Probation staff experiences of managing suicidal and self-harming service users

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Abstract: The current study sought to explore the impact of suicidal behaviours on probation staff, in relation to their experiences of working with Probation service users who have carried out suicide, attempted suicide or self-harm. Thirteen in-depth interviews were carried out with probation staff who had direct contact with Probation service users in one Probation area, and had varying degrees of experience of managing suicidal or self-injurious service users. These were analysed using Thematic Analysis and five themes were identified. Findings indicate that staff felt that suicide and self-harm by service users are serious issues which need to be recognised and dealt with in an effective yet compassionate manner. However not attending the Suicide Prevention Training or lack of experience was perceived as restricting their ability to know how to deal with these individuals, and offer support. Furthermore, staff were emotionally affected by these incidents and it is recommend that they should continue to be provided with access to appropriate support services after an incident.
Abstract

The current study sought to explore the impact of suicidal behaviours on probation staff, in relation to their experiences of working with Probation service users who have carried out suicide, attempted suicide or self-harm. Thirteen in-depth interviews were carried out with probation staff who had direct contact with Probation service users in one Probation area, and had varying degrees of experience of managing suicidal or self-injurious service users. These were analysed using Thematic Analysis and five themes were identified. Findings indicate that staff felt that suicide and self-harm by service users are serious issues which need to be recognised and dealt with in an effective yet compassionate manner. However not attending the Suicide Prevention Training or lack of experience was perceived as restricting their ability to know how to deal with these individuals, and offer support. Furthermore, staff were emotionally affected by these incidents and it is recommend that they should continue to be provided with access to appropriate support services after an incident.

Key words: Suicide, Self-harm, Probation Staff, Thematic analysis
There is currently little known about suicide by offenders serving community sentences (Mackenzie, Borrill, & Dewart, 2013) despite these offenders having an elevated risk of suicide attempts (Pluck & Brooker, 2014) and eventual suicide (Sattar, 2001). There also appears to be limited research on the experiences of probation staff dealing with these issues (Harding & Cameron, 1999). Recent research confirms that probation staff are frequently exposed to suicidal service users and are active in decision making about their level of risk (Cook & Borrill, 2013). Community sentences have increased in the UK leading to an increase in probation staff caseloads (Solomon & Silvestri, 2008), which may make it more difficult for staff to deal with these sensitive issues. It is therefore important to consider the impact that suicidal behaviours¹ have on professionals working within probation settings.

Suicide prevention is imperative for all agencies working with vulnerable groups, the current study is therefore timely considering the partitioning of the Probation Service into the National Probation Service (NPS) and the Community Rehabilitation Companies (CRC) (The Ministry of Justice, 2013).

Information from prison studies indicates that staff often hold stereotypical attitudes towards repetitive self-harm and see it as a form of attention seeking and manipulation (Ireland & Quinn, 2007; Kenning et al., 2010; Liebling, 2002; Short et al., 2009). Furthermore, prisoners are aware of these negative attitudes which may cause further harm (Ciclitira, Adler, & Marzano, 2012). However these findings may not be transferable to staff working in community settings who may have very different experiences of dealing with suicidal offenders.

An Australian study focussing on community correction officers who had experienced at least one service user dying by suicide (Biles, Harding, & Walker, 1999) found four main themes: concerns about breaching duty of care towards their service user; uncertainty about the procedures for dealing with suicide; insufficient support for suicidal service users; overwhelming emotional distress due to Service User death by suicide. These mirror findings from UK prison studies (Adler & Marzano, 2007; Wright, Borrill, Teers, & Cassidy, 2006) in which staff were left with unanswered questions, feelings of guilt and a sense of ‘could I have done more.’ These findings suggest that professionals working with individuals who complete suicide may be affected emotionally (Grad, 2011).

¹ For the purposes of this study suicidal behaviours include: suicide, attempted suicide, serious self-harm, and self-harm, as staff spoke about all types of behaviour.
The current study thus sought to explore the impact of suicidal behaviours on probation staff - a group whose experiences have yet to be explored. The research aims were broadly driven by the following research questions:

- What are the experiences of staff dealing with service users who have attempted suicide, self-harmed, or completed suicide?
- How do they manage these experiences?
- Do staff feel that they have adequate knowledge and training to deal with suicidal and self-harming service users?

