

A Report on “Suicide Prevention Program”

Submitted to: American Psychological Association (APA)

Program Duration: August- December,
2016

Venue: Training hall of Psychdesk
Foundation

Organized by: The School of Psychology Nepal(TSOP Nepal) and Association
of Psychologists in Nepal

Submitted by:

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Background

Front line emergency service providers and child care officers need specialized training on how to deal with suicidal thoughts of children and parents having suicidal and psychosocial issues and mental health consequences in the aftermath of trauma and crisis.

With the same purpose, TSOP Nepal and APN had organized 2 days Training on Suicide Prevention Facilitation Training targeting different child care community workers, facilitators and officers working in the community in order to enhance their capacity in identifying and dealing with suicide related and psychosocial issues among children and parents. The training was conducted on 6 different dates of like 6-7 August, 3-4, 6-7 September 2016 in Kathmandu, Kavre districts. There were 93 participants from almost a dozen of districts of Nepal who enthusiastically participated in the training program. Most of the participants were representing janjati communities while some of them were also from Bahun/Chhetri and other communities. Approximated 80% of the participants were female.

The general objective of the training program was to enhance knowledge, attitude and skills of Suicide prevention in emergency child care workers and with the focus on psycho-social care and support in the aftermath of April earthquake last year. Training was carried out successfully in a smooth and peaceful manner with lots of enthusiasm from the organizer's and participants' side.

Along with the conceptual contents various children and parents focused activities and games were introduced in order to give participants hands on experience of psychological tools that were also therapeutic in nature. In the meanwhile, cultural sensitivity was also duly emphasized while introducing such activities.

Objective of the training :

After the completion of the training participants will be able to

- A better understanding of how suicide is related to mental illness, substance abuse, trauma, violence, and other related issues;
- New information on groups that may be at an increased risk for suicidal behaviors;
- Increased knowledge of the types of interventions that may be most effective for suicide prevention; and
- An increased recognition of the importance of implementing suicide prevention efforts in a comprehensive and coordinated way.

Methodology used:

In order to maximize the effectiveness of knowledge and skills transfer, equal participation was promoted through various methods and activities such as:

- Introduction of common psychological tests including pre post tests
- Group discussion and presentation
- Role play and simulation exercises
- Case presentation and discussion
- Video and documentary shows
- Therapeutic tools for assessment and support
- Games and activities focusing on parents and child related issues

Highlights of the Training

Major highlights of the training were as follows:

- The training was highly participatory. Participants were active and enthusiastic as they were asking many questions and sharing their experiences or challenges faced while working with children and parents
- Participants were very punctual. They arrived and left the training hall on time
- Group activities, games, role play, simulation and drill activities were highly appreciated
- Different energizers were introduced to minimize participants' discomfort and alleviate boredom and distractions
- Relevant video documentaries were shown

Output of the training

- **Pre and Post Test analysis:** In pre and post tests, there were 20 questions in order to measure participants' level of understanding and degree of change brought about by three days' training. Participants scored nearly 12 marks out of 20 on an average in the pre test which stood as 17 approximately in post test. The Pre and post tests result showed that on an average level of understanding among the participants increased by 33% approximately.
- The training was evaluated through qualitative and quantitative methods, for example analysis five point likert rating scale was used for quantitative analysis containing participants' observation regarding training facility, training content & materials, training organizers, training facilitators, expectations, and possibility of implementating knowledge and skills learnt in the work setting.
- At the end of evaluation form, open ended questions were asked for qualitative analysis regarding effectiveness, positive aspects and aspects to improve in the future.
- Enhanced skills in dealing with child and parents related psychosocial issues including communication skills and non directive play therapy and games

Feedback of the Participants

Feedbacks received from the participants are tabulated in the following manner:

