

# Training for Emergency Healthcare Staff in the Cork & Kerry region in the Assessment and Management of suicidal behaviour: Preliminary outcomes

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# Background

- ❖ Presentations of suicidal behaviour or deliberate self harm (DSH) represent a large number of all emergency department (ED) visits (*Holdsworth et al., 2001, Suokas et al., 2009*).
- ❖ In 2011 the National Registry of Deliberate Self Harm recorded 12,216 DSH presentations to Irish ED's, involving 9,834 individuals. 20% of presentations were due to repeated DSH. This highlights the need for increased awareness of suicidal behaviour among emergency healthcare staff (EHS) and improved assessment procedures for DSH patients.
- ❖ There are well established associations between DSH, repeated DSH and suicide. These associations assert that a reduction in DSH can result in a reduction in repeated DSH and possibly eventual suicide.
- ❖ With the increasing rates of suicide and self harm, specific skills and understanding focused training for EHS is more important now than ever.

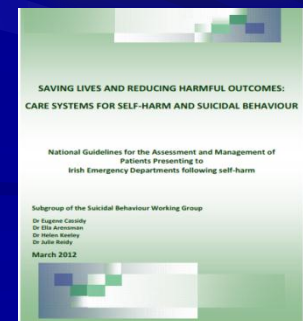
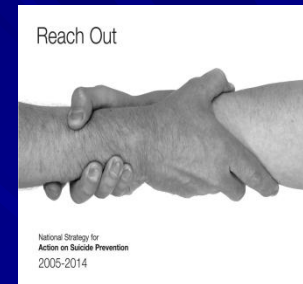
Suokas *et al.*, 2009, *Crisis*;Vol.30(3):161-165

Holdsworth *et al.*, 2001, *Journal of Psych & Ment. Health Nurs.*;Vol.8:449-458



# Background ctd.

- ❖ **Reach Out**, the National strategy for Action on Suicide Prevention 2005-2014 (HSE 2005) argues the need to “**develop and resource an effective response in the health services for people who present to services having engaged in self-harm**” (Action Area 12).
- ❖ The National Institute of Clinical Evidence (NICE, 2004) further asserts that all “**clinical and non-clinical staff who have contact with people who self-harm should be provided with appropriate training to equip them to understand and care for people who self-harm**”.
- ❖ Growing evidence for the effectiveness of DSH/suicide awareness training among clinical and non-clinical staff in improving knowledge and attitudes in relation to suicidal behaviour, confidence in working with self-harm patients, and reduced levels of self-harm and suicide (*Arensman et al., 2010*).



Cassidy *et al.*, 2012. National Guidelines for the Assessment and Management of Patients Presenting to Irish Emergency Departments following self-harm

# Background – Need for training of Emergency Healthcare Staff

- ❖ *“Dealing with patients who self-harm can hurt staff emotionally, simply because we feel there is NOTHING that we can do to improve their situations, we don’t know how to speak to patients” (Palmer et al, 2006; Saunders et al, 2011).*
- ❖ *“When you’ve got a department or ward take full of severe asthma, meningitis, septicaemia...etc, and then you’ve got a couple of young girls who have taken a cocktail of things... They cannot... with our current resources... be looked after in the same way...which I am not saying I am proud of feeling” (Doctor working paediatrics) (Anderson et al, 2003; Saunders et al, 2011).*

Palmer *et al.*, 2006, Better services for people who self-harm. Royal College of Psychiatrists, London

Anderson *et al.*, 2003, Journal of Nursing Studies. Vol.40(6), 587-597.

Saunders et al., 2011, Journal of Affective Disorders. Doi: 10.1016/j.jad.2011.08.024

# Methods-Training context

## *Training for Emergency Healthcare staff in the Cork and Kerry Region in the assessment and management of suicidal behaviour*

### *Objectives*

- 1) To develop capacity within a single Hospital Network Region (i.e. HSE Southern Region: Counties Cork and Kerry, population 620,000) to continuously deliver suicidal behaviour awareness and skills training to all Emergency Healthcare staff using a Train-The-Trainer model.
- 2) To deliver a Regional Training programme in the assessment and management of suicidal behaviour to all Emergency Healthcare staff.
- 3) To evaluate the effectiveness of this training programme in fostering a) increased knowledge about self harm and suicide, b) more positive attitudes towards self harm and suicide prevention and c) increased confidence in managing suicidal patients, among emergency healthcare staff.

