

SUICIDE PREVENTION SITUATIONAL OVERVIEW



PRESENTED BY

ADEASE

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March 6, 2012

**VOLUME 3 | Baseline Study Regarding Knowledge,
Attitude, and Perceptions of Suicide**

Executive Summary

Sample and Methods

The present survey assessed baseline responses from residents of California with regard to attitudes and knowledge about suicide and suicide prevention. A sample of 2,003 respondents completed the telephone survey. Overall responses were assessed and then survey items were broken down by demographic variables to look at differences in knowledge and attitudes across groups of interest. Key findings and recommendations are presented below. Between September 26, 2011 and October 20, 2011 telephone interviewers collected information from 2,003 residents of California 18 years of age or older using a CATI system. Based on the 2010 Census data with a total population in California of 37,253,956, the sample size of 2,003 provides a 99% confidence level (+/- 2.9%) that the sample is representative of the target population. Quotas were computed and tracked to insure that the sample contained both urban and rural respondents and respondents representative of all 6 regions of California were included to ensure that respondents were gathered from all counties. Twelve percent (N=241) of interviews were conducted in Spanish. See Tables A and B for a comparison of sample and California population percentages for regions and demographic groups.

Table A. Population and Sample Frequencies for California Regions.

Region	CA Population %	Sample %	N
Bay Area	19.9	19.2	357
Central Valley	6.3	6.0	112
Los Angeles	26.6	27.5	512
North/Mountains	3.3	4.0	74
Southern California	30.9	30.8	574
Southern Farm	12.9	12.5	232

Table B. Population and Sample Frequencies for Demographic Variables.

Demographic Variable	Sample Percent	N	CA Population Percent
Male	39%	780	49.7%
Female	61%	1218	50.3%
Age 18-24	10.5%	210	13.0%
Age 25-64	62.5%	1252	70.0%
Age 65+	16.3%	326	17.0%
Veteran/active military	9.3%	180	6.0%
Never in military	90.7%	1747	94.0%
Urban/Suburban	84.4%	1512	83.0%
Rural	15.6%	280	17.0%
Parent of child aged 10-24	34.1%	659	21.0%
American Indian/Alaska Native	0.7%	14	1.0%
Asian	5.6%	105	13.0%
Black/African American	7.1%	134	6.2%
Hawaiian/Pacific Islander	0.6%	13	0.4%
Hispanic /Latino	31.5%	593	37.6%
White	48.2%	908	40.1%
Other	7.7%	145	4.9%

In addition, respondents were asked whether they knew someone who had attempted or died by suicide. Just over half (51.2%, N=1016) said that they did have personal experience with suicide.

Key Findings by Survey Topic

Perceived support from friends and community

In order to assess which groups might benefit from more outreach, several survey items looked at whether respondents felt supported by their families and communities in discussing the potentially sensitive topic of suicide. Overall, people felt that their families (80.3%, N=1531) and communities (72.2%, N=1331) would be supportive. They also disagreed that suicide was not something that could be discussed in their families (62.6%, N=1210).

Knowledge about suicide prevalence and prevention

Another set of questions looked at respondents' knowledge about suicide. Specifically, items assessed their perception of suicide prevalence and the degree to which suicidal individuals usually present warning signs and opportunities to intervene. Most respondents indicated that they saw suicide as a problem in California. They also felt that suicide is preventable, that individuals show warning signs and that intervention can be effective. Respondents overall were less certain about the relative prevalence of suicide versus homicide, whether most people who talk about suicide are serious and whether or not most suicidal individuals tell anyone before ending their lives. See Figures A and B.

Knowledge of suicide warning signs

An open-ended question asked respondents whether they knew up to three warning signs of suicide. Over 80% of all respondents provided at least one warning sign. The three most commonly cited signs were depression, talking about suicide or death, and social isolation. See Table C. “Anticipating death” included giving away possessions, buying insurance, or making a will. Those with personal experience of suicide were more likely to give at least one warning sign. These results suggest that people recognize depression as an important risk factor, but might benefit from more information about other warning signs and behavioral indicators.

Table C. Warning Signs.

Warning Sign	% for Sign 1 N=1615	% for Sign 2 N=1461	% for Sign 3 N=1158
Depression	40.7	17.9	11.1
Anticipating death	8.8	5.1	4.2
Talking about suicide	18.2	19.2	16.8
Substance abuse	1.5	4.0	6.0
Planning/attempt	2.0	3.4	5.5
Isolation	12.6	21.0	16.9
Appetite/sleep disturbance	1.3	2.9	2.9
Self harm	2.1	1.8	2.8
Mood changes	5.8	13.3	14.2
Behavior changes	3.7	6.8	11.1
Other	3.4	4.6	8.2

Perceived efficacy and skills for approaching a suicidal individual

The majority of respondents (77.5%, N=1523) said that they had confidence in their ability to discuss suicide with someone they care about. However, over a quarter of all respondents also felt that this would be difficult to do or a source of worry for them. See Figure A.