Positive	To be Improved	Expectation for future
<i>Introduction of activities and games very effective</i>	<i>Hall facility not enough for 40 participants</i>	<i>At least 5-7 days required for this kind of training as there will be enough time to practice communication and other skills</i>
<i>It covered important aspects of suicide prevention help including different skills</i>	<i>Dinner and lodging facility should be provided</i>	
<i>Techniques taught were very practical.</i>	<i>No banner was used</i>	
<i>Got to know about Suicide and Mental illness And how to Differentiate between them Which was very helpful as they are so common among the people Living in Community</i>	<i>It would be good if no work related Assignments were introduced during the training days as they would give us stress</i>	
<i>Useful in the field and also got refreshed</i>	<i>To make training and activities more effective no of participants should be small</i>	
<i>Got to know about Depression and Impressed with Illustrations and</i>	<i>There should be more Entertainment during the sessions</i>	

<i>pictures used in the</i>		
<i>slides</i>		

<i>Got to know about mental psychosocial parenting suicide and its prevention</i>	<i>2 days not enough looking at the contents and activities covered</i>	
<i>Liked the facilitation skills of the trainers</i>	<i>More rules for the Participants</i>	
<i>Case sharing</i>	<i>Need to manage time</i>	
<i>Could know about how to work in embergency situation and provide psychosocial first aid</i>	<i>Group discussion more required</i>	
<i>Very Useful while working in the community</i>	<i>Need to be more organized</i>	
<i>Good foods</i>	<i>Handout should be given first</i>	
<i>All participants engaged</i>		
<i>Communicatin skills very important</i>		
<i>Could evaluate my own mental status</i>		
<i>Sharing of research findings</i>		
<i>Could know about grief and loss</i>		
<i>Could distinguish</i>		

<i>between psychosis and neurosis</i>		
<i>Role play and Group</i>		

discussion were important		
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Recommendation

- Regular case conference and clinical supervision is necessary
- At least twice a month clinical supervision is recommended for each child care service providers
- Recruitment of skillful psychosocial counselor is recommended for providing immediate and effective services
- Play therapy activities such as play dough and other expressive art based activities should be highly encouraged while working with children
- Number of participant should be strictly minimized up to 22-25 per training for effective group participation, role plays, games and other activities
- Follow up training for intensive skills practice is necessary
- There is a necessity of informing participants about available referral system i.e. organizations/individuals providing specialized services at district and national level

Conclusion

Through the training participants were able to enhance their skills for community based psychosocial intervention. Most of the expectations of participants were met. The participants were able to have clear understanding about suicide prevention issues.

2 Days Training to School Teachers and Parents/ community volunteers on “Suicide Prevention Facilitation Training”

Training Time: 10 am to 5pm

Break time: 1 hour’s lunch time and 30 min tea break

1. Training Schedule

Day	Content	Time	Facilitators
1st Day	• Welcome and opening/Introduction	10-11:30	Dr. Narendra & Jyotshna
	• Introduction of TSOP Nepal And APN		
	• Objectives and Ground rules /Pre-Test		
	• Brief introduction of Suicide and Self Harm		
	• Tea Break		
	• Suicide: Causes, Symptoms, assessment and	11:30-1:00	
	• Lunch	1:00-1:45	
• Suicide...Continue...Treatment	1:45-3:00		
• How to help a friend with suicidal thoughts ,	3:15-3:00		

	<p>Bereaved by suicide and how to communicate with the family members, Parents' role, Teachers' role</p> <ul style="list-style-type: none"> • Summary and feedback of the day 	<p>3:45-4:45 4:45-5:00</p>	
2 nd Day	<ul style="list-style-type: none"> • Review of Previous day • Grief and loss with activities and role plays • Lunch Break • Facilitation Skills • Tea break • Action plan and referral; Self-care for the care givers and clients • Feedback form and closing 	<p>10-11:30 11:30-1:00 1:00-1:45 1:45-3:00 3:15-3:00 3:45-4:45 4:45-5:15</p>	<p>Dr. Narendra & Jyotshna</p>