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How to help a colleague at risk of suicide? Identification of strategies for gatekeeper training

Ariel Herrera Orozco
Departamento de Psicología, Universidad Autónoma de San Luis Potosí, San Luis Potosí, México.
ariel.herrera.ags@gmail.com
https://orcid.org/0000-0002-9881-3581

Daniel Páramo Castillo
Departamento de Psicología Campus León, Universidad de Guanajuato, Guanajuato, México.
daniel.paramo@ugto.mx
https://orcid.org/0000-0002-1792-0861

José María De la Roca-Chiapas
Departamento de psicología Campus León, Universidad de Guanajuato, Guanajuato, México.
joseroca@ugto.mx
https://orcid.org/0000-0002-2563-403X

How can we help a colleague at risk of suicide? Exploratory study for gatekeeper training

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Ariel Herrera Orozco

Departamento de Psicología, Universidad Autónoma de San Luis Potosí, San Luis Potosí, México.

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Abstract

Psychoeducational interventions using the gatekeeper model train attendees to recognize and respond to suicidal risk situations. Suicide is the second leading cause of death among people aged 10-24 years. The objective was to identify the strategies that students in a public high school have to help a peer at risk of suicide. An exploratory study was conducted with a mixed approach, suicidal risk was assessed using the Plutchik scale and emerging categories using group dynamics. A total of 946 students participated, 19% were at suicide risk. Twenty-one categories were generated, involving offering support, helping to think clearly or solving problems; those at suicidal risk thought that nothing should be done or simply listening. As a conclusion, students understand strategies they intuitively know since 20% are repeated responses, they also have reactions that could increase the risk of suicide.

Keywords: adolescents, gatekeeper, peer support, prevention, suicide risk, suicide.

Resumen

Las intervenciones psicoeducativas con el modelo gatekeeper entrenan a los asistentes para reconocer y responder ante situaciones de riesgo suicida. El suicidio es la segunda causa de mortalidad entre las personas de 10 a 24 años. El objetivo fue identificar las estrategias que tienen los estudiantes de un bachillerato público para ayudar a un compañero con riesgo suicida. Se realizó un estudio exploratorio con enfoque mixto, el riesgo suicida se evaluó mediante la escala Plutchik y las categorías emergentes mediante una dinámica grupal. Participaron 946 estudiantes, el 19% presentó riesgo suicida. Se generaron 21 categorías, que implicaban ofrecer apoyo, ayudar a pensar con claridad o resolver problemas, quienes tuvieron riesgo suicida opinaron que no hay que hacer nada o simplemente escuchar. Como conclusión, los estudiantes comprenden estrategias que intuitivamente conocen ya que el 20% son respuestas repetidas, además tienen reacciones que podrían aumentar el riesgo de suicidio.

Palabras clave: adolescentes, apoyo entre iguales, gatekeeper, prevención, riesgo suicida.

Introduction

The informed gatekeeper or guardian is a term to describe those professionals from any field that are involved with the prevention, intervention and postvention of suicide attempts (Evans *et al.*, 2003). They are trained to detect and respond to early suicide warning signs as well as to offer support in the aftermath. Interventions with this model are part of the national plan of suicide prevention in countries with high rates of suicide, such as the United States (Evans *et al.*, 2003), and Japan (Yonemoto *et al.*, 2019).

Problematic situation

Suicide is the second leading cause of mortality among people aged 15-29 worldwide (Organización Panamericana de la Salud & Organización Mundial de la Salud, 2014). In Mexico, most deaths from this cause occur between the ages of 20 and 24, while the rates in the 10-15 age group increased by 400% between 1980 and 2013 (Borges *et al.*, 2016). Almost half of high-school students have at least one symptom of suicidal ideation (Pérez-Amezcua *et al.*, 2010).

Background

Interventions with the Gatekeeper model have been conducted in military personnel, in people with depression, or native communities, and more often in students. The Suicide Prevention Resource Center in the United States of America compares 18 gatekeeper type programs (Suicide Prevention Resource Center, 2018). Zalsman *et al.* (2016), criticize the lack of evidence regarding its efficacy to reduce suicide rates, but accepts that it has other benefits such as: reducing risk factors and increasing protective factors, facilitating, and guiding signposts to professional help and peer support. This is what was given in calling tailored or made-to-measure interventions and has been previous used in suicidology (Michaud *et al.*, 2021; Molock *et al.*, 2014).

It is important to give young people a more active role in the interventions to prevent suicide. They have been invited to make preventive videos (Braun *et al.*, 2021) and they have investigated their reasons for living and dying (Testoni *et al.*, 2021), attitudes towards suicide and its prevention (Knizek *et al.*, 2010) and even the best topics to include in a psychoeducational intervention (Shilubane *et al.*, 2012). In fact, the research that take into account the subjectivity of young people at suicide risk or who are a target of preventive interventions are scant. However, these issues have been explored in the last decades. (Grimmond *et al.*, 2019).

