

## CHAPTER 5

### **Educating Gatekeepers in Asia**

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#### **Abstract**

Many of the Asian countries involved in the Strategies to Prevent Suicide (STOPS) project have instituted gatekeeper training in an effort to equip key community members who regularly come into contact with individuals or families in distress with appropriate suicide prevention skills. Training programmes have been provided for a range of gatekeepers, including teachers, social workers, hot line volunteers and youth leaders, family members and caregivers, police and prison staff, and religious leaders. These groups have been selected on the grounds that they come into contact with vulnerable individuals by virtue of their day-to-day roles.

The caregiver groups selected for training are acceptable to the community, and have the confidence and respect of the people. Some of the training programmes are initial efforts in the countries in which they are initiated, limited to a few regions, and not given on a regular basis. The content and delivery of gatekeeper training varies, depending on the particular gatekeeper group(s) in question and the degree of support available to them. Evaluation of gatekeeper training has been limited to date, and should desirably be strengthened.

Gatekeepers are usually described as people who, in non-medical settings, in the course of their work regularly come into contact with individuals or families in distress. They make daily contact with vulnerable individuals and can play significant roles in identifying risk behaviour at an early stage and, in many cases, facilitating pathways to mental health care. The current chapter discusses the skills these gatekeepers require to fulfil this role, and describes some examples of gatekeeper education in the Asian countries participating in the Strategies to Prevent Suicide (STOPS) project.

For the purposes of the current chapter, gatekeepers have been taken to include non-medical professionals, such as teachers, social workers and related professionals, volunteers and lay people, family members and caregivers of people with psychiatric disorders, police and prison staff, and religious leaders. Although in some countries non-specialist medical and nursing staff (e.g., general practitioners and non-psychiatric nurses working in primary care or emergency department settings) are regarded as gatekeepers, they are not included here since such groups provide a more direct clinical service. In some cases, they may refer on to specialist psychiatric providers, but in many other cases

they will be the final point of contact for suicidal individuals. For this reason, they are considered in Chapter 8, which deals with improving treatment for depression and other disorders that convey suicide risk.

### **Equipping gatekeepers with initial assessment and intervention skills**

Given that gatekeepers are well-placed to identify and intervene with people at risk of suicide, it makes sense to provide them with initial assessment and early intervention skills. They should be educated in the psychiatric disorders most frequently associated with suicide, and in the warning signs and risk and protective factors for suicide. They should be equipped with the skills to establish rapport with potentially vulnerable individuals, to convey their sincere concern, to listen actively and empathetically, to ask direct questions about suicide risk, and to assess safety and danger. They should also be taught how to keep a suicidal individual safe. In addition, they should be equipped to remain calm, supportive, interested and non-judgmental.

Gatekeepers need basic intervention skills, but should be encouraged to recognize their limits and know when and how to ask for professional help if necessary. They should be made aware of available emergency services, crisis support services and mental health services in their local area, and should be trained in how to determine when the distressed individual should be referred on for clinical assessment and treatment. Of course, the threshold for referral will be influenced by the availability of such services.

### **Gatekeeper education in Asian countries**

The nature and extent of gatekeeper education varies widely from country to country (see Table 5). Some participating countries, such as New Zealand, have invested heavily in gatekeeper education and have a national strategy in the area. In most of the other Asian countries the approach has been more ad hoc, with individual institutions providing different educational programmes in limited geographical areas, to different target groups (or combinations of target groups) of gatekeepers. Other countries, like Malaysia, Pakistan and Viet Nam, currently have no non-medical gatekeeper education underway.

### **Gatekeeper education programmes for teachers**

Out of concern for youth suicide, a number of participating countries have in place gatekeeper training programmes for teachers. For example, the Korean Association for Suicide Prevention provides an education programme for middle and high school teachers which is run over three 16-hour sessions, with supporting documentation in the form of a

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teachers' guidebook. The programme has the goal of equipping teachers with basic knowledge about youth suicide and depression and their treatment and prevention, and providing teachers with practical skills in communicating with students and assisting them to resolve problems.

