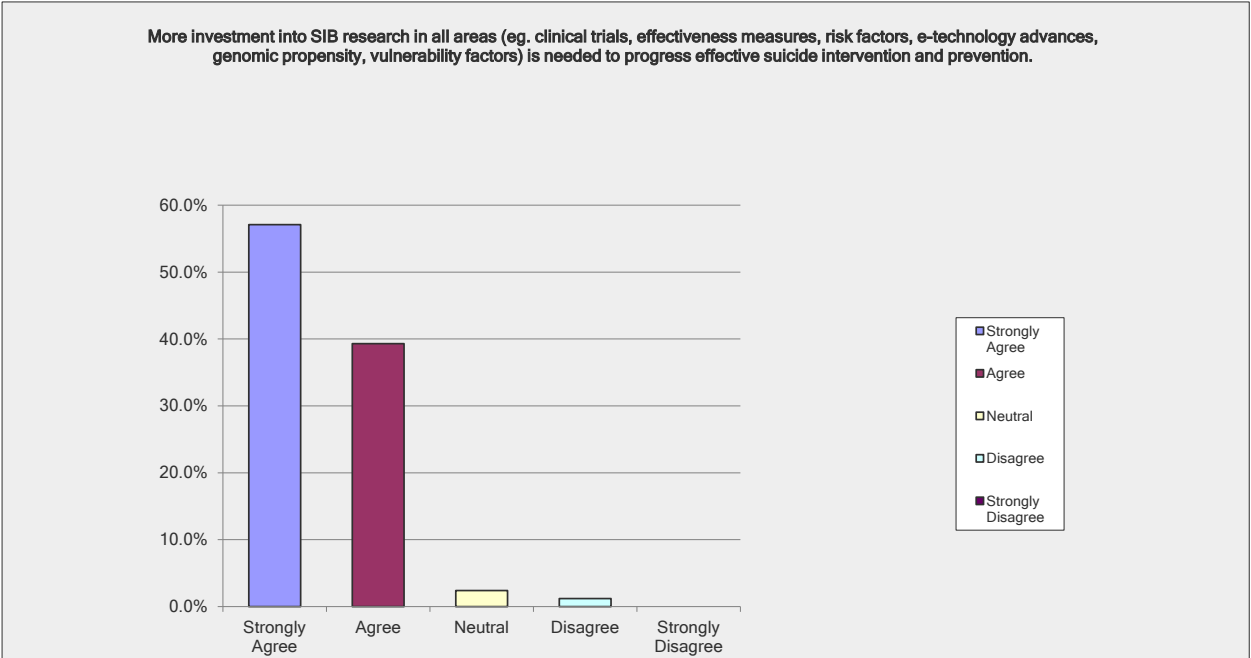


SIB Consensus Pre-meeting Survey: Policy and Education

Recipients 128
 Responded 87
 Unresponded 41
 % Responded 68%

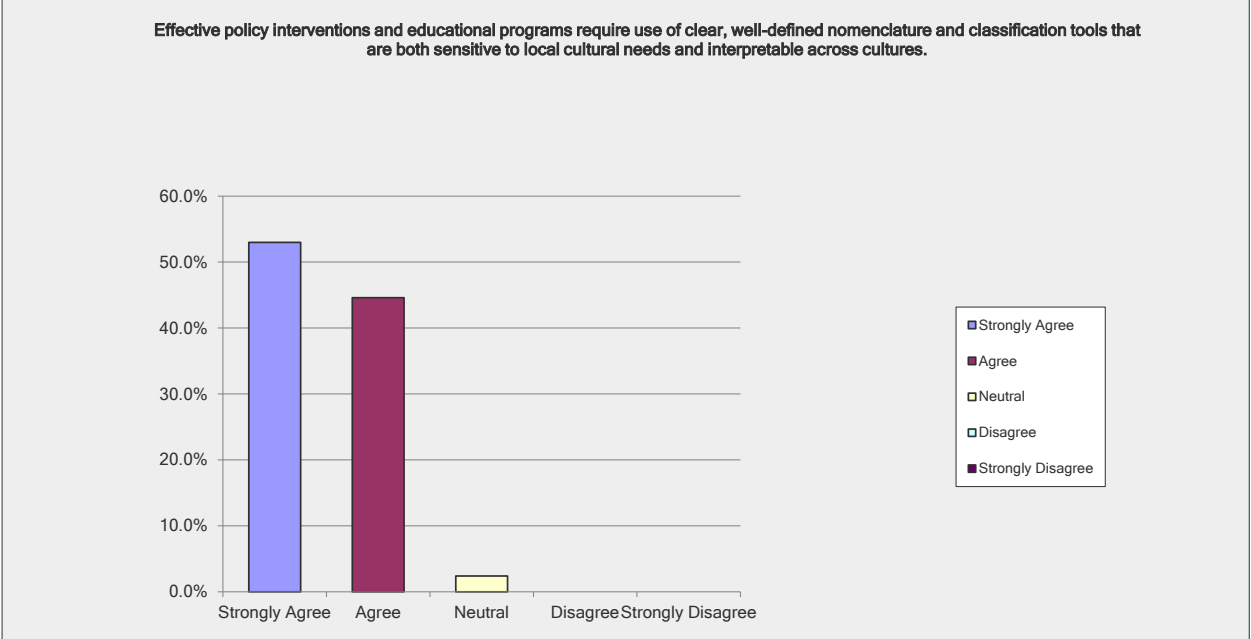
Q1. More investment into SIB research in all areas (eg. clinical trials, effectiveness measures, risk factors, e-technology advances, genomic propensity, vulnerability factors) is needed to progress effective suicide intervention and prevention.

