HSE National Office for Suicide Prevention

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Research to support Dublin Simon Community's response to client Suicidality and Self-harm incidents

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Connecting for Life

PROJECT TITLE

Research to support Dublin Simon Community's response to client Suicidality and Self-harm incidents

KEY MESSAGES

- There is a high incidence of suicidality and self-harm presentations amongst clients of homeless services, and organisations like Dublin Simon Community have implemented a range of measures to address this.
- Based on an analysis of almost six hundred incidents over a three-year period and in-depth focus group discussions with frontline staff, the research identified a number of ways the existing measures could be further developed and enhanced.
- Important elements of this include capacity-building for frontline service staff, improved access to and inter-working with mental health services (in-house and external), and further development and leveraging of incident tracking systems.
- A key area for attention is to work with frontline services and staff to identify workable approaches to balancing risk-management imperatives with the aim of achieving optimal mental health outcomes for clients presenting with suicidality and/or self-harm.
- Homeless persons are a high-risk priority group in national suicide prevention policy, and homeless organisations need increased support for the resource-intensive work required to develop and operate effective approaches in this area.

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CONTEXT AND BACKGROUND

Similar to other countries, Irish research has found high levels of depression, self-harm and attempted suicide amongst homeless persons (O'Reilly et al, 2015; Barrett et al, 2018; Arensman et al, 2014). This is also apparent amongst Dublin Simon Community's homeless clients, with almost 200 serious incidents of suicidality and/or self-harm reported annually across its 30-plus accommodation and treatment services. These services have a throughput of about 2,000 persons per year, implying a crude incidence rate of almost 10,000 per 100,000 persons per year.

To address this, the organisation's framework for preventing and responding to suicidality and self-harm has been evolving over the years and comprises a number of elements. These include services and interventions provided by a dedicated mental health counselling team (Sure Steps), training for frontline staff, and incident reporting systems to support organisational risk-management processes.

Staff in frontline services play a key role in responding to client presentations of suicidality and self-harm. Aspects of this may include staff talking with the client to provide supports and try to de-escalate the situation, call-out of emergency services, in-house risk management procedures (safe plans, regular checking on clients), engagement with Sure Steps, and follow-up/aftercare within the local service.

In addition to basic training around suicidality such as provided by SafeTalk and ASIST, the organization has been looking at ways to further develop staff knowledge and skills in this area. For example, Sure Steps prepared guidance materials based on the Collaborative Assessment and Management of Suicidality (CAMS) model and have trained some frontline staff in this.

AIM/OBJECTIVE(S)

The project aimed to support further development of the organization's approach to prevention and response to suicidality and self-harm amongst its clients through a programme of research and engagement with key stakeholders. Specific objectives were to:

- Develop a better understanding of client suicidality/self-harm incidents presenting in frontline services.
- Explore how staff in these services respond to such incidents.
- Examine whether and how the current guidance and supports for staff in this area could be further developed.

METHODOLOGY

The project applied an action research approach. This involved a programme of research, discussion of emerging results with relevant organisational functions and senior management, and co-production of an action plan to address issues and opportunities identified in the research. For the research component, a mixed methods approach combined quantitative and qualitative data gathering and analysis. Key data sources included secondary analysis of organisational incident report datasets and direct research with frontline staff.

The analysis of incident reports covered almost six hundred incidents over a three-year period (2018-2020). Direct research with frontline staff involved a total of 30 staff over the course of the project, including a main exercise through a series of 5 in-depth focus groups with staff from across a range of frontline services and shifts (15 staff in total).

RESULTS

Findings from the two core strands of the research

Analysis of frontline incident reports

- There were 587 reported incidents involving suicidality or self-harm over the three-year period, averaging 196 incidents per year; just under two-thirds (63.6%) involved suicidality and the remainder involved self-harm.
- Frontline services called an ambulance, Gardai, or both for just over two-fifths (42.7%) of incidents, with this ranging from 28.9% to 72.0% across services.
- Services also varied considerably in implementation of in-house risk management procedures such as safety check regimes and establishing safe plans with clients.
- Analysis of the client composition of reported incidents found that some clients present with just a once-off incident whereas others may present with a number of incidents over time; for example, in 2019, 101 unique clients were involved in the overall total of 202 incidents, comprising 67 clients with just one incident, 29 with between two and five incidents, and 5 clients with six or more incidents.
- Amongst clients presenting with more than one incident during the year, more than two-in-five (44.1%) had both suicidality and self-harm incidents, a slightly smaller proportion (41.1%) had suicidality incidents only, and the remainder (14.7%) had self-harm incidents only.
- Distribution of incidents over time also varied considerably; some clients presented with clusters of incidents over a relatively short timeframe (e.g. multiple incidents over a week or two) and others showed more episodic presentation over many months.