Results of regression analysis showed that knowledge about resources was significantly associated with greater confidence in ability to discuss suicide. Those who agreed that they know where they could seek help for a friend or family member (See Appendix A, item 11), were 7.8 times more likely to agree than to disagree that they felt confident. Those who agreed that they know of suicide crisis line they can call (See Appendix A, item 14) were 2.8 times more likely to agree that they felt confident. Those who agreed that they know where to find assistance if a friend was having thoughts of suicide (See Appendix A, item 17) were 6.6 time more likely to agree that they felt confident in their ability to discuss suicide.

Regression analyses were also used to look at the relationship between demographic and other variables and confidence. Those who knew at least one warning sign of suicide were 2.2 times as likely to agree that they felt confident in their ability to discuss suicide. Those in the youngest age group (18 to 24) were 2.7 times more likely to say that they felt confident. Women were 1.4 times more likely to

say that they felt confident. Finally, those with personal experience of suicide were 1.5 times more likely to say that they felt confident.

Actions in response to a suicidal friend or family member

Almost 90% of respondents agreed that they would express concern if a friend or family member was having thoughts of suicide and most also disagreed that it would be none of their business. Knowledge of warning signs was associated being more likely to agree that they would take a specific action in response to concern about a friend or family member who might be considering suicide. See Table D. In response to an open-ended question about what other help they might offer, those who did not report knowledge of any warning signs were significantly more likely to say they would offer nonspecific help or pray.

Table D. Specific Actions by Knowledge of Warning Signs.

Survey Item	Knows signs	Does not know signs
Likely to visit a website for information.*	82.0%	72.1%
	(1359)	(178)
Likely to call a crisis line or hotline.	85.6%	82.2%
	(1444)	(208)
Likely to provide them with a phone number or other resource.*	93.5%	87.9%
	(1579)	(225)
Likely to express your concerns to them.*	94.7%	88.1%
	(1597)	(222)
Likely to express your concerns to someone else.*	92.5%	85.3%
	(1560)	(221)

*p<.01

Figures A and B show the overall responses for Knowledge, Efficacy, and Action questions. Figure A highlights those questions where we are seeking to maximize levels of agreement and Figure B shows areas where we seek to increase disagreement.

Figure A. Knowledge, Efficacy and Action Items: Agreement Desirable.