To carry out this research, before proposing a preventive intervention with an informed guardian model among high-school students, the research proposed conducting a study to identify the characteristics of the participants, and above all to explore the students' strategies to respond to the risk of suicide from a partner.

Materials and method

A descriptive, observational, retrospective, and cross-sectional study that combined analysis strategies and the generation of quantitative and qualitative information was

developed. Suicide risk is evaluated with the Plutchik test that contains 15 responses with a reliability of $\alpha=0.80$ (Suárez-Colorado *et al.*, 2019). Independently, general personal data were collected to which open-ended questions were added. In this report, we analyze one of them: 'How do you think you could help a young person like you who is at risk of suicide risk?

Participants

The research participants were 946 students in the morning and afternoon periods, from a public high school in the capital city of Aguascalientes. The inclusion strategy was by census. Participants were asked to complete an informed assent form. Students were asked to complete two questionnaires in their classrooms, with psychologists.

Technique and instrument

The analysis was coded following thematic criteria and categories using the methodology of Sabiote *et al.*, 2005 and Denzin & Lincoln, 2000. The second part consisted of performing descriptive statistics analysis and comparing the percentages of similar suicide risk between men and women, through a chi squared analysis. The Smith salience index was collected (Smith, 1993) considering the number of mentions and the place relative to what each idea. This S index by Smith has a range of values between 0 and 1 and is usually reported with three digit decimals (Shaheen *et al*, 2020). A value equal to 1 indicates when an idea was mentioned by all the participants and in first place in a given list. This is also called the index of cultural importance.

Results

Of the 946 students who participated, 501 (53%) were men, and 445 (47%) women. The mean age of the participants was 16.48 years, with a standard deviation of 1.1 years. Suicide risk was identified on the following scales with a score of 6 and above in the 0-15 range of Plutchik scale, and 185 students (19.6%). For each male at suicide risk, there were 1.6 females in the same situation (71 males and 114 females, $p \leq 0.01$). The average score in the Plutchik

scale for males was 2.58(±2.65) and females 3.73 (±3.07). No differences were identified between the morning and afternoon school sessions, or between semesters.

Open coding means that no answer is discarded; 21 proposals were collected for how to help a young person at risk of suicide. Each participant gave between one and four ideas. The most frequent were Help them Think, Connect, Support with others (Table 1). Women suggested the following three ideas: Connect, suggest they see a Professional and talk about it. On the other hand, the majority responses with high risk of suicide suggest that they either do "Nothing" or only "Listening". (Table 2).

Table 1

Percentage of mentions, cultural importance, and description of ideas mentioned

Idea	%	S' Smith	Description
Think	28.8	0.263	Thinking about their own life, reasons to live, positively.
Support	24.1	0.235	Offer advice, raise their spirits, talk to them
Connect	23.5	0.213	Warn friends or parents
Professional	13.8	0.118	Suggest to see a psychologist or other professional
Face it	6.4	0.054	Help them to solve their problems
Affection	5.4	0.044	Show that you care and they matter
Don't Know	3.3	0.033	"I am not trained to help"
Distract	3.8	0.033	Tell them to doing exercise or other activities
Talk	3.5	0.027	Suggest or help them to express themselves
Dissuade	3.1	0.026	Tell them not to do it or not to think about it
Nothing	2.1	0.021	Nothing can be done, "it is their decision"
Self-Esteem	1.9	0.017	Make them feel important
Listen	1.6	0.014	Listen to their thoughts
Minimize	0.4	0.004	Tell them that they are not really suffering
Faith	0.6	0.004	Make them remember their religion
Enjoy	0.3	0.003	Tell them to enjoy life and be happy
Normalize	0.3	0.003	Make them see that we all have problems
The same	0.2	0.002	Fight your fights
Watch	0.3	0.002	Look after them all the time, take away lethal means
Money	0.1	0.001	Give them money