Similarly, the Hong Kong Education and Manpower Bureau Quality Education Fund has supported a number of projects which train teachers to provide onsite support to students to enhance their mental health, strengthen their coping skills and improve their resilience. The Student Psychological Resilience and Emotional Intelligence Enhancement (SPREE) Project is one such example. Through this project, 155 teachers from seven schools received training from the Hong Kong Family Welfare Society in 2003/04. The Hong Kong Jockey Club Centre for Suicide Research and Prevention has provided additional training programmes in this regard, offering suicide crisis management skills for secondary teachers.

In New Zealand, gatekeeper education for teachers is addressed by the Ministries of Education, Health and Youth Development. Two resources have been produced: (*Young People at Risk of Suicide: A Guide for Schools*, 1998; *Youth Suicide Prevention in Schools: A Practical Guide*, 2003). Together, these outline the roles and responsibilities of school personnel in suicide prevention, offer guidance about best practice regarding suicide prevention in the school setting, and provide criteria against which schools can assess providers of suicide-related programmes or activities run in schools. Both resources have been distributed widely to schools across the country.

In Australia, education for teachers has been the responsibility of the Australian Government-funded MindMatters programme. MindMatters takes a whole-of-school approach to mental health promotion and suicide prevention, offering training for staff and a range of resources to be used within the school curriculum. Much of its emphasis is on building resilience among members of the whole school community, but it includes training and resources for identifying and working with students at high risk. MindMatters is complemented by a range of other initiatives, including CommunityMindEd which focuses on teachers working within the vocational education and training sector, equipping them with skills in suicide prevention.

In middle schools across China, teachers, school health workers, social workers, teachers and other school personnel who may play a mentoring role have received intensive training in mental health and suicide prevention in three national School Health Training Centers established by the Chinese Ministry of Education in Beijing, Changsha

and Shanghai. The Beijing Suicide Research and Prevention Center has also worked with tertiary education personnel, supporting the Women's Federation to educate gatekeepers in several university-based, small-area projects.

In Sri Lanka, the Ministry of Health developed a national programme aimed at training teachers to identify children with behavioural problems and schools are inspected to see that it is being implemented. In Chennai, India a nongovernmental organization (SNEHA) concerned with suicide prevention has trained teachers in 46 schools in how to identify students at risk for suicide.

### **Gatekeeper education programmes for social workers and related professionals**

Social workers and others involved in the welfare and/or pastoral care of particular groups in the community may be faced with suicidal individuals in the course of their work. As a consequence, several participating countries have focused attention on training these professionals as gatekeepers.

In China, Hong Kong Special Administrative Region (Hong Kong SAR), the Hong Kong Jockey Club Centre for Suicide Research and Prevention has provided intensive training in suicide prevention for social workers and professionals providing support and advocacy services to people who have experienced domestic violence. In New Zealand, similar training is provided to workers in contact with distressed youth, via the Department of Child, Youth and Family Services. The Samaritans of Singapore have organized training courses that provide training for frontline staff, including counsellors and welfare workers, in various agencies, to identify signs of distress and react appropriately.

### **Gatekeeper education programmes for volunteers and lay people**

Several participating countries have developed training for volunteers working in the field (e.g., providing telephone counselling, support and advice via crisis hotlines) and lay people who may have the potential to intervene in a time of suicidal crisis, by virtue of where they sit in the community. These people are interested in helping others but have no previous training in suicide prevention.

The LifeForce Suicide Prevention Program run by Wesley Mission in Australia aims to equip community members from a range of backgrounds to deal with a suicidal crisis in an appropriate manner. Similarly, the Ministry of Public Health's Department of Mental Health in Thailand has run workshops and forums designed to train volunteers and

community leaders, with a view to equipping them to recognize depression and suicide risk, to be able to screen and give preliminary assistance to at-risk individuals, and to develop appropriate referral networks within their local community (Wongchai, 2006).