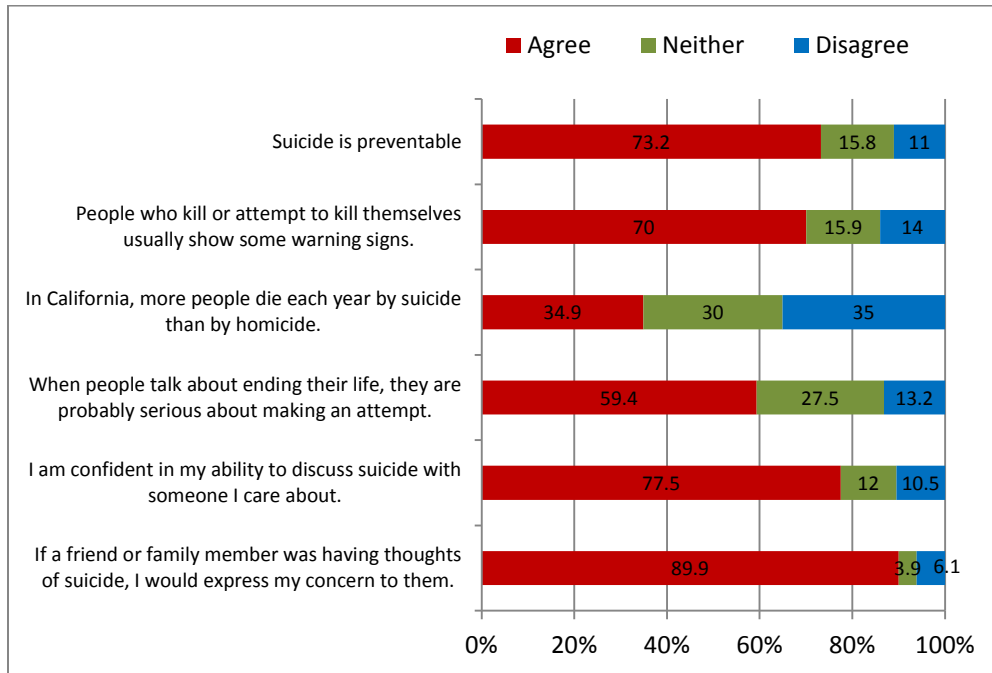
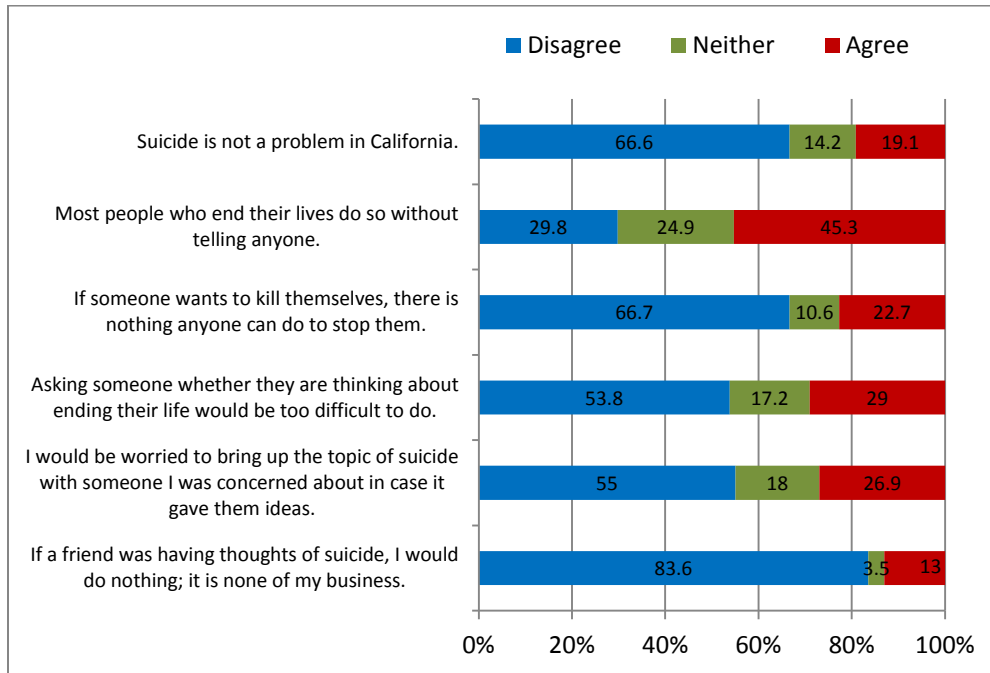


Figure B. Knowledge, Efficacy and Action Items: Disagreement Desirable.



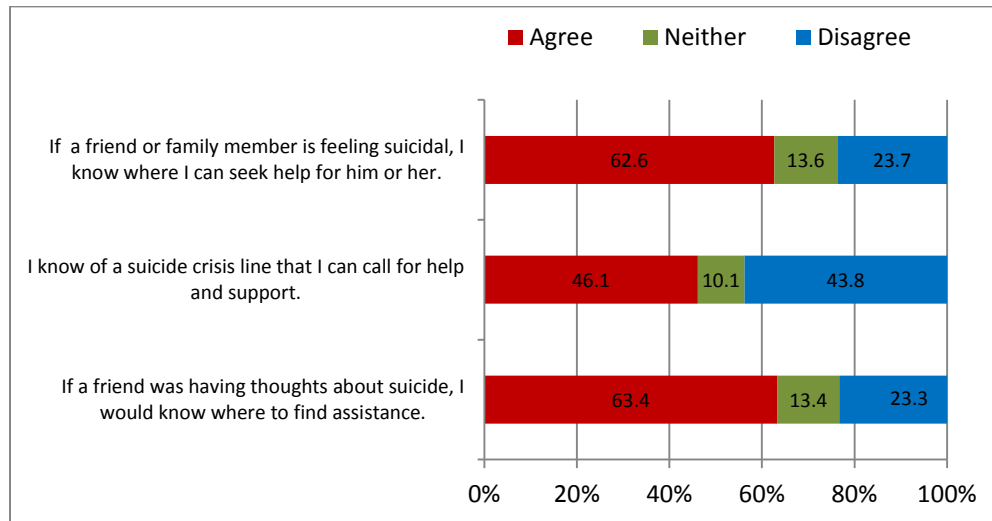
Knowledge about suicide prevention resources

Overall, respondents felt that they knew where to seek assistance for a suicidal friend or family member. However, they were evenly divided about knowing a suicide crisis number to call. Knowledge of prevention resources is a potential target for improvement, however, since almost a quarter of participants indicated that they did not know where to seek help or assistance. See Figure C.

