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Developing Culturally Sensitive Suicide Prevention Programs for Medical Professionals in Indonesia

Ni Made Nova Indriyani[1*], Mischa Chantal Adella[2], Patricia Wulandari[1], Despian Januandri[3]

[1]Department of Psychiatry, CMHC Research Center, Palembang, Indonesia

[2]Department of Forensic and Medicolegal, Phlox Institute, Palembang, Indonesia

[3]Department of Neurology, Phlox Institute, Palembang, Indonesia

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***Corresponding author:**
Ni Made Nova Indriyani

E-mail address:
nimadenovaindriyani@gmail.com

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A B S T R A C T

Introduction: Medical professionals in Indonesia experience high levels of stress, increasing their risk for mental health problems and suicidal behavior. Culturally appropriate suicide prevention programs are critical to address this issue. This study aimed to develop and evaluate the feasibility and acceptability of a culturally adapted suicide prevention program for Indonesian medical professionals. **Methods:** This mixed-methods study had two phases. Phase 1 involved program development, adapting an existing evidence-based suicide prevention program using a Delphi method with Indonesian mental health experts (n=10) and cultural consultants (n=5). Phase 2 comprised a pilot implementation of the program with 30 medical professionals. Quantitative data on program feasibility (attendance, completion rates) and acceptability (satisfaction surveys, qualitative feedback) were collected and analyzed. **Results:** The Delphi method resulted in a culturally adapted program incorporating Indonesian values related to collectivism, family support, religious beliefs, and stigma associated with mental health. Pilot implementation showed high attendance (87%) and program completion rates (93%). Participants expressed high satisfaction with the program's content, cultural relevance, and delivery format. Qualitative feedback emphasized the importance of peer support, spiritual integration, and addressing workplace stressors. **Conclusion:** This study provides preliminary evidence for the feasibility and acceptability of a culturally sensitive suicide prevention program for Indonesian medical professionals. Further research is needed to evaluate the program's effectiveness in reducing suicidal ideation and behavior.

1. Introduction

Suicide is a complex and devastating public health issue with far-reaching societal implications. It represents a significant cause of mortality worldwide, and its impact extends beyond the individual to families, communities, and healthcare systems. While suicide affects individuals across diverse backgrounds, certain populations, including medical professionals, are recognized as being at heightened risk. This vulnerability stems from a confluence of factors, including exposure to human suffering, demanding work schedules, high-pressure environments, and the emotional burden associated with patient care. Indonesia, a rapidly developing nation in Southeast Asia, faces a growing concern regarding the mental health and well-being of its medical professionals. Studies have documented elevated levels of stress, burnout, depression, and anxiety among Indonesian doctors and nurses, highlighting the urgent need for effective mental health support and suicide prevention initiatives. The demanding nature of medical practice, coupled with systemic challenges such as long working hours, limited resources, and hierarchical structures within the healthcare system, contribute to this heightened risk.[1-3]

Furthermore, cultural factors play a crucial role in shaping attitudes towards mental health, help-seeking behaviors, and suicide in Indonesia. The Indonesian culture, deeply rooted in collectivism, places a strong emphasis on family and community ties, often prioritizing the needs of the group over the individual. While this collectivist orientation can provide social support, it can also contribute to the stigma surrounding mental health issues and discourage individuals from seeking professional help. Religious beliefs also exert a significant influence on perceptions of suicide in Indonesia. The majority of the population adheres to Islam, which considers suicide a sin. This religious perspective can further contribute to stigma and hinder open discussions about suicide prevention. Additionally, traditional beliefs and practices related to mental health, such as seeking help from spiritual healers or relying on family support, may coexist with formal mental healthcare services.[4-6]

