Die vorliegende Untersuchung zeigt, dass allgemein präventive Effekte der Foren zunächst kritisch hinterfragt werden sollten. Die Verteilung der in Foren zu findenden Mails mit der Suche nach Suizidpartnern ist über die Zeit nämlich nicht zufällig verteilt. Signifikant mehr Teilnehmer an den Foren suchen in einem bestimmten Zeitraum nach Suizidpartnern. Diese Clusterbildung lässt die Hypothese von Imitationseffekten zu. Allerdings ist das Resultat dieser Partnersuche nicht bekannt. In den Foren wird zwar bisweilen mitgeteilt, ob sich ein Teilnehmer suizidiert hat, eine allgemeine Aussage ist jedoch noch nicht zu machen. In dem USA-Forum war die Zahl der Aufrufe nach Suizidpartnern dagegen sehr gering (lediglich einer), so dass keine Clusterbildung erkennbar ist.

Die qualitative Analyse ergab ähnliche Ergebnisse. Es gibt schon zahlreiche Hinweisé auf Doppelsuizide in Europa und Japan, weniger in den USA, in der letzten Zeit häufen sich Hinweise in England. Seit unsere Recherchen in der Öffentlichkeit bekannt wurden, melden sich zunehmend auch Eltern, die angeben, dass auch ihr Kind sich über das Internet erfolgreich zum Suizid verabredet habe. Diese Partnersuche geschieht zum Teil sogar über Länder hinweg, so dass solche Verabredungen auf lokaler Ebene nicht feststellbar sind und auch in den Länderstatistiken nicht auftauchen.

Diese Ergebnisse lassen einerseits die Hypothese zu, dass die Suche nach Suizidpartnern eher ein europäisches und japanisches Problem zu sein scheint (Hinweise lassen sich der Literatur über berühmte Doppelsuizide von Liebenspaaren in Europa und Japan entnehmen, es gibt z. B. auch keinen dem Kleist'schen vergleichbaren „Schriftstellerdoppelsuizid" in den USA) oder die amerikanischen Forenmaster eher eingreifen und solche Aufrufe löschen (belegbare Hinweise dafür ließen sich bisher jedoch noch nicht ermitteln).

Zu diskutieren wäre hinsichtlich der Imitationseffekte jedoch noch die Frage, ob erst der Gedanke an den Suizid vorhanden war und dann die Informationssuche in den Foren begann oder ob man in den Foren – ohne vorher Suizidgedanken gehabt zu haben – beeinflusst werden kann. Aufgrund der Tatsache, dass die Foren durch Suchmaschinen leicht zu finden sind, könnten nämlich auch Personen in die Foren gelangen, die zunächst nicht suizidal sind, sondern aus anderen Gründen (z. B. Referat für die Schule) Informationen suchen. Dass das Internet auch dazu benutzt werden kann, Stimmungen zu erzeugen, zeigen Studien von Göritz (2002). Für suggestible, labile Personen könnte eine Gefühlsinduzierung in den Foren daher durchaus Gefahren mit sich bringen. Vor allem Jugendliche scheinen hier gefährdet, da sie hier viele Modelle finden, mit denen sie sich leicht identifizieren können (Bandura, 1977; Thompson, 1999, 2001). "Die Jugendlichen geraten in einem Sumpf, aus dem sie oft nicht wieder herauskommen " (Zitat eines Forenmasters in Repke et al., 2001).

Ein weiterer Aspekt ist, dass durch die Foren implizit die Einstellung vermittelt werden kann, dass Suizid eine sinnvolle Problemlösung darstellt und das allein Erstrebenswerte ist.