**Method**

A qualitative approach was chosen as it enabled an in-depth exploration of participants experiences, particularly valuable for insight into under-researched topics (Smith, 1995). Semi-structured interviews were carried out with Probation staff in one metropolitan Probation area2 during 2012-2013 who had direct contact with probation service users. The research took place before the division of the Probation Service into the NPS and the CRC. The research was approved by the University Ethics Committee, by the Probation Trust, and managed in consultation with the Probation Trust’s Suicide Prevention Forum.

**Participants**

Participants were recruited purposefully in order to include a range of job roles and level of experience in dealing with self-injurious service users. Recruitment was through posters displayed in probation offices and emails to all Probation staff. All staff in the probation trust who worked directly with service users in probation offices or in approved Premises (AP) were invited to take part, whatever their level of experience of working with service users at risk of suicide or self-harm.

13 Participants (3 males, 10 females) were interviewed. Participants self-described ethnicity included; White British (N=7), Black British (N=2), White Irish (N=1), Brazilian (N=1), Black Caribbean (N=1), White Other (N=1). Their roles included: Probation Officer; Intervention Offender Supervisor; Forensic Mental Health Practitioner; Residential Assistant; Deputy Manager at an AP. All but one had previously dealt with a least one suicidal or self-

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2 The Probation area of focus has a suicide prevention action plan in place, runs suicide prevention training for staff, and makes suicide prevention resources available online to staff.
harming service user. Participants were aged between 25-60 years and had worked for Probation for 1 to 24 years.

**Interviews**

Interviews lasted approximately 40 minutes and were audio-recorded. Interviews were conducted face-to-face or by telephone depending on staff availability and preference. Participants were briefed about the nature of the research prior to the interview and provided written or verbally recorded consent to take part.

A topic guide was designed to focus on the main aims: participant’s experiences of dealing with suicidal/self-harming service users, their views on staff support, and perceived training needs. Participants with limited experience of dealing with suicidal service users were asked how they would feel about managing these types of situation.

**Data Analysis**

Interviews were transcribed verbatim and analysed using thematic analysis. Thematic analysis (TA) is a flexible qualitative method that is used to analyse patterns in data (Braun & Clarke, 2006). TA was considered particularly suitable for this study because it allows the flexibility of analysing patterns that are both latent and semantic, allowing the researchers to go beyond the descriptive accounts given by participants and considering underlying feelings, motivations and causes for particular behaviours. Six stages of TA (Braun & Clarke, 2006) were followed. The first author carried out the interviews, transcribed and coded them. Each transcript was coded line by line and then analysed for re-occurring themes that presented meaningful and consistent patterns. These themes were then reviewed and refined; collapsing some themes into overarching themes. The researcher then defined and named themes to adequately represent the essence of each theme. Themes were checked for consistency and prominence by the co-authors.

**Results**

Five main overarching themes were identified (table 1).

| Table 1. Main overarching themes and subthemes |

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Understanding Suicide and Self-harm

Participants described making sense of their service users behaviour by finding ways to gain an understanding about it. This was often related to their broader attitudes towards mental illness, based on personal experiences or, in some cases, wider stereotypical attitudes:

“…when people are psychotic they are often at risk of harm to others, there are loads of murders where psychotic people push other people under trains.” (BA)

Participant views about mental illness were used to inform their understanding of their service user’s self-injurious behaviour, but when no diagnosed illness was identified participants instead relied on their pre-existing views about that service user. For example, CH contrasted the self-harm of two of her service users, attributing one service users harming to her mental health problem, whilst the other’s was perceived as manipulation and under his control.

“…she would cut herself very differently to him... she had personality disorder and a drinking problem so it’s quite common, but I think he is a bit different and is doing it for different kind of attention... to get what he wants.”

Participants also attempted to understand the perceived purpose or motivation behind their service user’s self-injury. As in the example above and below, motivation to harm was sometimes perceived as a means for service users’ to gain control over something external to themselves, and in these cases self-injury was referred to as ‘manipulation’ and ‘attention seeking.’

“…he would become anxious and that is the time when he would start to self-harm as well. Or when people were rude to him or don’t pay any attention to him, because he was a little bit of an attention seeker... when people wouldn’t give him the time.” (WE).