Recognizing the complex interplay of individual, professional, and cultural factors contributing to suicide risk among Indonesian medical professionals, the development and implementation of culturally sensitive suicide prevention programs becomes paramount. Culturally adapted interventions are essential to ensure that programs are acceptable, engaging, and effective in addressing the specific needs and beliefs of the target population. Such programs should consider the cultural nuances surrounding mental health, help-seeking behaviors, and suicide, while also incorporating evidence-based strategies for suicide prevention. Existing suicide prevention programs often originate from Western contexts and may not be directly applicable to the Indonesian cultural landscape. Direct translation or implementation of these programs without considering cultural nuances may lead to limited effectiveness and poor engagement. Therefore, a crucial step in developing culturally sensitive interventions is the adaptation of existing evidence-based programs to align with the specific cultural context of the target population.[7-10] This study aimed to address the critical need for culturally sensitive suicide prevention programs for medical professionals in Indonesia. The study focused on adapting an existing evidence-based program, the Question, Persuade, Refer (QPR) program, to the Indonesian cultural context. QPR is a widely used gatekeeper training program that equips individuals with the knowledge and skills to recognize warning signs of suicide, offer hope, and encourage help-seeking. Its concise and practical approach has demonstrated effectiveness in various settings, making it a suitable candidate for cultural adaptation.

2. Methods

This study employed a mixed-methods approach, integrating both quantitative and qualitative data collection and analysis techniques to comprehensively investigate the development, feasibility, and acceptability of a culturally adapted suicide prevention program for Indonesian medical professionals. The study was conducted in two distinct phases: program development and pilot implementation. This section provides a detailed description of the methodology employed in each phase, including participant recruitment, data collection procedures, and data analysis techniques.

The primary objective of Phase 1 was to adapt an existing evidence-based suicide prevention program to the Indonesian cultural context. The program selected for adaptation was the Question, Persuade, Refer (QPR) program, a widely recognized and utilized gatekeeper training program. QPR's effectiveness in various settings and its concise, practical approach made it a suitable candidate for cultural adaptation. The choice of the QPR program was based on several factors; Evidence-based foundation: QPR is supported by a robust body of research demonstrating its effectiveness in increasing gatekeepers' knowledge, skills, and confidence in recognizing and responding to individuals at risk of suicide; Gatekeeper training focus: QPR's focus on gatekeeper training aligns with the study's aim of equipping medical professionals with the skills to identify and support colleagues who may be experiencing suicidal thoughts or behaviors; Concise and practical approach: QPR's brevity and

straightforward approach make it feasible to implement within the time constraints of busy medical professionals; Adaptability: QPR's core principles are universally applicable, while its content can be tailored to specific cultural contexts. To ensure the cultural relevance and acceptability of the adapted program, a Delphi method was employed. The Delphi method is a structured communication technique that systematically gathers expert opinions through a series of iterative questionnaires or interviews. This method is particularly valuable in situations where consensus is sought on a complex topic, such as cultural adaptation. A panel of 15 experts was recruited for the Delphi process, comprising; Mental health experts (n=10): Psychiatrists, psychologists, and mental health nurses with expertise in suicide prevention and experience working with Indonesian medical professionals; Cultural consultants (n=5): Anthropologists, sociologists, and cultural experts with in-depth knowledge of Indonesian culture and its influence on mental health and suicide. Experts were identified and recruited through professional organizations, universities, and healthcare institutions. Selection criteria included; Professional qualifications and experience: Possessing relevant academic qualifications and at least five years of experience in their respective fields; Familiarity with Indonesian culture: Demonstrated understanding of Indonesian cultural values, beliefs, and practices related to mental health and suicide; Willingness to participate: Commitment to actively engage in the Delphi process and provide thoughtful feedback. The Delphi process consisted of three rounds of online questionnaires administered through a secure platform; Round 1: Experts were provided with the original QPR program materials and a set of open-ended questions exploring their perspectives on the program's cultural relevance, potential challenges in adapting it to the Indonesian context, and suggestions for modifications; Round 2: Responses from Round 1 were analyzed using thematic analysis to identify key themes and areas of consensus and disagreement. A second questionnaire was developed, presenting these themes as statements and asking experts to rate their level of agreement on a Likert scale (1=strongly disagree, 5=strongly agree); Round 3: The results from Round 2 were analyzed to determine the level of consensus on each statement. Statements with at least 80% agreement were considered consensus points and incorporated into the program adaptation. A third questionnaire presented the revised program materials, incorporating the agreed-upon modifications, and sought final feedback from the experts. The Delphi process focused on identifying and addressing key cultural factors relevant to suicide prevention among Indonesian medical professionals. These factors included; Collectivism: Emphasizing the importance of social support and connectedness within the Indonesian context, encouraging help-seeking from family and colleagues; Family support: Highlighting the role of family in suicide prevention and encouraging participants to involve family members in seeking help and providing support; Religious beliefs: Acknowledging the influence of religious beliefs on attitudes towards suicide and incorporating spiritual coping strategies, such as seeking guidance from religious leaders or engaging in prayer; Stigma: Addressing the stigma associated with mental health and suicide in Indonesian society, promoting open communication, and encouraging help-seeking behavior; Communication styles: Adapting the language and communication style to be culturally appropriate and sensitive, considering the hierarchical nature of Indonesian society and the importance of respect and politeness; Help-seeking behaviors: Recognizing potential barriers to help-seeking, such as shame, fear of judgment, and concerns about confidentiality, and providing information about available resources and support services.

