

Managing the risk of suicide and self-harm
among youths living in rehabilitation centres
for young persons with adjustment problems

English summary

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The complete version of this guidance (in French) is available on the website of INESSS in the Publications section.

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SUMMARY

Youths living in rehabilitation centres for young persons with adjustment problems are often vulnerable due to the various personal, family and social difficulties they face. Some of these youths exhibit suicidal¹ or self-harming behaviours. These issues are of concern to youth workers and managers of the Integrated Health and Social Services Centres (CISSS) and Integrated University Health and Social Services Centres (CUISSS) who work with this client group, in particular because of the distress experienced by these young people and the potential consequences of these behaviours. The gravity of such situations shows how important it is to ensure the safety and protection of these youths and, at the same time, to put in place interventions tailored to their specific needs.

Various actions aimed at managing suicide risk and self-harming behaviours have been carried out both locally and provincially in recent years. Stakeholders in the health and social services network have stressed, however, the challenge involved in harmonizing current practices. They have also expressed their willingness to adopt a common vision and language with respect to youth interventions. It is in this context and as part of its 2016–2019 three-year plan that the Institut national d'excellence en santé et en services sociaux (INESSS) [national institute for health and social services excellence] undertook the development of a clinical reference framework for managing suicide risk and self-harming behaviours among youths living in rehabilitation centres for young persons with adjustment problems. The purpose of this reference framework is to identify clinical guidelines for managing suicide risk and self-harming behaviours among these young people. These clinical guidelines are intended to support and better equip youth workers and managers in carrying out interventions in a rehabilitation centre setting. More specifically, the reference framework has been developed with a view to harmonizing practices while also ensuring that such practices are consistent with, and complement, the 2018 *Protocole d'intervention en santé mentale ou en situation de risque suicidaire pour les jeunes en difficulté recevant des services en protection et en réadaptation ainsi que pour leur famille* [intervention protocol in mental health or suicide risk situations for youth in difficulty receiving protective and rehabilitation services as well as for their families] issued by the Ministère de la Santé et des Services sociaux.

Methodology

This work was guided by two main objectives: the first was to identify clinical and organizational practices that optimize suicide risk and self-harm management; the second objective focused on factors that facilitate, and barriers that hinder, the implementation of these practices. The reference framework was developed using a methodology based on the integration of scientific, contextual and experiential knowledge and on the triangulation of data from the literature and information provided by the individuals consulted. Documentary research was carried out to determine the clinical and management practices available to those youth workers and managers who work

¹ In this document, suicidal behaviours include suicidal ideas, verbalizations and conducts.

directly with young people living in rehabilitation centres. As part of this initiative, INESSS was supported by a working committee of representatives from various sectors. The committee was involved in the process, which led to the identification of four general intervention principles, a clinical intervention process and twelve clinical guidelines.

General intervention principles

Taken collectively, the work described here enabled us to identify four principles to guide interventions with youths at risk of suicide or exhibiting self-harming behaviours. These principles reiterate the importance of fostering and sustaining collaboration with young people, their families and other significant persons. Using a collaborative approach that builds on the strengths and agency of these youths is a particularly effective way to mobilize them. Better mutual understanding and greater collaboration promote a climate of trust which, in turn, helps forge a therapeutic alliance with young people. However, suicidal or self-harming behaviours can create a heavy emotional charge in youth workers and impact this alliance with young people and any interventions that are carried out. A reflective practice can help youth workers develop an awareness of such a risk and enable them to adjust their interventions accordingly.

Another significant challenge that emerged was that of striking a balance between the needs of young people for safety and for relational support. Such a balance is part of a clinical process that takes a comprehensive view of the intervention and varies according to the situation, the youth's characteristics and the intervention context. While it is essential to remain vigilant and implement safety measures whenever required, it is equally important to provide young people with clinical accompaniment support focused on validating their emotions and distress. This search for balance illustrates the complexity of intervening with youths who exhibit suicidal or self-harming behaviours.

This balance is supported by teamwork and a sharing of responsibilities among the youth workers involved with the young people. Collaboration among the various stakeholders is important in ensuring that responsibilities are shared according to the role and nature of the youth workers' involvement in interventions intended to reduce a young person's suicidal and self-harming behaviours. This collaboration is also necessary to ensure effective risk management. Such a shared responsibility presupposes that team members have a common vision of the situation and are striving towards common goals, and that there is a clearly defined distribution of their roles and responsibilities. This outcome is achieved in particular by listening to the point of view of other people and by valuing each person's skills, experience and the knowledge they have of the young people. Such collaboration involves the youths, their families and other significant persons.