Möglicherweise prädisponieren auch bestimmte Eigenschaften der Surfer für eine Ansteckung suizidalen Verhaltens. Untersuchungen zeigen, dass Personen, die länger im Internet surfen und als internetabhängig bezeichnet werden, vermehrt Personvariablen und Lebensumstände aufweisen, die überzufällig auch bei Personen mit Suizidversuchen zu finden sind: Es waren mehr jüngere Personen, mehr Frauen, 42% der Befragten arbeiteten zu Hause oder waren arbeitslos. Young & Rogers folgerten 1998 aus den Ergebnissen ihrer Studie, dass die betroffenen Personen im realen Leben keine ausreichenden sozialen Coping-Strategien besäßen und daher Probleme im privaten Bereich wie am Arbeitsplatz aufwiesen. Aufgrund eines geringen Selbstwertgefühls glaubten sie zudem, in einem Raum, in dem man sich nicht zu erkennen geben müsse, eine neue Identität aufbauen zu können. Durch die Konzentration auf das Internet sei auch eine Einengung des Verhaltens erkennbar (Kingma, 2002). Geringer Selbstwert, ungenügende soziale Coping-Strategien, Arbeitslosigkeit und eine Einengung des Verhaltens sind Variablen, die sich häufig auch in Studien zur Persönlichkeit und dem sozialen Verhalten von Personen mit Suizidversuch finden. Von befragten Forennutzern und Nutzern elektronischer Beratung gehörten entsprechend 13% der Altersgruppe 10-19 Jahre und 40-50% der Altersgruppe 20-29 Jahre an, wobei der Frauenanteil größer ist (bis zu 2/3).

Andererseits ist in diesen Foren aber auch die Einstellung der Akzeptanz und Validierung von Emotionen zu finden, die im Linehan'schen Sinne (1993) stabilisierend wirken kann. Berichte über Methoden, die in der Presse besonders angeprangert werden, können zudem u. U. sogar präventiv wirken, indem nämlich durch die Diskussion der Folgen und das Aufzeigen der Effektivität einer Methode impulsiven Handlungen entgegengewirkt werden könnte. Suizidforen im Internet könnten daher sogar suizidpräventiv wirken (Nagenborg, 2001). Obwohl für Informationsübermittlung und als Unterrichtsmedium bisher einige positive Befunde vorliegen (z. B. Fleetwood et al., 2000), ist jedoch eine eigenständige therapeutische Wirkung bisher nicht belegt. Da man bei Internetkontakten seine Identität nicht preisgeben muss, wäre dies therapeutisch nicht förderlich. Unklar ist daher bei manchen Mails auch, ob Jugendliche nicht durch Erwachsene, die falsche Angaben machen, verlockt werden. In den USA sind solche Fälle bei „Sting-Operationen" (um Sex-Täter zu ermitteln) bekannt (James, 1999).

Im Sinne der Suizidprävention wäre aufgrund der Datenlage zu empfehlen, allgemein nach Beschäftigung mit Suizidseiten im Internet zu fragen und bei extensiver Beschäftigung entsprechende Maßnahmen einzuleiten. Bei gefährdeten Personen sollte auch nach Hinweisen auf Beschäftigung mit Methoden und eventueller Suche nach Partnern gefragt werden.

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CHAPTER 4

Improving Portrayal of Suicide in the Media in Asia

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Abstract

Media portrayal of suicide has been associated with copycat suicidal acts, particularly if the reported suicide is glorified or sensationalized, or the method is explicitly described. In addition, the media can be a source of misinformation about suicide, often simplistically giving the impression that it is predominantly caused by immediate stressors (e.g., problems with work, study or relationships) rather than linked to mental illness and/or substance abuse. There is some evidence that reporting of suicide in a few Asian countries is more graphic, explicit, and simplistic than in Europe and the United States. For these reasons, improving media reporting of suicide has been viewed as an important suicide prevention strategy. Although there are examples of innovative local activity in the countries involved in the STOPS project, only a few countries have national guidelines on media reporting of suicide. Work in this area should certainly be encouraged. Consideration should be given to the content of any guidelines, the most appropriate way to disseminate them, and the best way to evaluate their implementation.

There is strong evidence that media portrayal of suicide can lead to suicide contagion ('copycat suicides'), particularly if the original suicide is given undue prominence, sensationalized, glorified, or explicitly described (Pirkis et al., 2001; Stack, 2005, Yip et al., 2006). For this reason, the World Health Organization has developed guidelines to encourage responsible reporting of suicide (World Health Organization, 2003). Many European countries and the United States and some Asian countries have also developed guidelines (Pirkis et al., 2006). The current chapter considers the extent to which inappropriate media portrayal of suicide poses a problem in the Asian countries participating in the Strategies to Prevent Suicide (STOPS) project. It describes current efforts in these countries in terms of media guidelines or resources, and explores some of the generic and specific barriers to action in this area.

