

Preparing a Referral Pathway

Establishing the Safety of Community Based Therapy in Suicide Intervention

Produced by

Pieta House

in collaboration with

HSE

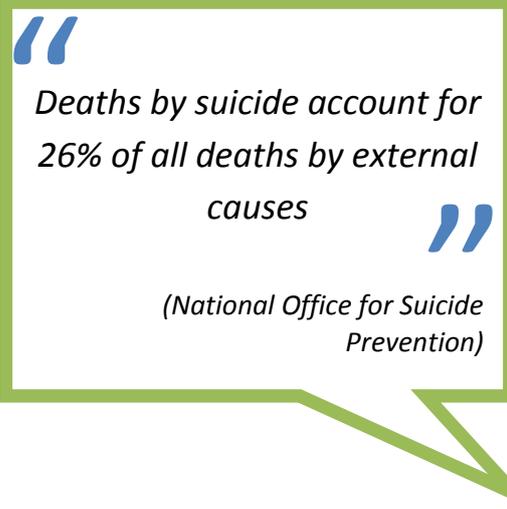
Feidhmeannacht na Seirbhíse Sláinte

Health Service Executive

Pieta House would like to thank the clients who agreed to participate in this study, Laura Carey for conducting the telephone interviews, and all the members of the research committee: Geoff Day, Director NOSP, Dr. Ian Daly, Executive Clinical Director, Antoinette Barry, Area Manager: Dr. Peter Whitty, HSE: Colum Bracken, HSE: Catherin Brogan, HSE and Adrian Charles HSE.

Need for Provision

Despite the efforts in recent years to implement the actions in the National Action Strategy on Suicide – Reach Out the impact of the current economic climate on Ireland is far from positive. In a recent National Office for Suicide Prevention report (2009) Geoff Day, Director of NOSP, noted a 24% increase in deaths by suicide (from 424 in 2008 to 527 in 2009) and cited research that suggested such figures tend to increase during times of economic downturn.



“Deaths by suicide account for 26% of all deaths by external causes”
(National Office for Suicide Prevention)

Reinforcing this supposition Corcoran and Arensman (2010) reported a link between unemployment and a two to three-fold increased risk of suicide in men, and a four to six-fold increased risk in women. Furthermore, Malone (2010) has suggested that this official figure of 527 deaths may not be representative of the total figure, since a suicide note is found in one-fifth of undetermined deaths (Malone, 2010).

Ireland currently has the 4th highest youth suicide rate (among 15 to 24 year olds) in the EU (WHO, 2010) and an increasingly concerning rate of deliberate self-harm. Figures from the National Registry of Deliberate Self Harm stated that there were more than 63,000 recorded deliberate self-harm presentations to hospital emergency departments between 2003 and 2008.

In 2008 a study of deliberate self-harm presentations to HSE/AMNCH Tallaght (NSRF, 2008) of the 639 who presented with DSH almost 70% either were not admitted (56.2%) or left before recommendation (13%). In addition, over 100 young people who presented were unable to benefit from any form of follow up care because of the lack of provision for those between 16 and 18 years of age. It is estimated that approximately 7 to 10 of those who present themselves to AMNCH and repeat self-harm will go onto complete suicide.

Pieta House – Centre for the Prevention of Suicide & Self Harm



Pieta House was founded in 2006 to provide support to those who had attempted suicide, or who are in acute distress with suicidal ideation and those who self-harm. Within five years the organisation has seen and helped over 3000 individuals, and by association, their family and friends. A team of 30 therapists and 7 administrative staff provide counselling based on the bespoke model developed by Pieta House (The Ashleigh Model) in Lucan, in its outreach centres in Tallaght and Finglas, and will soon officially launch additional Pieta House facilities in Limerick and Ballyfermot.

All treatment provided by Pieta House is free of charge.

Referral Pathway

During the last five years Pieta House has enjoyed a strong working relationship with the psychiatric teams from the HSE. However, studies jointly explored by Pieta House and HSE – Dublin West/South West Dublin Health Service, identified a significant gap in providing follow-up to patients who present to the Emergency Departments with suicidal ideation and behaviours.