Answer Options	Response Percent	Response Count
Strongly Agree	57.1%	48
Agree	39.3%	33
Neutral	2.4%	2
Disagree	1.2%	1
Strongly Disagree	0.0%	0
<i>answered question</i>		84
<i>skipped question</i>		3



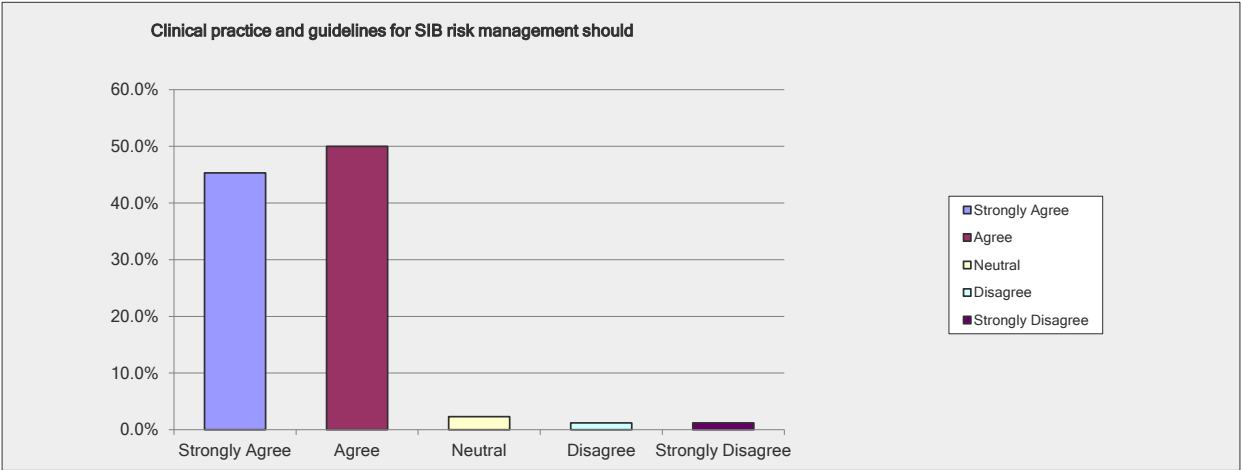
Q2. Effective policy interventions and educational programs require use of clear, well-defined nomenclature and classification tools that are both sensitive to local cultural needs and interpretable across cultures.

Answer Options	Response Percent	Response Count
Strongly Agree	53.0%	44
Agree	44.6%	37
Neutral	2.4%	2
Disagree	0.0%	0
Strongly Disagree	0.0%	0
<i>answered question</i>		83
<i>skipped question</i>		4



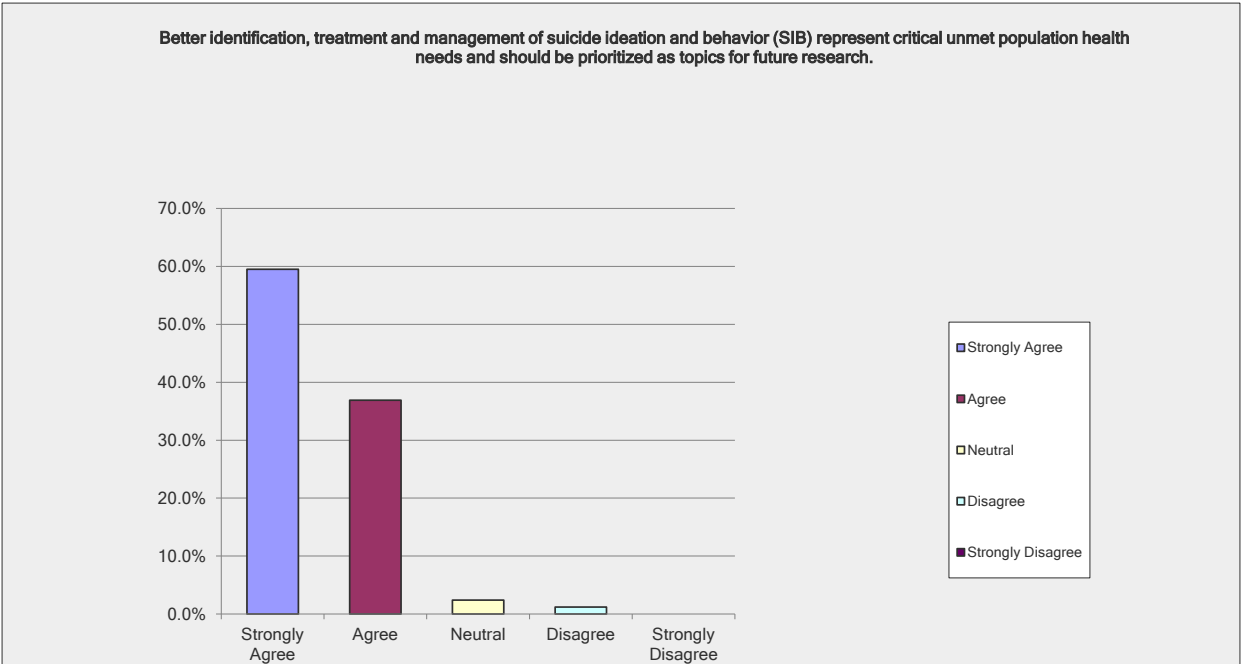
Q3. Clinical practice and guidelines for SIB risk management should be guided by research evidence. In the absence of such evidence, practice and guidelines should be empirically sound [have adequate face validity] and based on input of relevant experts, data from pilot studies, etc. and be evaluated after implementation.

Answer Options	Response Percent	Response Count
Strongly Agree	45.3%	39
Agree	50.0%	43
Neutral	2.3%	2
Disagree	1.2%	1
Strongly Disagree	1.2%	1
<i>answered question</i>		86
<i>skipped question</i>		1