The culturally adapted suicide prevention program was pilot tested with a group of 30 medical professionals working in various healthcare settings in Jakarta, Indonesia. This phase aimed to evaluate the feasibility and acceptability of the adapted program in a real-world setting. Participants were recruited

through professional organizations, such as the Indonesian Medical Association and the Indonesian National Nurses Association, and healthcare institutions, including hospitals and clinics, in Jakarta. Inclusion criteria were; Medical professional: Licensed physician, nurse, or other healthcare provider actively involved in patient care; Working in Jakarta: Employed in a healthcare setting in Jakarta, Indonesia; Willingness to participate: Voluntary participation in the program and completion of all study procedures. Recruitment efforts included; Disseminating information: Distributing flyers and brochures about the program through professional organizations and healthcare institutions; Online advertising: Posting information about the program on relevant websites and social media platforms; Personal invitations: Contacting potential participants directly through email or phone. The culturally adapted suicide prevention program was delivered in a workshop format over two half-day sessions (totaling 6 hours) held on consecutive weekends. The workshop was facilitated by two trained mental health professionals with expertise in suicide prevention and experience working with Indonesian medical professionals. The workshop was conducted in Bahasa Indonesia, the national language of Indonesia. The workshop incorporated a variety of interactive activities designed to engage participants and facilitate learning. These activities included; Presentations: Providing information about suicide risk factors, warning signs, and intervention strategies, tailored to the Indonesian context; Group discussions: Facilitating open discussions about mental health, suicide, and cultural perspectives, encouraging participants to share their experiences and perspectives; Role-playing exercises: Providing opportunities for participants to practice using QPR skills in scenarios, receiving feedback from facilitators and peers; Resource sharing: Providing information about available mental health resources and support services in Indonesia, including crisis hotlines, counseling services, and online support groups.

Data on program feasibility and acceptability were collected through various methods; Attendance records: Monitoring attendance at both program sessions to assess program feasibility; Program completion rates: Tracking the number of participants who completed all program activities, including attending both sessions and completing all assigned exercises; Satisfaction surveys: Administering satisfaction surveys to participants after completing the program, using Likert scales to assess their satisfaction with various aspects of the program, including content, cultural relevance, delivery format, and facilitator effectiveness; Qualitative feedback: Collecting qualitative feedback through open-ended questions on the satisfaction surveys and focus group discussions conducted after the program. These questions explored participants' experiences with the program, perceived benefits, suggestions for improvement, and overall impressions. Quantitative data were analyzed using descriptive statistics; Attendance rates: Calculated as the percentage of participants who attended both program sessions; Program completion rates: Calculated as the percentage of participants who completed all program activities; Satisfaction surveys: Likert scale responses were summarized using means and standard deviations. Qualitative data from open-ended survey questions and focus group discussions were analyzed using thematic analysis. This involved the following steps; Familiarization with the data: Researchers carefully read and reviewed all transcripts and written responses to gain a comprehensive understanding of the data; Generating initial codes: Identifying and labeling meaningful segments of the data with concise codes that capture the essence of the information; Searching for themes: Grouping codes into broader themes that represent recurring patterns and ideas across the data; Reviewing themes: Examining the themes in relation to the coded extracts and the entire data set to ensure they accurately reflect the participants' perspectives; Defining and naming themes: Clearly defining and labeling each theme with a descriptive name that captures its core meaning;

Producing the report: Presenting the themes and supporting quotes in a clear and concise manner, highlighting key findings and their implications.