There is a requirement for intermediate forms of treatment to bridge the initial contact with the hospital and the long term psychiatric care provided by HSE for those with strong suicidal ideation or who engage in deliberate self-harm.

One method of achieving this goal would be to develop a formalised agreement between Pieta House and HSE, establishing a jointly managed referral and follow-up pathway for those most affected by suicide or deliberate self-harm. This would have a substantial impact on the most vulnerable people in our society who may go on to complete the suicidal act.

Before such a pathway could be implemented, it was considered essential to demonstrate to the HSE that Pieta House was a secure and effective environment and, as such, considered 'safe' for those presenting at AMNCH and A&E with suicidal ideation or deliberate self-harm. To this end the current piece of research was proposed.

Terms of Reference

The requirements included the following specifications:

- The study will take place over a period not to exceed three months. The timeframe should reflect the average attendance of with clients attending Pieta House for treatment.
- The study will commence with new clients being invited to participate a small research project
- A more detailed questionnaire will be administered following the client's course of therapy. This should be conducted by an objective source, independent of Pieta House or HSE and will be answerable to the Research Committee.
- The findings will then be reported to the Research Committee
- This project will interview approximately 50 people of all ages.
- The research should determine the suitability of Pieta House as a secure and effective environment and provide an assurance that is necessary for the two organisations to work in collaboration.

Method

The sample for this study was each new patient presenting to Pieta House in the week commencing 14th June 2010. Although traditionally a less busy time it was assumed that this would provide a representative cross-section of clients in terms of age, gender, cause for presentation, and other demographic variables. In total 48 clients presented to Pieta House during this time.

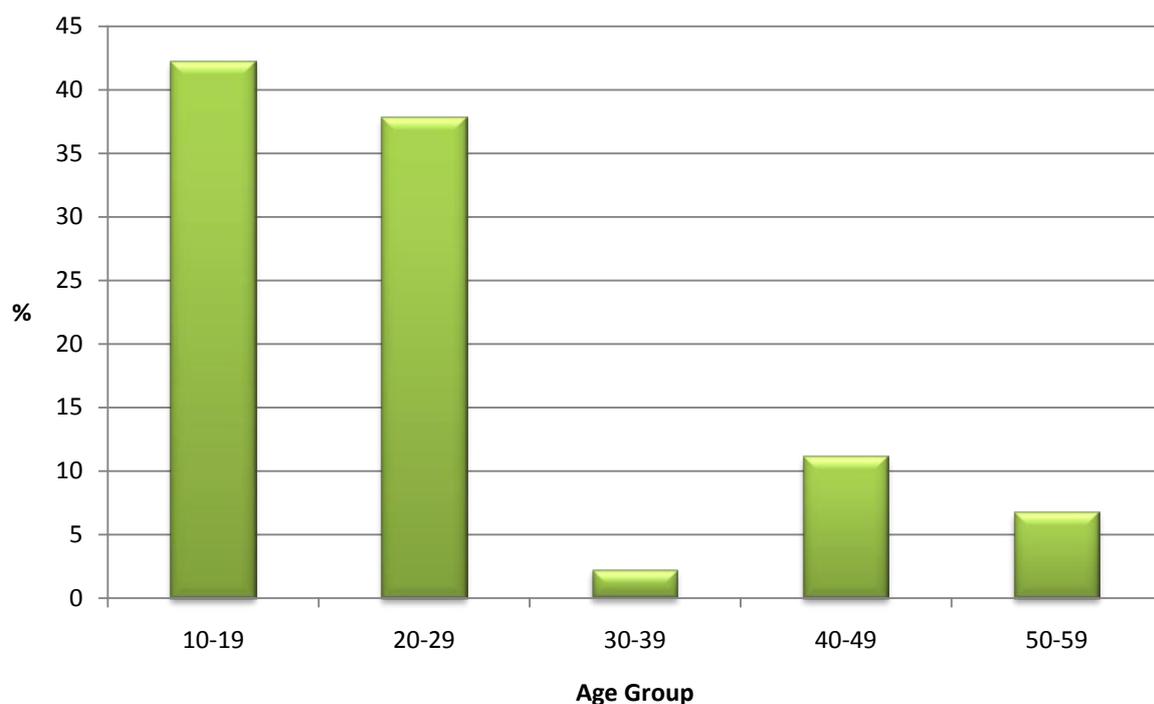
Following their initial assessment each client was invited to participate in this research. They were informed that this would simply involve being contacted by an objective researcher and asked a small number of questions about their treatment and perception of the service provided. The researcher was a PhD student of Trinity College Dublin and was completely independent of Pieta House.

