

Awareness of suicide prevention among staff in the psychiatric hospital, Bahrain

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ABSTRACT

Background: Suicide is a leading cause of death globally. Yet, suicide is preventable, according to the American Psychiatric Association. **Aims and Objectives:** The study aimed to evaluate the awareness of the psychiatric hospital staff in Bahrain toward suicidal behavior. **Materials and Methods:** A cross-sectional, questionnaire-based study was carried out in a psychiatric hospital among staff. **Results:** A remarkable result showed that nearly 95% of the population is willing to help and prevents suicide. Moreover, 73% were very comfortable to guide someone who is having suicidal thoughts to a physician. On the other hand, 12% were uncomfortable. Furthermore, respondents were interested in learning how they could help people who have suicidal thoughts with a result of 100%. **Conclusion:** The psychiatric hospital staff showed a supportive attitude toward suicidal patients and great interest in improving their skills to deal with such critical situations. On the other hand, suicide prevention awareness programs need to be expanded. As the suicide rate increases, it becomes even more important to spread awareness.

KEY WORDS: Bahrain; Psychiatry; Suicide Prevention; Self Harm


INTRODUCTION

Suicide is a significant global public health problem, with almost 800,000 people successfully ending their lives by suicide worldwide every year.^[1,2] The National Institute of Mental Health defines suicide as death caused by self-directed injurious behavior with intent to die as a result of the behavior.^[3]

Suicide is the second leading cause of death among 15–29 years old individuals^[4] and it represents 1.5% of the global burden of disease, and it causes more than 20 million disability-adjusted life years.^[5]

Suicide prevention awareness among medical staff is of extreme importance, as they come across these patients on a daily basis.^[6] Many health-care professionals who have frequent contact with high suicide risk patients do not have adequate training in suicide assessment and management.^[7]

Suicide can be prevented by a multi-component intervention program, which should carefully assess patient's risk for suicide high risk patients, and recognize warning signs such as withdrawing from activities, increasing use of substances, making funeral arrangements, and having drastic changes in their mood.^[8] Suicide can be prevented by interventions from home, school, workplace, awareness campaigns, and crisis services and hotlines.^[9] Protecting patients from suicide can be challenging task because it requires continued patient education and monitoring, readily available social, and health care support including regular follow-up of suicide attempters by mental health services to prevent further attempts.^[10] No previous research was conducted about the

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awareness of health-care providers on suicide prevention efforts in Bahrain.

This study is designed to study the awareness of suicide prevention among hospital staff specifically in psychiatry hospital. It is hypothesized that suicides are preventable, but how qualified are the hospital staff to prevent it? Do patients with suicide risk clearly portray signs of suicide? Our expected results from the collected data are to have a supportive and a positive response from hospital staff regarding prevention and awareness of suicide, and most importantly, to have a strong desire to improve their skills and knowledge. On the other hand, there could be a wide variation in how patients express their emotions, depending on several factors such as doctors-patient relationship, which makes noticing warning signs variable from one patient to another.

MATERIALS AND METHODS

Study Design

This study is cross-sectional study and was conducted among the employees in the Psychiatric Hospital of Bahrain (PHB). The questionnaire was based on the American Foundation of Suicide Prevention.^[11] A Google forms page was designed with the 14 questions asked. The Google forms link of the page was sent through WhatsApp Messenger to all employees of the PHB (specify). There were no specific exclusion criteria.

Ethical Approval

The study was reviewed and approved by the Secondary Healthcare Research Ethics Committee, Ministry of Health, Bahrain. Informed consent has been sought and obtained before data collection. Participation of this survey was voluntary and the purpose of the survey was explained to all the participants with their approval for analysis.

The Study Population

The total number of all employees of the PHB was 405, classified into: Number of nurse staff is 324, 62 of them are working at Medical Services of the Hospital and 19 at Other Health Services.

Questionnaire and Study Conduct

The questionnaire consists of three sections, these are: Demographic data (four questions), detection of suicide attempt (five questions), and intervention of the suicide attempt (five questions).

The demographic data questions include: Gender, age, department, and marital status.

