

ASSESSING FACTORS RELATED TO CLINICIANS' ATTITUDES TOWARDS SUICIDE PREVENTION

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INTRODUCTION

In 2007, 34,000 people died by suicide in the United States, but by 2013, the number of suicides had risen to 41,149. Of those affected by major depressive disorder, a primary risk factor for suicide, it is estimated that about half receive professional mental health treatment.

Following the loss of a patient to suicide, clinicians report an impact on their professional practice that includes grief, self doubt about professional competence and fear of legal reprimand. These feelings may go on to impact their attitudes towards suicide prevention.

Mental health clinicians who experience the loss of a patient to suicide may also need support to manage that loss.

PURPOSE OF RESEARCH

The Connecticut Suicide Advisory Board is a task force composed of members from various mental health agencies in Connecticut that are interested in reducing the rate of suicide in the state. Members identified clinician resistance towards accepting suicide as preventable as one of the barriers to implementing prevention interventions. This study was conducted to inform the Board about these circumstances surrounding these attitudes and provide data to support future interventions to redirect those attitudes.

METHODS

A web based anonymous survey of licensed mental health clinicians in Connecticut was conducted to measure clinicians' attitude towards suicide prevention and to examine factors that may affect those attitudes. The survey was available from 4 March 2016 through 25 March 2016. It was distributed through the Connecticut Suicide Advisory Board and Connecticut Clearinghouse ListServ's as well as by word of mouth to practicing clinicians.

The following four hypotheses were tested:

1. Clinicians who have lost a patient to suicide are less likely to think that suicide is preventable.
2. Clinicians who had received suicide prevention training would be more open to participating in peer support.
3. Clinicians who have not participated in suicide prevention training would be less likely to believe that suicide is preventable.
4. Clinicians who believe suicide is preventable would be more open to participating in peer support following the loss of a patient to suicide.

RESULTS

104 individuals participated in the survey, representing a variety of different clinical fields. The majority of clinicians (62%) had worked as clinicians for over 10 years. The major findings of the study were:

- 34% of clinicians had lost a patient to suicide
- Over 80% of surveyed clinicians believed that suicide is preventable
- 31% of surveyed clinicians reported they had not participated in suicide prevention training outside of academia,
- 80% of surveyed clinicians report they feel clinicians have a moderate or high level of responsibility in preventing suicide with their patients
- Over 90% of surveyed clinicians would be open to peer support following the loss of a patient to suicide and therefore indicates an intervention that clinicians are open to participating in.

Table 1. Clinical Field

Type	Percent
Psychiatrists	2
Psychologists	8
Licensed Clinical Social Workers	51
Licensed Therapists	12
Other	29

n=104

Other included specialties such as Licensed Marriage and Family Therapists as well as Licensed Professional Counselors.

Table 2. Length of Time in Practice

Years	Percent
Less than 1	4
1-5	13
6-10	21
11-15	20
16 or greater	42

n=100

Statistical analyses of the four hypotheses showed that only the relationship between experience of a patient suicide and belief in the preventability of suicide was related at a trend level, as shown in Table 2 below. There was no statistically significant relationship between suicide prevention training and belief that suicide is preventable, suicide training and openness to peer support, and belief that suicide is preventable and openness to peer support models.

Table 3.

Survivor of Patient/Client Suicide and Belief Suicide is Preventable

		Believe Suicide is Preventable		Total
		Yes	No/Unsure	
Survivor of Patient Suicide	Yes	73.5%	26.5%	100.0%
	No/Unsure	87.5%	12.5%	100.0%
Total		82.7%	17.3%	100.0%

P=.082

LIMITATIONS

Several factors limit the potential of this data to be applied to clinicians at a population level:

- Participants were voluntary and recruited from two ListServ's that promote suicide prevention.
- The sample size was relatively small in comparison to the amount of clinicians in Connecticut
- The survey was brief and did not assess details surrounding attitudes and beliefs
- Each state within the United States, as well as between countries, have varying educational and training competences that guide practice and attitudes toward suicide prevention.

DISCUSSION

Consistent with other research, one in three clinicians reported having lost a patient to suicide. Even though the loss of a patient to suicide does impact clinicians attitude towards the preventability of patient suicide, the majority of mental health clinicians' believe that suicide can be prevented. In addition, the vast majority of clinicians are open to peer to peer models to support clinicians who have experienced the loss of a patient to suicide. This data suggests that mental health clinicians in Connecticut would welcome state efforts towards suicide prevention interventions and clinician support in the face of patient loss to suicide. The data also suggests the need for more training for clinicians in the state of Connecticut should be targeted at suicide prevention education and address the topic of clinician control over patient/client clinical outcome.

ACKNOWLEDGMENTS

This research was made possible with help from Jane Ungemack, Dr. P.H., Andrea Duarte, L.C.S.W, M.P.H., Amanda Durante Ph.D., M.Sc., Garry Lapidus PA-C, M.P.H., and Judith Stonger, M.A, C.P.S., C.A.R.C.

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