Suicide risk among patients and families receiving hospice and palliative care

PROMOTING AN EVIDENCE-INFORMED SOCIAL WORK RESPONSE

Karla T. Washington, PhD, LCSW
University of Missouri
Collaborators

- David L. Albright, MSW, PhD; University of Alabama
- Debra Parker Oliver, MSW, PhD; University of Missouri
- L. Ashley Gage, MSW, PhD; University of Nebraska – Kearney
- Megan J. Mooney, MSW; Mosaic Life Care Hospital, Aseracare Hospice, Meierhoffer Funeral Home
- Alexandria M. Lewis, MSW, LCSW; University of Missouri
- Social Work Hospice and Palliative Care Network Members and others!
Why this study?

- Routinely use depression measure (PHQ9) in caregiving research studies
  - Over the past 2 weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?
  - Anything other than “not at all” → agency social work follow-up
  - Mixed responses
What do we already know?

- Not much!
  - Especially when filtering out research on physician aid-in-dying
- Depression is more common among those with serious illness and their families.
- Documented instances of suicide in hospice and palliative care exist.
  - Mostly patients; very little on caregivers or other family/friends
- Social workers (in all settings) are likely to encounter individuals at risk of suicide.
- Despite limited formal education, social workers generally feel competent in their knowledge and skill set related to suicide assessment/prevention.
Study aims

1) Determine the frequency with which hospice and palliative social workers (HPSWs) encounter patients, primary caregivers, and other clients at risk of suicide.

2) Determine the extent to which HPSWs feel prepared to address issues related to suicide in their professional practice.

3) Learn whether HPSWs perceive as adequate the amount of suicide education they receive in social work degree programs and continuing professional education (CPE).
Methods and Participants

- Cross-sectional survey of HPSWs
  - Direct practice and administrative roles
- 78 respondents
  - 23 US states (1 foreign country)
  - Mostly in direct practice, female, MSW or higher
  - Over half (61%) MSW-level clinical license
  - 60% hospice, 32% palliative care, 8% other
  - Wide range of social work experience (0-20+ years)
In the past 12 months, how many patients you served ....
- Exhibited warning signs for suicide?
- Attempted suicide?
- Died by suicide?
In the past 12 months, how many primary caregivers you served ....

- Exhibited warning signs for suicide?
- Attempted suicide?
- Died by suicide?
In the past 12 months, how many patients’ other family members and friends you served ....

- Exhibited warning signs for suicide?
- Attempted suicide?
- Died by suicide?

![Graph showing results for other family and friends]
Results: HPSW Self-Efficacy

- When I most recently became involved in an intervention with a patient exhibiting warning signs for suicide, I had sufficient **knowledge** about suicide to intervene.

- When I most recently became involved in an intervention with a patient exhibiting warning signs for suicide, I had sufficient **clinical skills** to intervene.
Results: Suicide Education Adequacy

- Of the respondents who could remember, approximately 88% reported they had received some education on suicide as part of their social work degree programs.
  - 21.3% did not believe it had adequately prepared them to work as a HPSW.
- Most (approximately 70%) had received some CPE focused on suicide.
  - Over 90% agreed that more would be valuable to their social work practice.
What does this mean for practice?

- Most HPSWs had encountered patients and primary caregivers who had exhibited warning signs for suicide in the past year.
  - Suicide-related competencies are important in the practice of HPSW.
- The overwhelming majority of HPSWs would like more education and training related to suicide.
  - Let’s do this!
  - Opportunity for social work leadership?
- We don’t have to rely on warning signs.
  - Tools exist to screen (e.g., PHQ2 → PHQ9)
  - Do you know what you would do if you encountered a client at risk of suicide?
KEEP
EDUCATING
YOURSELF