Suicide prevention in community-based mental health services: Applying a human factors-based systems approach [Abstract]

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Suicide Incidents and Prevention in Community-Based Mental Health Services – Human Factors and System Safety

Aims and Hypothesis

This study applies a system analysis approach to gain an understanding of the detection and response process of suicide prevention in community mental health care. This understanding is used to propose improvements for patient safety.

Background

Identification and minimisation of suicide risk is an important agenda for mental health services. The current focus in suicide prevention is in risk assessment methods that identify risk factors and initiate appropriate treatment. This project using a human factor and system safety approach was undertaken in the context of a comprehensive suicide prevention program within a large mental health and community trust covering a population of over a million.

Method

41 suicide investigation reports from a two year period were analysed using a systemic analysis approach. In addition, interviews were conducted with 20 community-based mental health professionals (3 managers, 11 crisis team staff, 6 community team staff).

Results

The key issues found in the analysis of incidents were:

- an inherent weakness in the control-feedback loop between patient and clinician with the presence of uncertainty in the detection of risk (17 cases without any detection of change in patient status)
- the control structure to be weakened by issues with patients’ engagement with services including non-attendance and non-compliance (noted in 11 cases)
- a weakness in control with patients presenting in crisis but then declining the offered support options (4 cases)
- weakness in the control structure with new patients, with suicides occurring while on waiting lists or having only had initial assessments (7 cases)
- coordination, communication and process issues within services interrupting patient care (7 cases)

The interviews with staff revealed a complex decision-making process with the presence of uncertainty and trade-offs between patient clinical need, patient desire, legal and procedural obligations, and resource considerations. The interviewees were asked about what helped them to be successful which revealed a strong theme on the importance of peer-support.

Conclusions

The suicide prevention control structure is weakened by the presence of uncertainty. The control-feedback loop between patient and clinician is limited by the inherent difficulties in detecting risk of suicide. The current focus on risk assessment and strengthening the procedural elements will have limitations in this context.

Because of this uncertainty, the system should adopt a safety approach that most closely resembles an ultra-adaptive safety model (Vincent and Amalberti, 2016). In this model improvements in safety come from giving power to experts with emphasis on peer-to-peer learning and support.

Patient engagement issues pose a problem to a safety model reliant on patients adhering to care plans and presenting at times of crisis. The resources in the system
may not always accommodate different patient needs. There is also room for more understanding of how services can fit to patient needs and aspirations.