The nature of media reporting of suicide in Asian countries

There are indications that the print media in some Asian countries use more explicit accounts and photographs/footage of suicide than media in Europe and the United States. In particular, celebrities who die by suicide may be lauded, suicide methods and sites may

be graphically described, and bereaved families may be pressured to take part in interviews. In China, Hong Kong Special Administrative Region (Hong Kong SAR), for example, several newspapers published reports of a mother and son who died by jumping from a building, accompanying the reports with photographs of the pair's fall. The suicide of a renowned singer and actor was prominently reported in Hong Kong SAR as well, with some stories appearing on the front page and many stories identifying him by name in the headline (Yip et al., 2006). Similarly, in Japan, the suicide of a famous young singer was reported extensively and sensationally, often with photographs and detailed descriptions (Takahashi, 2004). In Viet Nam, by contrast, newspaper reports of suicide tend to be short and avoid describing the method or process of suicide, rarely occur on the front page, and are generally not repeated.

Table 3 provides a snapshot of the nature of media reporting of suicide in the participating countries, drawn from information provided by the STOPS country representatives in response to a questionnaire. It should be noted that these data relate specifically to print media, and do not include broadcast media. Sensationalization of suicides, misinformation about suicide and other problematic media reporting about suicide occur to at least some degree in all participating countries. In some cases, such reporting is restricted to large cities, but it is generally more widespread.

The potential for introducing guidelines on media reporting in Asian countries

Table 4 gives an indication of the potential for introducing guidelines on media reporting in participating countries, again taken from information from questionnaire responses by representatives of the participating countries. In China, Hong Kong SAR, Japan, Pakistan, the Republic of Korea and Thailand, introducing such guidelines is considered possible, but there are various impediments. The main difficulties are that reporting of suicide 'sells' newspapers, and guidelines are often viewed by journalists and editors as censorship or an invasion of their right to report.

In Australia, India, Malaysia, New Zealand, Singapore and Viet Nam there appears to be a greater potential to implement guidelines and have them accepted by media professionals. Various strategies might assist in realizing this potential. One is involving journalists and editors in the development of guidelines, in order to ensure that guidelines are accessible and informative to media professionals. A second is disseminating guidelines in a manner that maximizes the likelihood of their being used in practice. This might involve providing media professionals with consistent and ongoing education and

training (presented via workshops, personal briefings, websites, etc.), including presenting them with evidence about the negative impacts of irresponsible reporting. It might also involve giving priority to particular sub-groups of media professionals, such as health reporters, editors, and publishers. A third strategy is 'rewarding' journalists for good practice (e.g., via public awards). A fourth strategy is garnering the support of other relevant bodies (e.g., government departments or nongovernmental organizations) which may be able to exert influence by, for example, promoting the guidelines or monitoring reporting.

Efforts to improve media reporting of suicide in Asia

National efforts

Relatively few of the countries participating in STOPS have appreciated the importance of developing and implementing national guidelines (Table 4). This is not surprising since most of the countries lack a national suicide prevention strategy within which to develop and give 'authority' to media guidelines. The size and heterogeneity of some of the countries may make it difficult for some of the countries to develop and administer national-level activities. An inability to identify sources of funding for guideline development and dissemination may also limit national efforts.

Australia's guidelines have received attention because of the considered way in which they have been developed and disseminated (Pirkis et al., 2006). The Australian Government Department of Health and Ageing worked with media professionals, suicide and mental health experts and consumer organizations to develop a set of guidelines known as Reporting Suicide and Mental Illness. The guidelines, and their accompanying quick reference cards and online resources, have been strategically and comprehensively disseminated by the Hunter Institute of Mental Health. The Hunter Institute was contracted to support media organizations in their understanding and use of the guidelines by: 1) distributing the guidelines and supporting materials, 2) conducting face-to-face briefings, 3) offering ad hoc advice, 4) working with influential media organizations to incorporate aspects of the guidelines into codes of practice and editorial policies, and 5) providing ongoing follow-up and promotion. The Hunter Institute has also contributed to the curricula of journalism schools in universities across Australia (Skehan et al., 2006). As a consequence, Australia's guidelines have been relatively well received by media professionals (see below) (Skehan et al., 2006).

