Suicide interventions in the acute hospital: Redefining the role of Medical Social Workers in Singapore, using a Community Based System Dynamics Approach (Work in Progress)

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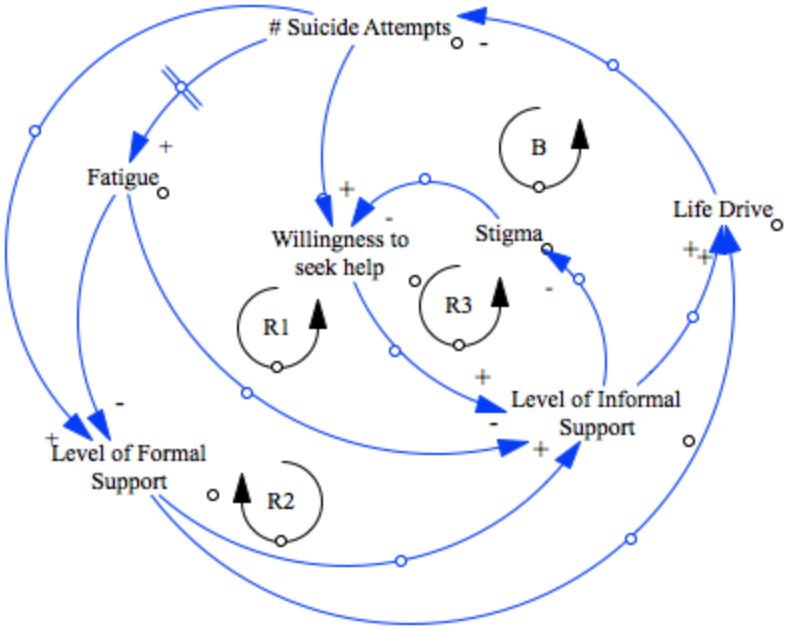
ABSTRACT

Suicide rate is growing in Singapore in spite of many efforts to reduce the rate of suicide. Medical Social Workers (MSW) in the acute setting have been providing evidence based interventions to keep those who attempt suicide safe. These brief interventions are cost-effective and produce good healthcare outcomes. The rising rate of suicide does indicate that these interventions are inadequate and more has to be done within and with the system. The use of Community Based System Dynamics (CBSD) has been used in many social and health services settings to improve policy and intervention (Hovmand, 2014). This paper takes the CBSD approach with MSWs in the acute setting to help improve suicide interventions.

In Singapore, suicide remains as the leading cause death for those aged 10-29 (Samaritans of Singapore, 2019). The rate of suicide has also increased from 2017 to 2018, 2.8 times more deaths than transport accidents (Samaritans of Singapore, 2019). MSWs at Sengkang Hospital have been trained to provide first aid in the form of evidence based intervention to ensure the safety of patients. Together with a team of healthcare professionals, those who have suicide ideation and attempts receive interventions pertaining to their health, mental health, psychosocial and other systemic aspects, with MSWs focusing on the social and systemic aspects. CBSD sessions were conducted with 8 MSWs interested in the topic of suicide. A Casual Loop Diagram (CLD) was drawn with insights highlighted. The CLD was also presented back to the MSWs for further validation. The main variable that was in discussion is “the number of suicide attempts” in the generic population. We asked participants what were the possible causes and effects of suicide attempts in order to build the CLD

Three main insights were drawn from these sessions which could be translated into action points for MSWs. 1) Improving informal social supports; 2) Therapeutic use of self ; and 3) Advocacy to destigmatize suicide.



1) Improving informal social supports Durkheim (2005) found that anomie and suicide had a close correlation. Similarly, participants also found that better informal social support helped to reduce suicide attempts. When probed further, the participants could see the feedback loop and the endogenous nature of the suicide system, as they bore in mind the impact of suicide on informal social supports. While suicide attempts often activate the informal social support, creating a balancing loop (B) , there could also be fatigue (R1) experienced by those within the informal social support. MSWs' interventions should then not only focus on helping the individual who has attempted suicide/have suicide ideation get better, but to also recognize the possible reinforcing feedback loop caused by fatigue experienced by those in the informal social support system. Providing interventions for the social support (E.g. self-care for carers) could be an important intervention in sustaining informal social supports. In a systematic review, Joe and Niedermeier (2006) also found that interpersonal interventions were useful in reducing suicide.

2) The therapeutic use of self Similarly, MSWs can feel burnout from facing suicide attempts, ideation and completion (Sonneck & Wagner, 1996). With every suicide attempt, there is a use of health and social services (e.g. emergency room doctors, ward nurses, MSWs). This variable helped to highlight how MSWs are also part of the system, affected by and affecting suicide. As MSWs, we often engage a attempter's community (activate their informal supports) with little consideration of the possible negative unintended consequences. MSWs may also forget that they may face burnout as well, and this may decrease the attempter's level of social support (R2). Though this is a well-known fact, there is no existing self-care system in place for MSWs to mitigate this unintended consequence.

3) Advocacy to destigmatize suicide. The CLD formed (referring to R3), also found that destigmatizing suicide can help to improve help seeking behavior. Similar studies have also been done to show the same results (Sonneck & Wagner, 1996).

The use of CBSD has been invaluable in co-creating solutions with fellow MSWs on providing systemic interventions for suicide. The need to provide caregiver support to each other and those in the informal system was highlighted. As the MSWs who oversee the overall MSW intervention of suicide in the hospital were present, the key point that simply providing first aid is

inadequate was well received and the team is working towards standardizing a more holistic intervention standard. To reiterate, this paper found these three insights important in reducing suicide 1) Improving informal social supports; 2) Therepeutic use of self ; and 3) Advocacy to destigmatize suicide.

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