# Methods-Training objectives

270 ED staff from Cork and Kerry hospitals are invited to partake in a this 2 hour training on self harm and suicidal behaviour

## The objectives of this two-hour training are:

- ❖ To increase knowledge and understanding of DSH and suicide among emergency healthcare staff
- ❖ To promote a positive attitude toward DSH and suicide prevention among emergency healthcare staff
- ❖ To increase emergency healthcare staff confidence in their management of self harm or suicidal patients

# Methods-Training content

## Four key aspects covered in the training include:

- 1) The extent of self harm and suicide and associated risk factors
- 2) Attitudes towards depression and suicidal behaviour
- 3) Direct and indirect effects of alcohol in relation to self harm and suicide
- 4) Identifying risk and responding to a self harming or suicidal patient

## Detailed training content:

- ❖ Exploration of attitudes towards suicidal behaviour
- ❖ Extent of the problem and risk factors
- ❖ Extent of the problem and risk factors
- ❖ Discussion on the direct and indirect effects of alcohol and the implications for assessment
- ❖ Detailed outline of how to respond and support a patient– *Building a Bridge*
- ❖ Role plays involving Identifying risk, responding and supporting

# Methods-Evaluation

2-hour Suicide and Self-Harm Awareness Training for Emergency Health Care Staff in Cork and Kerry  
Evaluation Pre-Training

QUESTIONS: Name  Female  Male  Age:   
Date of Birth:   
How many years in total did you spend studying in school, college or university? (including primary school, secondary school, post-graduate)  
What is your specific position as a member of Emergency Care Staff? (e.g. nurse, paramedic, ambulance driver, security guard, etc.)  
How many years experience do you have in this area?   
Have you previously received training in any of the following aspects of depression?  
YES  NO   
Have you previously received any training regarding self-harm?  
YES  NO   
Have you previously received any training regarding suicide or suicide prevention?  
YES  NO   
Have you previously completed any training regarding responding to a crisis?  
YES  NO   
In the past 12 months have you had experience with look back or suitable in a professional capacity?  
None  Occasionally  Monthly  Weekly  Daily   
IF YES for self-harm:  
Please describe the standard level of care which you recommended for clients/patients presenting with deliberate self-harm:

2-hour Suicide and Self-Harm Awareness Training for Emergency Health Care Staff in Cork and Kerry  
Evaluation Post-Training

QUESTIONS: Name  Female  Male  Age:   
Date of Birth:   
How many years in total did you spend studying in school, college or university? (including primary school, secondary school, post-graduate)  
What is your specific position as a member of Emergency Care Staff? (e.g. nurse, paramedic, ambulance driver, security guard, etc.)  
How many years experience do you have in this area?   
Have you previously received training in any of the following aspects of depression?  
YES  NO   
Have you previously received any training regarding self-harm?  
YES  NO   
Have you previously received any training regarding suicide or suicide prevention?  
YES  NO   
Have you previously completed any training regarding responding to a crisis?  
YES  NO   
In the past 12 months have you had experience with look back or suitable in a professional capacity?  
None  Occasionally  Monthly  Weekly  Daily   
IF YES for self-harm:  
Please describe the standard level of care which you recommended for clients/patients presenting with deliberate self-harm:

2-hour Suicide and Self-Harm Awareness Training for Emergency Health Care Staff in Cork and Kerry  
Evaluation 6-month follow-up

QUESTIONS: Name  Female  Male  Age:   
Date of Birth:   
How many years in total did you spend studying in school, college or university? (including primary school, secondary school, post-graduate)  
What is your specific position as a member of Emergency Care Staff? (e.g. nurse, paramedic, ambulance driver, security guard, etc.)  
How many years experience do you have in this area?   
Have you previously received training in any of the following aspects of depression?  
YES  NO   
Have you previously received any training regarding self-harm?  
YES  NO   
Have you previously received any training regarding suicide or suicide prevention?  
YES  NO   
Have you previously completed any training regarding responding to a crisis?  
YES  NO   
In the past 12 months have you had experience with look back or suitable in a professional capacity?  
None  Occasionally  Monthly  Weekly  Daily   
IF YES for self-harm:  
Please describe the standard level of care which you recommended for clients/patients presenting with deliberate self-harm:

(1) Pre-training

(2) Post-training

(3) 6-month follow-up

All participants received an identical, matched pre and post-training evaluation detailing basic demographics, previous training information and information to assess any post-training changes in knowledge, attitudes towards DSH and suicide prevention, and confidence in management of patients presenting with suicidal behaviour.



