

Aidana Lygnugaryte-Griksiene – Skills for Suicide Intervention by Emergency Medical Care Doctors, Nurses and Factors Affecting them



Aidana Lygnugaryte-Griksiene. A psychiatrist – psychotherapist. Aidana specializes in crisis management and in the field of suicide interventions and management. In 2020 defended her PhD thesis extramurally. Aidana is working as a psychiatrist in Palanga Hospital at LUHS Neuroscience Institute.

INTRODUCTION

The World Health Organization declares: currently, suicide is one of the three most common causes of death for people aged 15–44 in the world. Around 1 million people worldwide commit suicide each year. According to the WHO, Lithuania is the leading country in terms of suicide rates in Europe and fifth in the world. The number of suicides in Lithuania has decreased significantly over the last twenty years, from more than 45 to nearly 30 cases per 100,000 residents. A particularly significant decrease in the number of suicides was registered in 2005–2008. In subsequent years the indicator stabilized. Currently, the suicide rate in the country is almost 3 times higher than the European Union average. Non-fatal suicide attempts are 10 times more frequent and require urgent medical attention. Among them, the risk of fatal suicide is three times higher than in the general population. Suicide is one of the most dangerous risk factors for human health in Lithuania and requires effective prevention measures.

Five key areas of suicide prevention have been identified: suicide prevention training programs, methods for screening high-risk individuals, treatment of mental disorders, restriction of access to lethal measures, presentation of information about suicide in the media. One of the promising interventions in suicide prevention is the training of health care professionals. Emergency medical care (EMC) professionals, who are closest to potentially vulnerable individuals, can identify those at risk for suicide, provide initial support, and direct them to further assistance. The actions of the EMC professionals largely depend on what kind of help the patient will receive. EMC professionals, when confronted with persons committed suicide or attempt to commit suicide, experience stress that psychologically has a significant negative impact on themselves. The mental health of EMC professionals is important, as well as their ability to recognize their own stress situations and symptoms indicating burnout syndrome, mental health disorders. This can significantly impair the mental health of EMC professionals and impair their ability to do their job.

AIM

To evaluate the skills for suicide intervention by EMC professionals and the factors affecting them.

OBJECTIVES

1. To evaluate the association between sociodemographic factors of EMC professionals and suicide intervention skills.
2. To evaluate the attitudes of EMC professionals towards suicide and their association with sociodemographic factors and suicide intervention skills.
3. To evaluate the manifestation of burnout syndrome among EMC professionals and its association with sociodemographic factors and suicide intervention skills.

4. To evaluate the mental health of EMC professionals and its association with sociodemographic factors and suicide intervention skills.

5. To evaluate the impact of suicide intervention training on the suicide intervention skills, attitudes, burnout syndrome expression, and mental health of EMC professionals.

CONCLUSIONS

1. Better suicide intervention skills of EMC professionals prior to training were associated with younger age (<45 years), shorter length of service in health care system (<15 years), higher education, and the physician profession. Lower suicide intervention skills for EMC professionals prior to training were associated with older age (>55 years), longer length of service in health care system (>30 years), vocational education, and the nursing profession.

2. Better suicide intervention skills among EMC professionals were associated with more positive attitudes toward suicide; more positive attitudes were associated with the profession of physician and with shorter length of service in health care (<15 years).

3. More than a third of EMC professionals had a high burnout degree before training. High burnout degree occurred in EMC professionals with better suicide intervention skills. Younger EMC professionals (<45 years) who had shorter length of service (<15 years) were more likely to experience depersonalization. EMC professionals with longer length of service (>30 years) were less emotionally depleted than EMC professionals with shorter length of service (<15 years). Physicians' emotional exhaustion was significantly higher than that of nurses.

4. Generalized anxiety disorder was found in more than half of EMC professionals surveyed, more than one-eighth in suicide risk, ten per cent had a current depressive episode, and six per cent had harmful alcohol consumption. Harmful alcohol consumption was more common among older EMC professionals (>55 years). EMC professionals had a suicide risk before training also had significantly better suicide intervention skills.

5. Suicide intervention training had a generally positive but different effect depending on the age of the subjects. Senior EMC professionals (>55 years) demonstrated improved suicide intervention skills after training, with a reduction in their overall burnout syndrome, suicide risk, and generalized anxiety disorder. Younger EMC professionals (<45 years) showed worse suicide intervention skills after training, but there was reduced their burnout syndrome, suicide risk, and generalized anxiety disorder.