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Frank P. Deane

University of Wollongong, fdeane@uow.edu.au

Kim Capp

University of Wollongong, uow_cappk@uow.edu.au

Caroline Jones

University of Wollongong, carjones@uow.edu.au

Dawn de Ramirez

University of Wollongong

Gordon Lambert

Illawarra Institute for Mental Health, Wollongong, glambert@uow.edu.au

See next page for additional authors

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Two year follow-up of a community gatekeeper suicide prevention program in an Aboriginal community

Abstract

Few studies report long term follow-up of community gatekeeper training programs that aim to facilitate help-seeking for suicide and there are none in Aboriginal communities. This study aimed to determine long term effects of the Shoalhaven Aboriginal Suicide Prevention Program (SASPP), which used community gatekeeper training as its primary strategy. Following consultation with the Aboriginal community, a brief questionnaire and semi-structured interview was completed by 40 participants who attended a community gatekeeper workshop 2 years earlier. Fifteen of the 40 participants stated that they had helped someone at risk of suicide over the 2-year follow-up period. Intentions to help and confidence to identify someone at risk of suicide remained high. A significant relationship was found between intentions to help prior to the workshop and whether participants had actually helped someone at risk of suicide. Correlations suggested a link between intentions to help, and subsequent help provision. However, it is unclear whether workshop attendance contributed to this effect. Future prevention programs need to be customised to specific Aboriginal communities to reduce barriers to helpseeking behaviour.

Keywords

up, prevention, year, gatekeeper, two, aboriginal, follow, community, suicide, program

Disciplines

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Authors

Frank P. Deane, Kim Capp, Caroline Jones, Dawn de Ramirez, Gordon Lambert, Beth M. Marlow, A Rees, and Edwina Sullivan

Two-Year Follow-Up of a Community Gatekeeper Suicide Prevention Program in an Aboriginal Community

Frank P. Deane, Kim Capp, Caroline Jones, Dawn de Ramirez, Gordon Lambert, Beth Marlow, Anna Rees and Edwina Sullivan

Illawarra Institute for Mental Health, University of Wollongong, Australia

Few studies report long term follow-up of community gatekeeper training programs that aim to facilitate help-seeking for suicide and there are none in Aboriginal communities. This study aimed to determine long term effects of the Shoalhaven Aboriginal Suicide Prevention Program (SASPP), which used community gatekeeper training as its primary strategy. Following consultation with the Aboriginal community, a brief questionnaire and semi-structured interview was completed by 40 participants who attended a community gatekeeper workshop 2 years earlier. Fifteen of the 40 participants stated that they had helped someone at risk of suicide over the 2-year follow-up period. Intentions to help and confidence to identify someone at risk of suicide remained high. A significant relationship was found between intentions to help prior to the workshop and whether participants had actually helped someone at risk of suicide. Correlations suggested a link between intentions to help, and subsequent help provision. However, it is unclear whether workshop attendance contributed to this effect. Future prevention programs need to be customised to specific Aboriginal communities to reduce barriers to help-seeking behaviour.

In 1999 the Shoalhaven Aboriginal Suicide Prevention project (SASPP; Capp, Deane, & Lambert, 2001) conducted eight free, 1-day workshops with the aim of increasing the ability of the local Aboriginal community to identify individuals at risk of suicide, mobilise local informal helping networks and, where necessary, facilitate help-seeking behaviour. This strategy was consistent with a community gatekeeper training model (Fredrico & Davis, 1996).

There has been limited research examining the effectiveness of gatekeeper training, however early findings have been encouraging (Gould & Kramer, 2001). One study of gatekeepers found that almost half of clergy and a quarter of teachers reported being approached by teenagers who were suicidal (Leane & Shute, 1998).

The Australian Psychological Society discussion paper on suicide stated, 'In the case of suicide prevention programs in Aboriginal communities, no evaluation studies have ever been undertaken' (Graham, Reser, Suderi, & Zubrick, 2001, p. 14). The need for evaluations of suicide prevention programs in Aboriginal communities continues to be highlighted along with the difficulties in assessing actual suicide rates due to the low incidence of suicide and low quality and poor access to suicide data

Address for correspondence: Professor Frank Deane, Illawarra Institute for Mental Health, Building 22, University of Wollongong, NSW 2522, Australia. E-mail: fdeane@uow.edu.au

(e.g., Elliot-Farrelly, 2004). The SASPP targeted immediate impacts of gatekeeper workshops on community members who were likely to come into contact with individuals at risk of suicide. The immediate pre–post workshop evaluation found participants had increased knowledge about suicide, greater confidence in identifying people who are suicidal and higher intentions to provide help to these individuals. The aim of the 2-year follow-up study was to determine whether Aboriginal gatekeepers maintained their confidence, actually came in contact with suicidal individuals and then provided help for them.

Method

The evaluation used a combination of quantitative and qualitative methods. The interviewer initially attempted to contact all 44 of 48 participants who had originally agreed to the follow-up evaluation in 1999. Of this 44, 40 (91%) were able to be contacted and agreed to participate. Participants were asked whether they were willing to complete the brief 10-minute structured interview or whether they were also willing to participate in a lengthier interview which would explore not only their perceptions of the gatekeeper training, but also their experiences with suicide in their local community. Participants were also asked whether they were willing to have the interviews audio-taped. Eight interviews were conducted by telephone, 26 were conducted in face-to-face interviews and 6 participants agreed to have the interviews audiotaped. When audiotaping was not conducted, written notes were taken by the interviewer. Standard questionnaire items were identical to those used in the original study (Capp et al., 2001). Two items assessed intentions: the first asked about intentions to help someone who was suicidal and the second asked intentions to refer to mental health services. The response scale for the intentions items ranged from 1 (*extremely unlikely*) to 7 (*extremely likely*). A single confidence item was also administered and asked participants their confidence at identifying a person at-risk of suicide. The response scale ranged from 1 (*not at all confident*) to 7 (*very confident*).