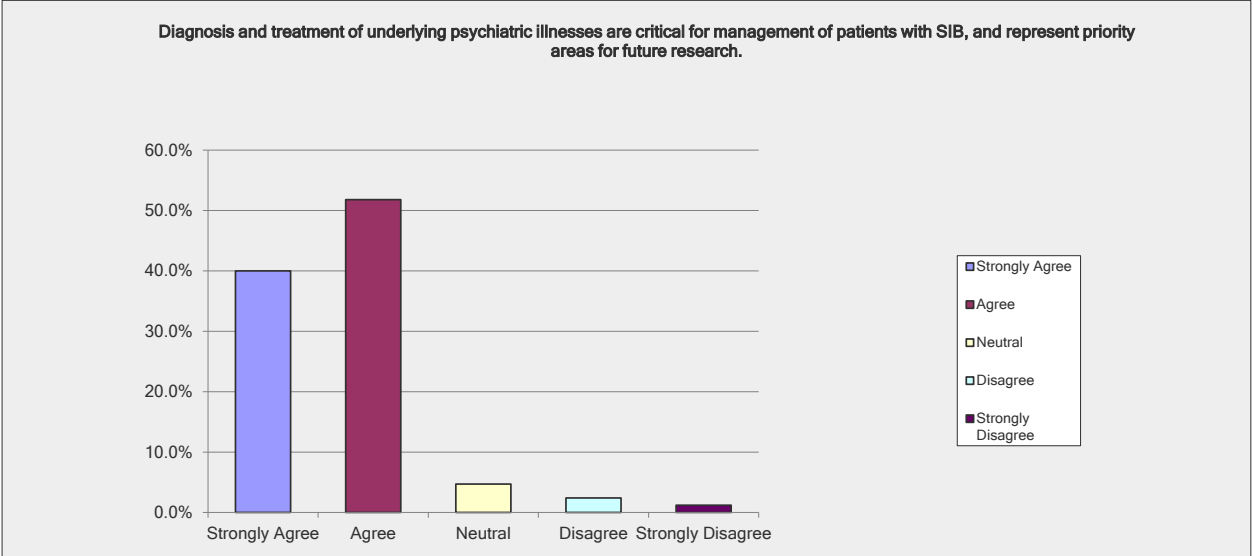
Q4. Better identification, treatment and management of suicide ideation and behavior (SIB) represent critical unmet population health needs and should be prioritized as topics for future research.

Answer Options	Response Percent	Response Count
Strongly Agree	59.5%	50
Agree	36.9%	31
Neutral	2.4%	2
Disagree	1.2%	1
Strongly Disagree	0.0%	0
<i>answered question</i>		84
<i>skipped question</i>		3



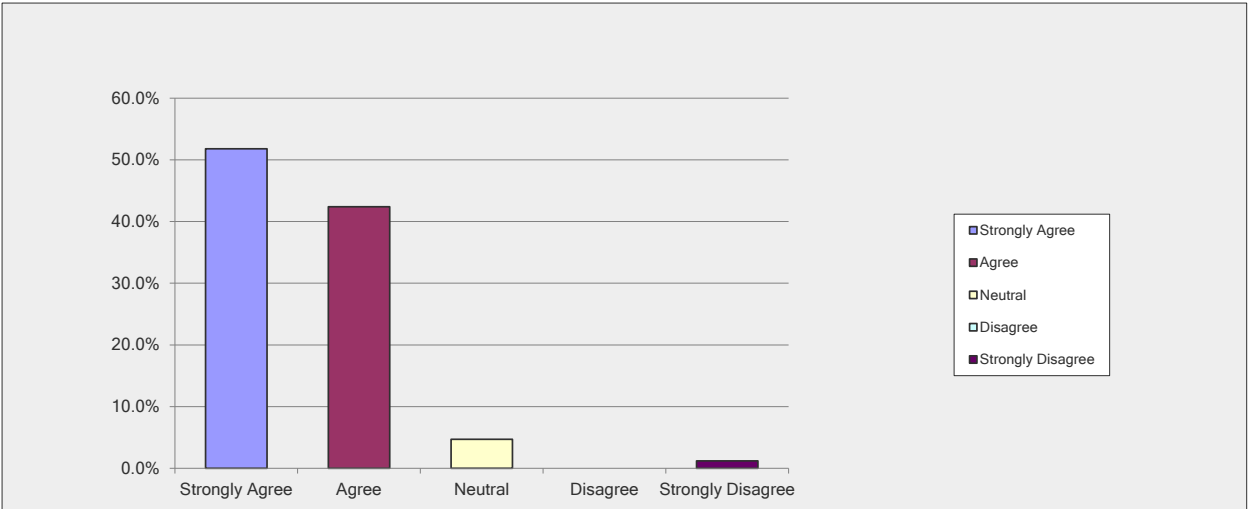
Q5. Diagnosis and treatment of underlying psychiatric illnesses are critical for management of patients with SIB, and represent priority areas for future research.

Answer Options	Response Percent	Response Count
Strongly Agree	40.0%	34
Agree	51.8%	44
Neutral	4.7%	4
Disagree	2.4%	2
Strongly Disagree	1.2%	1
<i>answered question</i>		85
<i>skipped question</i>		2



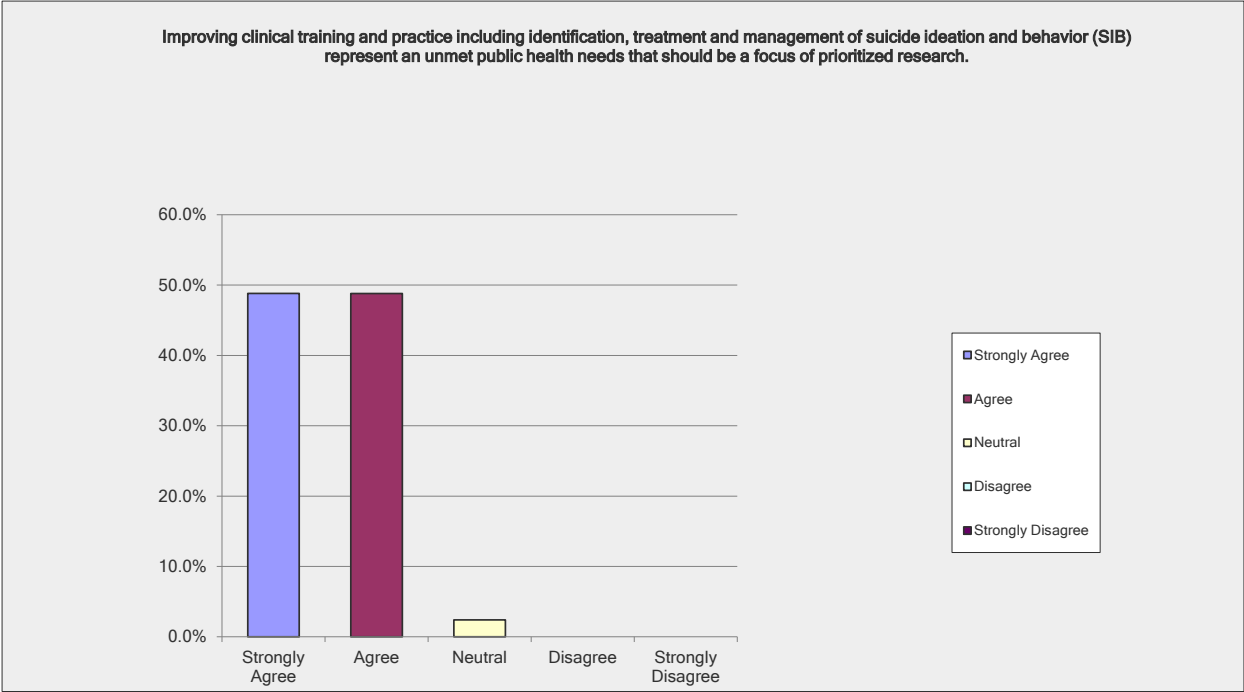
Q6. Better approaches are needed to identify individuals at imminent and long-term risk for suicide. Research to address this need should be tailored to specific at-risk groups (e.g., geriatric patients, adolescents, incarcerated patients, immigrants, veterans).

