



Suicide Gatekeeper Training – Public Health Approach for prevention of suicide

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Introduction

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

"Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".

"Sound public mental or psychical health is an essential pre-condition for developing a stable, safe and prosperous society"

-WHO

An estimated 804000 suicide deaths occurred worldwide in 2012, representing an annual global age-standardized suicide rate of 11.4 per 100 000 population (15.0 for males and 8.0 for females). In some countries, suicide rates are highest among the young, and globally suicide is the second leading cause of death in 15–29-year-olds. Approximately, one million deaths by suicide occur worldwide each year i.e one death by suicide every 40 seconds. According to WHO estimates for the year 2020 and based on current trends, approximately 1.53 million people will die committing suicide, and 10-20 times more people will attempt suicide worldwide. This represents on average 1 death every 20 seconds and one attempt every 2 seconds. Nearly 30% of all suicides worldwide occur in India and China. As per the data provided by National Crime Records Bureau (NCRB) India, for the year 2012, rate of suicide stands at 11.2 cases for a population of 1 lakh i.e, on an average, 15 suicides an hour or 371 suicides a day. The fact that 71% of suicides in India are by persons below the age of 44 years imposes a huge social, emotional and economic burden on the Indian society. Globally, the economic and human cost of suicidal behaviour to individuals, families, communities and society makes suicide a serious public health problem.



Risk factors and protective factors for Suicide

The occurrence of suicidal behavior is due to complex etiology. There is a complex interplay between various factors which become a risk or protective factor in relation to Suicide. These factors are summarized below:

Individual	
Risk Factors	Protective Factors
Mental Illness Substance Abuse Impulsivity/Aggression Previous Suicide attempt	Coping Skills Problem Solving skills Reason for living Moral Objections to Suicide
Relationship	
Risk Factors	Protective Factors
Family history of Suicide Violent Relationships Conflicting relationships	Family and Social connectedness Supportive Health care relationship
Community	
Risk Factors	Protective Factors
Few sources of supportive relationship Barriers to health care	Safe & Secure environments Adequate continued care facilities
Societal	
Risk Factors	Protective Factors
Unsafe media portrayal Availability of lethal means of Suicide	Restriction on lethal means of Suicide Availability of Physical and Mental health care



Suicide Prevention: Public Health Approach

Public Health is the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society. In the past, suicide was addressed by providing mental health services to people who were already experiencing or showing signs of suicidal behaviour. While services such as therapy and hospitalization are critical for those who may be thinking about or who may have attempted Suicide, they are actively sought by miniscule of the population. A social and public health response in addition to a mental health response is crucial to prevent suicidal behaviour.

Concept of Suicide Gatekeepers

"If general public understands that suicide and suicidal behaviour can be prevented, and people are made aware of the roles individuals and groups can play in prevention, many lives can be saved" - National Strategy for Suicide Prevention

Suicide is preventable many a times. Most suicidal individuals desperately want to live; they are just unable to see alternatives to their problems and give definitive warnings of their suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them. "Gate keepers" are "people who regularly come into contact with individuals or families in distress"; who are in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Since they are in a strategic position in the early identification of this high risk individual within a community, they can prevent suicide by timely referrals for mental health services (CDCP, 1992). Because suicide happens in families, among friends, in religious congregations, and among co-workers, suicide prevention gatekeeper training should follow public health training philosophy and include, mass saturation awareness raise and skills training since the person most likely to prevent one from taking his/her own life is someone already known. Potential Gate keepers may be family members, friends, neighbours, co-workers, colleagues, teammates, office supervisors, team leaders, student counsellors, pharmacists and many others. Globally, potential of gate keeper training programs has been documented as a promising tool to enhance intervention for those at elevated risk for suicide, and research findings are encouraging with regard to enhanced knowledge, improved attitudes, preparation for coping with a crisis, and referral practices in these Gatekeepers. Gatekeeper training has been identified as a promising strategy for suicide prevention and has become a



key strategy recommended by both the Institute of Medicine and the National Strategy for Suicide prevention (NSSP) (Goldsmith, 2002; PHS, 2001).

Studies also show that large numbers of psychiatrically ill and potentially suicidal persons remain undetected in the general population. As population based approach, the greater the percentage of the members of a given community who are trained to successfully recognize and refer its high risk members, the fewer suicide related adverse events should occur. Hence, higher the availability of trained suicide gate keepers, greater the odds of identification of community-dwelling personnel with suicidal ideation.

A gate keeper program does not directly identify and target people who have survived suicide attempts. (A gate keeper program trains people in a community to recognize when someone is showing warning signs for suicide and assist him/her finding help)

Objectives of Suicide gatekeeper Training Program

- Increase Mental Health Literacy of individuals at the forefront of preventing suicide
- Increase referrals of individuals at risk of committing suicide
- Decrease suicide attempts and completion by increasing knowledge and adaptive attitudes about psychological distress
- Encourage help-seeking behaviours at individual and societal level
- Reduce stigma
- Engage gatekeepers as partners in prevention by educating them to identify signs of depression and suicide and by providing information about referral resources
- Encourage gatekeepers to develop community-based partnerships

Gatekeeper training program as a rationale for Prevention of Suicide

Gatekeeper training has been proposed by multiple agencies globally as an effective strategy for prevention of Suicide. Assessing the effectiveness of the strategy remains challenging due to the fact that there is no universal strategy for gatekeeper training or assessment.

The possible rationale for the effectiveness of Gatekeeper training could be the following:

- Increased education and awareness might help higher and early identification of mood or other psychiatric disorders



- Enhanced knowledge about Suicidal behaviours improves the risk recognition and assessment
- Better intervention skills shall increase the confidence and competence to intervene
- Awareness about the barriers to seek help, leads to effective strategies to circumvent and breakthrough the barriers
- Knowledge of the available community resources might help in providing better support to the individual

Gate keeper training holds promise as a part of a multifaceted strategy to combat suicide. It has been proven to positively affect the skills, attitudes and knowledge of the people who undertake the training in many settings. Although research is limited in demonstrating an effect on suicide rates and ideation, it is seen in many circles as an extremely promising initiative to prevent suicide”

- Gate keeper training as a preventive intervention for suicide – M.Isaac et.al 2009

“Key Gate keepers, those people who regularly come into contact with individuals or families in distress, must be trained to recognize behavioral patterns and other factors that place individuals at risk for suicide and be equipped with effective strategies to intervene before the behaviors and early signs of risks evolve further.

National strategy for suicide prevention – 2001

Additional References

1. World Health Organization 2014. Preventing suicide: a global imperative
2. <http://ncrb.nic.in/CD-ADSI-2012/suicides-11.pdf>