APPENDIX 15E: STUDY CHARACTERISTICS FOR TRAINING

Extracted information from training studies (Suicide prevention)

Study ID & title	Study design	Participants	Setting of training	Outcomes (self-report, observational)	Program details: components, trainer, length and frequency, follow up)	Results: Quantitative/qualitative & major findings
Berlim, 2007 Does a brief training on suicide prevention among general hospital personnel impact their baseline attitudes towards suicidal behaviour?	Pre-post test evaluation (non-RCT)	102 clinical (e.g. nursing attendants) & 40 non clinical (e.g. administrative/security staff) employed in a university hospital 85% female Age: M = 39 (SD = 8) Volunteer sample	Large University hospital in southern Brazil	Suicidal behaviour and attitudes Questionnaire: measures beliefs and attitudes towards suicidal subjects. It is a self-administered instrument comprising of 21 attitude statements followed by visual analogue scales. Finally, it contains one question regarding the presumed percentage of suicidal subjects	Suicide prevention programme emphasising the acquisition of knowledge on suicidal behaviour (e.g. etiology, epidemiology, risk factors, basic assessment & management, principals of referral) Included oral presentations and discussion with audience Delivered by junior psychiatrists under supervision of a senior psychiatrist	Quantitative No significant differences for majority of SBAQ items between clinical and non-clinical staff both pre & post training. However, their attitudes and beliefs towards suicidality were significantly improved after training in the majority of SBAQ items Underestimation by clinical and non-clinical participants of the association between suicidal behaviour and mental disorders

				suffering from a mental disorder	3 hour class (one session) No follow up	
Botega 2007	Pre-post training evaluation.	317 nursing personnel, none of whom had mental health training. 80.4% completed 6 month follow up.	General hospital. Brazil.	Suicide Behaviour Attitude Questionnaire (SBAQ): made up of 21 clinical situations regularly experienced by staff. It measures attitudes in cognitive, affective and behavioural components within three subscales: feelings towards patients, professional capacity to manage situations involving suicidal behaviour and opinions regarding right to	The training programme focused on the impact and stigma of suicide behaviour; common mental disorders associated with suicide; the concept of *psychache*; basic interview skills; and how to assess and manage a suicidal patient. Trainers were 3 senior psychiatrists. 6-hour training sessions, delivered in two weekly training sessions. Assessment took place before training and follow up was at 3 and 6 months.	Quantitative Improvements in attitudes for the feelings and professional capacity subscales were statistically significant and maintained over 3 and 6 month follow up. There was no change in attitudes for the right to suicide subscale.

				suicide.		
Chan, 2009 Evaluating nurses' knowledge, attitudes and competency after an education programme on suicide prevention.	Mixed method. Pre –post training evaluation & focus group interviews	**Quantitative part:** Convenience sample of 54 registered nurses recruited from medical and surgical units of two regional general hospitals 88.9% female, 74% medical unit, 26% surgical unit **Qualitative part:** Participants were categorised as those with significant positive changes between their pre- and post-test measures of knowledge and/or attitude, those without significant changes, and those with negative changes. Six participants from each category were randomly selected to participate in focus group interviews. 72% of participants were female, with an equal number of participants from medical & surgical units Nurses who had never	Two general regional hospitals in Hong Kong.	**Quantitative measures** Suicide Opinion Questionnaire (SOQ): A 52 item that measures suicide attitude based on acceptability, perceived factual knowledge, social disintegration, personal defects and emotional perturbation. Knowledge Test: 12 MCQs on suicide prevention Competency checklist: assessed participants' suicide prevention skills. Stress and	Suicide prevention programme which included facts and myths around suicide, risk and protective factors, assessment of risk, prevention in general hospitals and sources of support for patients and families. Training methods included reflective discussion, role play, critical incident analysis, case discussion, lectures and self-directed study. 18 hours education programme. Approximately 10 participants in each class 100% attendance	**Quantitative:** Significant differences between pre- and post-test in the competency checklist and the total SOQ score, as well and the social disintegration and personal defects subscales. Significant differences between pre- and post-test 1 in terms of knowledge. **Qualitative:** Participants described an attitude change, increased awareness, increased confidence and the feeling of being more competent in dealing with suicide since completing the training.