# Methods-Measurement scales

Training aspect	Scale
1) Knowledge and understanding of self harm and suicide	Jeffery & Warm (2002). 20 items
2) Attitude towards deliberate self harm	<b>Attitude Towards Deliberate Self Harm Questionnaire (ATDSHQ)</b> . McAllister et al., (2002). 19 items
3) Attitudes towards suicide prevention	<b>Attitudes towards suicide prevention scale (ATSP)</b> . Herron et al., (2001). 14 items
4) Confidence in management of patients presenting with self harm or suicidal behaviour	Morriss et al., (1999). 2 items

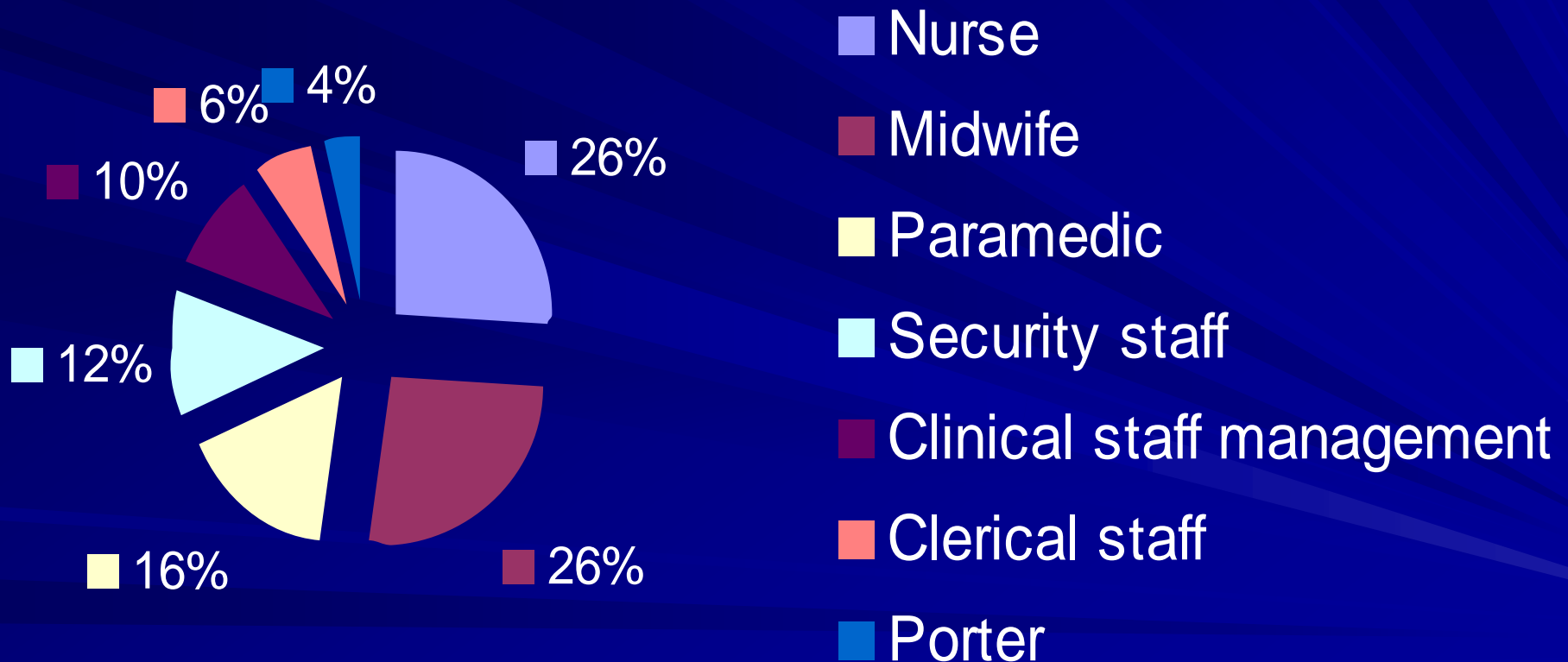
# Results-Baseline demographics

So far 56 participants have completed the training. The first analysis includes 50 pre & post-training matched evaluations

Demographics	% (Number)
<b>Gender</b>	
Male	26 (13)
Female	74 (37)
Demographics	Mean (Std.Deviation)
<b>Age*</b>	
≤35 years	29.8 (14)
36-49 years	57.4 (27)
≥50 years	12.8 (6)
<b>Years spent in education</b>	17.2 (3.8)
<b>Years experience in current area</b>	11.9 (9.4)

