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Chapter 2

**Views of Members of School Care
Advisory Teams on Adolescent Suicidality
and Training Focusing Its Prevention**

Abstract

Objective: This paper discusses the results of an online survey among members of School Care Advisory Teams (SCAT) in the Netherlands aimed (1) to get insight into how participants perceived the subject of suicidality within their school, and (2) to assess their needs assessment on the proposition of an online educational training program on the topic of adolescent suicide prevention using e-learning modules.

Methods: Members of SCATs were invited to fill out an online questionnaire and 58 participants completed the survey. In order to achieve the two aims of this study participants were asked to give their view on the following topics: the importance and topicality of suicidality in school, their experience with the topic, their skills and responsibilities when dealing with suicidality among their students, and their attitude towards the use of e-learning modules in adolescent suicide prevention education.

Results: Almost all participants indicated to have been confronted with suicidality among their students at one point, and suicidality was also named as a topic which requires the attention of the schools. According to the participants, students and teachers are not very well informed on the topic of adolescent suicidality. Moreover, participants perceived themselves as capable to detect, guide and refer suicidal adolescents, but they believed that it is a good idea to develop flexible e-learning modules in this area.

Conclusions: According to the participants of this study suicidality is an important topic which requires the attention of the schools, and there is a need for more training in this area. Developing educational e-learning modules on this topic, which can be attended by the users whenever it suits them, is perceived as a positive development.

Introduction

Each year, approximately 50 adolescents (< 20 years old) die due to suicide in the Netherlands, which makes suicide the second leading cause of death among Dutch youth (Dijkstra, 2010; Statistics Netherlands, 2014). Suicide is defined as an intentional act with a fatal ending, caused deliberately by the deceased person with the intention to bring desired changes in the situation (Kerkhof, 2010). In the literature, the umbrella term 'suicidality' is often used to refer to suicidal thoughts and attempts (Kerkhof, 2010). Every year, circa 11% of the Dutch adolescents have suicidal thoughts, and approximately 7% of the adolescents engage in deliberate self-harm or do an attempt (Dijkstra, 2010). In 2011, 4510 adolescents (< 24 years old) were treated in the emergency departments and 2131 were admitted into hospital as a result of the injuries inflicted by themselves (The National Public Health Compass, 2013). What is striking is that adolescents from ethnic minority groups in the Netherlands, especially Turkish and Surinamese Hindustani girls, more often report suicidal thoughts and reports compared to their Dutch peers (GGD Rotterdam-Rijnmond, 2009; Van Bergen 2009). These figures, if anything, undergird how important it is to take measures aimed at suicide prevention among adolescents in the Netherlands. Persons who fulfill a position in which they interact with adolescents can play an important role in suicide prevention, 'gatekeepers' as they are referred to in the literature, can contribute to guiding and referral of people at-risk for suicide to mental health care.

The term 'gatekeeper' is commonly used to refer to professionals who manage or control the gateway to healthcare (WHO, 2012). Potential gatekeepers that can play a role in adolescent suicide prevention are those professionals that are working in the context of school, such as members of SCATs, or in the context of mental healthcare, such as youth health care nurses and mental healthcare employees. Members of SCATs for instance can play an important role in adolescent suicide prevention since due to their frequent contact with adolescents they are among the first group of people that can notice changes in the behavior of an adolescent that could be related to suicidality. This is the reason why training gatekeepers in suicide prevention is increasingly being mentioned as an important prevention strategy (WHO, 2012). There are in-person trainings available in this area in the Netherlands, but due to a lack of time and resources it can hamper gatekeepers from attending them. Nowadays it is expected from gatekeepers, especially those working in schools, to be properly informed on a variety of mental health related topics so that they can detect adolescents in need for help early on (Gould, Greenberg, Velting, & Shaffer, 2003). However, if gatekeepers want to attend a training they are obliged to do this alongside their busy schedule, and thus a lack of time usually forms an obstacle for them to attend these trainings. In addition, these trainings are

usually costly which exceeds the available training budget. Online trainings, in general, don't have these disadvantages. Online trainings allow gatekeepers to attend the training whenever they want from any given location, thus, travelling to mandatory training days is no longer required. In addition, online trainings, if developed at low-cost, can be offered at relatively low price.