Such views were less common in those participants who had attended the suicide prevention training or had more direct experiences of suicidal behaviours. For these participants, suicidal behaviours were perceived as having an internal purpose such as a ‘cry for help,’ or self-harm as a ‘release from frustration.’ MA, for example, commented on his service users self-harm:

“...he said that it was about a way of releasing pressure that had built up within side himself.”
Suicidal behaviours were also understood in relation to perceived seriousness. Service users who disclosed their feelings were viewed as less serious and therefore less likely to go on to complete suicide: “they (the serious ones) don’t talk about it that much, and they just do it” (BA). Whereas “people who probably talk more about it are less likely to want to actually die” (RU). Repeat self-harmers or those with previous suicide attempts were regarded as less serious and less likely to eventually complete suicide, in contradiction with research findings (Joiner, 2005).

“I remember that there was one when I was training... a man who had been in the system for years and he used to regularly attempt suicide... But none of them were serious, serious attempts on his life.” (RU)

However, this attitude changed when staff had experience of dealing with suicidal service users, where repetitive harmers were viewed as equally vulnerable as service users who had not previously self-harmed. RU reflects on her shift in perspective in relation to the service user described above:

“I certainly didn’t take it as seriously as I would now. So I think that that comes with, once you have dealt with a few cases...”

Learning to Manage Suicidal Service Users

Participants referred to the process of learning about suicidal behaviours through training and experiential learning. An optional training course on suicidal behaviours and intentional self-injury is offered by the probation trust to all frontline staff but is mandatory for AP staff. Only 2 participants (JA and RU) had completed the training, which was rated highly by both, whereas the majority of participants repeatedly referred to their lack of training. RU felt that the training “helped with my practice” and helped her to develop confidence in dealing with suicidal and self-harming individuals. In contrast, most participants expressed a lack of confidence in knowing the protocol if a service user were to disclose suicidal feelings or self-injury.

“...there is no actual sort of flow chart of what to do if someone harms themselves or discloses that they are going to kill themselves... other than... do a welfare check.” (SA).
It is evident that training is available, however, participants’ explanations for not attending suicide training included being overwhelmed with their current workload and feeling under pressure to attend other training sessions.

“I was told there are far more important... courses to attend than this one, like risk assessments...” (WE)

Participants also considered what information and skills they needed when dealing with suicidal service users, such as how best to talk to them:

“...the Samaritans must be trained in certain way for people ringing and saying I'm going to kill myself... I haven’t had any training.” (MA)

Participants reflected on how experience prepared them for dealing with suicidal behaviours and raised their awareness of the potential issues related to these behaviours. NA disclosed how one incident in particular had developed her vigilance in relation to service users’ behaviours and feelings.

“...I had a big lesson... now I really pay attention to how the residents look... if they look down, if they are not relating to anybody, if they are quieter.” (NA)

In contrast, limited experience impacted on participants’ confidence and ability to handle suicidal service users causing anxiety.

“I think I’d only been there for three days. You know and I was sitting there going ‘I can’t deal with this’ I don’t know what to do (laughs).” (SA)

**Predicting the Unpredictable**

Suicidal behaviours were perceived to be unexpected, unpredictable, and unanticipated even when service users had been experiencing low moods:

“I was kind of shocked that it happened... Because you don’t really expect it, and yeah he's going through difficulties, but you just don’t see it coming.” (KE)

Despite the perceived unpredictability of suicidal behaviours, participants tried to retrospectively establish whether their service user indicated suicidal intent prior to their behaviour. For example SA referred to her service user becoming upset during supervision meetings prior to his suicide attempt; “he had been tearful in interviews during the past”
(SA) and BA ruminated on how she ‘hadn’t understood’ the impact of her service user’s forthcoming retirement in terms of losing his support network:

“…in supervision we had started to look at what would happen when his working life came to an end… perhaps I hadn’t understood… how much you know, what his coping mechanism in the future would be… a lot of his support came from his work place”

Some potential indicators or triggers of suicidal behaviour were specific to the probation process such as missing appointments or awaiting a court sentence.

“…he was on remand waiting to go to court, he was on bail not in custody, he then attempted to kill himself.” (HA)

Uncertainty or change, including a changes to their sentence were perceived as potential triggers due to the stress it caused service users. Other changes included “changing…medication,” “swapping GP’s and psychiatrists” (SA).

“When he was uncertain… for example housing… he couldn’t find permanent accommodation… then I would notice that he would become anxious and that is the time when he would start to self-harm.” (WE).

Other triggers discussed by participants included arguments with loved ones. These were associated with an increase in impulsivity and subsequent attempted suicide/self-harm. For example JA considered her service users’ violent relationship with her partner to be the main trigger for her near-lethal behaviour:

“…it had come after an assault by her boyfriend. She’d been on a bender, she’d been hit by him again, I think that had triggered her doing that (seriously self-harming).”