Respondents were asked if they had heard of the National Suicide Prevention Lifeline, 1-800-273-TALK or 1-800-273-8255. They were fairly evenly split in responses with 46.0% (N=887) saying “Yes” and 54% (N=1043) saying “No.”

More respondents said “Yes” there was a number other than 9-1-1 that they could call than said “No” (40.7%, N=808 vs. 24.9%, N=495). However, a substantial number of respondents said that they did not know whether there was such a number or not (34.4%, N=683). Overall, 29.5% (N=568) of participants reported being aware of support groups for those coping with suicide.

Figure C. Suicide Prevention Resource Items.



Key findings for Demographic Variables

Race/Ethnicity

Across survey categories Hispanic/Latino and Asian respondents showed the most significant differences from other groups. Asian and Hispanic/Latino respondents were significantly less likely than other race/ethnic groups to feel that they would be supported by family and community in discussing suicide. Hispanic/Latino respondents were also significantly more likely to say that a friend’s thoughts of suicide were none of their business. Asian and Hispanic/Latino respondents were significantly more likely to report that they would find it difficult or worrisome to approach a suicidal individual. Hispanic/Latino respondents reported significantly more TV exposure to messages about suicide than other groups and Whites less exposure. However, in spite of this, Hispanic/Latino, and Asian respondents were significantly less likely to have heard of the National Suicide Lifeline, and Hispanic/Latino respondents were significantly less likely to provide at least one warning sign for suicide. This suggests that these groups might be most profitably targeted in increasing public exposure to information about resources. Language may be one of the barriers for some groups.

One other finding was that Black/African American respondents were significantly less likely to believe that more people die each year by suicide than homicide. This belief difference may be related to overall higher homicide rates for Blacks/African Americans, but there is no direct evidence for this provided by the survey. However, Blacks/African Americans expressed significantly more confidence than other

groups about their ability to discuss suicide, their willingness to express concern and their willingness to provide resources such as a phone number.

Age

Overall, respondents in the oldest age group, aged 65+, were significantly less likely to feel that suicide is preventable and that they could be effective in helping someone they care about. They were significantly less likely to agree that suicide could be discussed in their families and communities than were other age groups. Individuals 65 and older also expressed significantly more concern about the difficulty of discussing suicide with a friend or family member and less confidence in their ability to intervene. They were also significantly more likely to say that a friend's thoughts of suicide were none of their business. Finally, those aged 65 or older were significantly less likely to provide at least one warning sign for suicide in response to an open-ended question.

Those in the youngest age group, aged 18 to 24, were significantly more likely to feel that suicide is preventable, to disagree that suicidal people tend not to tell anyone and to disagree that talking about suicide might give someone ideas. They were significantly more positive than other age groups about media messages: They were significantly more likely to say that news stories were helpful in knowing how to prevent suicide and less likely to feel that they sensationalized suicide. They were also significantly more likely to indicate that they would visit a website for information. However, they were significantly less likely to report knowing a number to call if they were concerned about someone.

Both older respondents, those aged 65+, and younger respondents, those aged 18-24 were significantly more likely to recall messages from the newspaper or internet. However, these media were combined in the survey item and it would be useful in future to assess them separately.

Gender

Overall, women were more knowledgeable about suicide, more confident in their ability to discuss it, and more aware of the resources available than were men. Women were significantly more likely to agree that more people die by suicide than by homicide and that people who talk about suicide are probably serious about making an attempt. Men, significantly more than women, felt that asking someone whether they were thinking about ending their life would be too difficult, and they had significantly less confidence in their ability to discuss it. Responses showed that men were significantly less likely to have heard of the National Suicide Prevention Lifeline or any resource number. Women were significantly more likely to agree that they often see stories about suicide on TV. Women were also significantly more likely to indicate that they know where to find help and support for themselves or for someone contemplating suicide.

Veterans/Active Military vs. Non-Veterans

Differences between those with current or past military experience and others in the sample were concentrated in the areas of media exposure and informational resources. Veteran/Active Military respondents reported significantly less exposure to TV messages about suicide. They were also

significantly more likely to feel that suicide in the news is sensationalized and less likely to feel that news stories can help prevent suicide. Non-Veterans were significantly more likely to say that they would visit a website for information about suicide if they were concerned about someone.