In 2011, and due to the request of the Dutch House of the Representatives, the VU University started with the development and testing of an online training program called Mental Health Online (MHO), aiming to stimulate adolescent suicide prevention among professionals using educational e-learning modules. The report of the findings of the study on the effectiveness of the MHO has been submitted for publication elsewhere (Ghoncheh, Gould, Twisk, Kerkhof, & Koot, 2015a; Ghoncheh, Kerkhof, & Koot, 2015b). Alongside the effectiveness study an online survey was conducted among members of the Dutch SCATs aiming to gain insight into their perceived importance and topicality of suicidality in schools, their experience with the topic, estimation of their skills when interacting with suicidality among their students and their responsibilities, and finally, their attitude towards the use of e-learning modules in adolescent suicide prevention education. This paper discusses the results of this online survey. To the best of our knowledge no research with similar aims has been conducted in this area. Still, the findings are essential for implementation of the developed modules in the context of school and gatekeeper's education.

Method

The survey was composed using Qualtrics, an online survey software package, and was embedded into the website http://www.MentalHealthOnline.nl. Whenever a participant visited the website, the following pop-up would appear: 'Are you a member of the SCAT at a school? If so, please fill out our short survey about suicidality among adolescents. Click here'. The questionnaire was accessible from May 2012 to April 2014 on the website. Participants were not financially rewarded for their contribution to the study.

Participants

Of the 60 people who participated in this study 58 were connected to a SCAT (74% women) and were in the age range of 26 to 66 years old (M = 47.76, SD = 11.15). In order to keep the group of respondents homogenously, only these 58 participants were included in the analysis of this study. The majority of the participants were health coordinators (*n*= 26), while the remaining respondents were school social worker (*n*= 11), psychologist (*n*= 5), teacher (*n*= 5), special education generalist (*n*= 3), guidance counselor (*n*= 3), school counselor (*n*= 2), dean

(n= 1), case manager (n= 1) and internal supervisor (n= 1). The SCAT members had between one to 28 years (M = 8.60, SD = 6.34) of experience in their current position. Most of the participants stated to be working in secondary education (66%) or a community college (29%); the remaining participants (7%) were working in different educational settings (special education, primary education or university).

Questionnaire

The questionnaire used for this survey contained 62 items about the following topics: general questions (n= 8), experience with suicidality (n= 7), student's well-being (n= 5), suicidality at my school (n= 5), detection, guidance and referral of suicidal youth (n= 12), suicide prevention as part of tasks (n= 12) and the need for suicide prevention e-learning modules (n= 13). Items related to the first and the second topic consisted of fill-in and/or multiple choice questions. All other statements could be scored on a three-point Likert scale: not at all/disagree (score 0), a little or sometimes/partially agree (score 1), and clearly or often/agree (score 2).

The general questions gave insight into the background of the participants, including gender, age, position and years of experience. The questions focusing on the experience of the participants with the topic of suicidality were aiming to find out to what extent participating SCAT members had ever been confronted with suicidality in their surroundings (work and professional setting). The well-being questions were included to gain information about at what point and in which context the participants felt responsible for the well-being of their students. The questions focusing on suicidality in my school aimed to find out to what extent the topic of suicidality in the school of the participants received attention. The questions on detecting, guidance and referral of suicidal students intended to get an insight into the knowledge on suicide prevention respondents thought to have, while the questions concerning the tasks attempted to find out whether the members of SCAT thought that identifying, guidance and referral of suicidal youth was part of their job responsibilities. Finally, the last questions in the survey served as a needs assessment among participants with regard to suicide prevention e-learning modules of MHO.

