

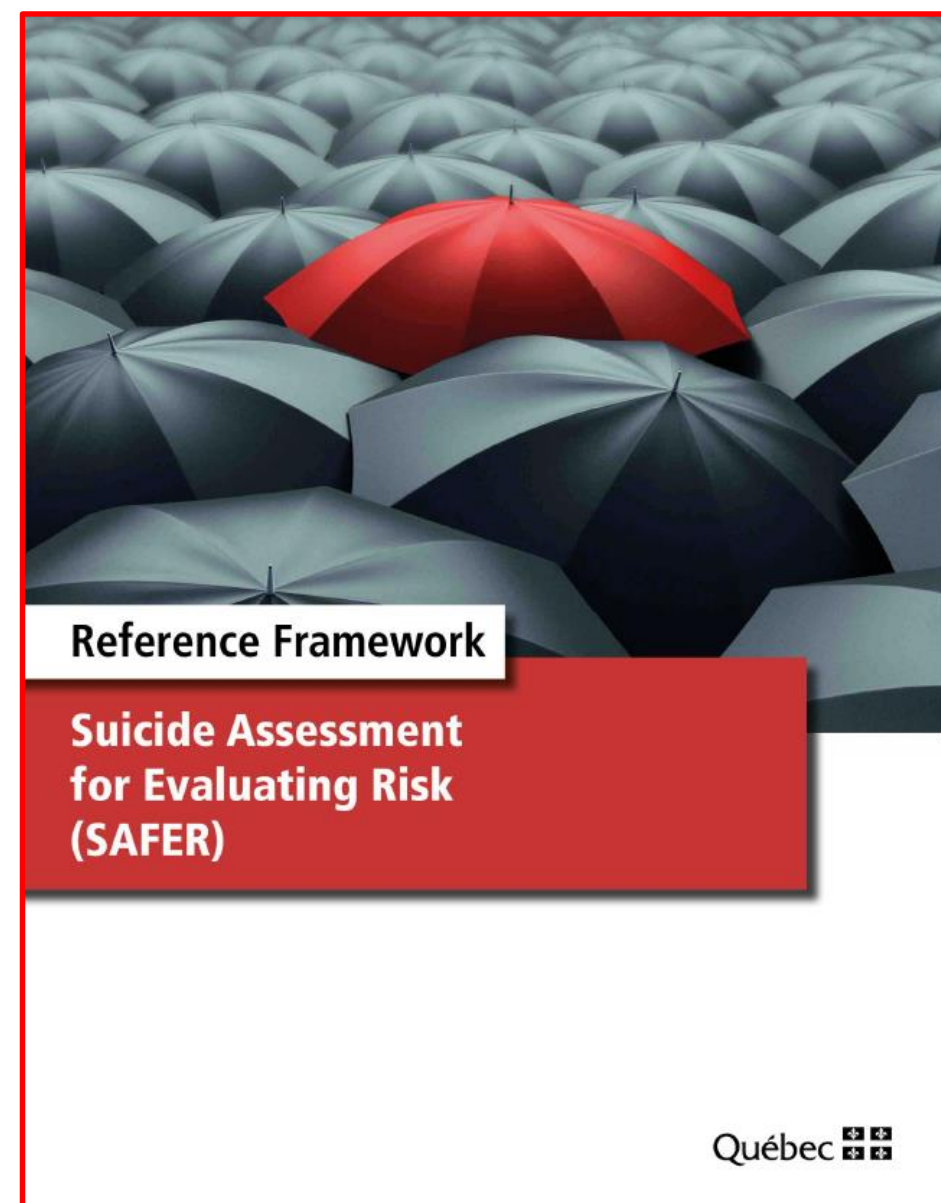
How to Better Assess for Suicide Risk: Findings from a Participatory Action Research Project

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Introduction

Suicide Assessment for Evaluating Risk (SAFER)



- The SAFER is a guide which aims to better equip health care workers/professionals in second-line and third-line care settings to assess and intervene with people who are at risk of suicide.
- Developed over a period of four years in collaboration with clinicians and researchers in the field of mental health
- Based on scientific research and best practice guides relating to suicide prevention.
- Used with complementary tools already widely implemented in first line care settings throughout Quebec, including the assessment of suicidal risk and protection factors, suicidal emergency and danger, as well as clinical interventions.
- Implemented in the Centre intégré universitaire de santé et de services sociaux de l'Ouest-de l'Île-de Montréal (CIUSSS ODIM) since January 2019.