3. Results

Table 1 details the specific cultural adaptations made to the original QPR program to enhance its relevance and acceptability for Indonesian medical professionals. These adaptations were informed by the expert consensus gathered through the Delphi method, ensuring that the program aligns with Indonesian cultural values and norms; Questioning Techniques: The original QPR program encourages direct questioning about suicide ("Are you thinking about suicide?"). However, in the Indonesian context, such directness can be perceived as rude or intrusive. The adapted program incorporates indirect questioning techniques, using softer language and acknowledging cultural sensitivities around direct confrontation. For instance, instead of directly asking about suicide, facilitators are encouraged to use phrases like, "I've noticed you seem burdened lately. Have you had thoughts of not wanting to be here anymore?" This adaptation aims to create a safe and comfortable space for individuals to open up about their suicidal thoughts without feeling pressured or judged; Persuasion Strategies: While the original QPR emphasizes persuading the individual to seek help, the adapted program expands this to include the importance of seeking help from family, friends, and respected community figures (e.g., religious leaders) in addition to mental health professionals. This adaptation recognizes the strong influence of collectivism and social networks in Indonesian culture. By involving family and community figures, the program aims to enhance help-seeking behavior and reduce stigma associated with seeking professional help for mental health concerns; Referral Resources: The adapted program provides a list of culturally relevant resources, including mental health professionals, religious counselors, and community support groups. This adaptation recognizes that access to mental health services can be challenging in Indonesia, and offering a range of culturally acceptable resources can increase the likelihood of individuals seeking help. Additionally, the program includes information on traditional healing practices, acknowledging that many Indonesians may seek help from traditional healers or spiritual advisors; Program Materials: All program materials were translated into Bahasa Indonesia to ensure language accessibility and comprehension for participants. The adapted program also includes culturally relevant images and scenarios to enhance understanding and engagement. This adaptation recognizes the importance of cultural representation and aims to make the program more relatable and meaningful for Indonesian medical professionals; Training Delivery: The original QPR program is often delivered in a didactic format. However, the adapted program incorporates interactive activities, group discussions, and role-playing exercises to promote active learning and peer support. This adaptation aligns with the Indonesian cultural preference for interactive and collaborative learning methods. It also provides opportunities for participants to practice using QPR skills in a safe and supportive environment; Content Focus: The adapted program expands the content to address the impact of cultural expectations, stigma, and workplace stressors on mental health. This adaptation recognizes the broader sociocultural context in which Indonesian medical professionals operate and aims to provide a more comprehensive understanding of suicide risk factors. By addressing these specific challenges, the program aims to equip participants with the knowledge and skills to navigate these complexities and support their colleagues effectively. The table also shows the high level of expert consensus (80% or higher) on all cultural adaptations. This indicates strong agreement among the mental health experts and cultural consultants regarding the relevance and importance of these adaptations for the Indonesian context. The high consensus further strengthens the validity and credibility of the adapted program.

Table 1. Cultural adaptations to the QPR suicide prevention program.

Original QPR component	Culturally adapted component	Rationale for adaptation	Expert consensus (%)
Question: Ask directly about suicide.	**Question: Incorporate indirect questioning techniques, acknowledging cultural sensitivities around direct confrontation. Use phrases like, "I've noticed you seem burdened lately. Have you had thoughts of not wanting to be here anymore?"**	Direct questioning about suicide may be perceived as rude or intrusive in Indonesian culture. Indirect approaches are more culturally appropriate and may encourage open communication.	93%
Persuade: Persuade the person to seek help.	**Persuade: Emphasize the importance of seeking help from family, friends, and respected community figures (e.g., religious leaders) in addition to mental health professionals. Highlight the value of collective support and "gotong royong" (mutual cooperation).**	Indonesians often rely on their social networks for support. Involving family and community figures can enhance help-seeking behavior and reduce stigma.	87%
Refer: Refer the person to appropriate resources.	**Refer: Provide a list of culturally relevant resources, including mental health professionals, religious counselors, and community support groups. Include information on traditional healing practices if appropriate.**	Accessing mental health services may be challenging in Indonesia. Offering a range of culturally acceptable resources can increase the likelihood of individuals seeking help.	100%
Program Materials: Use standard QPR training materials.	**Program Materials: Translate all materials into Bahasa Indonesia. Include culturally relevant images and scenarios.**	Language accessibility is crucial for program effectiveness. Culturally relevant visuals and examples can enhance understanding and engagement.	100%
Training Delivery: Deliver training in a didactic format.	**Training Delivery: Incorporate interactive activities, group discussions, and role-playing exercises to promote active learning and peer support.**	Interactive learning methods are more engaging and culturally appropriate in Indonesia, where group interaction and collaboration are valued.	80%
Content Focus: Focus primarily on individual risk factors and warning signs.	**Content Focus: Expand the content to address the impact of cultural expectations, stigma, and workplace stressors on mental health.**	Acknowledging the broader sociocultural context is crucial for understanding and addressing suicide risk among Indonesian medical professionals.	93%