Parents of children aged 10 to 24

Overall, parents of children 10 to 24 did not differ from the rest of the sample. However, they were significantly more likely to agree that suicide is preventable than those who were not parents of children in the relevant age range. More research would be required to determine the possible sources of this belief.

Rural vs. Urban/Suburban

Rural respondents were significantly more likely to feel that they would have less family support in discussing suicide. Rural respondents also expressed significantly more concern about their efficacy and less confidence in their ability to discuss suicide. This might be related to the fact that Rural respondents were significantly less likely to feel that those who attempt suicide show some warning signs. They were also significantly more likely to be concerned that bringing up suicide might give someone ideas. Finally, Urban/Suburban respondents were more likely to disagree than were Rural respondents that they would do nothing in response to a friend's thoughts of suicide.

Personal experience with suicide

Just over half (51.2%, N=1016) of the respondents said that they did have personal experience with suicide. Personal experience with suicide was associated with greater overall knowledge and awareness about the facts and resources surrounding the topic. Those with experience were significantly more likely to feel that their families and communities would be supportive. They were significantly more likely to be aware of suicide as a problem in California, but to feel that it is preventable. They expressed significantly greater confidence in their ability to bring up the topic of suicide and to discuss it with someone they were concerned about. They were significantly more likely than others to have knowledge of at least one warning sign and were more likely to report that they knew of a number to call other than 9-1-1, and also that they would know where to find support groups and assistance than were those who had not been through that experience. Finally they were significantly more likely to agree that they would express their concern to someone having thoughts of suicide and to disagree that a friend's thoughts of suicide were none of their business. One unexpected finding that might be explored in planning future informational campaigns was that those with personal experience of suicide were significantly less likely to agree that media messages are helpful in suicide prevention.

Regions of California

Significant difference across regions of California centered on Knowledge and Media items. Those in the Bay Area were significantly more likely to agree that suicide is a problem in California and is more prevalent than homicide. Those in the Los Angeles area were significantly less likely than those in other regions to agree that suicide is a problem and more likely to say that most people who end their lives do

so without telling anyone. However, those in the Los Angeles region were significantly more likely to agree that they often see stories about suicide on TV, while those in the Bay Area and Northern/Mountain regions were less likely to do so. In contrast, those in the Los Angeles region were significantly less likely to agree that they often see newspaper or Internet stories about suicide.

Exposure to and recall of media messages about suicide prevention

Respondents were asked whether they recalled seeing stories about suicide on TV or in newspapers or on the Internet and whether they felt such stories were helpful. Only about 36% agreed that they often saw stories in the media about suicide. However, about half (49.6%) did feel that news stories can be helpful for suicide prevention, although 41.7% also felt that suicide is sensationalized in the news.

Recall of media campaigns

A key finding was that over 70% of respondents reported that they did not recall seeing any media message related to suicide in the past several months. Among those who reported having seen any messages related to suicide, TV was the most prevalent source cited. There were no differences reported across the regions of California in recall of exposure to media campaigns. The youngest group of respondents (aged 18 to 24) and those with personal experience of suicide were most likely to recall having seen a message.

The most common content recalled from messages was the presence of a phone number to call. However, respondents were not asked to recall the specific number or sponsor for the message. The second most common message carried away was that suicide is preventable and that friends and family members should reach out to those at-risk.

Conclusions

Taken together response patterns for the survey suggest that several groups might benefit from greater outreach of suicide prevention information and resources. Hispanic/Latino and Asian respondents, those aged 65 or above, and Rural respondents were most likely to hold attitudes that might inhibit them from reaching out to a suicidal friend or family member. These groups also seemed to be reached less often by media messages. Men, as a group, might also benefit from campaigns to increase their knowledge about suicide prevention and confidence in their ability to intervene. Finally, results suggest that increasing the frequency of media outreach may be called for, since most respondents did not recall having seen a recent message. TV appears to be the most memorable medium for messages, but those respondents who did recall a message cited a wide variety of sources.

Factors that Influence Personal Intervention

- Those who knew of a crisis line or other source of assistance were significantly more confident in their ability to discuss suicide with someone they were concerned about, more likely to express concern, and more likely to disagree that a friend's thoughts of suicide were none of their business.
- Those reporting knowledge of at least one warning sign were significantly more likely to agree that they could discuss suicide and less likely to agree that it was none of their business.

- Personal experience with suicide was associated with significantly greater confidence in ability to intervene and less likelihood to agree that a friend's thoughts of suicide were none of their business.