Malaysia, the Republic of Korea and New Zealand have also developed and distributed national guidelines. Like Australia, Malaysia and the Republic of Korea have involved key stakeholders in the development process. Malaysia's guidelines were collaboratively developed in 2004 by the Ministry of Health, the Malaysian Psychiatric Association and the Befrienders, with input from senior editors of relevant newspapers. The Republic of Korea's guidelines were also developed in 2004, and involved the efforts of the Korean Association for Suicide Prevention, the Korean Ministry of Health and Welfare and the Journalists' Association of Korea. New Zealand adopted a less inclusive approach: the Ministry of Health developed the original guidelines without much consultation in 1998. The Ministry then re-issued a modified version in 1999 after complaints from journalists but has not disseminated the guidelines effectively. These guidelines have been rejected by New Zealand journalists who are now writing their own guidelines without input from suicide prevention researchers.

Local efforts

Although only a minority of participating countries have developed national guidelines, a number of specific organizations within these countries have engaged in local efforts aimed at improving media reporting of suicide. Some have translated and modified existing guidelines on media reporting of suicide from other countries, and distributed them to journalists and editors. The Suicide Prevention Institute of the Central South University in Changsha, China, for example, has translated the World Health Organization's guidelines (World Health Organization, 2003) and distributed them to reporters and editors.

Others have developed their own local resources and disseminated them to media professionals. The Beijing Suicide Research and Prevention Center in China has produced a pamphlet and the Hong Kong Jockey Club Centre for Suicide Research and Prevention has produced a booklet and a joint statement with the Hong Kong Press Council, all of which provide recommendations about media reporting of suicide in general. SNEHA in India has taken a more targeted approach, focusing specifically on the reporting of suicides related to exam failure – observed to be particularly likely to lead to copycat behaviours – and developing guidelines in this area.

In addition to disseminating the above resources, a number of organizations have considered ways of communicating messages about responsible reporting, arranging meetings with media professionals to discuss the issue. For example, the Ministry of

Public Health in Thailand has held two seminars on how to present suicide news, the Beijing Suicide Research and Prevention Center has held meetings with members of the press, and the Hong Kong Jockey Club Centre for Suicide Research and Prevention has organized workshops with the Hong Kong Press Council to provide training for journalists. Sri Lanka's Health Education Bureau of the Ministry of Health has held media briefings highlighting the need for balanced reporting of suicides, and plans to make use of regular media seminars and radio talk-back slots on other health-related issues to discuss suicide. The Samaritans of Singapore (SOS), the main suicide prevention organization in Singapore, has worked with major press outlets to reduce over-dramatization in suicide reporting.

Fostering positive reporting has also proved a valuable strategy. In Japan, *Asahi Shimbun* (a leading newspaper) reports suicide prevention issues (e.g., suicide warning signs, effective psychiatric treatments) in preference to suicide itself, with encouragement from the National Defense Medical College Research Institute. In Hong Kong SAR, the Hong Kong Jockey Club Centre for Suicide Research and Prevention regularly contributes responsible research-based articles and opinion pieces to local newspapers.

Evaluation activities

There is a dearth of evaluative activity occurring alongside the above efforts to improve media reporting of suicide. This situation is not unique to the countries participating in the STOPS project, nor to Asian countries more broadly, but is a phenomenon that has been observed worldwide by the Institute of Medicine of the US National Academy of Sciences (Institute of Medicine of the National Academy of Sciences, 2002).

In most of the participating Asian countries, no formal evaluations have been undertaken. In some, there is anecdotal evidence that reporting is improving. In China, for example, there is a perception that journalists are gradually becoming more skilled in terms of reporting on suicide. Likewise, in Thailand there is an impression that the practice of reporting suicides on the front page of newspapers has decreased over time. In Singapore, it appears that reporting of suicide is more factual, provides less detail about methods, uses fewer pictures, and is more likely to include helpline numbers; but there are still few positive, informative stories that would increase public awareness of the importance and preventability of suicide.