Anonymous talks	0.1	0.001	–

Source: own elaboration

Table 2

Comparison of the ideas proposed by each sub-group

Item	Males (n=501) % (S´Smith)	Females (n=445) % (S´Smith)	At Risk (n=186) % (S´Smith)	No Risk (n=761) % (S´Smith)
Think	30.5 (0.285)	26.7 (0.239)	24.9 (0.229)	29.6 (0.270)
Support	23.4 (0.228)	24.9 (0.244)	19.5 (0.189)	25.2 (0.247)
Connect	18.6 (0.172)	29*** (0.258)	24.3 (0.214)	23.3 (0.212)
Professional	10.8 (0.096)	17.3** (0.143)	10.8 (0.096)	14.6 (0.123)
Face it	7.2 (0.061)	5.6 (0.047)	6.5 (0.057)	6.4 (0.053)
Affection	5 (0.043)	5.8 (0.044)	5.9 (0.054)	5.3 (0.041)
Don't Know	4.2 (0.042)	2.2 (0.022)	4.9 (0.049)	2.9 (0.029)
Distract	3.8 (0.034)	3.8 (0.031)	3.8 (0.035)	3.8 (0.032)
Talk	2.2 (0.019)	4.9* (0.037)	4.9 (0.040)	3.2 (0.025)
Disuade	4 (0.033)	2 (0.018)	0.5 (0.005)	3.7 (0.031)
Nothing	2 (0.020)	2.2 (0.022)	4.9** (0.049)	1.4 (0.014)
Self-Esteem	2 (0.018)	1.8 (0.015)	1.6 (0.016)	2 (0.017)
Listen	1.4 (0.012)	1.8 (0.017)	3.2* (0.030)	1.2 (0.011)
Minimize	0.6 (0.006)	0.2 (0.002)	1.1 (0.011)	0.3 (0.003)
Faith	0.4 (0.004)	0.9 (0.004)	—	0.8 (0.005)
Enjoy	0.6 (0.006)	—	0.5 (0.005)	0.3 (0.003)
Normalize	0.2 (0.002)	0.4 (0.003)	—	0.4 (0.003)
The same	0.2 (0.002)	0.2 (0.002)	1.1 (0.011)	—
Watch	0.4 (0.003)	0.2 (0.001)	—	0.4 (0.003)
Money	0.2 (0.002)	—	—	0.1 (0.001)
Anonymous talks	—	0.2 (0.002)	0.5 (0.005)	—

Source: own elaboration

NB. * ≤ 0.05, ** ≤ 0.01, *** ≤ 0.001

Discussion

A qualitative strategy was used to explore the ideas of the young people about how to support a peer classmate who presents suicide risk. This facilitated the spontaneous expression and 21 categories were obtained. The research was founded new suggestions to help prevent the risk of suicide, nevertheless, it was also found others suggestions that could even increase the risk of suicide. Furthermore, the study finds differences in opinions between women and men on how to help a partner at risk of suicide, so the reasons for these differences should be studied.

Two of the four principal ideas bring out mutual support, that on its own represents a protective factor against suicide (Bowersox *et al.*, 2021). Participants in general thought about themselves as their hypothetical classmates in risk and offering help. It is known that young people tend to face suicidal thoughts alone or seek solace in a friend (Coggan *et al.*, 1997). This is why it is beneficial to use different strategies to offer help in suicide prevention. The other two strategies identified as most important are weaving a support network, codified under the label of connecting, and suggesting a consult with a mental health professional. It could be said that there are positive forms of intervention and help to solve the risk of suicide, such as monitoring and deterrence. Despite the above, only one out of five students thinks about this type of strategy.

In parallel, some ideas collected are directly negative or dangerous because the integrity of the person is threatened. Some students though that it was better not to do something, because they would be accepting the decision of the other person with suicidal ideation, while others minimize the risk or normalize the situation.

Conclusions

In conclusion, the ideas on how to help an at-risk peer were different among these two subgroups: females and those that were at high risk. Females were more likely than males to suggest connection ($p \leq 0.05$), seeking help from a professional ($p \leq 0.01$) and talking ($p \leq$

0.01). These different proposed suggestions of how to help seem to align with the modern western cultural stereotype of femininity (Costa *et al.*, 2001).

Students at risk of suicide proposed fewer ways to help, which were more passive in nature, e.g., simply listening or doing nothing.

The 186 students that had an elevated risk of suicide gave fewer ideas, on average 1.1. In comparison with the rest of the participants, they highlighted two responses: do nothing ($p \leq$ 0.05) and listen ($p \leq$ 0.01). This is difficult to interpret because suicide risk has its own process that advances from passive ideation towards intent (Klonsky & May, 2015). Wherever, it´s well know that suicide person tends to isolation (Calati *et al,* 2019). Similarly in its rehabilitation, transitioning from risk towards self-care behaviors (Bergmans *et al.*, 2009). Previous experience suggests that a significant proportion of voluntary participants for gatekeeper type training for suicide risk prevention have or have been at risk themselves (Chávez-Hernández *et al.*, 2008).

In the present research it was found that one out of five students thinks of positive strategies like emotional support, offer advice, positively, suggest to see a psychologist or other professional. However, other strategies were dangerous and negative for the integrity of the person who is threatened, within which are do nothing, accepting the decision of the other person with suicidal ideation, while others minimize the risk or normalize the situation.

To progress towards a new generation of interventions of informed guardians, one of the first proposals is the cultural adaptation of contents and objectives, and secondly that institutions assign a more active role to the participants.

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