Improving assessment and management of suicide risk at the Uniting Medically Supervised Injecting Centre in Sydney

Funder: Network of Alcohol and other Drugs Agencies
CRISP stream: Crisis and Aftercare

Research aims

• To co-design and test the feasibility of a suicide assessment and response protocol that meets the needs of clients at the Uniting Medically Supervised Injecting Centre (MSIC) in Sydney
• To identify the training needs of staff who support clients within the MSIC
• To measure the impact of the protocol and training on staff confidence, attitudes and knowledge

Overview

People who inject drugs are 13 times more likely to die by suicide than the general population, but negative experiences with emergency services and in hospital emergency departments make many reluctant to seek help from mainstream health care services. Despite this, suicide risk management approaches in drug and alcohol settings often continues to prioritise these established help-seeking pathways.

At the Uniting MSIC in the Sydney suburb of Kings Cross, which has been in operation for more than 20 years, clients can inject drugs in a safe and non-judgemental environment under the supervision of clinical staff. The MSIC approached Black Dog Institute to develop suicide assessment and response protocols that would provide clients in suicidal distress with greater choice around where and how to seek help.

Lived experience input

The research that underpins this project is based largely on the experiences of Uniting MSIC clients. One Aboriginal member and one non-Aboriginal member of the MSIC Client Advisory Group also played a key role in shaping the project parameters, providing important insights into how the survey and focus group findings (described below) could be translated into meaningful outcomes for service users.
Researchers conducted two focus groups, the first with MSIC clients (n=7) and the second with MSIC clients, staff and stakeholders, including staff representatives from local homelessness, drug and alcohol, and health care services such as the Wayside Chapel, Kirketon Road Centre and St Vincent’s Hospital (n=8).

Participants were encouraged to discuss existing barriers to help for people in suicidal distress within the MSIC and to share ideas about what an effective suicide response might look like from client, staff and stakeholder perspectives.

The research revealed that:

• time, space and resources are significant barriers to effectively supporting people in suicidal distress
• clients wanted to contribute to the design of the suicide prevention protocol
• in periods of crisis, clients want to receive a compassionate response that allows them to retain as much autonomy and decision-making power as possible
• clients and staff value safety planning as an important tool to make decisions prior to suicidal crisis and to manage suicidal distress
• staff were already experienced at responding to clients in suicidal distress; however, many want to feel more confident in managing suicidal distress
• staff want better access to regular training and better resources
• the inclusion of lived experience perspectives is vital to supporting MSIC clients in suicidal distress.

Project timeline

1. Literature review (2021)
2. Surveys and focus groups (2021–22)
3. Protocol and staff training development (2021–22)
4. Data analysis (ongoing)

Research activities

Phase 1: Literature review (2021)

The research team conducted an initial literature review to draw together the evidence around suicide assessment, prevention and management in alcohol and other drug (AOD) settings. Seven studies fit the inclusion criteria. Most studies were focused on high-threshold services (such as residential rehabilitation or drug treatment), highlighting an urgent need for suicide prevention resources for low-threshold AOD environments. The review also revealed the importance of lived experience input into the design of AOD suicide prevention resources and highlighted four components that contribute to better suicide outcomes:

• Psychosocial interventions
• Frontline staff and gatekeeper training
• Risk assessment
• Risk management

Phase 2: Survey and focus groups (2021–2022)

Thirty-three MSIC staff members completed baseline and secondary surveys designed to measure their knowledge, skills, attitudes and confidence in assessing and managing suicide risk. The research team also collected a range of qualitative data on staff needs, their views on what would work within the MSIC, their experience of supporting clients experiencing suicidal distress, and barriers to be addressed.
Phase 3: Protocol and staff training development (2021–2022)

These findings informed the development of a new risk management protocol and training program for MSIC staff that include:

- a greater emphasis on supporting clients to manage their distress at the point of crisis in place of emergency response
- a move away from rating risk levels to more client-led responses to suicidal distress
- clearer differentiation between acute and chronic suicidal ideation
- clearer guidelines to help staff escalate and refer clients experiencing suicidal distress
- referral pathways, including to the Kirketon Road Centre or the Safe Haven Café at St Vincent’s Hospital, that encourage clients to seek additional and ongoing help in safe and supportive environments.

Staff training has now been completed and the protocol is in operation at the MSIC.

Phase 4: Secondary survey and data analysis (2023–ongoing)

The research team conducted a secondary survey to measure the impacts of the protocol and staff training on staff knowledge, skills, attitudes and confidence over time. Analysis of the secondary survey results is ongoing.

Impact

Developing more targeted methods to address suicide risk in at-risk populations is key to reducing suicide rates in Australia and beyond. By engaging MSIC clients and staff in the design and delivery of suicide risk reduction activities, this research will support clients to contribute to decisions about their support needs and access alternative care pathways, and will support staff to respond more effectively to suicidal distress. Collectively, these outcomes have the potential to drive enhanced suicide prevention outcomes among a cohort of people at elevated risk.

Research team

Black Dog Institute

- Associate Professor Fiona Shand (academic lead)
- Brendan Geiger

MSIC

- Mark Bartlett
- Kate Hocknull
- Dr Marianne Jauncey

Other institutions

- Dr Samantha Colledge-Frisby (National Drug Research Institute)
- Professor Carolyn Day (the University of Sydney)
- Dr Amanda Roxburgh (Burnet Institute)
Expert advisory group

An expert advisory group was convened to support the project. It included the following individual and organisational representatives:

- Aboriginal MSIC client representative
- MSIC staff and consumers
- Custodial mental health/psychiatry registrar
- Expert academic and/or clinician
- Expert content researcher
- Kirketon Road Centre
- Langton Centre
- St Vincent’s Hospital
- St Vincent’s Hospital Psychiatric Emergency Care Centre
- St Vincent’s Hospital Rankin Ct

Publication list