Results

Paired *t* tests for the total follow-up sample revealed there were no significant differences in confidence ratings from immediately after the workshops ($M = 5.37$, $SD = 1.59$) to the 2-year follow-up ($M = 5.11$, $SD = 1.60$). Similarly, there was no significant difference in intentions to help someone at risk of suicide from post-workshop ($M = 6.52$, $SD = 0.88$) to follow-up ($M = 6.22$, $SD = 1.24$). Intentions to refer to the Mental Health Service (MHS) decreased from post-workshop ($M = 6.06$, $SD = 1.29$) to follow-up ($M = 5.53$, $SD = 1.80$), but this also did not reach significance (all $p > .05$). Confidence and both intentions ratings remained high at follow-up.

Fifteen of the 40 participants (37.5%) stated they had helped someone at risk of suicide since doing the workshops. Six independent groups' *t* tests were conducted between those who indicated they had helped someone who was suicidal ($n = 15$) and those who had not ($n = 25$). Confidence in identifying someone who was suicidal and intentions to help items at pre, post, and follow-up were used as dependent variables. Given the exploratory nature of this study, no adjustment to alpha was made for multiple comparisons, but all tests were 2-tailed and specific *p* values are reported for significant tests. Those who provided help had significantly higher pre-workshop intentions to provide help to suicidal persons ($M = 6.93$, $SD = .26$) than those who had not provided

help at follow-up ($M = 6.36$, $SD = .95$), $t(29.48) = 2.84$, $p = .008$. Similarly, those who provided help also had significantly higher follow-up intentions to provide help if they 'became aware that somebody had suicidal thoughts over the next few months' ($M = 6.73$, $SD = .70$) compared to those who had not provided help ($M = 5.92$, $SD = 1.38$), $t(37.09) = 2.42$, $p = .02$. Finally, those who provided help were also significantly more confident in their ability to identify someone who was suicidal at follow-up ($M = 5.93$, $SD = 4.64$) than those who had not provided help ($M = 4.64$, $SD = 1.66$), $t(37.50) = 2.97$, $p = .005$. There were no other significant differences between the groups.

To further explore these relationships Spearman rho correlations were performed between group membership (provided help, did not provide help) intentions and confidence at pre, post and follow-up data collection points. Whilst in the appropriate direction, correlations did not reach significance at posttest for either intentions, $r(36) = .15$ or confidence, $r(35) = .24$. At pretest, intentions, $r(40) = .37$ and confidence, $r(40) = .30$ were both significantly related to group membership ($p < .05$). Similarly, at follow-up, intentions, $r(40) = .33$ and confidence, $r(40) = .40$ were both significantly related to group membership ($p < .05$).

The main theme of the qualitative results was that the workshops were still perceived as 'good', practical, helpful and informative. Respondents who provided help connected this to their involvement in the workshops. The main sources of help identified by the community were family, Aboriginal health workers, Mental Health Service and medical services. Respondents identified the main warning signs for suicide as depression, withdrawal/isolation, drug and alcohol use and impulsive violence. The main barriers to help seeking identified were: difficulty accessing services (appointments, business hours, transport and communication); difficulty sharing feelings (self disclosure and for the helper to help someone who will not disclose feelings) and family privacy (difficulty disclosing feelings outside the family and difficulty helping someone outside the family). Themes about how the mental health service fits into the indigenous community related to the service having been improved by employing Aboriginal workers and the desire for more Aboriginal workers in the service and concerns about stigma attached to the words mental health. Respondents made a number of recommendations regarding the SASPP including more follow-up workshops, involvement of a broader section of the community; customising the project to implement into other Aboriginal communities; allowing Aboriginal mental health workers to have greater flexibility regarding to working hours and mobility.

Discussion

The quantitative data indicated that the increases in confidence identifying someone who is suicidal and intentions to provide help that were obtained from the initial workshops (Capp et al., 2001) were sustained at 2-year follow-up. The results also suggested that a relationship exists between participant's pre-workshop confidence and intentions to help and actually helping somebody who was suicidal over the subsequent 2 years. However, a relatively weak relationship between post-workshop intentions and confidence with actual help provision raises questions about whether it was the training workshops that contributed to help provision. Instead, it may be that the high intentions and confidence that participants bring to the workshops is sufficient to influence their actual help provision over subsequent years. Whilst intentions and confidence increased after completing the workshop, the

workshops may supplement any effects, but may not be a necessary requirement for actual help provision to occur.

Although the decrease in intentions to refer to the mental health service from post-workshop to follow-up was not significant, it does raise concerns. The original study found a small but significant decrease in intentions to refer from pre-to-post workshop (Capp et al., 2001). A decline in these intentions over the 2-year follow-up period further reinforces the need to address the relationship between informal help provision within Aboriginal communities and formal help sources from mental health services in gatekeeper training programs.

Sustained effects on intentions and confidence over a 2-year period are encouraging but the methods are also susceptible to a number of potential artefacts including accuracy of retrospective recall (of help provision) and social desirability effects. In addition, without a control group results are only correlational. Despite these concerns the very high follow-up retention rate is major strength of the study. Finding that 37.5% of participants said they went on to actively help someone at risk of suicide suggests high rates of help provision. The qualitative data from interviews suggested that participants clearly connected their work with suicidal individuals in the community with their participation in the SASPP gatekeeper training workshops. These preliminary findings suggest some promise for gate keeping strategies along with the need for further refinement of workshop content and future evaluation.

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