Detecting suicide attempts questions to find out their interest to learn how to play a role in helping a person with suicide

ideation, their ability to tell if someone is suicidal and their opinion about if only clinical professionals can help someone who is suicidal. The other two questions are about if they agree that there is anything to do or anyone to help someone who wants to die, and is if people who died by suicide usually show some signs beforehand. For intervention questions were designed to ascertain how comfortable is the participants in asking the patient directly about suicide, being with someone suicidal and being available to help patient with suicidal thoughts or to help their families. In addition, how comfortable they are to tell the patient about talking to a doctor, their friends or a family member and to see if the participants will be comfortable to talk with health-care professional when they deal with a suicidal person.

The research was conducted in the PHB (296 beds), which provides secondary and tertiary care for adult, elderly, and pediatric patients. For the privacy of the participants, the electronic data were kept anonymous and secured.

Data Analysis

The responses to the questions and questionnaires were analyzed using the statistical software package STATA 16.1.^[12] Descriptive statistics were used to report the result.

RESULTS

A statement was posted that “if someone wants to die by suicide, there is nothing anyone can do to help them.” The highest numbers of respondents were not comfortable with the statement at all, followed by those who were not very comfortable, and the rest were somewhat comfortable. This was represented by 80%, 15%, and 5%, respectively. Those who were very comfortable were zero. The respondents were also asked whether they could tell when someone is in suicidal. Those who were not comfortable at all were 10%, those who were not very comfortable were 34%, those who were somewhat comfortable were 45%, and those who were very comfortable with the statement were 11%. Another statement was posted that only clinical professionals can help someone who is suicidal. Those who were not comfortable were 14% [Table 1].

The researchers wanted to find out whether those people who commit suicide usually portray signs before they do it. Those who responded, the majority were somewhat comfortable and were represented by 55%. These were followed by those who were very comfortable and were 19%, those who were not very comfortable were represented by 14% while last were those who were not comfortable at all and were 12%. The researcher posed a question on whether respondents were interested in learning how they could help people who were suicidal. All the respondents showed interest and were all very comfortable representing 100% of the respondents.

The researchers wanted to know whether respondents would be comfortable asking patients about suicide. Regarding this, the majority of the respondents were very comfortable and were represented by 64%. Then those who were not at all comfortable represented only 19%. Lastly were those who did not mind were 17%. Besides, question was posed on whether respondents would stand to be with a patient who had suicidal thoughts. According to those who responded to those who were very comfortable formed the majority with 41%. These were followed by those who were not at all comfortable and represented 33%. Those who responded by saying they did not mind were 26%. Finally, a statement was posted on whether respondents would help their loved ones who were struggling with suicidal thoughts. According to the respondent's, majority were very comfortable and formed the majority with 90%. Those who did not mind were 10%. None of the respondents responded by not at all comfortable [Table 2].

DISCUSSION

Our data concerning the awareness of suicide prevention among psychiatric hospital staff showed overall supportive behavior from all hospital staff toward suicide prevention. It is related to the level of education of the studied population and their job is based on service to mankind. A minority of the population showed reluctant results and this could be due to the social stigma toward mental health.

Overall results showed supportive behavior from all hospital staff toward suicide prevention. A remarkable result

showed that 80% ($n = 200$) of the population were not very comfortable, 15% ($n = 37$) somewhat comfortable, and 0% ($n = 0$) were comfortable with the statement that there is nothing to do to help suicidal patients. This clearly shows that around 95% of the population are willing to help and prevent suicide. We also found that around 59% ($n = 148$) were not very comfortable that suicide prevention can only be done by medical practitioners. It is clear from the results that some of the population believe that supportive measures out of the medical field can still play a major role in preventing suicide and it is not only limited to physicians, nurses, or any hospital staff member. This also states that family support and the external environment play a major role in suicide prevention. On the other hand, 12% ($n = 30$) were somewhat comfortable in which they think that medical practitioners are more professional in dealing with such critical patients than family members.

Respondents were interested in learning how they could help people who has suicidal thoughts since all of them choose strongly agree 100% ($n = 251$) and they will learn how to help. This may emphasize their enthusiasm to develop the ability in helping patients with suicidal ideation.