(Lebel, Ste-Marie, Boudrias & Montreuil, 2018)

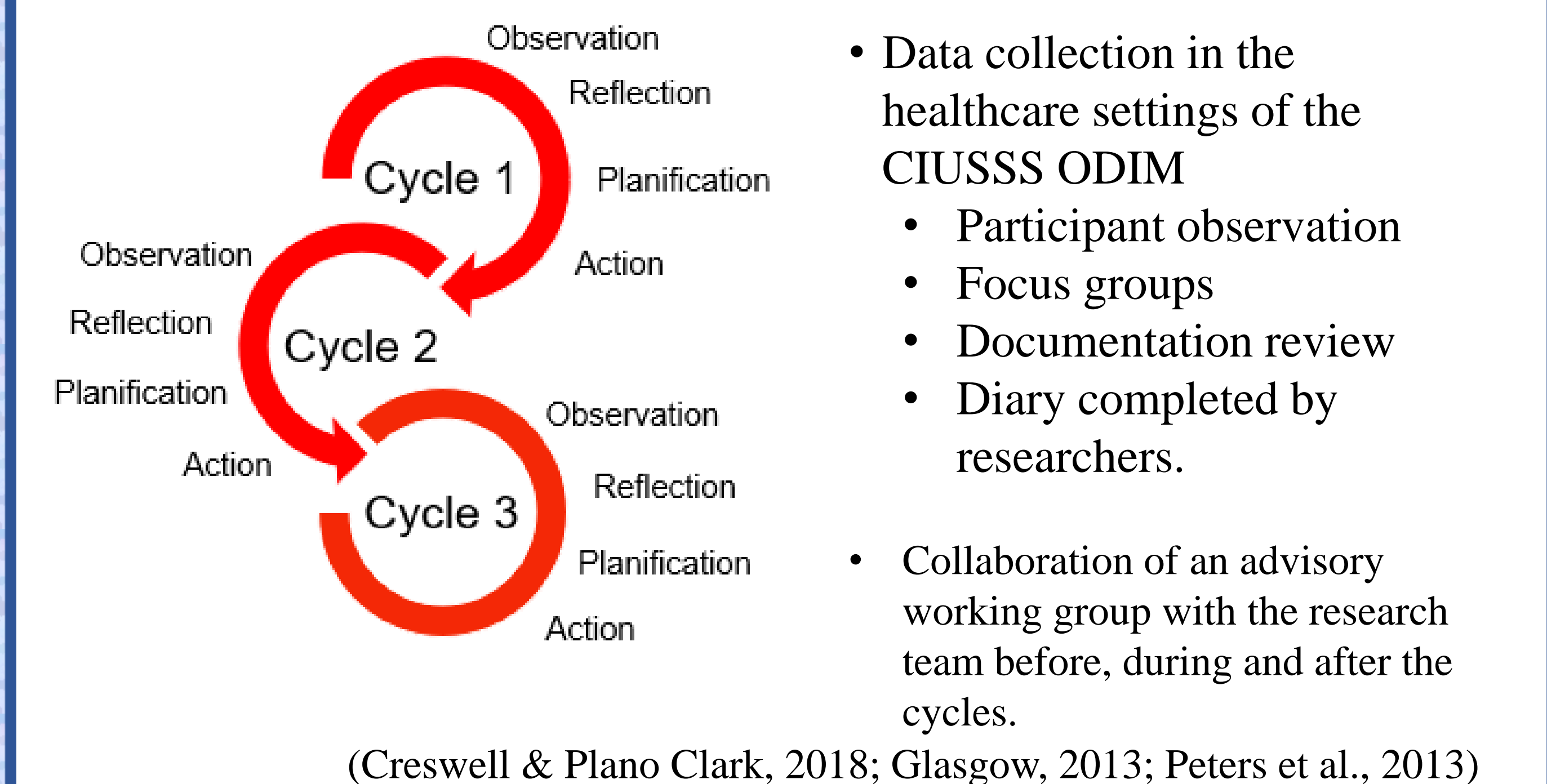
Aim

Longitudinal Study

- To better understand how the implementation of the SAFER alters the care received by individuals at risk of suicide, according to the perspectives of health care workers/professionals (e.g., nurses, psychiatrists, psychologists, social workers) and managers.
- To understand how the guide could be improved.

Methodology

Participatory Action Research Based on a Pragmatic Approach



Preliminary Results of Cycle 1

Findings

Contextual

Lack of Time

Useful for Novice

Need of Guidelines

Feeling of Obligation vs Clinical Judgment

Recommendations of Advisory Working Group

- To conduct a second data collection once most of staff are trained (reported because of Covid-19 pandemic)
- To encourage clinical judgment regarding suicidal risk assessment, because suicidal risk assessment is based on the clinical judgment of the professional and should not be performed automatically at each shift if the patient's clinical condition does not require it.
- To offer the learning capsule to all staff and people in contact with patients (e.g. administrative officer, housekeeping, beneficiary attendant, practicum teachers, students, staff, volunteers, etc.).

Data Analysis

Participatory Hermeneutic Approach

- Thematic analysis (Miles & Huberman, 2003)
 - Narrative texts (Crist & Tanner, 2003)
- (Montreuil & Carnevale, 2018)

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