In Australia, the Hunter Institute of Mental Health has conducted an extensive evaluation of the influence of Reporting Suicide and Mental Illness, a set of guidelines

prepared for the media. At the most basic level, the evaluation examined the reach of the guidelines, finding that 2,500 copies of the resource had been distributed nationally and over 800 journalists had received face-to-face briefings. To address the question of whether use of such guidelines influences the practices of journalists, the Hunter Institute examined awareness and use of the resource: 67% of those who had been exposed to briefings were aware of the resource several months later, and 80% of these had made use of it (Skehan et al., 2006). Additional evaluation activities being conducted by the Universities of Melbourne and Canberra will examine the quality and nature of reporting of suicide pre- and post- the introduction of Reporting Suicide and Mental Illness and will consider whether any changes are correlated with exposure to the guidelines (Skehan et al., 2006).

The Republic of Korea has also undertaken evaluation efforts, with early data showing a greater propensity for the media to include helpful information, to provide information about suicide (e.g., suicide warning signs, suicide rate data), and to describe alternative courses of action. Some other participating countries have access to good baseline data, and could conduct similar evaluation exercises. In Hong Kong SAR in 2000, for example, examination of the reporting styles of five major Chinese newspapers found that 6% of suicide stories appeared on the front page, 87% of them were illustrated with photographs or diagrams, and 93% mentioned the suicide method in the headline (Au et al., 2004). Sri Lanka has conducted a similar cross-sectional study of reporting of suicide in the print media.

These evaluation efforts have involved the degree of distribution of guidelines for reporting, the percentage of reporters who are familiar with them, the percentage who claim to have made use of them, and the frequency with which stories that violate guidelines are printed. They do not attempt to evaluate any possible improvement in the stories resulting from familiarity with media guidelines, although this is one of the aims of the Australian evaluation currently being conducted by the Universities of Melbourne and Canberra.

International precedents for this exist, notably a study conducted by the Annenberg Public Policy Center in the United States (Garczynski et al. forthcoming). The Center identified 705 newspaper reporters who had written stories about suicide and sent them consensus recommendations for media coverage of suicide (developed by leading US governmental and non-governmental organizations concerned with suicide). Subsequently, the Center identified a sub-set of 90 reporters who had written a subsequent story on

visual media to the fact that sensationalizing suicide contributes to copycat suicides; they need to be made aware of the preventive possibilities of responsible and informative reporting. The full range of dissemination opportunities should be explored, and attempts should be made to identify critical elements of dissemination campaigns.

Finally, attention should be paid to issues of evaluation. There are clear opportunities for controlled before-and-after evaluation designs which both examine demonstrable improvement in reporting practices in line with established guidelines and explore the contribution any such improvement may make to changes in the rates of completed or attempted suicide.

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IMPROVING PORTRAYAL OF SUICIDE IN THE MEDIA

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CHAPTER 5

Educating Gatekeepers in Asia

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Abstract

Many of the Asian countries involved in the Strategies to Prevent Suicide (STOPS) project have instituted gatekeeper training in an effort to equip key community members who regularly come into contact with individuals or families in distress with appropriate suicide prevention skills. Training programmes have been provided for a range of gatekeepers, including teachers, social workers, hot line volunteers and youth leaders, family members and caregivers, police and prison staff, and religious leaders. These groups have been selected on the grounds that they come into contact with vulnerable individuals by virtue of their day-to-day roles.

The caregiver groups selected for training are acceptable to the community, and have the confidence and respect of the people. Some of the training programmes are initial efforts in the countries in which they are initiated, limited to a few regions, and not given on a regular basis. The content and delivery of gatekeeper training varies, depending on the particular gatekeeper group(s) in question and the degree of support available to them. Evaluation of gatekeeper training has been limited to date, and should desirably be strengthened.

Gatekeepers are usually described as people who, in non-medical settings, in the course of their work regularly come into contact with individuals or families in distress. They make daily contact with vulnerable individuals and can play significant roles in identifying risk behaviour at an early stage and, in many cases, facilitating pathways to mental health care. The current chapter discusses the skills these gatekeepers require to fulfil this role, and describes some examples of gatekeeper education in the Asian countries participating in the Strategies to Prevent Suicide (STOPS) project.