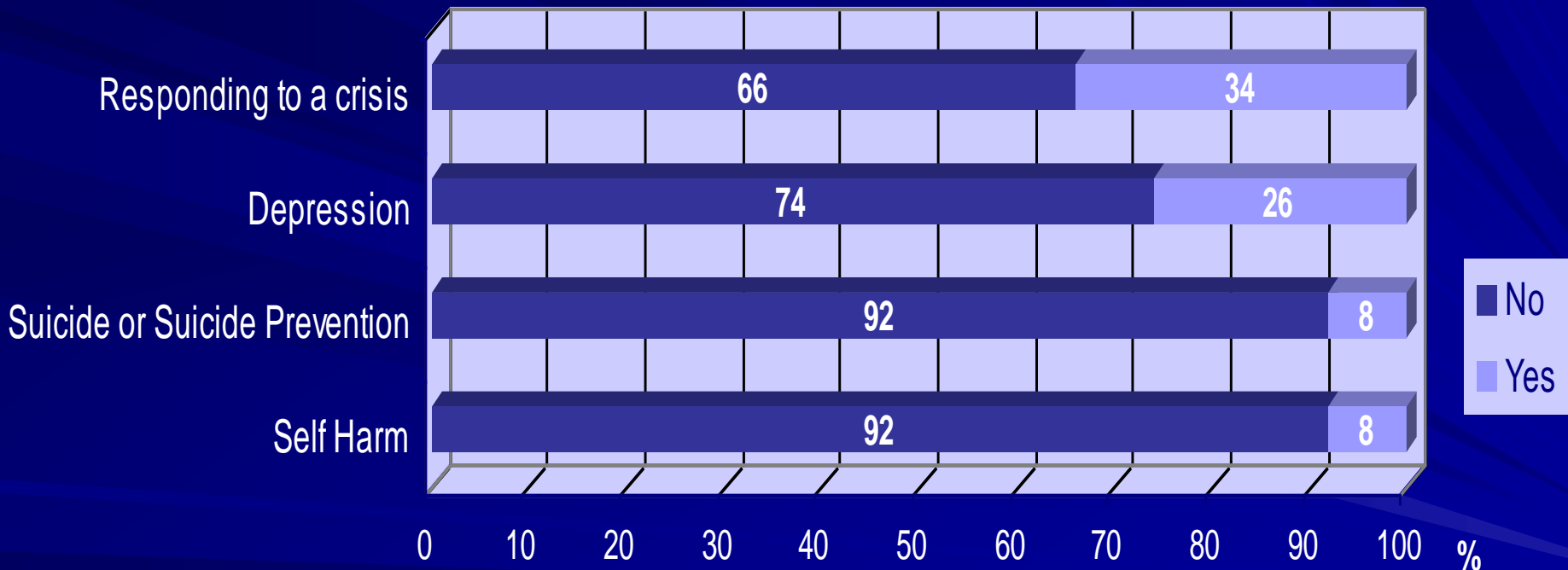
\* 3 missing

# Results-Baseline demographics-Occupation



# Results-Previous Training

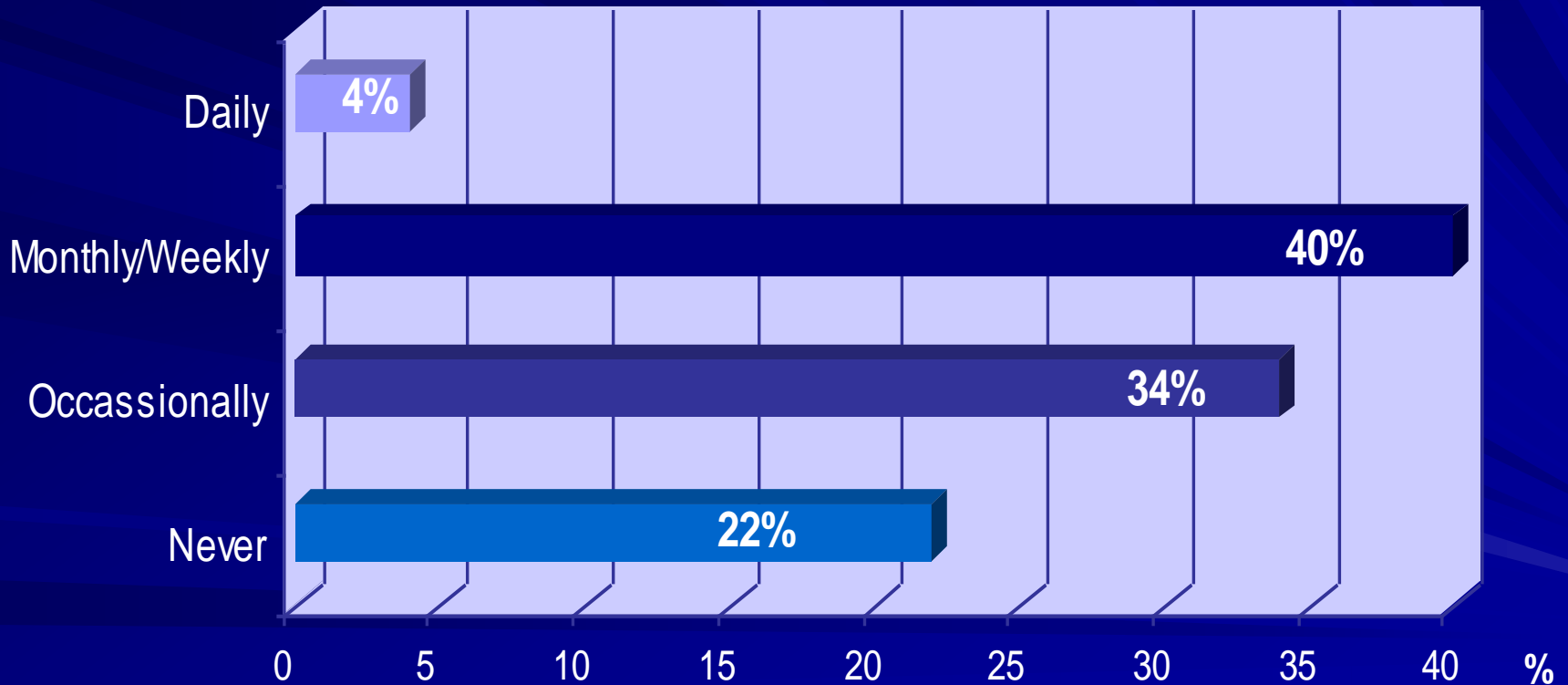
Have you had any previous training relating to...



The majority of participants had no previous training in any of the above areas

# Results- Experience of DSH

In the past 12 months have you had experience of self harm or suicide?