Focus groups

The focus groups provided rich insights into the day-to-day experiences of staff working with clients who present with suicidality or self-harm:

- Overall, staff reported being reasonably confident in their ability to respond appropriately to suicidality; more than three-quarters were at least fairly confident in their ability to manage incidents when they arise, talk with and support a client during an incident, and establish a safe plan with a client.
- Confidence was somewhat lower for assessing level of risk and deciding what to do during an incident (50% were only a little confident on this aspect); reflecting this, staff were particularly interested in further guidance on risk assessment and escalation protocols.
- Staff also noted that decisions on whether to call emergency services are influenced by the context (e.g. whether there are medical issues, availability of other staff on the shift) and by the relationship staff have with the client; more experienced staff may make different decisions than less experienced staff would, particularly if they know the client well.
- More generally, staff also expressed interest in further training or guidance on how to engage with clients expressing suicidality to de-escalate the situation and provide appropriate support; worked-examples addressing different scenarios and types of incidents would be very useful for this.

Conclusions

The research found a substantial investment of effort by the organisation to address client suicidality and self-harm. Some aspects of the current approach are working quite well but there is also considerable scope for further development and improvement. A key area for attention is to work with frontline services and staff to identify workable approaches to balancing risk-management imperatives with the aim of achieving optimal mental health outcomes for clients presenting with suicidality and/or self-harm.

RECOMMENDATIONS

Overall Recommendations

Homeless services need resourcing to support further development of their role in addressing suicidality and self-harm amongst their clients.

Policy

The high incidence of suicidality and self-harm amongst homeless persons requires commensurate attention in policy. This includes providing support for research and for development of effective service models/interventions, as well as recognizing the resource-intensive nature of the ongoing work by homeless services in this area and ensuring it is adequately funded.

Services and practitioners

HSE services

In Ireland, the bulk of the work in this area is currently left to the homeless services and would benefit from much more support and inter-working with HSE services. This includes well-functioning referral pathways to and from community mental health services, as well as clear pathways to appropriate emergency department services and continuing aftercare involvement by HSE services after attendance at an emergency department.

Homeless services and practitioners

Although Dublin Simon Community already has a range of measures addressing client suicidality and self-harm, results of the action research suggest a number of areas of action to further develop the approach.

Organization-wide risk management processes

- Organisational risk management frameworks are required to support consistency in the frontline service response to suicidality and self-harm presentations, but need to recognise the limitations of a one-size-fits-all approach and allow for local flexibility. An appropriate framework would aim to help services/staff with the complexities of balancing risk-management (e.g. through calling out the emergency services) with wider aims of achieving optimal mental health outcomes for clients.
- Incident monitoring systems can enable automated tracking of client incidents over time and how they are addressed, and support risk profiling to help target interventions where they are most needed.

Support and capacity-building for frontline services/staff

- Not all clients presenting with suicidality or self-harm will engage with either in-house or external mental health services, so it is important to develop the capacity of frontline services/staff in this area; for voluntary sector organisations, this will require access to public funding to support development and delivery of programmes.
- Capacity-building should extend beyond basic suicidality training (focusing on identification of risk and onward connection to services) to include training on ways to de-escalate situations and provide ongoing support for clients under different scenarios. The research found the approach adopted by staff is influenced by the relationship they have with the client, and this aspect should also be addressed in training.
- Training/capacity-building should be pitched at an appropriate level for the qualification/experience profile of staff in frontline services, and should also address self-care and emphasise the limits of responsibility for staff in this challenging area.
- Opportunities for staff to debrief after incidents should be provided, as well as aftercare supports for staff where required.

Homeless persons

- As a high-risk group, homeless persons should be targeted for education on mental health literacy and self-help skills, including how to keep safe if experiencing a suicidality or self-harm crisis; for voluntary sector organisations, this will require access to public funding to support development and delivery of programmes for clients.

BIBLIOGRAPHY

Arensman E, Ni Mhuircheartaigh E, and Corcoran P (2014)
Briefing: Self-Harm and Suicide among Homeless People.
Cork: National Suicide Research Foundation.

Barrett P, Griffin E, Corcoran P, O'Mahony M, and Arensman E (2018)
Self-harm among the homeless population in Ireland: a national registry-based study of incidence and associated factors.
Journal of Affective Disorders, Volume 229, 15 March 2018, Pages 523-531.

O'Reilly F, Barror S, Hannigan A et al. (2015)
Homelessness: An unhealthy state. Health status, risk behaviours and service utilisation among homeless people in two Irish cities.
Dublin: The Partnership for Health Equality.

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