

Joanne Ross, Shane Darke & Mark Deady

National Drug and Alcohol Research Centre, University of New South Wales, Australia

Introduction & Aim

The Suicide Risk Assessment (SRA) Study is a 3-stage project, designed to improve the assessment and management of suicide risk in drug and alcohol treatment services.

Stage 1: A needs assessment, involved an examination of SRA practices among residential rehabilitation services across Australia (Ross et al, 2012). This highlighted that there was little consistency in the way that information pertaining to suicide risk was collected, and that many services did not have clear documented policies and procedures in place.

In **Stage 2: Resource development**, NDARC, in partnership with the Network of Alcohol and Other Drug Agencies (NADA), developed the *Suicide Assessment Kit (SAK): A comprehensive assessment and policy development package*. Development of the SAK was informed by Stage 1, a thorough review of the literature, and an Advisory panel convened by NADA, and consisting of 8 service providers from within their membership. The SAK aims to provide alcohol and other drug (AOD) workers with evidence based resources to assist them in the assessment and management of suicide risk.

Stage 3: The evaluation of the SAK, occurred in 2013/14. In 2013, six services associated with the Advisory panel began reviewing their policies and procedures using the SAK, and provided suggestions for improvement. Following some modifications, a draft of the SAK was then sent to residential rehabilitation services nationally, and staff were asked to complete a survey to provide feedback on the perceived utility of this resource. This paper presents the findings from that survey.

Method

The study was approved by the Human Research Ethics Committee of the University of New South Wales.

A modified version of the survey used to evaluate the National Comorbidity Guidelines (Mills et al, 2010) was used to obtain key demographic information about the respondents, their services and general and specific feedback on the SAK.

A list of 71 residential rehabilitation services involved Stage 1 of the project was reviewed by the SAK Advisory Board, and the peak non-government AOD agencies across Australia for completeness, and 3 services were added. Managers at the 74 services were contacted via phone and/or email, and invited to have staff at their service participate in the evaluation. All services were emailed the SAK, survey, and instructions. Surveys could be returned by post or email.

Services were asked to complete the survey within 3 months. A reminder email was sent to all agencies requesting their feedback.

Results

Respondent characteristics

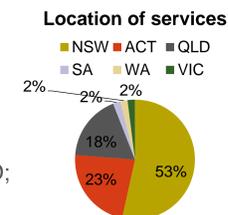
Seventy-three surveys were returned. The mean age of respondents was 41.8 years (SD 11.2) and 58% were female. Fifty-one percent had educational qualifications at the level of university undergraduate degree or higher, 26% had attained a diploma, and 14% a Certificate III or IV. Respondents had been working within their current service for a median of 5.6 years (range 0.2 – 24.5), and had a median of 8.1 years (range 0.2 – 36) experience working with AOD related issues.

The most commonly reported occupations were case worker (34%), counsellor (12%), resident support worker (8%), social worker (8%), and psychologist (6%). Other occupations included managers, program directors, ministers, welfare officers, and youth workers. Thirty-two percent reported being in a management position. Almost half (45%) indicated that they were involved in developing policies within their service. The majority (87%) reported having had SRA training, most commonly Living Works ASIST (29.4%), in-house training (14%), or Mental Health First Aid (11%).

Service characteristics

Responses were received from 6 of the 8 states and territories, with the greatest proportion being from New South Wales (53%; Figure 1). The majority of services were located in either major urban areas (32%), or other urban or country areas (population between 1,000 and 99,999; 48%), with 15% being from small country or rural areas, and 6% from rural or remote areas (population <200).

The services represented treated diverse client groups including adult men (66%), adult women (67%), youth (45%), Indigenous Australians (93%), culturally and linguistically diverse clients (CALD; 44%), parents with dependent children (44%), and others (7%; including criminal justice clients, and couples).



Feedback on the SAK

The feedback on the SAK was overwhelmingly positive. The majority of respondents thought that the SAK would be a useful resource for AOD workers (Figure 2) and would assist with clinical decision making (Figure 3). General satisfaction with the SAK was also high (Figure 4). Respondents were asked to provide their level of agreement or disagreement with a series of statements related to the usefulness and relevance of the SAK (Tables 1 & 2 respectively).

The most common responses to each of these statements are highlighted. The most prevalent response was “agree.”