Results

Important themes of mental healthcare

Participants were asked to list a top five of the mental health related issues that, according to them, needed their school's attention most. Participants could choose from nine themes (ADHD, anxiety disorders, depression, eating disorders, substance use, domestic violence, bullying, sexuality, suicide(attempts) and self-destructive behavior) and were also given the

opportunity to nominate additional themes. The following topics were included in the top five: depression (*n*= 40), ADHD (*n*= 39), bullying (*n*= 37), suicide(attempt) and self-destructive behavior (*n*= 28) and substance use (*n*= 26). Thus, almost half of the participants found suicidality an important theme for their school, right after depression, ADHD and bullying.

Experience with suicidality

Most SCAT members (87.9%) stated to have known at least one student who made a non-fatal suicide attempt, and 44.8% of the SCAT members knew at least one young person who had deceased due to suicide. Almost all participants (94.8%) stated that at some point in their career they had suspected that at least one of their students was suicidal, and 70.7% of the participants stated that at the time they were filling out the questionnaire, they suspected that at least one of their students was currently suicidal. Furthermore, 84.5% of the respondents stated to have engaged in a conversation with at least one student that they suspected to be suicidal. Finally, 44.8% of the participants stated to have known someone from their personal surroundings who had made a non-fatal suicidal attempt, and 55.2% knew at least one person from their personal environment who had died due to suicide.

Responsibility for the well-being of students

Five items were related to the SCAT member's perception with regard to their responsibility when it came to their student's well-being. As can be seen in Table 1, the average scores on all five statements were high. However, it is remarkable that when it comes to home-related problems, the average score is lower (M = 1.74, SD = 0.44) compared to problems occurring at school (M = 1.88, SD = 0.33). This difference was found to be significant $t(57) = 3.23$, $p = .002$.

Table 1. Responsibility for the Well-being of the Students

	Mean (SD)
I feel responsible for the overall well-being of our students.	1.91 (0.28)
It is also my duty to intervene when a student is psychologically or socially not doing well.	1.98 (0.13)
When a student has psychological or social problems at school, I feel responsible to help this student.	1.88 (0.33)
When a student has issues at home, I feel responsible to help this student.	1.74 (0.44)
It is also my task to make sure that students dealing with psychological or social problems, get the right help.	1.95 (0.22)

Suicidality at school

Five statement in the questionnaire addressed the importance of the topic of suicidality in the participants' schools (see Table 2). The participants' perceived impression with regard to the degree the students (M = 0.59, SD = 0.56) and teachers (M = 0.71, SD = 0.56) were informed on the topic of suicidality was low, but they generally believed that their SCAT was aware of the topic (M = 1.31, SD = 0.65). In addition they did not have the impression that the topic of suicidality was a big taboo at their school (M = 0.47, SD = 0.50), and they expected the risk that suicidality would occur among their own students to be high (M = 1.12, SD = 0.50).

Table 2. Suicidality

	Mean (SD)
The students at my school are informed on suicidality	0.59 (0.56)
The teachers at my school are informed on suicidality.	0.71 (0.56)
The SCAT at my school is informed on suicidality.	1.31 (0.65)
There is a taboo in my school regarding suicidality.	0.47 (0.50)
I expect the chances that suicidality occurs among students at my school to be high.	1.12 (0.50)

Table 3. Detection, Guidance and Referral

	Mean (SD)
I have, at some point, received training in recognition of suicidality.	0.72 (0.77)
I am familiar with the warning signs associated with suicidality.	1.21 (0.61)
I know which factors form a risk for suicidality.	1.28 (0.64)
I am capable of recognition of suicidality among students.	1.05 (0.58)
When I suspect that a student is suicidal, I know how to have a conversation with this student.	1.31 (0.60)
When I detect that a student is suicidal, I know how I have to behave in interaction with this student.	1.34 (0.61)
I am capable of developing a relationship of trust with a suicidal student.	1.41 (0.62)
While guiding a suicidal student, I know which pitfalls I have to avoid.	1.02 (0.58)
I am aware of the existence of guidelines at other schools regarding how to deal with suicidality.	0.57 (0.73)
I am familiar with the content of such guidelines.	0.33 (0.60)
My school has outlined a similar guideline.	0.29 (0.56)
When a student undertakes a suicide attempt, I know how to refer this student.	1.60 (0.59)

Skill in identifying, guidance and referral of suicidal students

In general, SCAT members believed that they are reasonably able to detect, guide and refer suicidal students (see Table 3), this despite the fact that less than half of the participants indicated to never have received a training on these topics (M = 0.72, SD = 0.77). It is striking that ratings of statements related to guidelines addressing how to deal with suicidality are low: aware of its existence (M = 0:57, SD = 0.73), familiar with its contents (M = 0.33, SD = 0.60) and the existence of such guidelines at school (M = 0:29, SD = 0.56). This suggests that familiarity with or usage of such guidelines is unusual, or that they may not even exist in the school.

