A qualitative analysis of reasons for living and reasons for dying in patients engaged in the Collaborative Assessment and Management of Suicidality across a community mental health service for adults

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Background and Research aims

Background

- The subject of suicidality is a large public health concern. WHO report over 700, 000 cases of suicide every year, which does not include the number of individuals who attempt suicide (WHO, 2021).
- In light of the Covid-19 pandemic, the consequent social isolation, and economic recession there is an expected increased risk of suicide, particularly for vulnerable individuals with existing mental health problems.
- The Collaborative Assessment and Management of Suicide (CAMS) (2) is an evidenced-based therapeutic framework used to assess and manage the risk of suicide.
- The initial assessment in CAMS requires the clinician to sensitively work with the patient to identify reasons for living (RFL) and reasons for dying (RFD) as well as their overall suicide risk using the Suicide Status Form (2).
- Exploring such reasons can support the therapeutic relationship, subsequent treatment and overall management of suicidality, therefore highlighting its importance.

Research aims

- To explore and identify themes in RFL and RFD amongst individuals open to a CMHT who have engaged in CAMS, i.e. the drivers specific to the local population.
- To explore whether an understanding of this may be useful in the development and delivery of interventions for suicidality.

Results

"Reasons for living"

- Six themes and fourteen subthemes were identified:
- *Activities & personal interests, Family & friends, Fear, Hopeful about the future, Impact of suicide on others, Self-view (positive).*
- Examples of quotes: *"Want to see my children grow up", "Fear overdose will not be successful & children taken away", "Hope that my mental health will improve."*

"Reasons for dying"

- Eleven themes and four subthemes were identified:
- *Control and Autonomy, Self-blame, Escape/alleviate pain, Lack of meaning and purpose in life, Loneliness, Negative self-perception, Past traumatic experiences, Perceived benefit for others, Perceptions of afterlife, Present and future oriented hopelessness, Tired of difficulties.*
- Examples of quotes: *"It will give me a break from the intensity of my thoughts and feelings", "Feel like others don't want me around", "I've fought for a long time, I am just tired."*

"One thing that would help me no longer feel suicidal would be"

- Seven main themes were identified:
- *A stop to negative thoughts and feelings, Financial management and security, Future Outlook, Managing traumatic experiences and memories, Effective coping skills, Relational bonds, support and security, Effective management of physical pain.*
- Example of quotes: *"For the feeling of abandonment to be less prevalent", "Sorting out debt", "Being better mentally and coping with mental health better and family better understanding."*

Methods

Design

- Qualitative thematic analysis of data – part of service evaluation of the implementation of CAMS.

Participants

- 62 participants (35 females and 27 males) aged 18-57.

Inclusion criteria

- Participants engaged and completed at least the initial session of CAMS.

Exclusion criteria

- Incomplete/missing data from initial session form/missing form.
- Participants who have opted out of data being used for service evaluation or research.

Procedure

- Completed participant Suicide Status Forms were collated from patient records and/or clinicians following completion of the intervention.
- Participants reasons for living, reasons for dying and one thing that would help no longer feel suicidal were collated, transferred to an excel spread sheet prior to analysing.

Analysis

- Braun and Clark (2006) method of thematic analysis was used to analyse the data, using NVivo software.
- Initial codes were generated, then recoded and grouped together where appropriate.
- Themes and subthemes were then identified from these codes based on their shared meaning.

Discussion

- Understanding of reasons/themes - some relate to personal circumstances & others place strong emphasis on interpersonal relations.
- Themes appear to fit within existing models of suicide/ suicidal behaviours, such as the interpersonal theory of suicide (4) and integrated motivational– volitional model of suicidal behaviour (5).

Limitations

- Method of gaining data - reliance on reliable recording/documentation of sessions from clinicians.
- Potential researcher bias in the emergence & interpretation of themes due to experience of working with suicidal ideation.

Recommendations

- Seek to gain a deep understanding of patients RFL & RFD to help to develop and establish suicide-focused interventions and resources targeting these areas.
- Actively involve patients in developing person-centred care plans, determining specific interventions target areas.
- Develop non-therapeutic interventions in key areas identified by patients may also be useful e.g. money management courses.

References

1. World Health Organization (2021). Suicide. Retrieved from https://www.who.int/news-room/fact-sheets/detail/suicide
2. Jobes, D. A. (2009). The CAMS approach to suicide risk: philosophy and clinical procedures. Suicidologi, 14(1).
3. Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101.
4. Joiner, T. Why people die by suicide. Cambridge, MA, US: Harvard University Press; 2005
5. O'Connor, R.C., Kirtley, O.J. (2018). The Integrated Motivational-Volitional Model of Suicidal Behaviour Philosophical Transactions of the Royal Society B. 373: 20170268

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