Clients were called six weeks after commencing their treatment (from 14th June) to organise a date for a telephone interview. This was conducted by the independent researcher, who then coded responses for analysis.

The questions for the study were intentionally kept brief and were composed in conjunction with representatives of Pieta House and Tallaght Hospital. They were designed to determine whether Pieta House was a safe and effective environment for those affected by issues of suicidal attempts or deliberate self-harm, and asked about the client’s experience of the service, their willingness to return to Pieta House should circumstances require, the most important factors in their recovers, whether additional help or treatment was sought etc. A full list of the questions can be found in the Appendix.

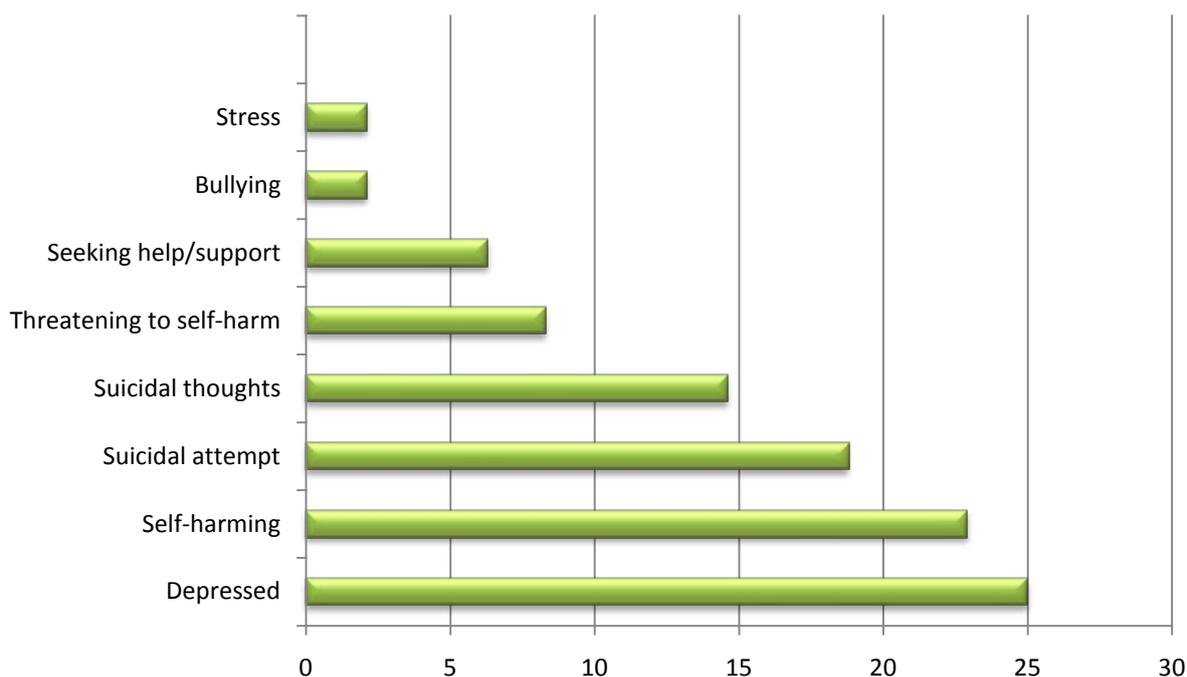
Results

During the testing period under half of new clients presenting to Pieta House were male (41.7%). Of the 48 clients who were invited to participate in the study over half (58.3%) had completed their treatment after the six-week period, one quarter (25%) were still receiving treatment and the remaining clients had either removed themselves from treatment (6.3%), been assessed but attended no treatment sessions (6.3%), or could not be contacted to participate in this study and were deemed ‘missing’ (4.2%). The age of clients ranged from 13 to 58 years old and, as can be seen from Graph 1, the distribution is skewed towards a younger population.



