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

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2012 Forum National Office for Suicide Prevention

World Suicide Prevention Day,
10th September 2012, Dublin
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
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
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 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
- 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

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

<table>
<thead>
<tr>
<th>Training aspect</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Knowledge and understanding of self harm and suicide</td>
<td>Jeffery &amp; Warm (2002). 20 items</td>
</tr>
<tr>
<td>2) Attitude towards deliberate self harm</td>
<td>Attitude Towards Deliberate Self Harm Questionnaire (ATDSHQ). McAllister et al., (2002). 19 items</td>
</tr>
<tr>
<td>4) Confidence in management of patients presenting with self harm or suicidal behaviour</td>
<td>Morriss et al., (1999). 2 items</td>
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</table>
Results-Baseline demographics

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

<table>
<thead>
<tr>
<th>Demographics</th>
<th>% (Number)</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>26 (13)</td>
</tr>
<tr>
<td>Female</td>
<td>74 (37)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Mean (Std.Deviation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age*</td>
<td></td>
</tr>
<tr>
<td>≤35 years</td>
<td>29.8 (14)</td>
</tr>
<tr>
<td>36-49 years</td>
<td>57.4 (27)</td>
</tr>
<tr>
<td>≥50 years</td>
<td>12.8 (6)</td>
</tr>
<tr>
<td>Years spent in education</td>
<td>17.2 (3.8)</td>
</tr>
<tr>
<td>Years experience in current area</td>
<td>11.9 (9.4)</td>
</tr>
</tbody>
</table>

* 3 missing
Results - Baseline demographics - Occupation

- Nurse: 26%
- Midwife: 10%
- Paramedic: 16%
- Security staff: 12%
- Clinical staff management: 26%
- Clerical staff: 16%
- Porter: 6%
Results - Previous Training

Have you had any previous training relating to…

- Responding to a crisis: 66% No, 34% Yes
- Depression: 74% No, 26% Yes
- Suicide or Suicide Prevention: 92% No, 8% Yes
- Self Harm: 92% No, 8% Yes

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?

- Never: 22%
- Occasional: 34%
- Monthly/Weekly: 40%
- Daily: 4%
## Results - Pre and Post-training

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre training Mean (SD)</th>
<th>Post training Mean (SD)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attitude Towards Deliberate Self Harm (ATDSHQ) Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscale 1: Perceived confidence in assessment and referral of DSH clients</td>
<td>53.86 (3.43)</td>
<td>56.11 (3.52)</td>
<td>.000</td>
</tr>
<tr>
<td>Subscale 2: Dealing effectively with DSH clients</td>
<td>27.84 (2.42)</td>
<td>28.25 (2.11)</td>
<td>.326</td>
</tr>
<tr>
<td>Subscale 3: Empathetic approach</td>
<td>13.90 (2.31)</td>
<td>15.74 (1.80)</td>
<td>.000</td>
</tr>
<tr>
<td><strong>Confidence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-In help seeking</td>
<td>4.31 (2.15)</td>
<td>5.54 (2.31)</td>
<td>.000</td>
</tr>
<tr>
<td>-In recognising potential risk</td>
<td>3.18 (1.85)</td>
<td>4.09 (2.88)</td>
<td>.008</td>
</tr>
<tr>
<td><strong>Attitude Toward Suicide Prevention (ATSP)</strong></td>
<td>49.41 (5.32)</td>
<td>50.46 (4.64)</td>
<td>.112</td>
</tr>
<tr>
<td><strong>Knowledge</strong></td>
<td>79.89 (6.93)</td>
<td>81.69 (7.38)</td>
<td>.21</td>
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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

- **Comprehensive introduction**: 91.4%
- **Familiar with the topic**: 94.3%
- **Communicated topic clearly and understandable**: 88.6%
- **Well structured and target-orientated**: 91.4%
- **Figures clear and readable**: 85.7%
- **Training approaches were helpful**: 80%
- **Training corresponded with expectations**: 80%
- **Training improved knowledge**: 85.7%
- **Training improved knowledge**: 85.7%
- **Material interesting and up-to-date**: 88.6%
- **Enough time left**: 8.6%

Agree: [Bar Chart Indicating Agree, Disagree, Unsure]
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.