Sumithrayo, under the auspices of the Befrienders International, invites volunteers in Sri Lanka to join them to provide support and counselling to those who seek help, in times of crisis, when people contemplate suicide, have emotional problems, and feel lonely.

### **Gatekeeper education programmes for family members and caregivers**

A number of participating countries have developed training for the relatives and caregivers of particularly vulnerable individuals such as those with mental illness and those who are already exhibiting suicidal behaviour.

In China, there are examples of gatekeeper training for family members of people with mental illness. Specifically, in Zhejiang, family members (particularly those with a relative with schizophrenia) have been invited to attend courses on mental health and suicide prevention. In a demonstration project as part of the World Health Organization's SUPRE-MISS project aimed at helping individuals who have attempted suicide, the Beijing Suicide Research and Prevention Center worked in Shandong province in rural China with family members and others in the community to give social support to individuals who have been seen in emergency rooms following a suicide attempt.

Likewise, New Zealand has a programme of training for family members and qualified caregivers who are responsible for suicidal 12-16 year olds, either at home or in specialist community-based programmes. The training incorporates a focus on self-harm aimed at identification of young people at risk, familiarization with prevention and intervention techniques, planning intervention procedures and familiarization with coping strategies in the event of a fatal or non-fatal suicide attempt.

### **Gatekeeper education programmes for police and prison staff**

In recognition of the fact that people in contact with the justice system are at increased risk of suicide, several countries have instituted gatekeeper training programmes aimed at police and prison staff. In New Zealand, for example, the Department of Corrections undertakes education for prison officers which focuses on suicide awareness and prevention and is delivered by various experts (e.g., regional training officers, cultural officers, psychologists) via a full-day training module. In Singapore, the Samaritans of Singapore offers training for police officers designed to help them to identify at-risk

individuals (e.g., by looking for signs of distress and suicidal intent) and to react appropriately (e.g., by obtaining help). Programmes with similar intent have been run in China, India and Hong Kong SAR.

### **Gatekeeper education programmes for religious leaders**

Religious leaders are another group who may come into contact with at-risk individuals. Their pastoral care role may put them in a unique position, in that people may disclose suicidal thoughts and feelings to them that they might not otherwise share. It is acknowledged, however, that the degree to which this occurs may be related to the extent to which the given religion sanctions suicide (see Chapter 2).

Some participating countries have provided gatekeeper education to religious leaders, in an effort to increase their capacity to meet the needs of suicidal individuals. In Thailand, for example, a collaboration between the Bureau of Mental Health Technical Development, the Department of Mental Health and the Chang Mai District Public Health Centre has run educational workshops for Buddhist monks as part of a broader programme that included other gatekeepers. The monks were taught how to apply Buddhist dharma (principles of conduct in keeping with one's essential spiritual and moral nature) to assist suicidal individuals. They were also taught specific counselling skills. They were then given opportunities to apply these skills in one-to-one interactions and in preaching to larger groups (Teerawutgulrag, 2006).

### **General gatekeeper education programmes**

Most, but not all, of the gatekeeper education programmes described above target single groups of gatekeepers (e.g., teachers or prison officers), on the grounds that the constituents with whom they deal differ in terms of their profile and needs. There is recognition, however, by a number of gatekeeper education programmes offered in participating Asian countries that many gatekeepers face similar issues, regardless of the particular at-risk group with whom they come into contact, and therefore require similar skills and knowledge. For this reason, several programmes seem to be targeted at a range of gatekeepers, rather than tailored to one specific group. There may be some economies of scale in providing generalist gatekeeper training to mixed groups of recipients.