Answer Options	Response Percent	Response Count
Strongly Agree	51.8%	44
Agree	42.4%	36
Neutral	4.7%	4
Disagree	0.0%	0
Strongly Disagree	1.2%	1
<i>answered question</i>		85
<i>skipped question</i>		2



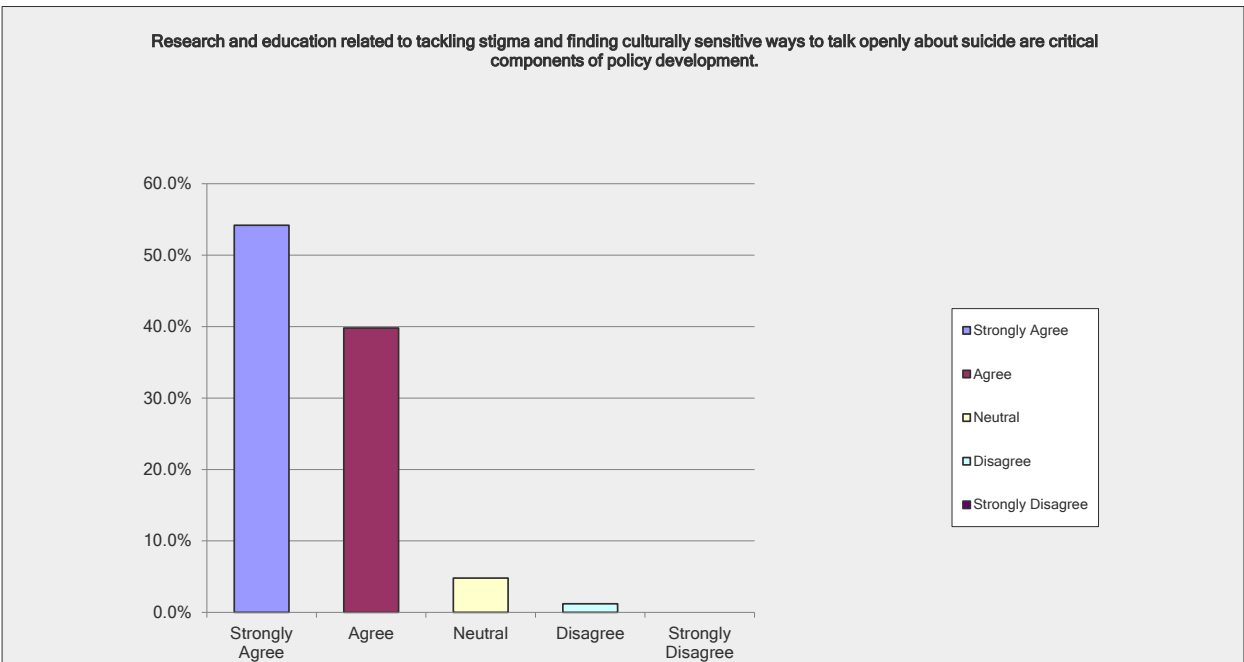
Q7. Improving clinical training and practice including identification, treatment and management of suicide ideation and behavior (SIB) represent an unmet public health needs that should be a focus of prioritized research.

Answer Options	Response Percent	Response Count
Strongly Agree	48.8%	41
Agree	48.8%	41
Neutral	2.4%	2
Disagree	0.0%	0
Strongly Disagree	0.0%	0
answered question		84
skipped question		3



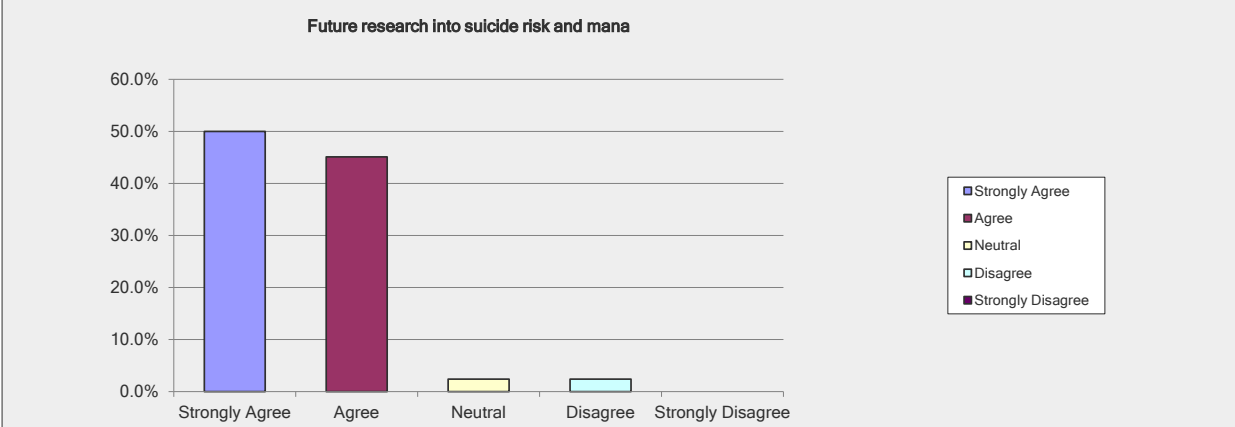
Q8. Research and education related to tackling stigma and finding culturally sensitive ways to talk openly about suicide are critical components of policy development.

