



The peer specialist: possibilities for the recovery of suicidal care consumers

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Motivation for our research

- policy and suicide research is too much **about** instead of **in collaboration with** suicidal persons
- We know almost nothing about what is happening in mental health care services and related fields in the Netherlands with respect to peer specialists and suicide prevention

Motivation for our research

In the USA, peer support for those struggling with suicidal urges is advancing through the Suicide Attempt Survivor Movement (AAS), the VA and Zero Suicide Movement etc.

- <http://livethroughthis.org/>
- <https://attemptsurvivors.com/>

Preparation phase

- Most schools for peer specialists are interested in a supplementary education program about suicidality
- Peer specialists and suicide prevention in mental health care services is slightly controversial
- Peer specialists: feel passionate about their potential contribution

ZonMw Project: oktober 2016-oktober 2018

- Report
- A basic educational program for peer specialists in training
- A website with resources
- A conference (November 2018)
- A steering group

Data collection

Interviews (and literature review)

We intend to interview:

- 20 peer specialists
- 10 (non peer specialist) mental health care clinicians
- <30 peer specialists educators and students
- 18 care formerly suicidal consumers

Interviews

Starting point of our interview study: how can the role of peer specialist in suicide prevention can be understood in the Netherlands?

In the US, the peer specialist has several roles concerning suicide prevention:

- Improve mental health care services
- Break the taboo around suicide
- Provide peer support: recovery and empowerment

Interviews

Exploratory interview study of 20 peer specialists who have struggled with suicidality in the past and currently work in mental health care and related services

Research question

How do peer specialists use their previous experiences with suicidality to aid in the recovery of suicidal care consumers (clients), and what they perceive to be the role of peer specialists in the prevention of suicide?

Interviews: methods

Recruitment

We sought out a diversity of characteristics among the participants. We used qualitative analysis.

Sample

14 were female and 6 were male.
Age ranged from 26 to 66 years.
majority was Dutch

16 of the 20 peer specialists had received some formal training as a peer specialist

Interviews: methods

Sample

14 of the 20 interviewees worked in mental health care services

12 of the 20 peer specialists had direct experience working with suicidal clients in either inpatient/crisis settings or outpatient settings

Preliminary Results interviews

Recovery approaches varied greatly among the interviewees

Important recovery themes were :

- “feeling understood and connected to others,”
- “crisis prevention and management by reaching out and talking about suicidality.”
- “personal insights, philosophies or therapeutic techniques that help cope with suicidal thoughts”

Preliminary Results Interviews

Although almost all peer specialists considered themselves to be recovered, most volunteered that they still experienced mild to severe suicidal episodes.

It is not the case that I have now 'chosen' life. But I got the feeling that my life became more bearable and now the 'not wanting to live part' has gone to the background... Sure, sometimes I think: if things go like this, I do not want to live anymore. But I know that will pass... It became a small part of my life. (Female, 26)

Preliminary Results interviews

Unique approach of suicidal care consumers:

- understanding on an emotional level
- acknowledgement of their struggle
- emotional connection and contact
- no agendas or professional distance
- sense of being heard and listened to
- openly exploring suicidal feelings without explicitly rejecting suicide as an option.
- Sharing recovery story
- Fostering of hope

Preliminary Results interviews

Peer specialist & their team/colleagues

- advised on how to understand, approach, and talk to suicidal persons
- functioned as a liaison between the team and suicidal care consumer
- educated and sensitized their team to needs of suicidal care consumers

Preliminary Results interviews

Potential problems :

- burdening care consumers with your own suicide story,
- reluctance of coworkers
- Conflicting roles
- The emotional burden

Preliminary Results interviews

Stigma

there is still a lot of stigma around the subject of suicidality.

Peer specialists can play an important role in breaking the taboo

- by openly talking about suicidality,
- not judging it,
- Making it 'normal' subject to discuss.

Lessening the taboo surrounding talking about suicide was expected to have a positive influence on suicide risk

Conclusion : the role of the peer specialist

Our study (2017):

- a) Open non judgmental contact without professional agenda or professional distance
- b) Validation of the despairing experience of being suicidal
- c) Breaking the taboo of talking about suicide
- d) Explore the possibilities for making life bearable, keeping suicide as an option

Conclusion : the role of the peer specialist

Salvatore (2010):

- a) recognize warning signs of suicide in their peers
- b) validate the despairing experience of being suicidal
- c) become part of the suicidal person's support system
- d) track what happens after the acute suicidal crisis is resolved, appropriate follow up care

Conclusions

Conditions :

- Maintain enough personal distance
- Reluctance in sharing suicide stories
- Discuss boundaries with regard to suicide risk assessment, suicidal crisis situations, personal safety, privacy (e.g., keeping secrets, etc.), and sharing responsibility.

Conclusions

Peer specialists may fulfill a unique role in suicide prevention, on the condition that the pitfalls, issues, and burdens are alleviated and addressed by further professionalization and supervision

More dialogue between mental health care clinicians and peer specialists about the role of the peer specialist in the area of suicide prevention is needed, and the needs and experiences of suicidal care consumers should be taken into account as well.

Our next steps

- Interview care consumers
- Working on web content for 113online, Phrenos and the website for peer specialists on the subject of suicidality
www.rug.nl/gmw/ervaringsuicide
- Conference: November 2018 in Utrecht
- Report and educational program: end of 2018
- Steering committee : to be founded

Discussion

How can mental health care services and peer specialist can best be brought into a dialogue with each other?

How should peer specialists be trained with regards to suicide prevention?

What would you expect to be the (measurable) effects of peer specialist support on suicidal persons?

Questions? Suggestions?

Thank you for your time!