The following clinical guidelines are associated with the four general intervention principles:

Engage young people, their families and other significant persons and encourage their active collaboration

The management of suicide risk and self-harming behaviours is carried out in partnership with young people, their families and other significant persons. The intervention:

- takes into account the specific needs, strengths and difficulties of the young person and their family; it also respects the youth's rights and is conducted in their best interests;
- respects the capacities of the youth and their family, while also building up the young person's accountability and ability to act;
- helps the family and other significant persons gain a better understanding of the youth's behaviour and guides them in determining the support they need to offer.

Establish a therapeutic alliance with the young person

The management of suicide risk and self-harming behaviours is based on establishing a high-quality therapeutic alliance with the young person. To accomplish this, the youth workers involved with the young person are:

- reflective practitioners who develop an awareness of the effects that their perceptions and reactions have on the intervention and on their relationship with the young person;
- empathetic, considerate, available and flexible.

Foster sustained teamwork and coordinated interventions

Teamwork is built on a clear distribution of roles and sharing of the responsibilities related to managing suicide risk and self-harming behaviours. The youth workers involved with the young person:

- collaborate with the youth, their family and significant persons in implementing the required actions;
- have a common vision and language vis-à-vis suicide risk and self-harming behaviours;
- act in ways that complement the strengths, skills and experiences of each person involved with the youth;
- document, update and use communication and information transmission tools.

Seek the best balance to meet safety and relational support needs

In cases of suicide risk or self-harming behaviours, the intervention seeks the best balance to meet the youth's safety and relational support needs. To accomplish this, the youth workers concerned:

- ensure that the environment is safe and adapted to the situation, the youth's characteristics and the intervention context;
- encourage an intervention that focuses on validating the youth's distress in addition to managing their behaviour;
- ensure sustained clinical accompaniment support and remain available to allow the youth to verbalize their thoughts and emotions.

Clinical intervention process

Data collected from the literature and the individuals consulted led to the development of a clinical intervention process. Managing suicide risk and self-harming behaviours forms part of this ongoing dynamic clinical process, which includes detection, assessment and intervention. This clinical process builds on the general intervention principles that underpin management of this type of risk. Detection relies on a comprehensive view of the youth's situation and requires the youth worker to take the young person's life story, risk and protective factors into account. In addition, the youth worker observes signs of stress and any other events conducive to analyzing the situation. In keeping with the *MSSS Protocole d'intervention en santé mentale ou en situation de risque suicidaire pour les jeunes en difficulté recevant des services en protection et en réadaptation ainsi que pour leur famille*, when signs of stress are detected, youth workers implement measures to protect the youth and determine whether to consult the specialized support team or to refer the youth to this team for further assessment. The assessment process seeks to understand the youth's dynamics through their functioning, strengths and vulnerabilities in order to target their needs and thereby determine the appropriate interventions. Assessment activities that entail making a clinical decision about the youth's situation and communicating the conclusions reached are carried out in compliance with current Quebec regulations.

Individualized interventions with a youth aim specifically to strengthen the protective factors and act on those risk factors that can be modified through an intervention. Moreover, the intervention must be tailored to the intensity and fluctuations of the risk of suicide and self-harming behaviours observed so that decisions about appropriate measures can be made in an informed manner, in the youth's best interests and in accordance with their rights. It is important that the intervention encourage the young person's involvement in order to build up their accountability and help them reach healthier solutions. Youth workers may find it challenging to address the specific needs of individual youths living in a group setting. Youth workers must be mindful of peer influence, the effects of exposure to suicidal and self-harming behaviours and the risk of copycat acts.

Moreover, in a residential setting, there is a real risk of exposure to a suicide attempt, an actual suicide or serious self-harming behaviours. These events can affect the young people in the group, the youth workers and managers and other staff members, as well as families and loved ones. These potentially traumatic events may require instituting immediate psychological first aid in order to quickly address the basic needs of those affected and reduce their psychological distress.

