



GLOBAL SUICIDE-PREVENTION EDUCATION FOR HEALTHCARE PROFESSIONALS

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Summary

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In addition to directing a large, public sector mental health program for 30 years, he maintained a limited private practice in psychotherapy, law enforcement and corporate consulting.

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Death by suicide is a major public health problem worldwide, yet because of stigma, fear and ignorance, almost no one speaks of it.

According to the World Health Organization (WHO, 2004), approximately one million people end their own lives each year, which is more than die by homicide and from war combined.

In China alone the annual suicide toll is 287,000 or one person every two minutes. All countries agree that education is the key to saving lives from suicide, but there are only a handful of subject matter experts.

This article describes a university-based online project designed to explore the provision of training in suicide-risk assessment to students and working professionals anywhere in the world using a blend of online distance learning and traditional methods.

Introduction

As death from other causes decreases due to modern medicines and improved public health practices, suicide rises as a leading cause of death. Countries around the world are developing suicide-prevention plans and setting goals to reduce their suicide rate. Uniformly, these national strategies call for broad public and professional education, not only about the size and scope of the problem of suicide, but about what knowledge, skills, policies and interventions are necessary to prevent this terrible loss of life. Educators have become key players in this global initiative.

The National Strategy for Suicide Prevention (2001) by the U.S. Surgeon General, called for broad education and training not only of ordinary citizens, but of a wide range of professionals. Ignorance about suicide is costly. The Institute of Medicine calculated the annual cost of suicidal behaviours to be in the region of US \$11.8 billion in 1998 dollars for America alone (Reducing Suicide, 2002:435-436). The emotional costs are incalculable.

With few exceptions, those in the helping professions are poorly trained and generally not competent to assume the roles assigned to them in the various national strategies to reduce suicide. From a variety of studies consider the following:

- most people who commit suicide had contact with a healthcare professional within a year of death, and 40 percent of these contacts were within one month of their death. Many people die by overdose on the prescription medications provided to them at these visits;
- screening for depression, substance abuse and suicide potential is not routine in primary care even though primary care providers are often the 'first and only medical contact' suicidal patients have with the healthcare system. As a result, suicide risk is not detected; and
- primary care physicians lack training and evidence-based screening, assessment and referral practices for suicide potential.

Since the majority of suicide attempts are premeditated by persons suffering from disorders of mood and thought (especially among older adults), the potential for screening and detection of suicidal intentions during medical visits is great and lives could be saved.

The Challenge to Educators

Among the key Institute of Medicine (2002) recommendations is, "Curriculum and continuing education requirements in medical, nursing, mental health, social work and substance abuse training programs are needed to enhance and assure knowledge, skill and competence in the assessment and treatment of suicidal consumers."

Writing only from a U.S. perspective, how do we educate and train over two million nurses, 700,000 doctors, 500,000 mental health professionals and thousands upon thousands of law enforcement officers, correctional workers, counsellors and clergy? These groups are only some of the more than 25 groups of suicide prevention 'gatekeepers' (those in a position to recognize and reduce risks associated with suicidal behaviours) that were identified in the U.S. Surgeon General's national strategy (2001). The educational challenge is, at once, urgent and monumental.

The response to this challenge cannot lie in traditional classroom settings for the following reasons:

- there are only a handful of suicide prevention experts worldwide who could provide such training, and surveys show only a few of these provide training beyond their university-based classrooms, thus the manpower shortage is critical;

- surveys of universities and medical schools show almost a total absence of suicide prevention courses or content in existing curricula; thus there is no accepted 'core content' upon which institutions might begin to build courses, skills or competencies; and
- suicide rates are highest in rural areas; thus those most in need of education and training have the least access to traditional educational venues.

The teaching of novices in traditional classrooms and formats by subject-matter experts cannot possibly meet the need for rapid dissemination of suicide-prevention information and life-saving knowledge. The sad result will be thousands upon thousands of lives lost to suicide that could otherwise have been saved.

A Distance Learning Solution

Historically, mental health practitioners have been trained in face-to-face settings. Computer based training may be familiar to engineers, but it is entirely foreign to social workers and psychologists. The very idea that one can acquire skills to interact more successfully with consumers via a web-based training program goes against 'all that's holy' in the education of healthcare professionals. Yet, given the scope of the problem, how else shall we proceed?

For the past ten years, the QPR Institute and its multidisciplinary staff have been developing and testing a number of classroom-based suicide- prevention exportable learning modules, lectures, workshops and competency-based courses to directly address the training deficits identified among 'key gatekeepers' in a variety of professions. With the help of the Washington State University School of Nursing Education in Spokane, Washington, distance learning strategies were researched and tested to deliver various modules of these training programs in a multimedia online format.

Building on student response to an abbreviated online suicide-prevention multimedia learning module, and in a new partnership with Eastern Washington University's School of Social Work, the original classroom course content for two professional courses has been videotaped and digitized to meet the same parameters of the traditional classroom delivery of these full-day courses. These courses are now fully developed and refined and are offered through East Washington University's Division of Educational Outreach. (To view these courses visit <http://suicideprevention.ewu.edu>).

The challenge, as one might guess, is how does one 'blend' online-oriented training content with what all agree are critical interpersonal learning experiences that reflect actual interview skill development? In other words, how does the educator know whether or not the student did, in fact, gain measurable knowledge and skills?