Additionally, alcohol was viewed by staff as a contributing factor to suicidal feelings and behaviour. CH linked her service users serious self-harming to her alcohol use “…because she was a drinker and it used to happen”. It was recognised that alcohol could serve as a coping mechanism, potentially masking other issues such as depression.

“He was saying to me… when he does get depressed try and drink as much as possible really” (SA)

Participants reflected on the complexity of suicidal behaviours by considering the multiplicity of issues which led to suicidal intentions and behaviours. Multiple problems made it difficult
for participants to identify one sole cause or trigger of their service user’s behaviour. When participants were unable to explain their service users actions they tended to refer to their limited control over the situation.

“There’s nothing that you can do to prevent them self-harming, when they want to self-harm they will self-harm there’s nothing that you can do.” (NA)

Supporting Suicidal Service Users

Participants discussed a range of approaches for supporting service users depending on their individual needs and situation. Some participants tried to support their service users by listening and talking to them about their suicidal feelings. This was seen as providing an opportunity for service users to explore their feelings, particularly for those who had not previously disclosed their suicidal feelings to probation staff.

“Always talk about it with them. Because not everyone will be as open and as forthright as her (service user who disclosed suicidal behaviour).” (JA)

Participants felt that talking with a service user enables them to gather information about what the service user is planning to do and gain knowledge about how to provide them with the best support. NA said that it useful to “…talk about consequences and the reason why they have done it… and if they have any other coping mechanisms around them.”

However, in contrast some participants felt uncomfortable talking to their service users about suicide and were concerned that they would make the situation worse because of their lack of knowledge and expertise.

“…I didn’t know what I was talking about, it wasn’t my field. So I was very conscious about what I was saying, I wasn’t sure if I was saying the right thing or not.” (WE)

Referring a service user to a specialist for help was, in these cases, viewed as the most appropriate action. Specialists were regarded as an important source of support for both staff and service users, and were particularly useful for participants who lacked confidence talking to their service user about suicide. Having a specialist to turn to in a crisis helped relieve anxiety and stress.

“…we have got... the personality disorders psychiatrist and we have got somebody from mental health here, I feel more supported because I can go to them.” (RU)
Several participants had service users who were already accessing support for their suicidal behaviour/thoughts from other services. This pre-existing support from specialists was perceived as supportive for both the participants themselves and their service users.

“He had quite a lot of support already in place... I’m not sure how I would have reacted or if I would have done anything differently if he hadn’t had that support mechanism in place.” (SA)

Pre-existing support provided reassurance that their service user would receive appropriate help for their suicidal feelings, as well as helping to relieve time constraints that staff already faced in their busy day-to-day roles.

“…to an extent I think what made it easier… he had an appointment with the PD (personality disorder) service… so I didn’t have to think too hard about any long term intervention because it was going to happen anyway.” (HA)

Some participants sought to support their service user by establishing communication with other parties involved in their care. This communication enabled them to gain a wider understanding of their service users’ needs and ensure their support is sufficient.

“…as he goes to the centre (mental health care centre) on a regular basis, my first port of call is that, is to go to the mental health resource team and alert them.” (BA)

Communication between probation staff was viewed as particularly important, and more so for those who work in AP’s where there is more opportunity to spend time with their service users than in probation offices.

“Communication with the resident is very important, as well as the staff, because when I am not here my colleagues continue the job of trying to find out how the person is and being aware of the situation... communication is very important.” (NA)

Participants, particularly those who work in AP’s, felt that monitoring their service user was important both in terms of providing appropriate support and preventative action.

“...We pay attention to everything that they do, the letters, the emotional state, health, everything...their everyday life, who they communicate with... If someone has a history of self-harm then I would do ... a monitoring chart... All the staff they look at it.” (NA).
However, for those working in probation offices, immediate monitoring is not always possible due to the time delay between a service user disclosing suicidal feelings and their next appointment.

“...he rang me and said I can’t carry on. I’m going to kill myself I’m going to cut myself and came in a couple of days later and actually spoke to me about it.” (SA)

Support for Staff

Participants often experienced feelings of powerlessness when their service users carried out suicidal behaviours. This was particularly apparent if their service user had died, and was often accompanied by a sense of guilt: “I felt really guilty because I felt… I should have known.” (RU). Moreover the participants went through a process of self-questioning:

“...I felt guilt for not noticing the person. And I know on one level I have nothing to do with it and on the other level you always feel responsible.... You think... maybe I could have done better, maybe I should have noticed. Maybe I should have spoke to that person before.” (NA)

Participants were thus left with unanswered questions about their service user’s death, particularly whether anything could have been done to prevent their suicide. A particularly troubling aspect of this for participants was knowing that they would never get the answers to these questions.

