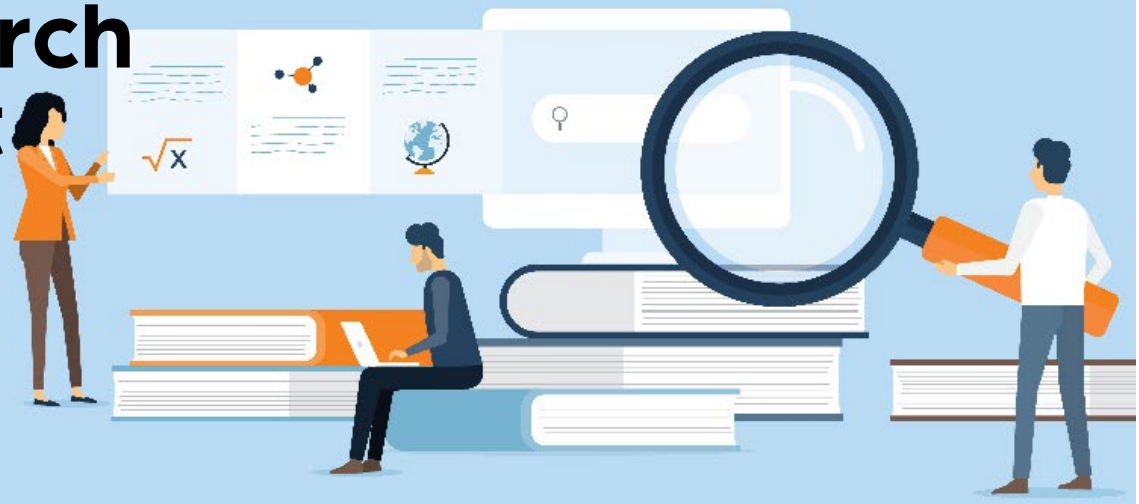
Research Digest



QUALITATIVE EXPLORATION OF BEST PRACTICES WORKING WITH SUICIDAL BEHAVIOUR AND SELF-HARM

Summary of the following article

Perry, Y., Krysinska, K., Byrne, S. J., Boland, A., Michail, M., Lamblin, M., ... & Robinson, J. (2020). Best practice when working with suicidal behaviour and self-harm in primary care: a qualitative exploration of young people's perspectives. *BMJ open, 10*(10), e038855.

KEYWORDS: Suicide • Self-harm • Primary care • Mental health • Qualitative research • Prevention

Research Question: What are the views and experiences of young people with regard to the identification, assessment, and care of suicidal behaviour and self-harm in primary care settings?

Why this study is important: There is limited existing research that highlights youth perspectives on this topic. This study addresses this gap by including youth opinions of best practices from general practioners (GPs) intervening with youth at risk of suicidal and self-harming behaviour.

Context

Suicide is the leading cause of death mong young Australians: in 2018, suicide accounted for 38.4% of deaths of youth aged 15-24.

Early detection: identifying suicidal behaviour and self-harm is an important step towards suicide prevention.

Pathways to care: This study considers youth perspectives as an important way to understand and improve pathways to care.

Assessing Suicidality

Traditional approaches to suicide risk assessment would classify patients into "high-" or "low-" risk groups (relying on scales and classifications to predict future risk of suicide).

A more holistic, psychosocial approach is recommended:

- Conversations with patient about suicidal thoughts, plans, and intent;
- Incorporation of information regarding patient's mental state, risk and protective factors (past and present), stressors, and supports available.

Barriers to Care

- Suicide assessments and training are not targeted towards youth specifically
- Youth might not feel like they can communicate properly with their GP (youth reported some GPs have limited communication/interpersonal skills)
- Suicidality can be disguised as a complaint about physical pain
- There is stigma around disclosing psychological problems

Methods & Findings

- The study took place in Perth, Western Australia. Ten youth in total, aged 16-24, participated in two qualitative focus groups. The semi-structured interviews covered 6 topics.

Five major interrelated themes emerged from these interviews, including:

Youth wanted a collaborative dialogue with their GP when it came to assessment and making treatment decisions.

Youth worried about confidentiality and privacy issues when disclosing suicidality or thoughts of self-harm to their GP.

Assessments and labels were problematic and reductionist. They could lead to being stuck with a "disorder" label, or could impact the pathway to services (i.e., not receiving a label could be seen as not being "sick enough"). There was a preference for language with positive connotations.

A GP's attitude was important to youth. A GP should be friendly, non-judgemental, and should have genuine/open body language. Less favourable attributes included presenting as indifferent, impersonal, and only seeming to ask about mental health as part of a formulaic assessment.

Youth wanted GPs to be able to provide immediate and practical support (e.g., helping them access a helpline or apps rather than just telling them about resources/referral).

Conclusions

1. GPs should address suicidality/self-harm in a way that is sensitive to youth's needs and preferences.
2. Resources that help youth disclose mental health concerns to their GP can be helpful (though are not replacements for face-to-face discussions between youth and GP).
3. GPs need training on how to work with youth with suicidal and/or self-harming behaviours. Training and resources should focus on:
   - GP therapeutic and communication styles/how to communicate with youth/general engagement strategies
   - Shared decision making
   - Comprehensive psychosocial approaches to assessing risk and protective factors for suicide and self-harm
   - Supporting positive GP interpersonal skills (e.g., adopting a friendly, approachable and non-judgemental demeanour)

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