Answer Options	Response Percent	Response Count
Strongly Agree	54.2%	45
Agree	39.8%	33
Neutral	4.8%	4
Disagree	1.2%	1
Strongly Disagree	0.0%	0
answered question		83
skipped question		4



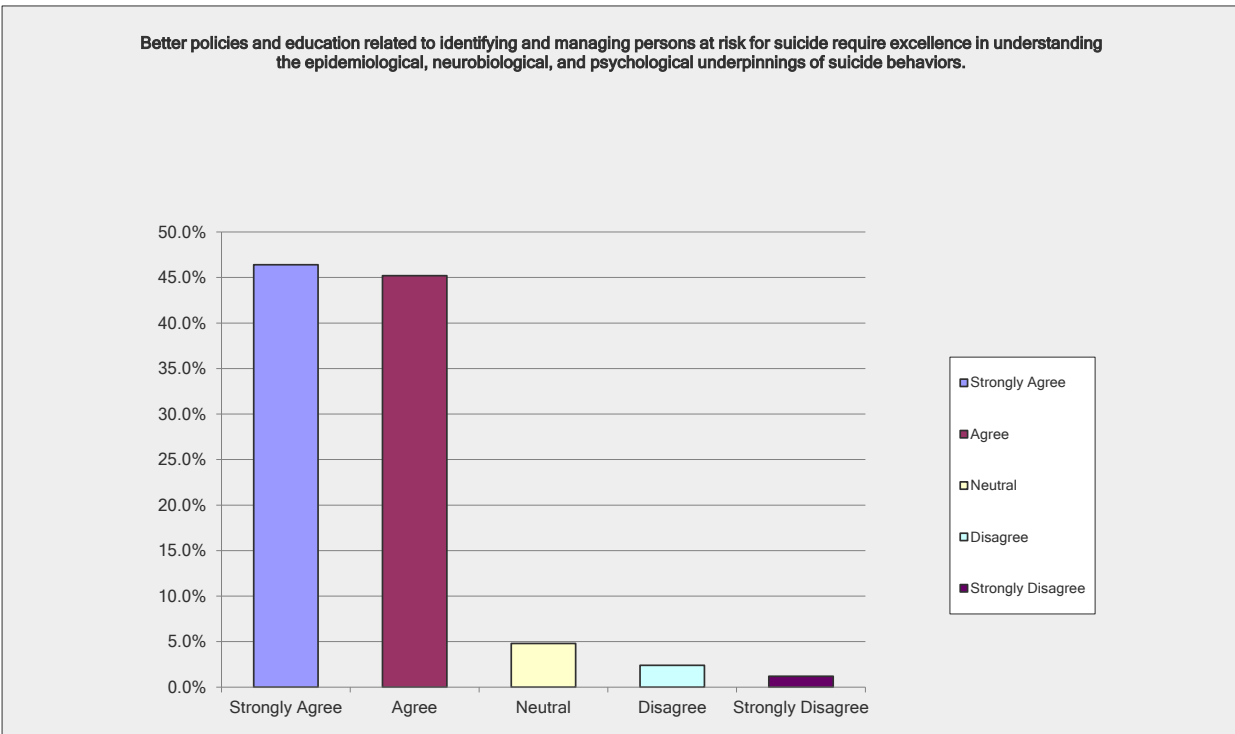
Q9.Future research into suicide risk and management should involve population health stakeholders from diverse disciplines including health care, education, advocacy, community representation and other relevant groups to support development and implementation of effective evidence-based SIB policies.

Answer Options	Response Percent	Response Count
Strongly Agree	50.0%	41
Agree	45.1%	37
Neutral	2.4%	2
Disagree	2.4%	2
Strongly Disagree	0.0%	0
answered question		82
skipped question		5



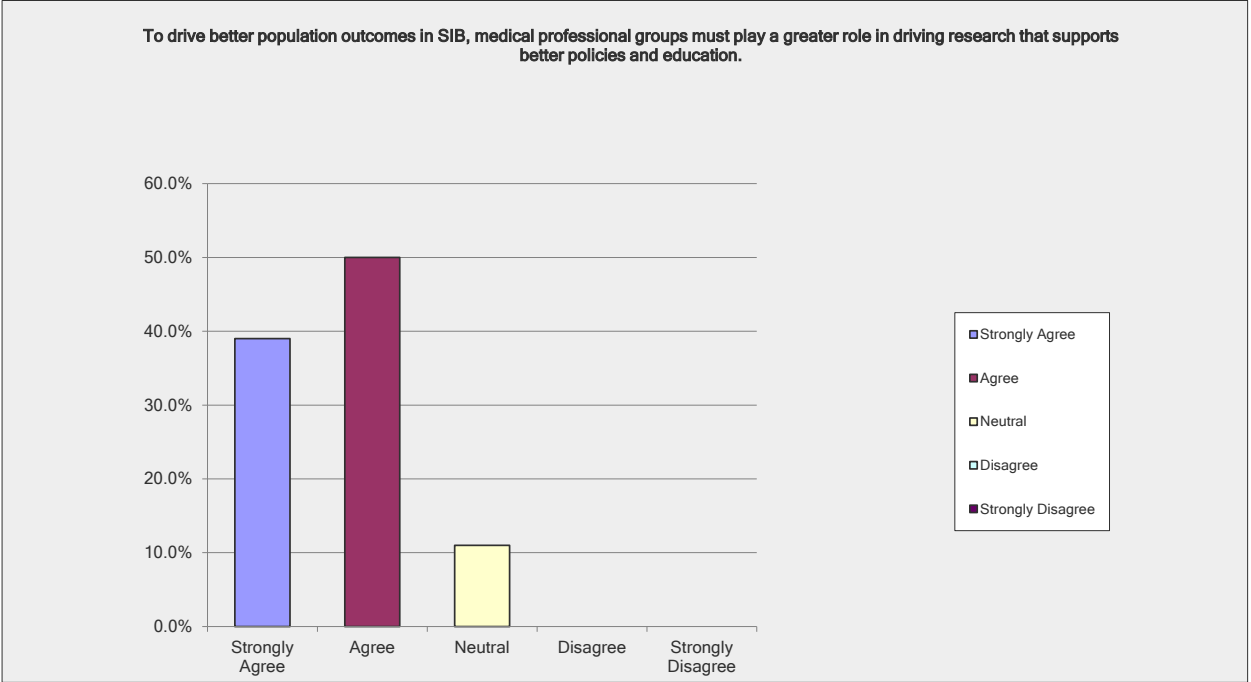
Q10.Better policies and education related to identifying and managing persons at risk for suicide require excellence in understanding the epidemiological, neurobiological, and psychological underpinnings of suicide behaviors.