“...you can’t ask the person why did you do that, so you’ll never get an answer to your question... it’s just like an unfinished book really, that’s the only way that I can describe it...” (PA).

Participants were affected by their service users’ behaviour irrespective of the outcome, with many experiencing feelings of anxiety due to their on-going concerns that their service user would complete suicide following a suicide attempt:

“...it does make me worry at how much of a risk she is to herself... I suppose it makes me more concerned about her... I guess more anxious.” (JA)

Furthermore, seeing the results of their service users’ self-injurious behaviour was difficult, for some participants:

“...you’re never really expecting to see the results... but when they come in and they show you their scars it can be pretty harrowing.” (SA)
Interestingly, SA also discussed how frequent exposure to self-harm and suicide can reduce the emotional impact and facilitate coping with the visual consequences.

“I think probably the longer that you are in the job the more, not hardened you get but I don’t know but you just find ways of dealing with it.” (SA)

All staff felt that support was available when a service user self-harmed or carried out suicide. Nearly all of participants were aware of the support they could receive from a confidential counselling service working in partnership with probation. The service had a good reputation amongst the staff, irrespective of whether they had used it. Participants also looked for support from senior colleagues, however, the availability and usefulness of this support depended both on manager attitude and participants willingness to seek out support.

“I think there is a big variance between various seniors, my one here… well I’ve not had a sudden death here yet but, I couldn’t imagine that I wouldn’t get the support I want. But… I’m extremely good at seeking out what I need.” (BA)

In contrast, RU stated that: “…my manager wouldn’t care less but others are more supportive of their staff.”

The most frequent form of support came from discussions with co-workers and peers. For example MA felt that her co-workers had been very supportive when her service user had attempted suicide “I think that might just be more luck that there are lots of people here that are really nice. But I don’t know if that’s across the board…”

Support from colleagues was seen as the most accessible and valuable. It enabled staff to off-load their feelings immediately after an incident and to gain a range of perspectives on different situations: “…a lot of us just use peer supervision because that’s the thing that’s quite effective when you come out of seeing someone and you just start talking about it.” (RU)

In contrast, some voiced concerns about the adequacy and availability of support particularly in relation to practical constraints, such as availability of senior staff sometimes leading to delays in accessing support.

“I would have felt that I didn’t have the right support in the office because I don’t know if my manager was in or not.” (CH)
Discussion

The current study is, as far as the authors are aware, the first qualitative study to be carried out with Probation staff in England regarding suicidal behaviours by service users, and has gone some way to shedding light on the needs of staff and provide a focus for future work. The findings suggest that staff were aware of the complex nature of suicide, but also struggled to make sense of this behaviour particularly with respect to motivation and seriousness. Staff inconsistently reported taking part in training with several relying on their own experience and views about mental health which could be inaccurate. Staff with limited training or experience of dealing with suicidal behaviours struggled with knowing how to manage these service users. Nevertheless, staff were keen to develop their understanding of suicide and to provide support. Having health specialists available when they did not feel confident with managing the situation was perceived as particularly useful. Staff felt that support was available to them if they were affected by a service user’s behaviour, however the availability and adequacy of line manager support appeared variable.

Unlike findings from prison research (Batsleer, Chantler, & Burman, 2003; Rayner, Allen, & Johnson, 2005), staff did not categorise self-injurious behaviours into ‘good’ or ‘bad’ but perceived them as having either an internal or external function. Internal functions included communicating feelings or expressing emotions such as frustration (Kenning et al., 2010; Pannell, Howells, & Day, 2003). However, staff interpretations of external motivation were sometimes based on negative stereotypes, with reference to ‘manipulators’ and ‘attention seekers. Staff without suicide prevention training were more likely to use external attributions which perhaps stemmed from a lack of confidence and knowledge about the issue (Liebling, 2002; Short et al., 2009). This finding is of particular concern since previous research has demonstrated that even when offenders admitted an underlying manipulative purpose to their actions, they were no less vulnerable to suicide (Hills, Dear, & Thomson, 2000). Furthermore, lack of knowledge on this issue may interfere with the day-to-day management of these offenders (Corrigan, 2004) affecting the way in which staff approach these individuals, and causing vulnerable service users further distress (Ciclitira et al., 2012). It is also important that staff do not over-focus on ‘seriousness’ of self-injury as a potential indicator for eventual suicide, as previous research indicates that lower levels of self-harm are linked with eventual suicide (Hawton, Linsell, Adeniji, Sariaslan, & Fazel, 2013; Joiner, 2005).
In contrast with research with community corrections officers (Biles et al., 1999), and despite
difficulties outlined above, staff were satisfied with the support that they were able to offer
their service users. Support methods employed were similar to those recommended for
supporting suicidal prisoners and suicidal individuals in general, including: listening (Snow
& Biggar, 2006; The Department of Health, 2012); referring to specialists; and good
communication and collaboration between all parties involved in the service users welfare
(Dear, 2006).