For the purposes of the current chapter, gatekeepers have been taken to include non-medical professionals, such as teachers, social workers and related professionals, volunteers and lay people, family members and caregivers of people with psychiatric disorders, police and prison staff, and religious leaders. Although in some countries non-specialist medical and nursing staff (e.g., general practitioners and non-psychiatric nurses working in primary care or emergency department settings) are regarded as gatekeepers, they are not included here since such groups provide a more direct clinical service. In some cases, they may refer on to specialist psychiatric providers, but in many other cases

they will be the final point of contact for suicidal individuals. For this reason, they are considered in Chapter 8, which deals with improving treatment for depression and other disorders that convey suicide risk.

Equipping gatekeepers with initial assessment and intervention skills

Given that gatekeepers are well-placed to identify and intervene with people at risk of suicide, it makes sense to provide them with initial assessment and early intervention skills. They should be educated in the psychiatric disorders most frequently associated with suicide, and in the warning signs and risk and protective factors for suicide. They should be equipped with the skills to establish rapport with potentially vulnerable individuals, to convey their sincere concern, to listen actively and empathetically, to ask direct questions about suicide risk, and to assess safety and danger. They should also be taught how to keep a suicidal individual safe. In addition, they should be equipped to remain calm, supportive, interested and non-judgmental.

Gatekeepers need basic intervention skills, but should be encouraged to recognize their limits and know when and how to ask for professional help if necessary. They should be made aware of available emergency services, crisis support services and mental health services in their local area, and should be trained in how to determine when the distressed individual should be referred on for clinical assessment and treatment. Of course, the threshold for referral will be influenced by the availability of such services.

Gatekeeper education in Asian countries

The nature and extent of gatekeeper education varies widely from country to country (see Table 5). Some participating countries, such as New Zealand, have invested heavily in gatekeeper education and have a national strategy in the area. In most of the other Asian countries the approach has been more ad hoc, with individual institutions providing different educational programmes in limited geographical areas, to different target groups (or combinations of target groups) of gatekeepers. Other countries, like Malaysia, Pakistan and Viet Nam, currently have no non-medical gatekeeper education underway.

Gatekeeper education programmes for teachers

Out of concern for youth suicide, a number of participating countries have in place gatekeeper training programmes for teachers. For example, the Korean Association for Suicide Prevention provides an education programme for middle and high school teachers which is run over three 16-hour sessions, with supporting documentation in the form of a

teachers' guidebook. The programme has the goal of equipping teachers with basic knowledge about youth suicide and depression and their treatment and prevention, and providing teachers with practical skills in communicating with students and assisting them to resolve problems.

Similarly, the Hong Kong Education and Manpower Bureau Quality Education Fund has supported a number of projects which train teachers to provide onsite support to students to enhance their mental health, strengthen their coping skills and improve their resilience. The Student Psychological Resilience and Emotional Intelligence Enhancement (SPREE) Project is one such example. Through this project, 155 teachers from seven schools received training from the Hong Kong Family Welfare Society in 2003/04. The Hong Kong Jockey Club Centre for Suicide Research and Prevention has provided additional training programmes in this regard, offering suicide crisis management skills for secondary teachers.

In New Zealand, gatekeeper education for teachers is addressed by the Ministries of Education, Health and Youth Development. Two resources have been produced: (Young People at Risk of Suicide: A Guide for Schools, 1998; Youth Suicide Prevention in Schools: A Practical Guide, 2003). Together, these outline the roles and responsibilities of school personnel in suicide prevention, offer guidance about best practice regarding suicide prevention in the school setting, and provide criteria against which schools can assess providers of suicide-related programmes or activities run in schools. Both resources have been distributed widely to schools across the country.