Answer Options	Response Percent	Response Count
Strongly Agree	46.4%	39
Agree	45.2%	38
Neutral	4.8%	4
Disagree	2.4%	2
Strongly Disagree	1.2%	1
answered question		84
skipped question		3



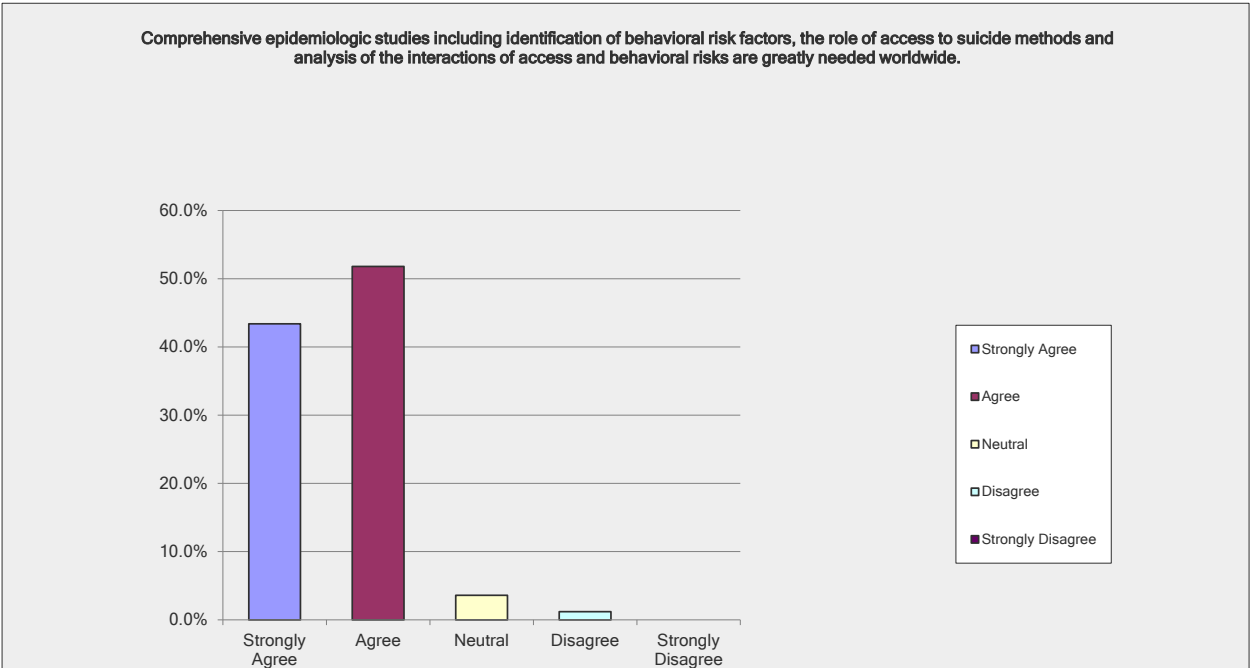
Q11.To drive better population outcomes in SIB, medical professional groups must play a greater role in driving research that supports better policies and education.

Answer Options	Response Percent	Response Count
Strongly Agree	39.0%	32
Agree	50.0%	41
Neutral	11.0%	9
Disagree	0.0%	0
Strongly Disagree	0.0%	0
<i>answered question</i>		82
<i>skipped question</i>		5



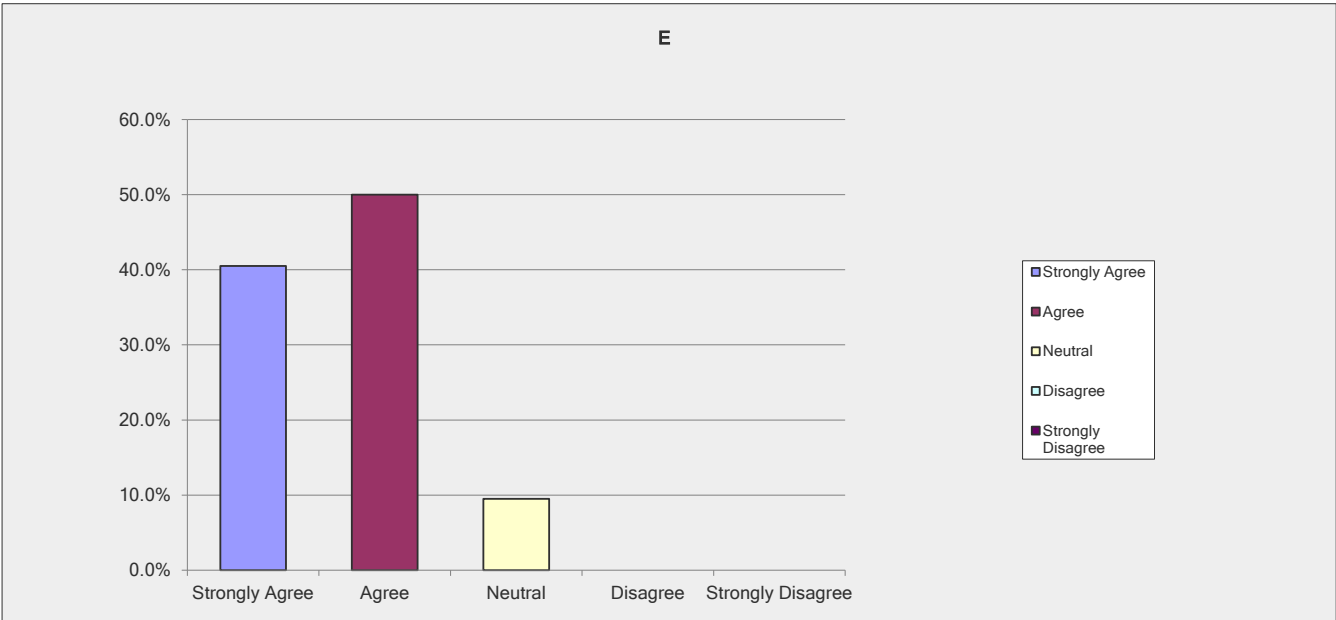
Q12.Comprehensive epidemiologic studies including identification of behavioral risk factors, the role of access to suicide methods and analysis of the interactions of access and behavioral risks are greatly needed worldwide.