Table 2 presents the key findings from the pilot implementation and evaluation of the culturally adapted QPR suicide prevention program for Indonesian medical professionals. The table provides data on participant characteristics, program feasibility, and program acceptability, offering valuable insights into the program's initial implementation and potential for broader dissemination; Participants: The pilot study included 30 medical professionals working in Jakarta, Indonesia. The sample comprised physicians (33%), nurses (50%), and midwives (17%), reflecting a diverse representation of healthcare professionals. This diversity is crucial for assessing the program's applicability across different professional roles within the healthcare system; Feasibility: The high attendance rate of 87% (26 out of 30 participants attending both sessions) indicates that the program was feasible to implement within the busy schedules of medical professionals. This suggests that the program's format, duration, and scheduling were conducive to participation. The program completion rate of 93% (24 out of 26 attendees completing all program activities) further supports the program's feasibility. This high completion rate suggests that the program's content and delivery were engaging and relevant, motivating participants to actively participate and complete all components; Acceptability (Quantitative): The mean satisfaction score of 4.6 (on a 1-5 Likert scale) indicates that participants found the program content to be valuable, informative, and relevant to their needs. This suggests that the cultural adaptations made to the original QPR program were successful in making the content relatable and meaningful for Indonesian medical professionals. The mean satisfaction score of 4.5 reflects positive feedback on the program's delivery format, which incorporated interactive activities, group discussions, and role-playing exercises. This suggests that the interactive and collaborative learning approach was well-received by participants and contributed to their engagement and learning. The highest satisfaction score of 4.7 highlights the program's success in incorporating cultural elements relevant to the Indonesian context. This finding underscores the importance of cultural adaptation in ensuring program acceptability and resonates with the qualitative feedback emphasizing the program's cultural relevance and relatability; Acceptability (Qualitative): Qualitative feedback gathered through focus group discussions and open-ended questions provided further insights into participants' experiences and perceptions of the program. Participants appreciated the program's cultural sensitivity and its ability to address the specific challenges faced by Indonesian medical professionals. This reinforces the quantitative findings on satisfaction with cultural relevance and highlights the importance of tailoring programs to the cultural context of the target population. Participants valued the opportunity to connect with colleagues, share their experiences, and learn from each other. This finding emphasizes the importance of peer support in promoting mental health and well-being among medical professionals. The integration of spiritual coping strategies was well-received by participants, reflecting the significant role of religion and spirituality in Indonesian culture. This suggests that incorporating spiritual elements can enhance program acceptability and provide additional support for individuals struggling with suicidal thoughts. Participants emphasized the need to address workplace stressors, such as long working hours, heavy workloads, and limited resources, which contribute to mental health challenges. This feedback highlights the importance of organizational-level interventions to promote workplace wellness and reduce the risk of suicide among medical professionals.

Table 2. Pilot implementation and evaluation results.

Measure	Result
Participants	
- Total recruited	30
- Physicians	10 (33%)
- Nurses	15 (50%)
- Midwives	5 (17%)
Feasibility	
- Attendance rate	26/30 (87%)
- Program completion rate	24/26 (93%)
Acceptability (Quantitative)	
- Satisfaction with program content (1-5 Likert scale)	Mean = 4.6; SD = 0.7
- Satisfaction with delivery format (1-5 Likert scale)	Mean = 4.5; SD = 0.8
- Satisfaction with cultural relevance (1-5 Likert scale)	Mean = 4.7; SD = 0.6
Acceptability (Qualitative)	**Key Themes**
- Focus Group Discussions & Open-ended Questions	- Cultural relevance and relatability - Value of peer support and shared experiences - Appreciation for spiritual integration - Need to address workplace stressors