In Australia, education for teachers has been the responsibility of the Australian Government-funded MindMatters programme. MindMatters takes a whole-of-school approach to mental health promotion and suicide prevention, offering training for staff and a range of resources to be used within the school curriculum. Much of its emphasis is on building resilience among members of the whole school community, but it includes training and resources for identifying and working with students at high risk. MindMatters is complemented by a range of other initiatives, including CommunityMindEd which focuses on teachers working within the vocational education and training sector, equipping them with skills in suicide prevention.

In middle schools across China, teachers, school health workers, social workers, teachers and other school personnel who may play a mentoring role have received intensive training in mental health and suicide prevention in three national School Health Training Centers established by the Chinese Ministry of Education in Beijing, Changsha

and Shanghai. The Beijing Suicide Research and Prevention Center has also worked with tertiary education personnel, supporting the Women's Federation to educate gatekeepers in several university-based, small-area projects.

In Sri Lanka, the Ministry of Health developed a national programme aimed at training teachers to identify children with behavioural problems and schools are inspected to see that it is being implemented. In Chennai, India a nongovernmental organization (SNEHA) concerned with suicide prevention has trained teachers in 46 schools in how to identify students at risk for suicide.

Gatekeeper education programmes for social workers and related professionals

Social workers and others involved in the welfare and/or pastoral care of particular groups in the community may be faced with suicidal individuals in the course of their work. As a consequence, several participating countries have focused attention on training these professionals as gatekeepers.

In China, Hong Kong Special Administrative Region (Hong Kong SAR), the Hong Kong Jockey Club Centre for Suicide Research and Prevention has provided intensive training in suicide prevention for social workers and professionals providing support and advocacy services to people who have experienced domestic violence. In New Zealand, similar training is provided to workers in contact with distressed youth, via the Department of Child, Youth and Family Services. The Samaritans of Singapore have organized training courses that provide training for frontline staff, including counsellors and welfare workers, in various agencies, to identify signs of distress and react appropriately.

Gatekeeper education programmes for volunteers and lay people

Several participating countries have developed training for volunteers working in the field (e.g., providing telephone counselling, support and advice via crisis hotlines) and lay people who may have the potential to intervene in a time of suicidal crisis, by virtue of where they sit in the community. These people are interested in helping others but have no previous training in suicide prevention.

The LifeForce Suicide Prevention Program run by Wesley Mission in Australia aims to equip community members from a range of backgrounds to deal with a suicidal crisis in an appropriate manner. Similarly, the Ministry of Public Health's Department of Mental Health in Thailand has run workshops and forums designed to train volunteers and

community leaders, with a view to equipping them to recognize depression and suicide risk, to be able to screen and give preliminary assistance to at-risk individuals, and to develop appropriate referral networks within their local community (Wongchai, 2006).

Sumithrayo, under the auspices of the Befrienders International, invites volunteers in Sri Lanka to join them to provide support and counselling to those who seek help, in times of crisis, when people contemplate suicide, have emotional problems, and feel lonely.

Gatekeeper education programmes for family members and caregivers

A number of participating countries have developed training for the relatives and caregivers of particularly vulnerable individuals such as those with mental illness and those who are already exhibiting suicidal behaviour.

In China, there are examples of gatekeeper training for family members of people with mental illness. Specifically, in Zhejiang, family members (particularly those with a relative with schizophrenia) have been invited to attend courses on mental health and suicide prevention. In a demonstration project as part of the World Health Organization's SUPRE-MISS project aimed at helping individuals who have attempted suicide, the Beijing Suicide Research and Prevention Center worked in Shandong province in rural China with family members and others in the community to give social support to individuals who have been seen in emergency rooms following a suicide attempt.

Likewise, New Zealand has a programme of training for family members and qualified caregivers who are responsible for suicidal 12-16 year olds, either at home or in specialist community-based programmes. The training incorporates a focus on self-harm aimed at identification of young people at risk, familiarization with prevention and intervention techniques, planning intervention procedures and familiarization with coping strategies in the event of a fatal or non-fatal suicide attempt.