The knowledge part is easy. After registering, students are mailed a hard-copy packet which includes a CD-ROM containing the video-based classroom lectures and a study guide, together with key PowerPoint thumbnail slides to assist note-taking while viewing the lectures. Students combine the viewed lectures with various online texts, explore web links, write and submit a five page paper and complete a 25-item quiz. Successful completion of these elements accounts for the knowledge portion of the course.

Determining the student's actual skill and competence in using the standardized interview protocol is the challenge, and the question is, "Can the student successfully interview a 'suicidal person' in a role play situation?"

We elected to determine 'success' in the actual role play using criteria, such as, 'Did the student ask about the presence of suicidal thoughts', 'Did the student inquire about the means of suicide under consideration' and 'Did the student learn at least three of the five

'hidden risk factors' known to the suicidal patient in the role play but not known to the student'.

To accomplish this much greater challenge in determining competence, the student designates an onsite supervisor or colleague and identifies him or her to the university by email. The university then sends a set of hardcopy instructions and several role plays directly to the supervisor or colleague. The role plays are conducted face-to-face, scored on 16 item scale (75% correct is required to pass this section of the course), and the score and comments are faxed back to the university together with a copy of a business card and/or verification form signed by the supervisor or colleague.

Our fundamental goal is to marry knowledge-gain with demonstrable interview skills to directly enhance the student's sense of self-efficacy in interviewing and assessing suicidal consumers. Preliminary data show that that students not only report greater comfort, confidence and competence in this most difficult of clinical interviews, but that third-party observations confirm these gains.

While still exploratory at this writing (we will be evaluating these online courses very thoroughly over the next 12 months), we are unaware of similar training of this kind provided via the Internet using distance learning technology. Our objectives are straightforward: to address essential knowledge and skills professional gatekeepers need to recognize and assess immediate suicide risk.

These courses are targeted to two major groups:

- first responders, including law enforcement, correctional workers, clergy, school counsellors, crisis line staff and volunteers and;
- professional healthcare providers, including nurses, doctors, therapists, mental health and substance abuse treatment professionals.

The two courses are offered in a 10-hour, 1-credit format, transferable to any college or university upon approval from the student's home university. Once registered with Eastern Washington University, the QPR Institute sends students the hardcopy study guides, information-rich CD-ROM or video lectures and other content appropriate for a web-based tutorial.

Student's seeking university credit are required to pass a nationally standardized and professionally benchmarked post-course test, pass the structured risk assessment role plays scored by a colleague or supervisor and submit a brief academic paper on an aspect of suicide prevention. Professionals seeking continuing education credits are not required to submit the five page paper.

In brief, once 15 students have been registered in a online class section, a new Blackboard 6 course (classroom) is activated, complete with the instructor's credentials, photo and contact information. Additional students may join the class from anywhere in the world.

In the online environment, students begin and complete their classes at their own pace. From date of registration and payment, each student is allowed one year to complete the course. To maintain academic integrity, no more than 30 students may be active in an online course at any one time for a single instructor. Thus, it is possible have 5, 16, 25 or 30 students 'enrolled' on any given day. New students may enter the class at any time depending on the desires of the faculty member.

Future Challenges

Our experience to date suggests that not only are students vitally interested in this subject area (a recent American college health survey found 10% of college students seriously considered suicide and that suicide is the 2nd cause of death on college campuses), but that students are also quite willing to take this training online. The response from working professionals is as yet unknown, but various studies suggest that with as much as a 60% savings in continuing professional education costs, greater convenience in learning and no significant loss in educational benefit, it is only a matter of time until healthcare professionals see the benefits of distance learning opportunities.

Another challenge we anticipate is that if there is a robust response from students and working professionals to these course offerings, we may experience a staffing shortage in qualified instructors. To deal with this potential (but delightful) problem, the QPR Institute is now recruiting and training qualified instructors again using distance learning. Once approved by the Institute, these instructors are invited to join Eastern Washington University's paid adjunct faculty. The university will train instructors in how to use the Blackboard courseware so that they can deliver the online courses and faculty may recruit students from their own institutions to fill the online classes.

Once faculty are trained, qualified and licensed by the QPR Institute and accepted as faculty at East Washington University, they can teach these courses to any student or professional with a computer, a modem and access to the Internet anywhere in the world. At this writing, we are training instructors in rural Minnesota, New Mexico, Australia and China.

Because of the perceived need and lack of credentialed instructors and suicide prevention workers, East Washington University and the QPR Institute are co-developing a 100-hour specialty certificate program in suicide prevention. This program is expected to be available in late 2004 in the on-campus environment and the curriculum will be provided to others free on request. The eventual goal of this project is to provide all required courses for this certification via distance learning technology, thus allowing us to create subject matter experts around the globe to help prevent suicide.

The prevention of suicide is too important to be left to traditional, slow-evolving, monolithic, institutionalized classroom models of education and training. Without an aggressive, massive educational undertaking using all the high-tech tools now available to us, millions of lives will be unnecessarily lost to suicide. 2,700 of them today alone!

Clear evidence now exists that suicide can be prevented. Life-affirming education was never more relevant, never more important and never more valuable. For us to drag our feet about implementing the education and training recommendations now before us may not just be a matter of will, but of ethics.

References

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