



Research report

Effectiveness of community facilitator training in improving knowledge, attitudes, and confidence in relation to depression and suicidal behavior: Results of the OSPI-Europe intervention in four European countries



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ARTICLE INFO

Article history:

Received 14 November 2013

Received in revised form

22 April 2014

Accepted 23 April 2014

Available online 4 May 2014

Keywords:

Gatekeeper training

Depression

Prevention

Suicide

ABSTRACT

Background: Community facilitators (CFs), such as teachers, nurses and social workers, are well placed as gatekeepers for depression and suicidal behavior, but not properly prepared to provide preventive and supportive services. The current study aimed: (1) to improve CFs' attitudes toward depression, knowledge on suicide, and confidence to detect suicidal behavior in four European countries and (2) to identify specific training needs across regions and CF groups.

Methods: A standardized training program was provided to 1276 CFs in Germany, Hungary, Ireland, and Portugal. Attitudes toward depression, knowledge about suicide, and confidence in identifying suicidal persons were assessed before training, after training, and at three to six months follow-up. Additionally, several participants' characteristics were registered.

Results: At baseline, CFs showed relatively favorable attitudes toward depression, but limited knowledge on suicide, and little confidence to identify suicidal behavior. Basic skills strongly differed across CF groups and countries. For example, in Germany, carers for the elderly, nurses, teachers, and managers were most in need of training, while in Portugal pharmacists and the clergy appeared to be important target groups. Most importantly, the training program improved the competencies of CF groups across countries and these improvements were sustained after three to six months. CFs with low basic skills benefited most of the training.

Limitations: The observed training effects could be influenced by other external factors as our results are based upon a pre–post comparison with no control group.

Conclusions: Gatekeeper trainings in community settings are successful in improving knowledge, reshaping attitudes, and boosting the confidence of gatekeepers. The most effective strategy to achieve the preferred objectives is to target those CF groups that are most in need of training and to tailor the content of the training program to the individual needs of the target group.

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1. Background

According to the World Health Organization, worldwide approximately one million people die from suicide every year (World Health Organization, 2003). About 90% of all suicides occur in the context of psychiatric disorders, with depression being the

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most prominent risk factor (Hegerl et al., 2009; Mann et al., 2005; Yoshimasu et al., 2008). Given the close relationship between depression and suicidal behavior, community-based action programs targeting simultaneously the improvement of care for depressed patients and the prevention of suicidal behavior have been started in many regions in Europe and have provided evidence for effectiveness (Hegerl et al., 2010, 2013; Miret et al., 2013).

In these interventions, community facilitators (CFs), such as teachers, the clergy, pharmacists, nurses and social workers are considered to have an important role. As they interact with a broad range of people, provide public services, are easily accessible and often maintain a trusting relationship, CFs hold a frontline community position (Scheerder et al., 2008; Walter et al., 2006). In this position, they also have frequent contact with people with mental health problems such as depression or suicidal ideation. Therefore, they often serve as gatekeepers for such problems in the community (Ayalon et al., 2008; Kerfoot et al., 2004; Leavey et al., 2007; Scheerder et al., 2008; Walter et al., 2006). Hence, CFs are well placed to provide general preventive and supportive services, such as recognizing symptoms, providing support or crisis intervention, referring or facilitating access to adequate mental health treatment, and decreasing stigmatization (Mann et al., 2005).

However, the available studies on CFs and mental health indicate that they are not well prepared for such a role (Leavey et al., 2007; McCrae et al., 2005; Scheerder et al., 2009; Walter et al., 2006). As non-specialists, mental health issues are seldom part of their regular curricula, and many CFs consequently lack basic knowledge and adequate skills to deal with mental health problems. For several groups of CFs, it has been reported that they poorly recognize depression, have low confidence in dealing with it, and have limited skills in responding to suicidal people (Ayalon et al., 2008; Scheerder et al., 2010; Walter et al., 2006). Of particular interest are CFs' attitudes toward depression as several studies demonstrate that in certain professions stigmatizing attitudes affect the treatment of depressive patients in a negative manner (Haddad et al., 2007). Although previous research has indicated that CFs' attitudes toward depression are relatively favorable, some stigmatizing attitudes toward patients remain prevalent (Scheerder et al., 2009, 2011).

