One of the objectives of The ELCA Volunteer Suicide Prevention Ministry is to have a majority of rostered leaders complete the web based Suicide Knowledge and Skills Survey, as hosted by the QPR Institute*. The results of the survey will help us better understand clergy’s exposure to suicidal people, the impact of suicide on parishioners and clergy, as well as clergy’s general knowledge and training in suicide prevention. Information from this survey will help us to develop effective faith-based community suicide prevention efforts.

As of today, 82 rostered ELCA clergy have at least started the online survey, while 77 of these clergy have completed the survey in its entirety. The results provide an interesting glimpse into the potential value of expanding the survey to all rostered clergy in the ELCA’s Southeastern. Here are some selected findings:

1. 79% of the rostered clergy who completed this survey indicated that they had known someone personally who had ended their life by suicide.

2. In their role as a professional, 41 (51%) respondents were involved in the assessment of someone who made a suicide attempt. Twenty of these persons later died by suicide.

3. When confronted with a potentially suicidal consumer of their services, 85% of the respondents made some attempt to intervene. When asked to rate how competent they felt when they were attempting to intervene with a suicidal person, 10% said they felt “Very Competent,” 45% felt “Competent,” 30% reported feeling “Neutral,” 13% said they felt “Incompetent,” and 2% reported they felt “Very Incompetent” (See Figure 1).

4. When asked to rate their knowledge of the causes and prevention of suicide, 5% felt their knowledge was “Poor,” 44% said it was “Fair,” 36% reported it was “Good,” and 15% reported their knowledge of the causes and prevention of suicide to be “Excellent” (See Figure 2).

5. In their role as a citizen (non-professional life) 45 (55%) of the respondents suspected and/or intercepted a suicidal communication, or saw one or more warning signs of suicide.

6. Training needs: a) 100% of the respondents indicated they believed persons in positions comparable to theirs should be educated in suicide risk detection, initial assessment and
referral skills; b) 91% indicated that this education should be provided in seminary training; (c) 68% of this group indicated continuing education on suicide prevention should be required.

7. Of those in need of training, a) 73% indicated they would be willing to participate in training to learn more about suicide and its prevention and, (b) 47% of the said they would commit to 3 hours or more per year in suicide prevention training.

8. When asked to rate their preferred format in which they would like to receive training in suicide prevention the respondents rated the four options in the following manner:
   1st Preference: In-vivo professional seminar or presentation (60%)
   2nd Preference: Multi-media online tutorial and in-vivo review/Q&A
   3rd Preference: Multi-media online tutorial
   4th Preference: Read-only print text.

9. 90% of the respondents believe they should be included in national and state efforts to reduce suicide attempts and completions.

Figure 1:

If you did attempt an intervention, please indicate how competent you felt handling the crisis.
Overall, I would rate my knowledge of the causes and prevention of suicide as:

- Poor: 5%
- Fair: 44%
- Good: 36%
- Excellent: 15%

* The QPR Institute, Inc. Website: [www.qprinstitute.com](http://www.qprinstitute.com)
  
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