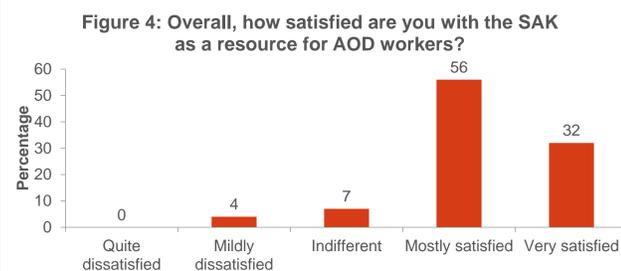
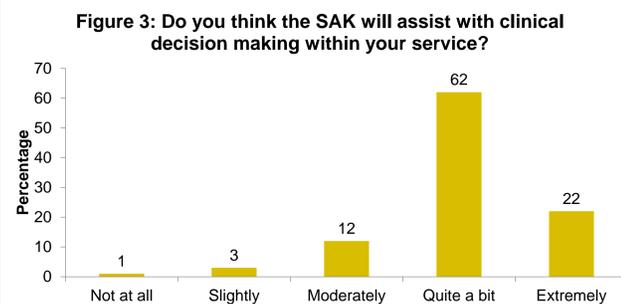
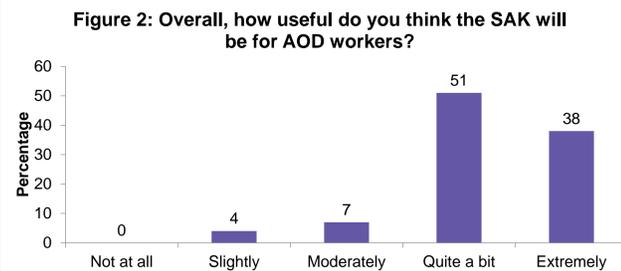


Table 1. Perceived usefulness of the SAK (%)

Usefulness of the SAK	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
The SAK will enable me to respond to suicide related issues with greater confidence.	0	1.4	11.6	53.6	33.3
The resources provided in the SAK will enable me to work more effectively with suicidal clients.	0	0	7.2	58.0	34.8
The SAK effectively illustrated the links between identifying suicidal risk and the practical aspects of responding.	0	0	11.6	56.5	31.9
The information/materials provided in the SAK will improve the quality of the response to suicide risk in my workplace.	0	0	15.9	44.9	39.1
All in all, the SAK will improve my responses to suicide risk in my workplace.	0	0	11.6	49.3	39.1

The Difference is Research

Table 2. Perceived relevance of the SAK (%)

Relevance of the SAK	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
The SAK effectively incorporated relevant workplace issues.	0	1.5	22.4	61.2	14.9
The content of the SAK is appropriate for my current work needs.	0	2.9	11.6	59.4	26.1
The SAK encouraged me to pursue further learning 'on-the-job'.	1.4	15.9	30.4	37.7	14.5
The SAK is consistent with my job requirements.	0	1.4	8.7	59.4	30.4
The SAK is too removed from my experiences at my workplace to be useful.	30.4	42.0	10.1	13.0	4.3
I will use some of the things I learnt from the SAK in my work.	1.4	2.9	5.8%	60.9	29.0

Discussion & Conclusion

The feedback received from AOD workers in this evaluation was essential in refining the SAK, and improving its utility. Importantly, the feedback was extremely positive, with the vast majority of respondents perceiving this resource to be both useful and relevant to their clinical practice. Respondents comprised AOD workers from a variety of roles and educational backgrounds, providing services to diverse client groups. Thus, it is likely that these findings are generalisable across the NGO sector. In the process of the evaluation areas were identified where improvements could be made. Based on this feedback revisions were made to the final version of the SAK, and three videos were produced to: i) give an overview of the SAK, ii) demonstrate use of the screener and iii) provide insights from service providers who have integrated SAK resources within their service. The SAK and the accompanying videos are now available for download from the NDARC website. It is our hope that the SAK will make a significant contribution to the assessment and management of suicide risk within treatment services.

Questions

Email: j.ross@unsw.edu.au

Acknowledgements

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References

Ross et al. (2012). Suicide risk assessment practices: A national survey of generalist drug and alcohol residential rehabilitation services. *Drug & Alcohol Review*, 31, 790-796.
 Mills et al. (2010). Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in AOD treatment settings. Sydney: NDARC, UNSW.