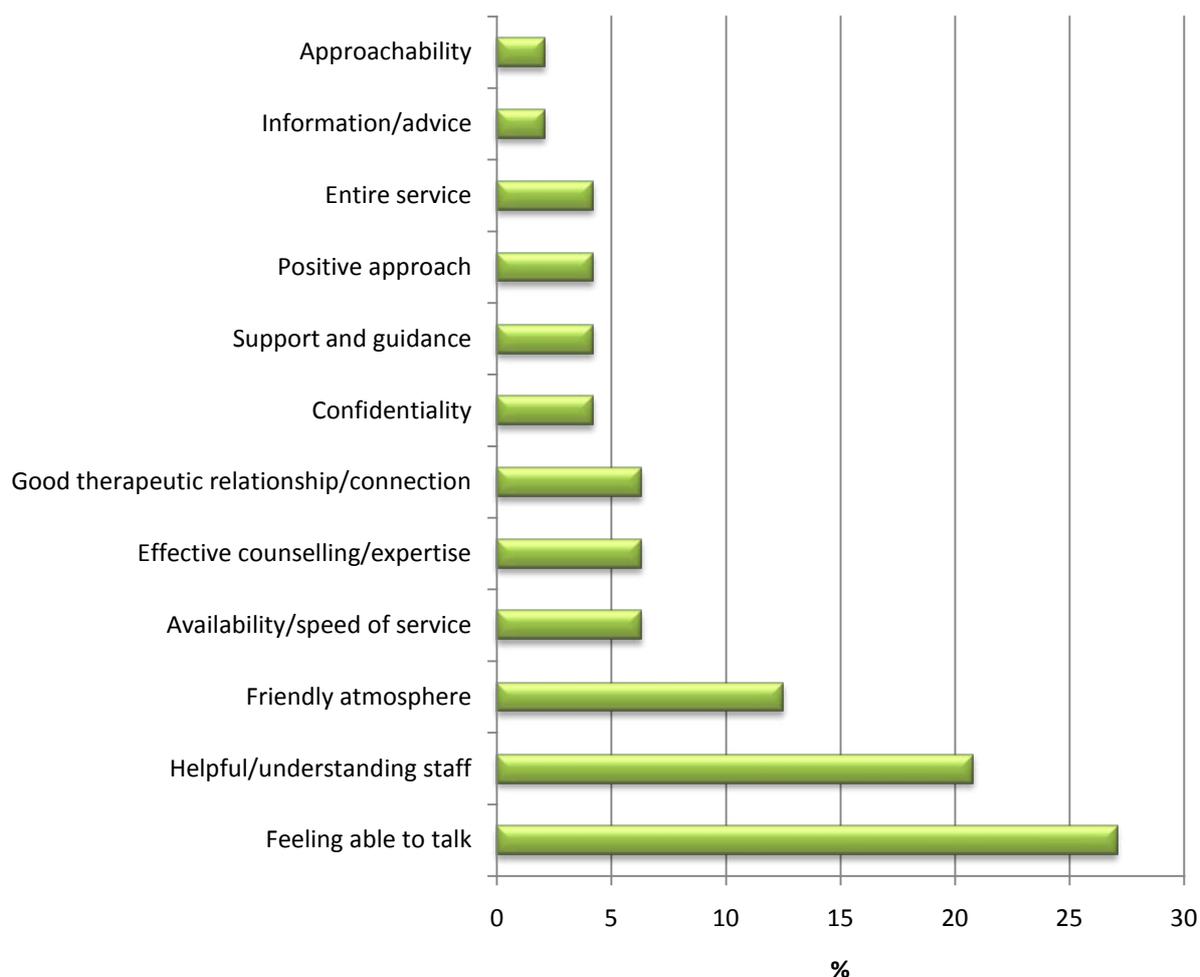
Graph 1: Age distribution of clients

Clients were asked to identify the main reason for their attendance at PH. The largest proportion (25%) cited depression as the cause for their visit, followed by those presenting due to self-harm (22.9%). Suicidal attempts or thoughts formed a cumulative total 33.4% (Graph 2). A breakdown by age group, however, reveals that self-harming was the main reason for presentation in the 10-19 (26.3%) and the 20-29 (29.4%) age categories. Considered by sex females were more likely to present due to depression (28.6%) or self-harming (28.6%) compared to males, who reported a suicide attempt (30%) or suicidal thoughts (20%) as the main reason for their visit to Pieta House.