		encountered a suicide attempt were excluded		Coping Scale: measures stress levels and coping strategies of people caring for patients at risk of suicide. **Qualitative measure** Focus group interviews conducted six months after the programme (3 focus groups with 6 participants in each group)	rate **Quantitative follow up:** immediately (post-test 1) and at 3 (post-test 2) and 6 months (post-test 3). **Qualitative follow up:** 6 months following training.	
Gask, 2006 Evaluating STORM skills training for managing people at risk of suicide.	Pre-post training evaluation. Non-RCT.	458 staff members including qualified nurses , nursing assistants , doctors, OTs, support workers, nursing students, support staff, a clinical psychologist and an art therapist. From the main group, 16 participants took part in semi-structured interviews.	3 mental health services in the North-West of England.	**Quantitative** Attitudes to Suicide Prevention Scale. Confidence in assessment and management of suicidal patients. **Qualitative**	Training covered 4 modules: assessment, crisis management, problem-solving and crisis intervention. Teaching methods include lectures, group discussion, modelling, role-play and video feedback.	There was statistically significant improvement in attitudes on 10 out of 14 items, immediately after the training. This improvement was maintained on 7 items, at 4 month follow up. There were statistically significant improvements in confidence immediately after the training and at 4 month follow up.

				Semi-structured interviews to explore impact on clinical practice.	Length of training was flexible, but typically lasts 1-2 days. Training delivered by 3 mental health nurses. Follow up: immediately after the training, then at 4-6 months.	
Holdsworth 2001 Developing A&E nursing responses to people who deliberately self-harm: the provision and evaluation of a series of reflective workshops	Pre-post training feedback and evaluation.	13 nurses (1 dropout) from 4 A&E departments: 2 minor injuries units and 2 medical admission units. No other demographic information was reported for these participants.	A&E: medical admission units and minor injuries units. UK	Quantitative Self-report, post-course evaluation sheet focussing on staff's knowledge and skill acquisition following the course. Questionnaire based on the stress-coping-strain model of psychological functioning (Cohen & Lazarus, 1979).	5 half-day workshops covered assessment of suicide risk; responding to deliberate self-harm; risk-assessment instruments and documentation; reflection on issues that staff face, relating to suicide and deliberate self-harm; and helpfulness and helplessness, with a focus on locus of control.	

				Elicited information about stressors/demands on staff made by self-harming patients, staff coping responses and the consequent strain felt; quantified as irritation, anxiety or hopelessness. This was administered 2 weeks prior to the first workshop and following the final one.	Follow up was after the final training session. No information about the trainer was included. Self-harm defined as with and without intent to die.	
May, 2001 Attitudes to patients who present with suicidal behaviour	Pre-post test control group design.	111 participants from an A&E setting. Control group (n=55), Experimental group (n=56). Medics (n=22), nurses (n=63) and clerical staff (n=26). Dropout rate = 54%. Control group dropout = 68%, experimental group dropout = 42%	A&E UK	Quantitative Suicide Opinion Questionnaire (SOQ), a 16-item Likert scale which measures attitudes to suicide.	An information pack was distributed to the participants in the experimental condition. Following this, a series of three notice board displays were put up weekly and in the final week the whole set was displayed. No	

					information was given about the contents of the displays or the information pack. No information was given about length of follow up. Self-harm defined as with and without intent to die.	
McAllister, 2009 'I can actually talk to them now': qualitative results of an educational intervention for emergency nurses caring for clients who self injure.	Mixed method pre-post training evaluation. NB: The results were not reported for the comparison group, who received no training.	36 emergency nurses. Participants self-selected to participate. Demographic information was included for 29 of the participants. Of this group, 20 of them were in the intervention condition . Their mean age = 32 years old, 70% of them were female and they had been employed in an emergency setting for a mean of 4.5 years. For the other 7 participants, it is unclear whether they didn't provide the	2 major Departments of Emergency Medicine Australia	Qualitative measure Interview Quantitative measures (NB: these were not reported.) Think aloud tests. Professional Self-Concept in Nursing Inventory Perceptions of Nursing Scale	Teaching methods include two hours of interactive discussion on the nature of self-harm, theories for understanding it and evidence based treatment techniques, followed by one hour of training in SFN (solution-focused nursing). Follow up took place two weeks after the training was completed. No information	