The clinical guidelines associated with the clinical intervention process are as follows:

Detection based on a comprehensive vision of the youth's situation

For the duration of service delivery, detection of suicide risk and self-harming behaviours relies on a comprehensive vision of the situation of young people living in a rehabilitation centre. To accomplish this, the youth workers involved with the young person:

- review the youth's life story and the reasons they are living in a rehabilitation centre, and identify risk and protective factors having the potential to increase or reduce suicide risk or self-harming behaviours;
- are on the lookout for signs of distress exhibited by the youth in order to understand the meaning and implication of such signs;
- are constantly vigilant – and particularly when the youth is going through a critical time and experiencing a precipitating event.

Assessment focused on the youth's situation

When signs of stress linked to suicide risk or self-harm are detected, youth workers refer to the *Protocole d'intervention en santé mentale ou en situation de risque suicidaire*. If an assessment needs to be carried out by second- or third-line intervention teams, the frontline youth workers:

- communicate their knowledge of the youth's situation, the intervention context and any other clinical information, especially information documented through the use of specific tools or acquired through direct observation; in so doing, they are contributing to the assessment process.

Interventions adapted to the youth's needs and focused on their safety in a group living setting

In a group living setting, interventions aim to find a balance between the needs, strengths and interests of the individual youths and the group as a whole. The interventions therefore:

- rely on clinical programming and a code of conduct with benchmarks to guide the young people;
- take into account the influence of peers, the effects of exposure to suicidal and self-harming behaviours and the possibility of copycat acts;
- foster a group atmosphere and mutual support among the young people.

Managing suicide risk and self-harming behaviours requires individualized interventions tailored to the youth's specific needs in the most normalizing living environment possible. To accomplish this, the youth workers involved:

- implement a variety of interventions that reinforce protective factors and modify any of the youth's risk factors that may respond to an intervention in order to foster the development of healthy and constructive coping strategies;
- determine necessary safety measures based on the specific situation and risk level;
- involve young people in the process in order to help them take accountability for their own safety;
- support interventions that rely on a benchmarked safety plan (particularly during outings) that specifies the actions the youth should take and the people to contact when they are experiencing distress; this plan is implemented in collaboration with the youth, their family and other significant persons.

A potentially traumatic event may have physical and psychological effects that require immediate psychological first aid actions. Such actions:

- aim to reduce stress responses and to address the basic needs of an individual by offering safety, comfort, support, information and guidance as needed;
- facilitate the referral of individuals requiring specialized services to duly authorized professionals in the appropriate field of practice.

Organizational practices

The organizational practices identified as part of the project support implementation of the general intervention principles and clinical process steps. Although these practices are not limited to the issues of suicide and self-harm, they do help support and frame clinical practices, particularly in terms of safe living environments for young people and respect for their rights.

Effective management of clinical information entails keeping relevant clinical information up to date, making it available and sharing it; such management is a significant element in the intervention process and requires organizational support. Information must be communicated in compliance with legislation governing information disclosure and protection. Moreover, opportunities for professional development and support are important not only to ensure knowledge acquisition but also to support youth workers in their professional attitudes. Youth workers who feel properly equipped and supported in their practice will deliver high-quality interventions.

The clinical guidelines associated with the organizational practices are as follows:

Safe living environments

The safety of young people in their environment is an organizational responsibility that relies on collaboration by the various departments involved. In compliance with legislation

surrounding safety practices and government department regulations, the facilities ensure that:

- current guidelines, policies and procedures – particularly those related to limiting access to lethal means, managing hazardous products and medications and implementing specific or extraordinary measures (e.g., searches, confiscation, restraint, solitary confinement) – are known and understood by all youth workers and staff involved with young people;
- interventions carried out with the client group are in compliance with the facility's guidelines, policies and procedures.

Managing clinical information

Managing clinical information in a facility is fundamental and involves a number of its departments. Given the importance of transferring clinical information, particularly with respect to the risk of suicide, it is a good practice to:

- establish work schedules that include cross-shifts in order to allow the exchange of necessary relevant clinical information among youth workers;
- ensure that clinical information recording tools are simple and available at all times to youth workers;
- ensure that the decision-making hierarchy and clinical information guidelines, policies and procedures are known, understood and applied by youth workers and managers, especially those related to the transmission of information intended to prevent acts of violence, including suicide.

Training and professional support

It is important for facilities to implement ways of ensuring that youth workers receive the training and supervision they need for interventions with these young people, and that these workers be given accompaniment support in situations where risk management is imperative.

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