In Japan, trial programmes have been established in rural areas, such as the prefectures of the northernmost parts of Honshu. Local people with a variety of roles are educated in basic suicide prevention skills. Additional efforts have been made in the context of

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broader community-based, multi-modal interventions in Akita, Aomori, and Iwate prefectures with particularly high suicide rates.

The Hong Kong Jockey Club Centre for Suicide Research and Prevention (CSRP) is organizing a series of training programmes for different gatekeepers in a selected community (Tuen Mun) which has relatively high rates of both completed suicide and attempted suicide. The targeted gatekeepers include police, social workers, and volunteers (as well as medical professionals). The training programmes are part of a broader community-based suicide prevention project.

As well as the relatively obvious gatekeepers listed above who are the recipients of the gatekeeper training programmes, there are also some more novel trainees. The Hong Kong SAR programme targets supermarket front-line staff because supermarkets are the major supplier of charcoal, an agent which is now commonly being used in suicides by carbon monoxide poisoning in Hong Kong SAR (see Chapter 1). The programme was successful in reducing availability by removing charcoal from the open supermarket shelves, making it available for purchase only by request. Other participating countries have also targeted innovative groups. For instance, mass rapid transport staff have been offered gatekeeper training by the Samaritans of Singapore, because of their potential role in averting rail suicides.

### **Research and evaluation**

Very few of the above training programmes have been subjected to evaluation, and those evaluations which have occurred have tended to rely on before-and-after assessments of changes in participants' knowledge of suicide prevention and confidence in dealing with suicidal individuals. Participants' satisfaction with the training has also sometimes been assessed. What is currently missing, however, is any data on whether gatekeeper training programmes lead to behavioural improvements in participants' abilities to recognize and deal appropriately with suicidal individuals, and, ultimately, whether they have an impact on the suicidal behaviour of those in the gatekeepers' communities.

Perhaps the best example of a currently-planned evaluation is that of the Hong Kong CSRP's provision of gatekeeper education in Tuen Mun (see above). Process evaluation involving immediate feedback from participants will occur, but this will be augmented by an examination of changes in the attempted and completed suicide rates in this community and in a control community with a similar socio-economic profile (Yuen Long). It would

be valuable to collect evidence on the impact of the intervention on the behavioural responses of gatekeepers and on any individuals they identify as at risk and refer for treatment even if there is no demonstrable change in the rates of attempted and completed suicide.

### **Optimizing the potential of gatekeepers as suicide prevention agents**

Educating gatekeepers is an important addition to the full complement of suicide prevention strategies available in Asian countries. The role of these gatekeepers will vary, depending on the specialist resources that are available in the given country (or region within the country). Where psychiatrists and other dedicated mental health care workers are available, the role of gatekeepers will be one of acting as a channel for those at heightened risk of suicide, and training should therefore focus on assessment and referral skills. The same may be true in circumstances where primary care providers with particular expertise in mental health care are on hand to provide appropriate interventions. In countries like China and India where there are large rural populations and the specialist mental health workforce is thinly spread, however, there may be more of a blurring of the role of gatekeepers as referrers and gatekeepers as direct service providers. By necessity, gatekeepers in these countries are required to offer some degree of intervention themselves, and require additional education in keeping the individual safe, active listening, problem-solving and so on.

Optimizing the potential of gatekeepers as suicide prevention agents in Asian countries will require careful consideration of their role in given locations. The content of training for gatekeepers will vary accordingly, as may the intensity of the training (e.g., the number and duration of training sessions). Modes of delivery may also differ, depending on the target audience(s). At present, little guidance is available regarding the sort of training that may be best for given gatekeeper groups because of the dearth of solid evaluative evidence in this area. For this reason, careful needs analysis will have to be conducted in order to identify the exact requirements of any training. The processes, impacts, and outcomes of such training should be carefully monitored via sound evaluations that are conducted as rigorously as possible.

