Concerns Important to Parents After Their Child's Suicide Attempt: An Interdisciplinary and International Collaboration

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Disclosure

• Authors have no conflict of interest to report
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Learning Objectives

• Identify what parents reported as most important after their child’s suicide attempt.
• Discuss factors to consider when working in a rural setting.
• Identify methods to expand research internationally.
Suicide affects all age groups and is the second leading cause of death globally of 15-29 year olds (WHO, 2018).

In the United States, suicide is the third leading cause of death for people ages 15-24 and results in 4600 lives lost each year.

– Nationwide, 7.4% of students had actually attempted suicide one or more times in 2017.
Background Ireland

• Suicide is a serious problem in Europe
• Ireland has the fourth highest rate of suicide amongst teenagers in Europe (WHO, 2018).
  – suicides accounted for 24.4% (n=79) of all adolescent deaths in 2017.
  – The highest rates of self-harm are consistently seen in young people.
  • Between 2007 and 2016 the rate of self-harm in young people aged 10-24 years increased by 22% (Griffin et al. 2018)
Problem

- Little is known of the needs of parents after their child has made suicide attempt.
The goal of this research study was to create and pilot an acceptable and effective survey in the United States to parents whose child has made a suicide attempt so that their needs and concerns are known.
Suicide has historically been thought of as an individual experience; however, it also impacts families, communities, and society at large.

Youth suicide attempts affect not only the child, but also have damaging effects on peers, families, and communities.

Deaths from youth suicide are only one piece of the problem; more youth survive a suicide attempt than actually complete the act (CDC, 2017).
Method

• A major strength of this pilot project was the use of community based participatory research (CBPR).
  – This approach was chosen as it is well positioned to explore social determinants of complicated problems (Scanlon, et. al, 2017)

• Researchers from a state university reached out to a rural community based behavioral healthcare center to partner in this research project.
  – This process lasted over one year
Method

• Due to the sensitive nature of suicide the researchers specifically sought out a trusted community based mental health provider whom the clients know and trust.

• Institutional Review Board approval was granted from the university and reviewed by the behavioral healthcare center.
Method

• Inclusion criteria:
  – participant be a biological, custodial, foster, or step parent to the child who made a suicide attempt
  – be over the age of 18
  – able to read and write English
  – a parent of a child who is a client of the agency.

_Suicide attempt_ was defined per the CDC as a “non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury” (CDC, 2018b)
Method—Data Collection

- Mental health case manager for adolescents was trained in the data collection procedure.
- In order to maintain confidentiality the case manager was given a locked file box in which to keep completed surveys until the researcher could collect them.
- After consent was obtained, the paper survey was completed during a regularly scheduled home visit from the mental health case manager.
Method-Data Collection

• The parents completed the survey while the case manager was visiting with the child.
• When survey completed, parent(s) sealed envelope and placed in locked box
• Researchers collected the box and analyzed surveys
• Returned to the mental health facility to discuss results with staff and plan next steps for research project.
Survey Tool

• Created over several years
• Delphi study completed with providers of mental health care to adolescents and their families (Hickey et al., 2015)
  – What was most important after your child made the suicide attempt?
  – What were your needs after the suicide attempt?
  – Which treatments or types of assistance were offered to you or your family after the suicide attempt?
A total of five parents completed the survey. After discussion with staff, it was agreed that we would likely not receive more than five completed surveys based on the case load of a small rural community based mental health center.

- The age of parents ranged from 37-55 years old.
- Four participants were female and one was male.
- Four parents identified themselves as being White and one as Hispanic or Latino.
• All parents were biological parents to the child who made a suicide attempt and three families have other children living in the home.

• One participant was married, one was widowed, two were divorced, and one was separated.

• All parents had attained at least a GED.
• One parent responded that their child had made five suicide attempts within the past year and a half.

• The time from the last suicide attempt to the completion of the survey ranged from two to four months.

• The most prevalent method of suicide attempt was overdosing on pills (n=4).
  – One child attempted suicide by cutting.
What was most important after your child made the suicide attempt?

- “Learning the signs”
- “Making her feel loved”
- “Making sure she doesn't do it again”
- “Trying to deal and understand what she was going through”
- “That she was going to be OK, got the help she needed, and was safe”
What were your needs after the suicide attempt?

- “Counselling and understanding”
- “To talk about it and be reassured it wasn’t my fault”
- “Getting some help to understand why and to help her cope”
- “Knowing where to go for help, not being judged or treated like I was uneducated”
- “Giving me control over her care and treatment rather than taking it away from me”
Which treatments or types of assistance were offered to you or your family after the suicide attempt?

- “SASS” (2 responses)
- “Awareness”
- “SASS counseling for her and groups”
- “None for me, SASS counseling services”

** Screening, Assessment and Support Services (SASS) program was developed to help improve coordination of delivery of mental health services to youth in Illinois. This program features a single point of entry (Crisis and Referral Entry Service, CARES) for all children entering the system and ensures that they receive crisis services in the most appropriate setting (Illinois Department of Healthcare and Family Services, 2019).
Themes

- Involve parents in care
- Education
  - How to keep child safe and prevent another attempt
  - Understand what child is going through
- Services
  - Counseling/support services for parents
Implications for Practice

• It is clear that providers need to develop effective services and information for parents of young people who self harm and/or make a suicide attempt.

• Parents in the current study reported needing counseling and support, as well being involved in the support and treatment of their child.
Future Research Implications

• Replicate in another European context – Ireland

• More research to understand needs of parents/family after a suicide attempt
  – Decrease stigma

• Identify parental protective factors
  – Effective education for parents to identify problematic behaviors

• Create and test interventions
Working in Rural Setting

• Staff is VERY committed to serving their community
• Took time to build trusting relationship with providers
• Smaller sample size due to spread of population
International Collaboration

• Gaining insight into adolescent suicide data and research from Ireland gave further insight of problem.
• While we all vary across countries, systems, regulations, and payment systems, at the core we are all nurses.
• Collaborating internationally gives us new and varied perspectives.
• Plans to continue to share information and apply for international grant funding.
• Takes work to overcome barriers such as:
  – Time and schedule differences
  – Language and cultural differences
  – Funding