In order to improve CFs' knowledge and attitudes concerning depression and suicide, and to support them in their role as gatekeeper for mental health in the community, training programs seem necessary. Accordingly, a few studies evaluating such trainings for CFs demonstrated promising results (Eisses et al., 2005; Isaac et al., 2009; McCabe et al., 2008; Ziervogel et al., 2005). Also, this type of intervention has generally been recognized as a useful strategy for suicide prevention (Mann et al., 2005; van der Feltz-Cornelis et al., 2011). However, studies demonstrating the effectiveness and long-term effects of such training programs are scarce.

The current study draws upon data of the Optimizing Suicide Prevention Programs and their Implementation in Europe (OSPI-Europe), a large scale European research project (7th Framework Program of the EU). The overall aim of the project is to evaluate the effectiveness of a multilevel suicide prevention program in four different regions in Europe, using a prospective case-control design (Hegerl et al., 2009). One of the levels of the program concerns the training of CFs on depression and suicide, which is the main focus of the current paper. The goal of this study is:

- To examine whether attitudes toward depression, knowledge about suicide and confidence to identify suicidal behavior are improved after following a gatekeeper training program
- To examine whether gains in competencies are maintained after three to six months follow-up

- To identify specific training needs in different regions and groups of community facilitators by analyzing associations between attitudes, knowledge, and confidence at baseline and certain personal characteristics, such as country, occupation, age, gender, and previous training in and experience with suicide.

Based on these findings the content of the training program can be tailored to the specific needs in different regions and for different CF groups. Additionally, CF groups that should primarily be targeted in future gatekeeper training interventions can be easily identified. Finally, in order to identify specific retraining needs, we examined whether the sustainability of the training effects differed according to personal characteristics and outcome.

2. Methods

2.1. Design

As part of the OSPI-Europe multilevel intervention, standardized training programs on depression and suicide were provided to CFs in the following four OSPI-Europe intervention regions: Amadora (Portugal), Leipzig (Germany), Limerick (Ireland), and Miskolc (Hungary). The research design was a prospective single group pre–post test evaluation. In order to determine pre–post training effects among participants of the OSPI-Europe training program, semi-structured self-report questionnaires assessing core training outcomes were administered among participants before (pre) and immediately after (post) training. Additionally, a three to six month follow-up was conducted to examine the sustainability of the training effects.

2.2. Participants

Across the four intervention countries, data were originally collected on 2126 CFs, including teachers, pharmacists, nurses, the clergy, social workers, counselors, managers, carers for the elderly, and police officers. However, the data of the police officers ($n=850$) has been covered in a separate article. The current report includes the remaining 1276 CFs who attended training.

2.3. Training program

The content of the OSPI-Europe training program was designed to provide participants with knowledge on depression and suicidal behavior (i.e., prevalence of depression and suicidal behavior, symptoms and treatment of depression, warning signs and risk factors associated with suicidal behavior, and skills to motivate help-seeking behavior), to distinguish between mental health and mental health suffering, to perform crisis intervention, and to inform bereaved relatives. The program concludes with role-plays to practice the learned skills.

Although the content of the training was the same in each country, the procedure used to train the CFs slightly differed. Every country implemented the intervention via the training procedure that was most commonly used in the context of their local health care system. In Germany, a train-the-trainer (TTT) procedure was used. Experienced mental health professionals received an 8-h training in order to acquire the right competences to provide the gatekeeper training program to CFs. A TTT seminar provided the mental health professionals with presentation slides, extensive background information, suggested formats for the training, and guidance and advice on delivery. Subsequently, the trained mental health professionals provided 2 to 4 h training to groups of CFs (with an average group size of 20 participants). In Hungary,

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