Answer Options	Response Percent	Response Count
Strongly Agree	43.4%	36
Agree	51.8%	43
Neutral	3.6%	3
Disagree	1.2%	1
Strongly Disagree	0.0%	0
<i>answered question</i>		83
<i>skipped question</i>		4



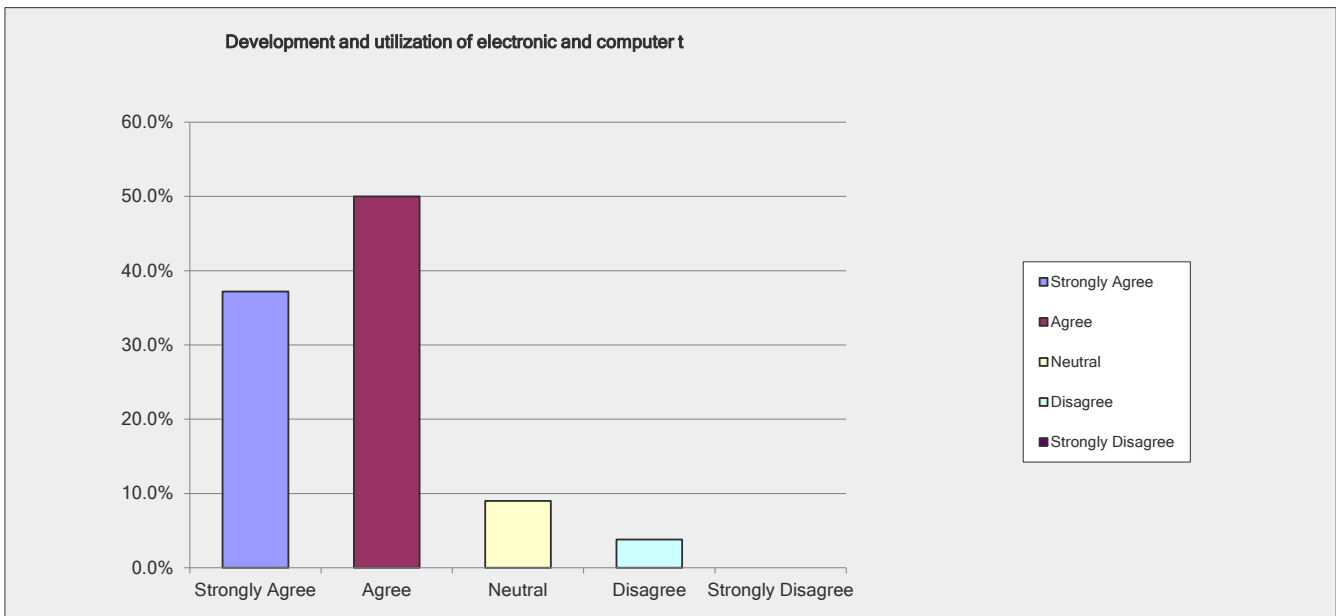
Q13.Existing organizations, populations and institutions (i.e. schools, correctional facilities, hospitals, workplaces, eldercare facilities and others) may have special programmatic needs, and may be sites for specialized interventions, education and research.

Answer Options	Response Percent	Response Count
Strongly Agree	40.5%	34
Agree	50.0%	42
Neutral	9.5%	8
Disagree	0.0%	0
Strongly Disagree	0.0%	0
<i>answered question</i>		84
<i>skipped question</i>		3