About 73% ($n = 182$) were very comfortable to guide someone who is having suicidal thoughts to a physician or advise them to talk with their friends or family members, They may believe in that family members and close people are able to play a major role in changing these thoughts and make the patient to refrain from suicidal ideation. 15% ($n = 38$)

Table 1: Staff awareness of detection of suicide attempt

Questions	Very comfortable (%)	Somewhat comfortable (%)	Not very comfortable (%)	Not at all comfortable (%)
If someone wants to die by suicide, there is nothing anyone can do to help them	0 ($n=0$)	5 ($n=12$)	15 ($n=38$)	80 ($n=200$)
I can tell when someone is suicidal	11 ($n=27$)	45 ($n=113$)	34 ($n=58$)	10 ($n=25$)
Only clinical professionals (e.g., doctors, and mental health professionals) can help someone who is suicidal	15 ($n=37$)	12 ($n=30$)	59 ($n=148$)	14 ($n=35$)
Most people who die by suicide usually show some signs beforehand	19 ($n=47$)	55 ($n=138$)	14 ($n=35$)	12 ($n=30$)
I would be interested in learning how I might be able to play a role in helping someone who may be suicidal	100 ($n=250$)	0 ($n=0$)	0 ($n=0$)	0 ($n=0$)

Table 2: Staff awareness of intervention of the suicide attempt

Questions	Very comfortable (%)	Don't mind (%)	Not at all comfortable (%)
Directly asking the patient about suicide	64 ($n=160$)	17 ($n=42$)	19 ($n=48$)
Being with a patient who has suicidal thought	41 ($n=103$)	26 ($n=65$)	33 ($n=82$)
Talking to a friend or loved one if you have or are struggling with thoughts of suicide	73 ($n=182$)	15 ($n=38$)	12 ($n=30$)
talking to a clinician (primary care doctor, and mental health professional) if you have or are struggling with thoughts of suicide	98 ($n=245$)	2 ($n=5$)	0 ($n=0$)
Being there for or helping a loved one who might be struggling or having thoughts of suicide	90 ($n=225$)	10 ($n=25$)	0 ($n=0$)

answered they do not mind. On the other hand, 12% ($n = 30$) were uncomfortable. It could be due to their believes in everyone has up and down emotions or because they afraid of stigma and being not well qualified to give medical advices. The researchers wanted to know whether respondents would talk to clinician (primary care doctors, and mental health professional), if they have or struggling with suicidal thoughts. The majority of respondents 98% ($n = 245$) were very comfortable to talk as they know that suicide is the most common psychiatric emergency that can be controlled and managed by mental health professional and primary care doctors. On the other hand, only 2% ($n = 5$) they do not mind to talk to clinician, because they believe that it is a matter of time and the patient will get better without any interference.

Finally, a question was addressed on weather respondents would help their loved ones who were struggling with suicidal thoughts, the majority were very comfortable 90% ($n = 225$) and this is because of most of our population in the research was among psychiatry hospital staff so they are well educated and trained about how to deal with suicidal patient. However, only 10% ($n = 25$) agree to a certain extent and this shows that suicide prevention programs need to be emphasized especially among psychiatry hospital staff.

Limitations

As for the design we used for our study “cross-sectional,” the information may differ due to some factors including; social desirability bias meaning respondents answer questions in a manner that it will be viewed favorably by others. Other limiting factors were the selection; data collection was in one hospital, no patients included, and only the Arabic language questionnaire. The major strength of the study that it was based on the entire hospital staff of different professional background including doctors, nurses and other healthcare workers.

CONCLUSION

In summary, suicide is a major global issue that affects the community in many aspects. Due to the alarming rate of the spread of suicide, programs which spread awareness to prevent suicide should be implemented. Many risk

factors play a role in suicide behavior, such as biological, psychosocial, demographical factors, personality traits, socioeconomic status, and stressful life events. Despite new efforts to prevent suicide, more awareness and education to health-care professionals are needed to identify high risk patients and to be well qualified to handle such critical cases.

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