

# 2002 Health Promotion Suicide Prevention Survey



**Mark A.D. Long, Ed.D.  
Navy Environmental Health Center**

**An eight-question survey was sent to all of the Navy MTF Health Promotion Coordinators in December 2001. The purpose of the survey was to obtain information on the current involvement with, practices and the metrics of suicide prevention programs. Fourteen responded to the survey that included 8 Medical clinics, 5 Hospitals and 1 Medical center. Twelve of the respondents were from Navy bases and two were from Marine bases.**

## **Who Provides Training at MTF?**

**At the MTF, Mental Health provides suicide prevention training at nine sites. The Chaplains provide suicide prevention training at 6 sites, while Health Promoters provide the training at 4 sites. At numerous medical facilities, two or more groups provide suicide prevention training.**

## **Uses the DON Taking Action-Saving Lives Suicide Prevention Program?**

**Nine Health Promotion coordinators report that they utilize the DON Suicide Prevention Taking Action Saving Lives Program. Five Health Promotion programs state that they do not use the DON Suicide Prevention program.**

### **Training?**

At 6 MTF sites, Health Promotion has not provided any suicide prevention awareness or educational training. Of those who actually provide suicide prevention training, the respondents report that at three MTF's 1 to 3 briefs were given, while 4 to 9 trainings were given by 2 MTF's, and 3 sites gave ten or more suicide prevention trainings.

### **Who provides Suicide prevention training on base?**

According to the survey responses, the Chaplains provide suicide prevention training on 10 bases. Fleet and Family Services (9) and the commands themselves (8) also provide suicide prevention training on base. Semper Fit provides the suicide prevention training on the two Marine bases that responded.

### **Additional Facilitator Training?**

The responses were mixed on the question of additional needed training for instructors and facilitators of suicide prevention. Six responses indicated that they did not believe that more training for facilitators was needed. Five responded that additional suicide prevention training was needed. Two were unsure as they responded that they did not know to this survey question.

### **Satisfaction and Usefulness of Training Kit?**

Participants were asked to rate the usefulness and satisfaction with elements of the program kit, and the messages of the training on a five-point scale. The Likert scale ranged from 1=very satisfied, 2=somewhat satisfied, 3=neutral/no opinion, 4=somewhat satisfied, and 5=very unsatisfied. All of the mean responses fell within in the very satisfied (1) to somewhat satisfied (2) range.

The suicide prevention-training manual was rated a mean score of 1.72. The video obtained a mean rating of 1.27, while the Lesson Training Guide was scored a 1.81. The kit slides/transparencies were rated the lowest of the program materials at 2.3. Overall, the entire program kit obtained a score of 1.3.

Seven items pertained to key and core messages about suicide prevention that were delivered during the training. Overall, the respondents rated the training messages as a 1 or 2 on the Likert Scale. The mean scores were as follows-

Promoting suicide as a preventable problem 1.45.  
Promoting the message that getting help is okay 1.36.  
Promoting resiliency and protective health factors 1.54.  
Being able to recognize suicide risk factors was rated 1.54.  
Knowing what to do if someone is at risk 1.54.  
Knowing where to go for assistance 1.36.  
Responsibly portraying suicidal behavior 1.54.

### **Effectiveness of Program Kit?**

Respondents were asked to respond, by answering yes, no or don't know, as to the effectiveness of the suicide prevention-training program. Seven replied that they did not know whether or not the program kit is effective or not. Six responded positively that the kit and program is effective. No other information was requested or obtained on this question, and the definition of effectiveness was not given.

### **Outcome Measures**

Health Promotion was queried as to the types of outcome measures they maintain as part of the suicide prevention program. Five respondents indicated that they keep no metrics at all. Six replied that they keep track of the number of suicide briefs. Three reported training for gatekeepers and medical as a measurement. Two respondents revealed that they maintain information from the base wide suicide prevention working groups. There were single responses from sites keeping data

**on other measures- such as local suicide data, tracking system, pilot projects and evaluating their suicide programs.**

### **Summary**

**The responses to this survey are not unusual for general survey research. As a result, this sample may not be an accurate representation of the entire Health Promotion community and may not be fully generalizable. Nevertheless, the results do provide valuable information on the current state of Health Promotion suicide prevention programming and are reported.**

**The results suggest that the DON Taking Action Saving Lives program is being used by multidisciplinary groups (Chaplains, Mental Health, Commands, FFSC, MCCS, Commands) to provide suicide prevention training. Those who use it view the facilitator kit, program contents and messages favorably. Limited outcome measures are currently being tracked and utilized at the local levels for suicide prevention.**

**It is unclear as to exactly what type of suicide awareness and prevention training is occurring at the MTF and base levels of the respective non-responders commands. It may be similar to the responses obtained, or perhaps may indicate that no suicide prevention training by health promotion is taking place.**