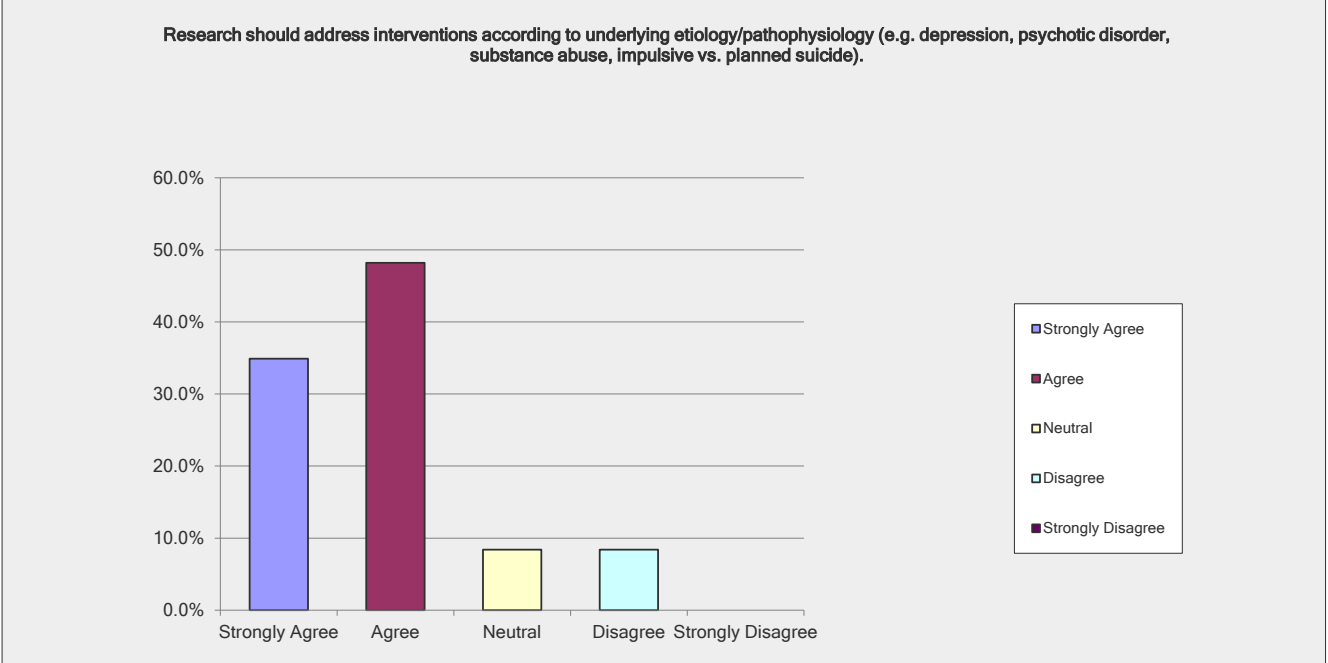
Q14.Development and utilization of electronic and computer technologies - including complex analyses of multi-sectoral data, intraoperable electronic medical records, mobile health applications and other technologies - should be employed to support research for population-level assessments and interventions in SIB.

Answer Options	Response Percent	Response Count
Strongly Agree	37.2%	29
Agree	50.0%	39
Neutral	9.0%	7
Disagree	3.8%	3
Strongly Disagree	0.0%	0
<i>answered question</i>		78
<i>skipped question</i>		9



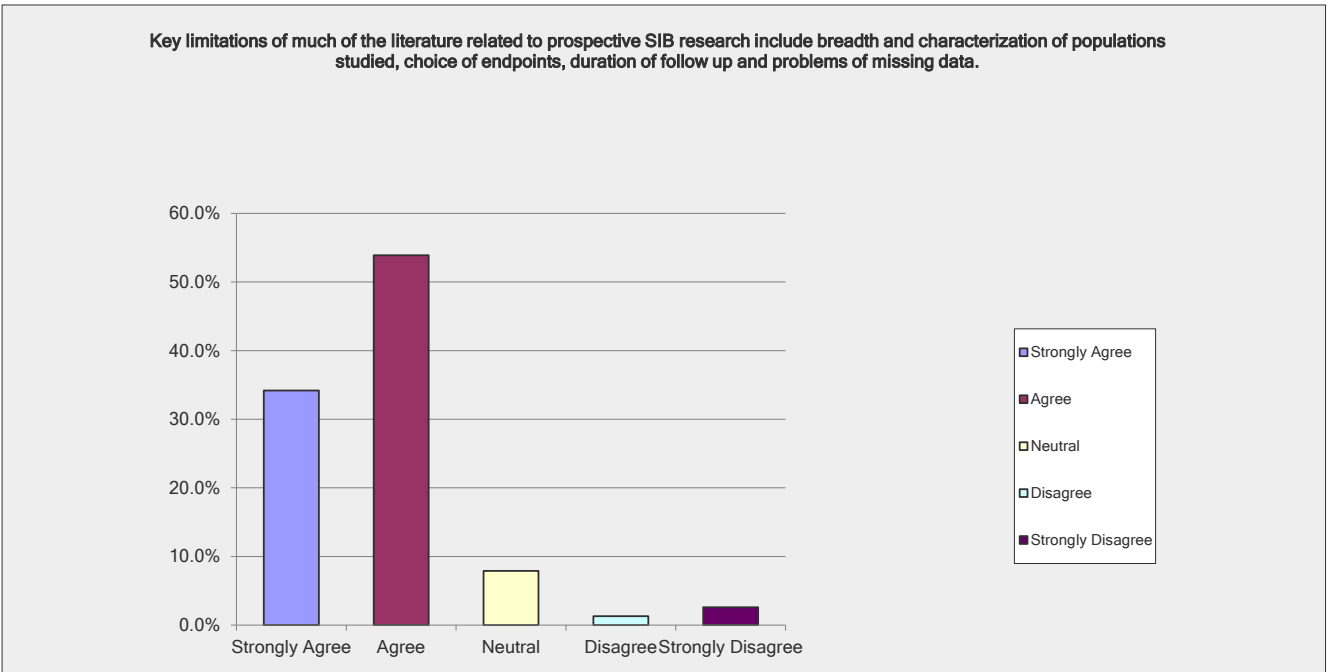
Q15. Research should address interventions according to underlying etiology/pathophysiology (e.g. depression, psychotic disorder, substance abuse, impulsive vs. planned suicide).

Answer Options	Response Percent	Response Count
Strongly Agree	34.9%	29
Agree	48.2%	40
Neutral	8.4%	7
Disagree	8.4%	7
Strongly Disagree	0.0%	0
<i>answered question</i>		83
<i>skipped question</i>		4



Q16. Key limitations of much of the literature related to prospective SIB research include breadth and characterization of populations studied, choice of endpoints, duration of follow up and problems of missing data.

Answer Options	Response Percent	Response Count
Strongly Agree	34.2%	26
Agree	53.9%	41
Neutral	7.9%	6
Disagree	1.3%	1
Strongly Disagree	2.6%	2
<i>answered question</i>		76
<i>skipped question</i>		11



SIB Consensus Pre-meeting Survey: Policy and Education

Q17.A priority for suicide research is to better define the factors that provoke the transition from suicide ideation to suicide behavior.

Answer Options	Response Percent	Response Count
Strongly Agree	42.9%	36
Agree	47.6%	40
Neutral	6.0%	5
Disagree	3.6%	3
Strongly Disagree	0.0%	0
answered question		84
skipped question		3