Suicide prevention as part of the SCAT member's tasks

In general, participants believed that activities relating to suicide prevention belonged to their tasks (see Table 4), especially referral of a suicidal student for further assistance (M = 1.98, SD = 0.13). It is remarkable that bringing the theme to the attention of the students received the lowest average score among the statements (M = 0.95, SD = 0.63).

Table 4. Tasks

	Mean (SD)
Bring the topic of suicidality to the attention of students.	0.95 (0.63)
Stimulate the school staff to pay attention to the topic of suicidality.	1.28 (0.62)
Detect suicidality among students.	1.59 (0.50)
Outline a guideline at school regarding how to deal with suicidality.	1.36 (0.69)
Guide a suicidal student at school.	1.31 (0.68)
Contact the parents of a suicidal student.	1.72 (0.45)
When suicidality occurs to one of the students, let the teachers know about it.	1.57 (0.60)
Keep an eye on a student at high risk at suicidality.	1.79 (0.45)
Refer a suicidal student for further help.	1.98 (0.13)
Keep contact with the parents of a suicidal student who has been referred for further help.	1.60 (0.56)
Keep contact with the counselor(s) of the student who has been referred.	1.76 (0.47)
Provide aftercare to a student who has attempted suicide.	1.57 (0.57)

Need for suicide prevention e-learning modules

In general SCAT members see the value of e-learning modules on suicidality prevention and the proposed format of MHO (See Table 5). Interesting findings are that participants believe that it is a good idea that the modules are being developed (M = 1.90, SD = 0.31), and that the modules should contain information on detection (M = 1.97, SD = 0.18), guidance (M = 1.93, SD = 0.26) and referral (M = 1.90, SD = 0.36). Furthermore, participants indicated that

the modules should provide the user with flexibility of attending them at time points most convenient to them (M = 1.88, SD = 0.33), and that they prefer not to seek for information on suicidality on their own (M = 0.59, SD = 0.56).

Table 5. E-learning Modules

	Mean (SD)
When suicidality occurs at my school I'll follow these modules.	1.43 (0.75)
I would rather seek information on suicidality on my own.	0.59 (0.56)
I have a need for such modules.	1.71 (0.46)
I think it is a good idea that these modules are being developed.	1.90 (0.31)
The modules should be short.	1.64 (0.58)
The modules should provide information on detection of suicidal adolescents.	1.97 (0.18)
The modules should provide information on guidance of suicidal students.	1.93 (0.26)
The modules should provide information on referral of suicidal students.	1.90 (0.36)
The modules should explicitly pay attention to suicidality among students from ethnic minority groups.	1.55 (0.57)
There should be an opportunity in the modules to practice the gained knowledge.	1.48 (0.60)
I want to follow the modules when it suits me.	1.88 (0.33)
I think that it is useful for members of SCAT to follow such modules.	1.69 (0.50)
I think that it is useful for teachers to also follow such modules.	1.57 (0.60)

Discussion

This research aimed to get an insight into how members of SCAT perceived suicidality among adolescents from their position (1), and to perform a needs assessment regarding an educational online program focusing on this topic (2).

The results of this study showed that SCAT members believed that suicidality among adolescents belongs to the top five topics requiring the attention of their school, and that almost all participants had at some point been confronted with suicidality among their students. Furthermore, the participating SCAT members indicated to feel responsible for the general well-being of their students, intervening when students are undergoing psychological or social problems or when problems in these areas occur, as well as for the student to receive adequate help. However, this sense of responsibility was less when problems were related to the student's household compared to when the issues occurred at school.