		demographic information or whether they dropped out of the study completely. If they remained involved it is unclear whether they were in the intervention or control group.			about the trainer was given. No information was given about how self-harm is defined.	
Patterson, 2007 Testing the effectiveness of an educational intervention aimed at changing attitudes to self-harm	Mixed factorial design - Pre-post training evaluation and between groups comparison.	91 participants: 69 attended the 'Understanding and managing self harm and suicide' course and 22 attended a research methods course (unrelated to self-harm). All participants were healthcare professionals. The majority were mental health nurses and 40% of the intervention group worked in inpatient mental health. Overall mean age = 38.	UK No other setting information was provided.	Quantitative Self Harm Antipathy Scale (SHAS), a 30-item scale which measures participants' views on their attitude towards self-harm patients who they do not perceive as intending suicide.	Course content included: explanations and causes of self harm and suicide; range, forms and functions of the behaviour; exploring the possibilities for prevention; effects of, and responses to, the behaviour; assessment methods and processes; interventions and management of care; and professional practice issues. Training took 78 hours to complete, over 12 study days.	

					Assessment took place immediately prior to the start of the course and follow up took place on the last day of the course and between 18 and 48 months following completion of the training. The first author was the key facilitator, but other facilitators were also involved. Self-harm defined as DSH without intent to die.	
Samuelsson 2002 Training programme in suicide prevention for psychiatric nursing personnel enhance	Pre-post training evaluation	Convenience sample of 47 psychiatric nursing personnel (24 were attendants in psychiatric care & 23 were registered nurses) 83% female Age range: 25-64	Department of psychiatry, Karolinska hospital (University hospital) Sweden	Understanding of suicide attempt patients scale (USP-scale): 17 item attitude scale Responses to three brief clinical vignettes	A 36 hour training programme in psychiatric suicide prevention Consisted of 12 class sessions on different aspects of attempted suicide, such as	Quantitative Understanding and willingness to care increased and suicide risk of the patients described in case vignettes was estimated more accurately

attitudes to attempted suicide patients				based on actual case histories of patients seen at the department of psychiatry 94% completed the questionnaire	social, biological and psychodynamic aspects, psychiatric nursing, psychiatric autopsy & ethical issues Each session began with a 2 hour lecture by an invited specialist on the topic. After each lecture a 1 hour discussion in smaller groups (7-8 nurses) took place.	
Treloar 2008a Targeted clinical education for staff attitudes towards deliberate self-harm in borderline personality disorder: randomized controlled trial	Pre-post training evaluation	99 mental health (n=66) and emergency (n=33) registered health services practitioners. Staff were asked to participate if, during their employment, they had worked with BPD patients.	2 Australian and one New Zealand health service	Attitudes Towards Deliberate Self-Harm Questionnaire (ADSHQ) ADSHQ consists of 33 items scored on a 4-point likert scale. Completed immediately before and after training.	Training consisted of Microsoft PowerPoint slides, which provided information on: attitudes to BPD, prevalence rates, definition and rates of SH etc, and case studies of 3 patients diagnosed with BPD. Follow up was	

					immediately after the training finished, before staff returned to their usual clinical practice. Training was a total of 2 hours, with 90 minutes of lecturing and 30 minutes of seminar-style teaching. The first author ran the lecture and then offered input in the seminar. No information was given about how self-harm is defined.	
Turnbull 1997 Effects of education on attitudes to deliberate self-harm	Pre-post training evaluation	50 doctors and nurses from A&E and emergency wards. However, only 26 completed the post-training questionnaire.	UK	General knowledge questionnaire including questions about epidemiology and main risk factors. Inventory of Negative	Quantitative 1-hour group teaching session over 4 weeks, focussed on nature of suicide and DSH. No other details were given. Assessment took	

				Attitudes	place prior to the teaching session and follow up was six weeks after the initial lecture. The course was taught by a liaison nurse. No information was given about how self-harm is defined.	
Walker 1996 Preventing suicide and depression: A training program for long-term care staff	Pre-post training evaluation	43 staff members	Long-term care facilities for elderly individuals	Data collection instruments, designed specifically for the study, about knowledge, attitudes and practices	3 hour suicide training workshop which provided information on prevalence, characteristics and methods (including self-harming behaviour), risk and prevention interventions. Data collection took place	Significant differences between pre- and post-training in terms of knowledge, with significant improvements on 15 of the 24 items. Participant scores, with regards to attitudes, shifted positively in 14 out of 21 items and, with regards to practices the shifted positively on 10 out of the 19 items.

1