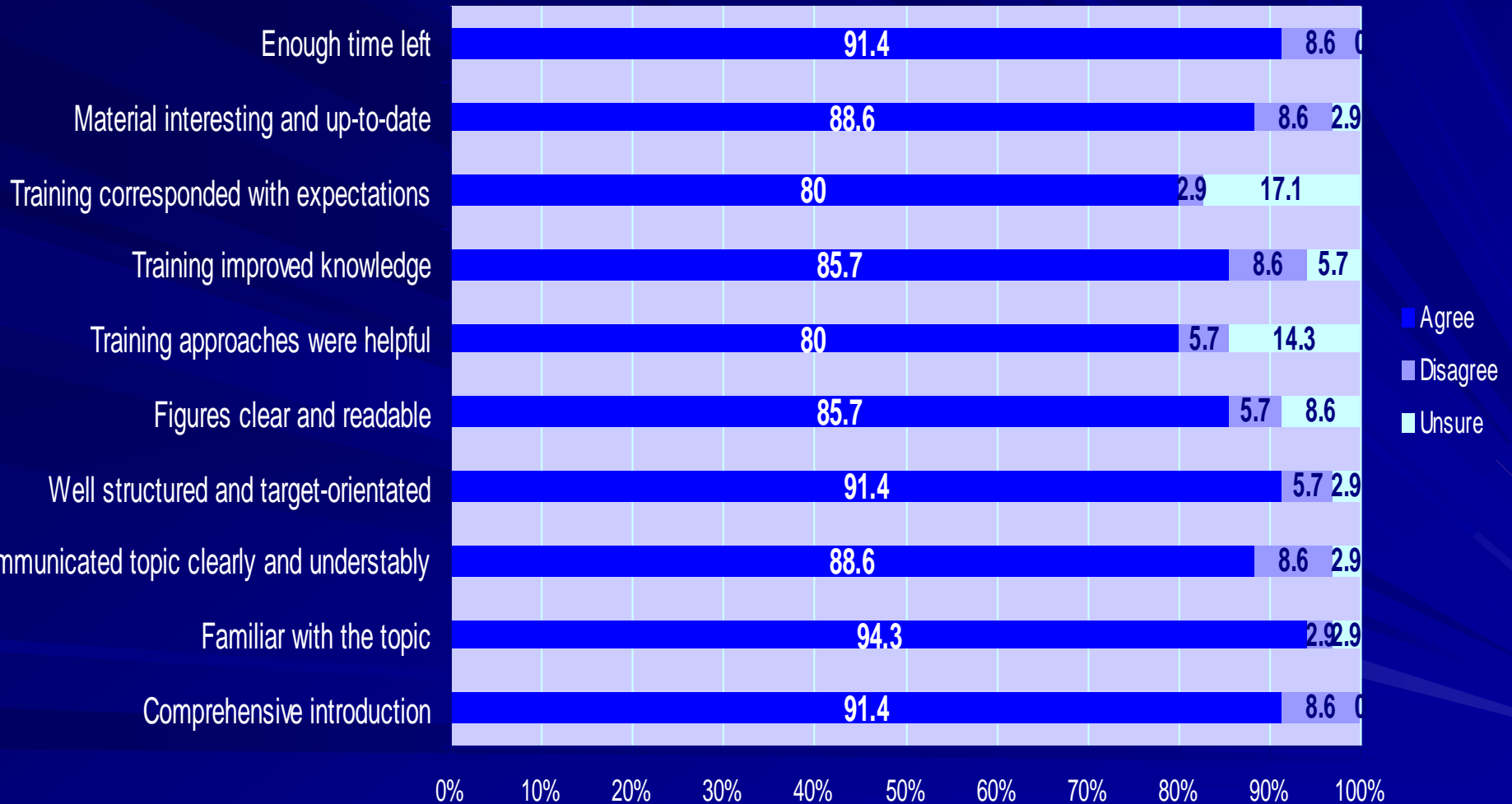
# Results - Pre and Post-training

Scale	Pre training Mean (SD)	Post training Mean (SD)	<i>P</i> value
<b>Attitude Towards Deliberate Self Harm (ATDSHQ) Total</b>	<b>53.86</b> (3.43)	<b>56.11</b> (3.52)	<b>.000</b>
<b>Subscale 1: Perceived confidence in assessment and referral of DSH clients</b>	<b>27.84</b> (2.42)	<b>28.25</b> (2.11)	<b>.326</b>
<b>Subscale 2: Dealing effectively with DSH clients</b>	<b>13.90</b> (2.31)	<b>15.74</b> (1.80)	<b>.000</b>
<b>Subscale 3: Empathetic approach</b>	<b>12.15</b> (1.65)	<b>11.97</b> (1.60)	<b>.628</b>
<b>Confidence</b>			
-In help seeking	<b>4.31</b> (2.15)	<b>5.54</b> (2.31)	<b>.000</b>
-In recognising potential risk	<b>3.18</b> (1.85)	<b>4.09</b> (2.88)	<b>.008</b>
<b>Attitude Toward Suicide Prevention (ATSP)</b>	<b>49.41</b> (5.32)	<b>50.46</b> (4.64)	<b>.112</b>
<b>Knowledge</b>	<b>79.89</b> (6.93)	<b>81.69</b> (7.38)	<b>0.21</b>

# Comparison with other training evaluations

- ❖ In comparison to other similar trainings using the same scales, at baseline the participants scored on average lower in their attitudes towards DSH, knowledge and confidence levels.
- ❖ However, our results also show that this training brings about significant improvements in the above areas.

# Feedback from participants





# Feedback from participants ctd.

- *“Good insight given to present trends and good information given on speaking/managing a client who self harms”*
- *“Role plays were helpful...(they) certainly helped how I would approach someone who self harmed”*
- *“Very informative and I have a better understanding of DSH which I will find useful in my workplace”*

# Implications

- ❖ The findings indicate that presentations of suicidal behaviour are encountered by ED staff on a very frequent basis. Despite this the majority of staff have not received any training in depression, DSH, crises response or suicide prevention. This highlights significant gaps in vital trainings for emergency healthcare staff.
- ❖ Participation in this training has resulted in significant positive changes in attitudes towards self harm and suicide prevention and confidence in managing patients presenting with self harm or suicidal behaviour. Further increases were observed in knowledge and understanding of self harm, and attitudes towards suicide and suicide prevention.
- ❖ Participants were satisfied with this training, they were particularly in favour of the multi-disciplinary and collaborative staff mix targeted by this training programme.
- ❖ The Train-The-Trainer model has shown to be a feasible and cost-effective approach ensuring sustainability.