4. Discussion

The pilot study's impressive attendance and completion rates strongly indicate that the culturally adapted suicide prevention program is indeed feasible for Indonesian medical professionals, despite their demanding schedules. Achieving an 87% attendance rate across both sessions of a suicide prevention program for medical professionals is indeed a remarkable accomplishment. This level of engagement speaks volumes about the program's ability to overcome the significant hurdles that often hinder participation in continuing education and training initiatives within the healthcare sector. Medical professionals are renowned for their demanding schedules, often characterized by long work hours, unpredictable shifts, and the constant pressure to prioritize patient care. Finding time for personal commitments, let alone additional training, can be a constant struggle. Offering the program outside of peak clinical hours, such as evenings or weekends, likely increased accessibility for participants. Additionally, utilizing a blended learning approach with online modules could have provided flexibility for individuals to complete portions of the training at their own pace and convenience. Keeping the program concise and focused, while still delivering comprehensive content, likely played a role in encouraging participation. Medical professionals are more likely to commit to training that respects their time constraints and offers a high return on investment in terms of knowledge and skills gained. Collaborating with participating healthcare institutions to ensure minimal disruption to clinical workflows could have further facilitated attendance. This might involve offering the program during less busy periods or providing coverage for participants' clinical duties while they attend the training. Beyond logistical considerations, the high attendance rate also reflects the perceived relevance and value of the program among medical professionals. There is increasing recognition of the mental health challenges faced by medical professionals, including burnout, depression, and suicide risk. This growing awareness likely motivated individuals to seek out training that could equip them with the knowledge and skills to address these issues within their professional sphere.

The program's focus on suicide prevention likely resonated with participants' desire to support their colleagues and contribute to a culture of well-being within their workplace. By providing practical skills and strategies for recognizing and responding to suicide risk, the program empowered participants to make a difference in the lives of their peers. While the program primarily focused on supporting others, it likely also provided opportunities for self-reflection and personal growth. Learning about suicide prevention can prompt individuals to examine their own mental health and well-being, potentially leading to increased self-awareness and help-seeking behavior. The high attendance rate also suggests a supportive institutional environment within the participating healthcare institutions. Strong support from institutional leaders, including hospital administrators and department heads, likely played a crucial role in encouraging participation. When leaders prioritize mental health and suicide prevention, it sends a powerful message to staff about the importance of these issues. Providing protected time for employees to attend the training demonstrates a commitment to investing in their well-being and professional development. This removes a significant barrier to participation and allows individuals to focus on the training without feeling pressured by competing clinical demands. Integrating the suicide prevention program with existing mental health and wellness initiatives within the healthcare institutions could have further enhanced its perceived value and encouraged participation. This demonstrates a holistic approach to supporting employee well-being and creates a culture where mental health is prioritized. The high completion rate of 93% observed in this pilot study is a remarkable achievement, indicating that the culturally adapted suicide prevention program not only attracted participants but also effectively maintained their engagement and motivation throughout the training. This success can be attributed to a multifaceted approach that prioritized engaging content and delivery, cultural relevance, and a supportive learning environment. Traditional didactic lectures, while sometimes necessary, can often fail to capture and maintain learners' attention, particularly in a busy and demanding professional context like healthcare. Incorporating activities such as group discussions, brainstorming sessions, and quizzes encouraged participants to actively participate in the learning process, promoting deeper understanding and critical thinking. Role-playing exercises provided opportunities for participants to practice applying the skills and knowledge learned in the program to real-life scenarios. This hands-on approach not only enhances learning but also builds confidence in recognizing and responding to suicide risk. Utilizing real-life case studies of medical professionals who have experienced suicidal thoughts or behaviors likely created a powerful connection with participants. These case studies not only illustrate the relevance of the program's content but also humanize the issue of suicide and reduce stigma. Incorporating multimedia resources, such as videos, animations, and interactive online modules, could have further enhanced engagement and catered to diverse learning styles. Adapting the program to the Indonesian context went beyond simply translating the materials into Bahasa Indonesia. Using culturally appropriate language and tone in all program materials, including written handouts, presentations, and facilitator communication, fostered a sense of familiarity and respect. Incorporating visuals and imagery that reflect Indonesian culture and values enhanced the program's relatability and created a sense of connection for participants. Utilizing scenarios and examples that are relevant to the Indonesian healthcare context further enhanced the program's applicability and meaningfulness for participants. Addressing cultural nuances related to mental health, help-seeking behavior, and suicide ensured that the program was sensitive to participants' beliefs and values, promoting a safe and comfortable learning environment. Creating a supportive and non-judgmental learning environment is crucial for fostering open communication and encouraging participants to fully engage with the program,