Graph 2: Main reason for attending Pieta House

In general the aspects of PH identified as most helpful to clients’ treatment were the feeling to be able to talk about their issues (27.1%) and the helpful and understanding staff (20.8%). Other issues identified included the availability and speed of the service (6%), the strong therapeutic relationship and relationship established (6%), and the effectiveness of the counselling (6%) (Graph 3).



Graph 3: Most helpful aspects of Pieta House

Of those asked, 100% stated that they would use PH's services again, and 93.8% claimed that there were no aspects that could be improved upon. The three issues identified for further consideration were requests for wider availability of the service, better physical access for physical disability, and more comfortable chairs in the waiting area.

Three-quarters of clients reported they had also sought help from additional sources, the most frequently cited being psychiatric services (23%), their GP (21%), or a counselling service (10.4%). Other sources of support sought are listed in Table 1. A breakdown by age suggests that those in the 40-49 and 50-59 age groups were more likely to consult a counselling service (40% and 66.7% respectively) than those in younger age groups, while those in the 20-29 group were more likely to avail of psychiatric services (41.2%).

Table 1: Other sources of help sought by clients

Source	n	%
None	12	25.0
Psychiatric services	11	22.9
GP	10	20.8
Counselling service	5	10.4
Psychologist	3	6.3
Samaritan's helpline	2	4.2
CAMHS	1	2.1
School	1	2.1
Community services	1	2.1
AA	1	2.1
Hospital	1	2.1
Total	48	100.0

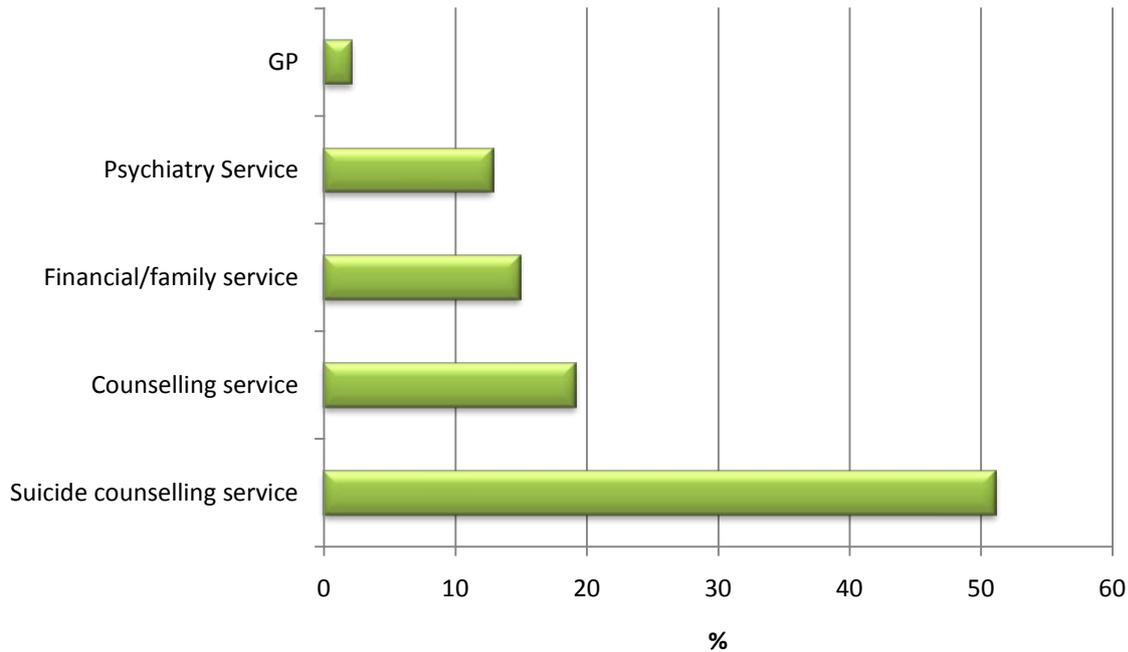
When asked to identify the three most important factors in their recovery, PH was identified as the most important by almost three-quarters (74%) of clients (Table 2). Family support was the most frequently cited second factor, and psychiatric services third most important. GPs were only identified as important by one respondent.

