Health personnel struggle when interacting with patients with suicidal thoughts

Healthcare staff feel insecure when faced with talking about life's big questions with patients who are considering taking their own life, a new study indicates.

In 2016, 614 cases of suicide were registered in Norway.

Every year, between 4,000 and 6,000 individuals are treated within the healthcare system for suicide attempts, according to the National Centre for Suicide Research and Prevention.

Faced with these data, scientists have investigated how health personnel interact with patients who are in an existential crisis.

“It goes without saying that we have to work harder towards understanding the kinds of problems with which this patient group is struggling,” says INN University researcher Sigrid Helene Kjørven Haug.

Together with other researchers, she has conducted a study in which health personnel from different departments have answered and reflected on big questions. What does “existential” mean? How are such topics addressed with the patients? Do existential themes affect treatment?

Researchers now know more about how health personnel perceive existential themes.

The results provide insight into how existential topics are addressed when health personnel interact with patients who have attempted to commit suicide.

What is the meaning of life?

Haug uses words such as meaning, meaninglessness, loneliness, death and responsibility as examples of existential themes. They speak of something fundamentally human that we all experience, sooner or later.

She says that such themes also affect how people understand and handle their life situation in the face of great difficulty.

Therefore, she is convinced that if health professionals gain greater insight into the importance of existential themes, they will be better equipped in helping the patients with these central issues.

A need for protection

The Norwegian authorities have guidelines for the prevention of suicide in psychiatric health care.

They recommend that health personnel map out suicide risk among all patients receiving psychiatric health services and provide them with appropriate treatment.
“Mapping of the risk is absolutely necessary, but we also need knowledge about how patients understand and experience problems related to the existential aspects. We need more knowledge about suicide prevention and protection of people at suicide risk,” says Haug.

**Understanding the seriousness is demanding**

The participants in the study also discussed topics that they themselves considered as important to address with patients, and the importance of the actual conversation about suicide risk between health personnel and patients.

The study was carried out by researchers at INN University and the Psychology of Religion Centre at Innlandet Hospital Trust.

“One of the most important things we found in the study was that the participants have a genuine desire to help,” says Haug.

Although the participants came from different parts of the healthcare system, everyone was keen on communicating well with the patients.

Everyone shared their wish to understand the background for the patients' desire to take their own life.

At the same time, they stated that the interaction with the patient group is very demanding. In the face of the gravity of the patient's situation, they all felt they fell short.

They felt challenged on a personal level, and due to this felt they had to use their own and their professional experience to a greater extent than in other cases.

**Lacking knowledge when interacting with patients**

Participants pointed to existential themes such as hope and hopelessness, loneliness, meaninglessness, and shame. They stated that they lacked research-based knowledge and necessary tools for these conversations.

Instead, in such instances, they resorted to using their own professional standpoint, past patient experiences and the frameworks that applied to their department.

For example, the primary task of emergency medicine staff is to save lives. Only once they address their main task, can they assess the need for a conversation, if time allows.

However, outpatient clinics staff offered a different perspective. They can work with a longer-term view, after a life-threatening crisis has been averted.

**Need for national guidelines**

“Today's national guidelines are under review by the Ministry of Health. Here, there is a need for a separate section on existential themes supported by research-based knowledge,” recommends Haug.

She points out that existential themes are already a part of national professional guidelines for palliative care in the final stages of life.

This subject area is mainly covered by the Centre for Psychology of Religion at Innlandet Hospital Trust and MF – the Norwegian School of Theology, Religion and Society.
Knowledge incorporated into health education

Haug believes that research-based knowledge of existential themes should be included in education at all university colleges and universities.

It should also be a part of continuing education in health care.

“In the hospital, it is perhaps the hospital priest who has the most expertise in this area. Other staff members possess little background on existential themes within health in their education, although there is certainly some variation between cases,” concludes Haug.

Read the Norwegian version of this article at forskning.no [6]

Fact box

Advice & Support

According to the National Centre for Suicide Research and Prevention, the major risk factors for suicide are past suicide attempts and psychiatric disorders such as depression.

Being a fellow human being, being present and showing care is vital first aid.

People in acute situations (in Norway) can call 113 or the helpline for Mental Health 116 123. There is also several free helplines to find online.


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