particularly when addressing sensitive topics like suicide. Skilled facilitators who possess both expertise in suicide prevention and cultural sensitivity likely played a key role in creating a safe and supportive space. Their ability to build rapport, actively listen, and respond with empathy encouraged participants to share their thoughts and concerns without fear of judgment. Utilizing small group discussions and activities fostered a sense of community and peer support, allowing participants to connect with colleagues, share experiences, and learn from each other. Emphasizing confidentiality and establishing clear guidelines for respectful communication created a sense of trust and safety, encouraging participants to openly discuss their thoughts and feelings related to suicide. Providing positive reinforcement and encouragement throughout the program likely boosted participants' confidence and motivation, contributing to their willingness to complete the training. In this study, the quantitative data on attendance and completion rates provide a compelling snapshot of the program's feasibility. However, these numbers alone cannot fully capture the nuances of participant experiences and perceptions. This is where the qualitative feedback becomes invaluable, adding depth and richness to the understanding of the program's impact. The convergence of these two data sources paints a comprehensive and compelling picture of the program's success in terms of both feasibility and acceptability. The high attendance and completion rates serve as a strong foundation for establishing the program's feasibility. These objective measures demonstrate that the program was able to overcome the logistical and motivational barriers that often hinder participation in continuing education initiatives for busy medical professionals. The 87% attendance rate suggests that the program was accessible to participants, both in terms of scheduling and format. This indicates that the program designers effectively considered the time constraints and competing demands faced by medical professionals, offering convenient options and minimizing disruption to their workflows. The 93% completion rate further strengthens the case for feasibility, demonstrating that the program was not only accessible but also engaging enough to motivate participants to fully participate and finish all components. This suggests that the content and delivery were well-received and perceived as valuable by the participants. While the quantitative data provides a valuable overview, the qualitative feedback delves deeper into the participants' experiences, providing insights into their perceptions, motivations, and overall satisfaction with the program. The qualitative feedback consistently echoed the quantitative findings, with participants expressing strong satisfaction with the program's content, format, and cultural relevance. This convergence strengthens the validity of both data sources and provides a more holistic understanding of the program's success. The qualitative data also sheds light on the underlying mechanisms that contributed to the program's high attendance and completion rates. Participants' comments highlight the program's ability to resonate with their cultural values, address their specific needs, and create a safe and supportive learning environment. These factors likely played a crucial role in motivating participants to engage with the program and complete all components. The qualitative data captures the nuances of participants' experiences that cannot be fully captured by quantitative measures alone. Participants' personal stories, reflections, and suggestions for improvement provide valuable insights that can inform future program development and implementation. The convergence of quantitative and qualitative data underscores the critical role of cultural adaptation in ensuring program success. By incorporating Indonesian values related to collectivism, family support, religious beliefs, and stigma, the program was able to create a culturally resonant and meaningful learning experience. The qualitative feedback highlights the program's ability to foster a sense of trust and rapport between participants and facilitators. This likely stemmed from the program's sensitivity to cultural nuances and its respect for participants' values and beliefs. This trust and rapport created a safe and comfortable space for

open dialogue and learning. The program's cultural relevance likely played a key role in maintaining participant engagement and motivation. By incorporating culturally familiar scenarios, examples, and language, the program made the learning process more meaningful and applicable to participants' lives. This enhanced relevance likely contributed to the high completion rate and positive feedback. Addressing cultural sensitivities and potential stigma surrounding mental health likely encouraged participation and created a safe space for open dialogue. By acknowledging and respecting cultural norms, the program was able to reduce barriers to participation and foster a more inclusive learning environment.[11-15]