### **Summary and conclusion**

Educating gatekeepers in suicide prevention shows promise as a means of reducing the suicide rate in Asian countries, provided that due consideration is given to the context in

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which these gatekeepers are operating. Participating countries have put in place a range of gatekeeper education programmes in an effort to improve the assessment, referral, and (in some cases) direct intervention skills of individuals who regularly come into contact with vulnerable members of the community by virtue of their responsibilities. There is as yet no consensus on the core components of gatekeeper training, and it is likely that the nature and structure of the training will desirably vary, depending on the particular gatekeeper group in question and their role in the community relative to the role of others who might be involved in suicide prevention. Improved evaluation efforts are required.

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**Table 5: Key gatekeeper education activities in participating countries \***

Country	Identifying actor	Gatekeeper group	Activities	Evaluation
AUSTRALIA	Department of Health and Ageing and Department of Education, Science and Training	Teachers and other school staff	MindMatters programme, which provides training in building resilience and identifying and working with students at high risk	Evaluated
	Wesley Mission	Volunteers and lay people	LifeForce Suicide Prevention Program, which aims to equip community members to deal with a suicidal crisis in an appropriate manner	Not evaluated
CHINA	Beijing Suicide Research and Prevention Center, supporting the Women's Federation	Tertiary education personnel	Several university-based, small area projects	No evaluation
	National School Health Training Centers, established by the Chinese Ministry of Education	School health workers and social workers	Intensive training in mental health and suicide prevention	Evaluated
CHINA, HONG KONG SAR	Hong Kong Jockey Club Centre for Suicide Research and Prevention	Teachers, social workers and related professionals, mixed groups	Training programmes for various frontline staff	Most programmes have been evaluated
	Education and Manpower Bureau Quality Education Fund	Teachers	Training in provision of onsite support to students – e.g., the Student Psychological Resilience and Emotional Intelligence Enhancement (SPREE) Project	Evaluated
INDIA	SNEHA	Teachers and police	Awareness programmes	Not evaluated
JAPAN	Ministry of Health, Labour and Welfare, in co-operation with the Japanese Medical Association	Mixed groups	Education in basic suicide prevention skills	Evaluation planned
	Ministry of Health	Mixed groups	Education delivered as part of the Japanese Multimodal Intervention Trials for Suicide Prevention	Evaluation planned
MALAYSIA			No non-medical gatekeeper education activities	

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NEW ZEALAND	Ministries of Education, Health and Youth Development	Teachers and other school personnel	Resources outlining the roles and responsibilities of school personnel in suicide prevention, and offering guidance about best practice in suicide prevention	Reviewed
	Department of Child, Youth and Family Services	Family members and qualified caregivers	Training on identifying young people at risk and prevention and intervention techniques	Ongoing evaluation
	Department of Corrections	Prison staff	Training focusing on suicide awareness and prevention	Not evaluated
PAKISTAN			No non-medical gatekeeper education activities	
REPUBLIC OF KOREA (THE)	Sponsored by Community Chest of Korea and implemented by the Korean Association for Suicide Prevention	Teachers	Education programme and resources providing basic knowledge about youth suicide and depression and their treatment and prevention, as well as practical skills	N/A
SINGAPORE	Samaritans of Singapore	Counsellors and welfare workers, police officers	Training on identifying signs of distress and reacting appropriately	Not evaluated
SRI LANKA	Ministry of Health	Teachers	Training in identifying children who have behavioural and other problems	Not evaluated
THAILAND	Ministry of Public Health	Youth leaders, volunteers and community leaders	Training in recognizing depression, providing preliminary assistance, and developing referral networks	Not evaluated
	Bureau of Mental Health Technical Development, Department of Mental Health, Chang Mai District Public Health Centre	Buddhist monks	Education on applying Buddhist dharma to assist suicidal individuals and training in specific counselling skills	Not evaluated
VIET NAM			No non-medical gatekeeper education activities	

\* Responses to the questionnaire by STOPS country representatives