Table 2: Factors considered most important for their recovery

	Family Support		Crisis Resolution		GP		Psychiatry services		Pieta House		Total
	n	%	n	%	n	%	n	%	n	%	
Most important	8	14.8	1	1.9	0	0	5	9.3	40	74	54
Second most important	20	60.6	1	3	1	3	5	15.2	6	18.2	33
Third most important	2	18.2	3	27.3	0	0	5	45.5	1	9	11

While over half (51.1%) reported that they felt they required further support, this figure was higher for those who had removed themselves from treatment (100%) and lower for those who had completed their treatment (40%). The most frequently cited reason for requiring additional assistance was due to concern over suicidal thoughts (45.8%), followed by support with anxiety/depression (37.5%), solving crises (12.5%), or family issues (4.2%).

Over half of respondents (51.1%) stated that they would avail of such support at a suicide counselling service or a counselling service (19.1%). The least popular option was support offered by GPs (Graph 4).



Graph 4: Services clients would turn to for help with future issues

When considered by age group, while the suicide counselling service remained the most popular option there was a marked difference in the option of those in the 10-19 group and those in the 20-29 group. In the case of the former family services or support was deemed more important (26.3) while in the case of the latter more stated that they would turn to psychiatric services (25%). A breakdown of the same data by completion status suggests that those who had not remained in treatment at PH all stated that they would return to Pieta for help in the future. The only discernible difference by gender was that male respondents were more likely to turn to counselling services while female respondents were more likely to turn to family (21.4%).

Conclusions

The aim of this research was to address the issues specified in the Terms of Reference and to establish whether Pieta House could be considered a secure and effective option as an interim support between initial admission and long-term treatment.

Data were gathered from a predominantly younger and female population, but was considered representative of the general composition of Pieta House clients. Over half of those sampled reported suicidal thoughts or attempts, or feelings of depression.

Everyone involved in the study stated that they would use the services of Pieta House again and aside from the desire for a more extended service and better physical access, the vast majority felt that nothing could be done to improve the quality of the service they had received.

Most clients reported that they did not seek help other than that which they received from Pieta House, and three-quarters identified Pieta House as the most important factor in their recovery.

Of those who completed their treatment during the research timeframe more than half felt that they wouldn't require any additional support in future. Among clients who felt that they required further assistance Pieta House was identified as the most popular option for future support, while psychiatric services and their GP were considered the least attractive options.

These findings suggest that clients are satisfied with Pieta House and with the support it provides.

Sources

World Health Organisation (2010). World Health Statistics. Switzerland: WHO.

Malone, K. (2010). Suicide in Ireland: A Conversation and Journey through Loss with Science and Arts. Paper presented at the Royal College of Physicians of Ireland, May 2010.

National Office for Suicide Prevention (2010). Annual report 2009. Dublin: Health Service Executive.

Corcoran, P. & Arensman, E. (2010). Suicide and employment status during Ireland's Celtic Tiger economy. European Journal of Public Health, 20(5), 1-6.

National Suicide Research Foundation (2008). Research Bulletin. From www.nsrif.ie

Appendix – Interview Questions

- 1 What was your main reason for attending Pieta House?
- 2 What did you find most helpful about Pieta House?
- 3 Were there any aspects of Pieta House that could be improved?
- 4 Would you use the services provided by Pieta House again if you were in the same situation?
- 5 Apart from attending Pieta House, did you seek help from anyone/anywhere else? *(Please specify)*
- 6 What do you think were the most important three factors in your recovery
(Use '1' for the most important; '2' for second most important; and '3' for the third most important factor)
Family Support Crisis resolved GP Psychiatry Service Pieta House Other
- 7 Do you think you might need further support in the future? Yes No
- 7b If yes, what do you think you're most likely to require help for?
Help with solving crises Family Support Anxiety/Depression Suicidal thoughts Other
- 8 Which of the following would you turn to first?
Counselling Service Financial/Family Support GP Psychiatry Service Suicide Counselling Service Other
- 9 If you **did not** complete your treatment what were the main reasons for this?