The success of this pilot implementation powerfully illustrates the critical role of cultural adaptation in developing and delivering effective suicide prevention programs. By thoughtfully considering and integrating key cultural nuances into the program's design and delivery, the researchers were able to create an intervention that resonated with Indonesian medical professionals, fostered trust and engagement, and ultimately enhanced its potential for impact. The original QPR program advocates for a direct approach to questioning individuals about suicide, such as asking, "Are you thinking about suicide?" While this directness may be effective in some cultural contexts, it can be perceived as intrusive or even disrespectful in Indonesian society, where indirect communication is often preferred. Adapting the program to incorporate indirect questioning techniques demonstrates a deep respect for Indonesian cultural norms and values. This sensitivity fosters a sense of safety and trust, allowing participants to engage with the topic of suicide more comfortably and openly. By using softer language and avoiding direct confrontation, the adapted program encourages open communication and reduces the risk of participants feeling judged or pressured. This creates a more conducive environment for individuals to share their thoughts and concerns about suicide without fear of stigma or negative repercussions. Instead of directly asking about suicide, facilitators might use phrases like, "I've noticed you seem burdened lately. Have you had thoughts of not wanting to be here anymore?" This indirect approach allows individuals to disclose their suicidal thoughts at their own pace and in a way that feels culturally appropriate. Indonesian culture places a strong emphasis on collectivism, family ties, and community support. Recognizing this, the adapted program emphasized the role of social support networks in suicide prevention. Encouraging participants to seek help from family, friends, and respected community figures, in addition to mental health professionals, aligns with the cultural preference for collective coping strategies. This approach leverages the existing support systems within Indonesian society to enhance help-seeking behavior. By normalizing help-seeking within the context of social networks, the program helps to reduce the stigma associated with seeking professional help for mental health concerns. This is particularly important in a culture where mental illness may be stigmatized or misunderstood. The program might include modules on how to effectively communicate with family members or friends about suicidal thoughts, or how to involve religious leaders or community elders in providing support. Religion and spirituality play a significant role in Indonesian society, influencing individuals' beliefs, values, and coping mechanisms. The adapted program acknowledged this by integrating spiritual coping strategies into the training. Incorporating spiritual coping strategies, such as seeking guidance from religious leaders or engaging in prayer, provides culturally relevant avenues for seeking support and coping with distress. This acknowledges the potential influence of religious beliefs on attitudes towards suicide and offers alternative pathways to healing. While the majority of Indonesians are Muslim, the program also respected the diversity of religious beliefs within the country. It encouraged participants to explore spiritual coping strategies that align with their own faith traditions. The program might include a module on how to integrate spiritual practices with evidence-based suicide prevention strategies, or how to access support from religious leaders or faith-based

organizations. The program explicitly addressed the workplace stressors that contribute to mental health challenges and suicide risk among Indonesian medical professionals. This is particularly crucial in a context where long working hours, heavy workloads, and limited resources are prevalent. By acknowledging these systemic challenges, the program validates participants' experiences and reduces feelings of isolation or blame. This creates a more supportive learning environment where individuals feel understood and empowered to seek help. The program equipped participants with practical strategies for managing stress, building resilience, and seeking support when needed. This empowers individuals to prioritize their mental well-being and navigate the challenges of their profession. The program might include modules on stress management techniques, time management skills, or how to advocate for workplace changes that promote mental health and well-being.[16-20]

5. Conclusion

This study provides compelling evidence for the feasibility and acceptability of a culturally adapted suicide prevention program for Indonesian medical professionals. The adapted program, grounded in the QPR model and refined through a Delphi method with local experts, demonstrated high engagement and satisfaction among participants. This success underscores the critical importance of culturally tailoring interventions to address the unique needs and challenges faced by specific populations. The findings highlight the value of incorporating culturally relevant elements, such as indirect questioning techniques, emphasis on social support networks, integration of spiritual coping strategies, and addressing workplace stressors. While further research is needed to evaluate the program's long-term impact on suicidal ideation and behavior, this study offers a promising step towards creating a more supportive and suicide-safe environment for medical professionals in Indonesia. By disseminating and implementing this culturally sensitive intervention, we can contribute to strengthening suicide prevention efforts within the Indonesian healthcare system and beyond.

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