹⁶ An acronym S.A.V.E. has been to help the nursing teachers in helping students in distress and preventing suicides- S: Suicidal behaviors; A: Assessment interview; V: Value student; E: Evaluation-Referral.¹⁷

A cross-sectional study in two colleges of North India found that the nursing students had a favorable attitude towards suicide attempters. Majority of the students agreed for mental illness, disturbed family life, and depression as a major push to attempt suicide. In some of the issues though, they were uncertain, which highlighted the need for enhancing their educational exposure in this regard.¹⁸ In another study from Rajasthan, it was found that half of the nursing students had a positive attitude towards working with suicidal patients.

Half of the participants considered unemployment and poverty as main causes of suicide and were quite hopeless about it and they also perceived that most of the suicidal people would not reveal their suicidal plans to others.¹⁹ These findings in nursing students are similar to the findings in the present study; that the overall attitude towards the suicide attempters and suicide prevention is positive, but when it actually comes to dealing with a person with thoughts of suicide; the teachers feel that more training is required. More than

80% of them feel that those who are serious about suicide would not usually tell anyone, whereas the fact is that most people who attempt suicide have usually talked about it before attempting.

Nearly one-third of the participants in the present study were either uncertain or not comfortable in assessing suicide risk. A commonly held belief is that asking about suicidal ideation will induce such thoughts or cause distress to the person in question; whereas research indicates that acknowledging and talking about suicide may in fact reduce, rather than increase suicidal ideation, and may lead to improvements in mental health in treatment-seeking populations.²⁰ It appears that to clarify such issues and inculcate the skill of communicating with a person who is at risk of suicide, more educational and training programmes need to be organized.

Conclusion: Nursing students committing suicide is an issue causing grave concern. Nursing teachers are crucial gatekeepers, in the best position to first identify students at risk. The present study finds that the overall attitude of the nursing teachers towards suicide prevention is positive. This implies that, for preventing suicides, more extensive training must be given to the teachers, especially skill-based, and other support measures such as having professional counselors, improving the teacher-student ratio and having a mentoring system in the colleges must be put in place.

References:

1. World Health organization. Preventing Suicide: A global imperative. Available from http://apps.who.int/iris/bitstream/10665/131056/1/9789241564779_eng.pdf. Last accessed October 29, 2015.
2. National Crime Records Bureau. Accidental deaths and Suicides in India 2014. Available from <http://ncrb.gov.in/ADSI2014/adsi-2014%20full%20report.pdf>. Last accessed October 29, 2015.
3. Pillai A, Andrews T, Patel V. Violence, psychological distress and the risk of suicidal behaviour in young people in India. *Int J Epidemiol* 2009;38:459-69.
4. Rodi MS, Garraza LG, Walrath C *et al.* Referral patterns for youths identified at risk for suicide by trained gatekeepers. *Crisis* 2012 Jan 1;33(2):113-9.
5. Herron J, Ticehurst H, Applebury L, Perry A, Cordingley L. Attitudes toward suicide prevention in

- front line health staff. *Suicide Life Threat Behav* 2001;31:342-7.
6. Rogers JR, DeShon RP. A reliability investigation of the eight clinical scales of the suicide opinion questionnaire. *Suicide Life Threat Behav* 1992;22:428-41.
 7. Rogers JR, DeShon RP. Cross-validation of the five-factor interpretive model of the suicide opinion questionnaire. *Suicide Life Threat Behav* 1995;25:305-9.
 8. Domino G. Test-retest reliability of the Suicide Opinion Questionnaire. *Psychol Rep* 1996;78:1009-10.
 9. Carmona-Navarro MC, Pichardo-Martínez MC. Attitudes of nursing professionals towards suicidal behavior: influence of emotional intelligence. *Rev Lat Am Enfermagem* 2012 Nov-Dec;20(6):1161-8.
 10. Brunero S, Smith J, Bates E, Fairbrother G. Health professionals' attitudes towards suicide prevention initiatives. *J Psychiatr Ment Health Nurs* 2008 Sep;15(7):588-94.
 11. Cross W, Matthieu MM, Lezine D, Knox KL. Does a brief suicide prevention gatekeeper training program enhance observed skills? *Crisis* 2010;31(3):149-59.
 12. Shtivelband A, Aloise-Young PA, Chen PY. Sustaining the Effects of Gatekeeper Suicide Prevention Training. *Crisis* 2015 Feb 23:1-8.
 13. Samuel D, Sher L. Suicidal behavior in Indian adolescents. *Int J Adolesc Med Health* 2013;25(3):207-12.
 14. Aradilla-Herrero A, Tomás-Sábado J, Gómez-Benito J. Associations between emotional intelligence, depression and suicide risk in nursing students. *Nurse Educ Today* 2014 Apr;34(4):520-5.
 15. Bhattacharjee S, Bhattacharya A, Thakurta RG, Ray P, Singh OP, Sen S. Putative effect of alcohol on suicide attempters: an evaluative study in a tertiary medical college. *Indian J Psychol Med* 2012 Oct;34(4):371-5.
 16. Srinivas SR. Avoidable student suicides. *Br Dent J* 2015 Jul 10;219(1):2-3.
 17. Goetz CS. Are you prepared to S.A.V.E. your nursing student from suicide? *J Nurs Educ* 1998 Feb;37(2):92-5.
 18. Nebhinani M, Nebhinani N, Tamphasana L, Gaikwad AD. Nursing students' attitude towards suicide attempters: A study from rural part of Northern India. *J Neurosci Rural Pract* 2013 Oct;4(4):400-7.
 19. Nebhinani N, Mamta, Gaikwad AD, Tamphasana L. Nursing students' attitude towards suicide prevention. *Ind Psychiatry J* 2013 Jul;22(2):114-7.
 20. Dazzi T, Gribble R, Wessely S, Fear NT. Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? *Psychol Med* 2014 Dec;44(16):3361-3.

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