Gatekeeper education programmes for police and prison staff

In recognition of the fact that people in contact with the justice system are at increased risk of suicide, several countries have instituted gatekeeper training programmes aimed at police and prison staff. In New Zealand, for example, the Department of Corrections undertakes education for prison officers which focuses on suicide awareness and prevention and is delivered by various experts (e.g., regional training officers, cultural officers, psychologists) via a full-day training module. In Singapore, the Samaritans of Singapore offers training for police officers designed to help them to identify at-risk

individuals (e.g., by looking for signs of distress and suicidal intent) and to react appropriately (e.g., by obtaining help). Programmes with similar intent have been run in China, India and Hong Kong SAR.

Gatekeeper education programmes for religious leaders

Religious leaders are another group who may come into contact with at-risk individuals. Their pastoral care role may put them in a unique position, in that people may disclose suicidal thoughts and feelings to them that they might not otherwise share. It is acknowledged, however, that the degree to which this occurs may be related to the extent to which the given religion sanctions suicide (see Chapter 2).

Some participating countries have provided gatekeeper education to religious leaders, in an effort to increase their capacity to meet the needs of suicidal individuals. In Thailand, for example, a collaboration between the Bureau of Mental Health Technical Development, the Department of Mental Health and the Chang Mai District Public Health Centre has run educational workshops for Buddhist monks as part of a broader programme that included other gatekeepers. The monks were taught how to apply Buddhist dharma (principles of conduct in keeping with one's essential spiritual and moral nature) to assist suicidal individuals. They were also taught specific counselling skills. They were then given opportunities to apply these skills in one-to-one interactions and in preaching to larger groups (Teerawutgulrag, 2006).

General gatekeeper education programmes

Most, but not all, of the gatekeeper education programmes described above target single groups of gatekeepers (e.g., teachers or prison officers), on the grounds that the constituents with whom they deal differ in terms of their profile and needs. There is recognition, however, by a number of gatekeeper education programmes offered in participating Asian countries that many gatekeepers face similar issues, regardless of the particular at-risk group with whom they come into contact, and therefore require similar skills and knowledge. For this reason, several programmes seem to be targeted at a range of gatekeepers, rather than tailored to one specific group. There may be some economies of scale in providing generalist gatekeeper training to mixed groups of recipients.

In Japan, trial programmes have been established in rural areas, such as the prefectures of the northernmost parts of Honshu. Local people with a variety of roles are educated in basic suicide prevention skills. Additional efforts have been made in the context of

broader community-based, multi-modal interventions in Akita, Aomori, and Iwate prefectures with particularly high suicide rates.

The Hong Kong Jockey Club Centre for Suicide Research and Prevention (CSRP) is organizing a series of training programmes for different gatekeepers in a selected community (Tuen Mun) which has relatively high rates of both completed suicide and attempted suicide. The targeted gatekeepers include police, social workers, and volunteers (as well as medical professionals). The training programmes are part of a broader community-based suicide prevention project.

As well as the relatively obvious gatekeepers listed above who are the recipients of the gatekeeper training programmes, there are also some more novel trainees. The Hong Kong SAR programme targets supermarket front-line staff because supermarkets are the major supplier of charcoal, an agent which is now commonly being used in suicides by carbon monoxide poisoning in Hong Kong SAR (see Chapter 1). The programme was successful in reducing availability by removing charcoal from the open supermarket shelves, making it available for purchase only by request. Other participating countries have also targeted innovative groups. For instance, mass rapid transport staff have been offered gatekeeper training by the Samaritans of Singapore, because of their potential role in averting rail suicides.

Research and evaluation

Very few of the above training programmes have been subjected to evaluation, and those evaluations which have occurred have tended to rely on before-and-after assessments of changes in participants' knowledge of suicide prevention and confidence in dealing with suicidal individuals. Participants' satisfaction with the training has also sometimes been assessed. What is currently missing, however, is any data on whether gatekeeper training programmes lead to behavioural improvements in participants' abilities to recognize and deal appropriately with suicidal individuals, and, ultimately, whether they have an impact on the suicidal behaviour of those in the gatekeepers' communities.

Perhaps the best example of a currently-planned evaluation is that of the Hong Kong CSRP's provision of gatekeeper education in Tuen Mun (see above). Process evaluation involving immediate feedback from participants will occur, but this will be augmented by an examination of changes in the attempted and completed suicide rates in this community and in a control community with a similar socio-economic profile (Yuen Long). It would