

An Introduction on Survey of Attitudes toward Suicide and its Utilization

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Although sociocultural differences exist, there are three stages related to suicide, which can be classified as suicidal thoughts, suicide attempts, and suicide (Sadock, 2009). In light of this, suicide prevention programs in most countries have been designed around these phases. They can be summarized as improving awareness, "gatekeepers," managing suicide attempters, limiting access to suicide tools, and advisories on media reporting standards on suicide. Of course, suicidal thoughts do not necessarily lead to suicides, but it has been reported that groups with more suicidal thoughts or intentions show higher suicide risks (Stefansson, Nordström, & Jokinen, 2012). Stein et al. (1998) and Urska et al. (2010) reported that an accepting attitude toward suicide tend to contribute to suicide ideation and a suicide rate. According to Kim et al. (2008), attitudes towards suicide were associated with suicidal thoughts. Therefore, it can be suggested that attitudes toward suicide have an overall effect on suicidal thoughts, attempts, and actual suicide. And various efforts to change attitude about suicide will be first step for suicide prevention. For example, Kim & Jung (2011) reported that spreading of resistant messages is effective against positive attitudes towards suicide for suicide attempters. In this respect, it will be important to survey the attitudes toward suicide and utilize the result of survey to campaigns, awareness education for suicide prevention.

SURVEY TOOLS FOR ATTITUDE TOWARDS SUICIDE

Although there are various tools for surveying attitudes toward suicide, there are three tools used by many countries (Kodaka, Poštuvan, Inagaki, & Yamada, 2011):

SOQ (Suicide Opinion Questionnaire)

This is a scale, developed by Domino et al. (1982), is a detailed survey instrument measuring factors such as religion, ethics, and risks associated with suicide. However, because it comprises approximately 100 items, it can present time-related difficulties in larger scale studies.

SUIATT (Suicide Attitude Questionnaire)

This was developed by Diekstra et al. (1988) taking a detailed survey of emotional, cognitive, and instrumental attitudes toward suicide. However, this comprises approximately 133 items, which also presents time-related difficulties in large scale studies.

ATTS (Attitude toward Suicide)

This was developed in 1986 but was revised in 2003 by Renberg et al. The first version, with 20 items, was about attitudes toward suicide by others, but was later revised to 37 items to include attitude toward one's own suicide. It is relatively a short questionnaire, which makes it easy to use in a variety of studies. However, it presents difficulties in obtaining detailed results.

Utilization of the Survey on Attitudes toward Suicide

Aldrich & Cerel (2009) claimed that it is hard to find study results used in suicide prevention education, awareness campaigns, and media content. Moreover, according to Kim (2011), most of previous researches on suicide have been related to factors that are virtually impossible for direct intervention or involvement. It is difficult to apply these variables to programs in actual work settings. Because demographic characteristics, medical and socioeconomic factors are useful for identifying high-risk group, but not for organizing the contents of actual program in community settings. However, surveys of attitudes toward suicide may be alternatives to provide contents. According to report recently published in Korea (Ahn, Park, Jee, & Kim, 2014), the results from surveys on attitudes toward suicide for policy application, along with core content of awareness and demographic distributions, can be presented and used in promotion and campaigns for suicide prevention.

Surveys of attitudes toward suicide can be viewed as necessary to present evidence and directions for awareness improvement programs for basic suicide prevention. Therefore, to establish evidence-based suicide prevention awareness programs and policies, studies on attitudes toward suicide that fit each country's situation should be conducted. Efforts to utilize and reflect those results in actual policies and programs should be taken.

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