Overall, participants believed that they were capable to detect, guide and refer suicidality among students. This despite the fact that more than half of the participants had never received

any form of training in this area. Still, the findings of this study suggest that there is room for improvement when it comes to providing information about suicidality among students, teachers as well as members of SCAT themselves. An interesting finding was the lack of a clear guideline in the participants' school, while the existence of such a guideline can be extremely handy when a student attempts suicide at school or deceases as result of an attempt.

The findings with regard to the statements associated with the development of the e-learning modules showed that there is a clear need for these modules among the participants of this study. According to the respondents it is a good idea that these modules are being developed and they indicate that in the training there should be attention for the process of identifying, guidance and referral of suicidal adolescents. This despite the fact that less than half of the participants had received a training in this area. This indicates that there is a need for more training in this area, especially flexible programs that can be attended by the SCAT members whenever it is most convenient to them such as online programs.

The present study has some limitations. First, the sample of 58 respondents was small so the conclusions should be drawn with caution. Second, due to the online nature of the questionnaire it is difficult to determine whether the participants have completed the questionnaire themselves. Thirdly, there was variation in the positions of the participating SCAT members. A split in the answers dividing the participants by position could have provided additional information about the participants' perceptions regarding suicidality among young people, but also job-related needs and requirements regarding the online program. However, due to the sample size this was not possible.

Conclusion

Suicidality is an important issue that requires the attention of the schools. This was also underlined by the statements and ratings of the SCAT members who participated in this study. Almost all the SCAT members had come into contact with suicidality among their students at some point, and the participants underlined the need for more training in this area. Moreover, participants responded positively on the development of educational e-learning modules which allow the user to follow the modules whenever most convenient to them.

References

Dijkstra, M. (2010). *Factsheet preventie van suïcidaliteit* [Fact sheet]. Received from: http://www.trimbos.nl/webwinkel/productoverzicht-webwinkel/preventie/af/af0933-factsheet-preventie-van-suicide

GGD Rotterdam-Rijnmond (2009). *Jeugdmonitor Rotterdam. Rapportage gemeente Rotterdam.* Retrieved from: http://www.rotterdam.nl/COS/publicaties/MOR/055 Jeugdmonitor Rijnmond Rapportage gemeente Rotterdam 2009.pdf

Ghoncheh, R., Gould, M. S., Twisk, J. W. R., Kerkhof, A. J. F. M., & Koot, H. M. (2015a). Effectiveness of adolescent suicide prevention e-learning modules for gatekeepers: A randomized controlled trial. Manuscript submitted for publication.

Ghoncheh, R., Kerkhof A. J. F. M., & Koot, H. M. (2015b). Evaluation of adolescent suicide prevention e-learning modules for gatekeepers from the user's perspective. Manuscript submitted for publication.

Gould, M. S., Greenberg, T. E. D., Velting, D. M., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: A review of the past 10 years. *Journal of the American Academy of Child & Adolescent Psychiatry*, *42*(4), 386-405.

Kerkhof, A. J. F. M. (2010). Terminologie en definities. In: A. Kerkhof & B. Van Luyn (Eds), *Suicidepreventie in de praktijk* (pp. 3-22). Houten: Bohn Stafleu van Loghum.

Statistics Netherlands (2014). *Statline.* Retrieved from: http://statline.cbs.nl/statweb/?LA=en

The National Public Health Compass (2013). *Hoe vaak kom zelftoegebracht letsel voor en hoeveel mensen sterven eraan?* Retrieved from: http://www.nationaalkompas.nl/gezondheid-en-ziekte/ziekten-en-aandoeningen/letsels-en-vergiftigingen/zelftoegebracht-letsel/omvang/

Van Bergen, D. D. (2009). *Suicidal behavior of young migrant women in the Netherlands: A comparative study of minority and majority women*. (Doctoral dissertation). VU University, Amsterdam.

World Health Organization. (2012). *Public health action for the prevention of suicide: A framework*. Retrieved from: http://apps.who.int/iris/bitstream/10665/75166/1/9789241503570_eng.pdf

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