Staff in the current study experienced distress during the aftermath of a suicide, attempted
suicide or serious self-injury by a service user (Biles et al., 1999). Their feelings of guilt
have also been described by other survivors of suicide (Grad, 2011) and have previously
shown to contribute towards burnout in professionals dealing with suicidal individuals
(Coffey, 1999). The current findings, therefore highlight the significant emotional
consequences suicide can have on staff, as well as the need for sufficient support mechanisms
to be in place for staff during an aftermath of a service user’s suicide, and after dealing with a
suicidal service user. Staff in the current study did feel able to get support from a range of
sources including a counselling service, and peers, although manager support was not always
immediately available. Interestingly staff reported that having some experience with self-
harm/suicide helped them to cope more effectively, but some staff reported becoming numb
and detached over time. This sense of emotional numbness has also been reported in other
professionals exposed to suicide and self-harm (Crawley, 2004). Numbness is seen to
provide an emotional coping or defence mechanism that enables people to deal with stressful
or upsetting situations (Bowins, 2004), although repetitive exposure can also lead to
desensitisation and a lack of empathy (Sanderson, 2013).

When faced with a suicide, staff went through a sense-making process to re-construct their
service users behaviour and to understand causal factors, as found in other survivors
(Dransart, 2013). This re-construction occurred through the identification of factors that
could have been used to predict this unpredictable behaviour. During this process of sense-
making, some staff concluded that suicidal behaviours are unpreventable (Adler, Ciclitira, &
Marzano, 2013) – this helped participants to distance themselves from responsibility for the
situation and may have provided them with a way to cope (Crandall & Perrewe, 1995),
although long-term this may be unhelpful. Staff identified a number of factors as potential
indicators and triggers for the suicidal behaviour which have also been found in broader
research on suicide: excessive alcohol consumption (Cherpitel, Borges, & Wilcox, 2004;
Cook & Borrill, 2013; Rossow, 1996); arguments with loved ones (Bancroft, Skrimshire, Casson, Harvard-Watts, & Reynolds, 1977; Conner & Ilgen, 2011); and mental illness (Marzano, Fazel, Rivlin, & Hawton, 2010; Rivlin, Hawton, Marzano, & Fazel, 2010).

In addition staff identified potential triggers and indicators of suicide and self-harm that are specific to the probation process, namely awaiting a court sentence and missing appointments. Awaiting a sentence has also been found to be a trigger for suicidal behaviours in offenders on remand in custody (Kimmett, 2004), however offenders in community settings cannot be as closely monitored as offenders in prison, therefore may be at heightened risk. Although offenders may miss appointments for other reasons, the results of this study suggest staff should try to explore these types of issues with service users in order to identify possible risk.

Overall these findings highlight the importance of adequate training for all probation staff working with ‘at risk’ and ‘potentially vulnerable’ individuals. Training staff who work closely with individuals at risk of suicide and self-harm is one of the key objectives set out in the Governments current suicide prevention strategy for England & Wales (The Department of Health, 2012). Training for staff in the current study was optional for those who work in Probation offices and only mandatory for those staff who work in approved premises. The Probation area of the current study did have training in place which is run by forensic psychologists, but not all 35 Probation areas in the UK have suicide and self-harm training available to staff. Furthermore, the Probation area researched has a specific suicide prevention action plan and a suicide prevention forum which informs the suicide prevention work undertaken. However this is not replicated across other probation areas. Educating staff about mental illness and self-injurious behaviours in other settings has shown to increase their confidence and reduce stereotypical attitudes (Daniel, 2006).

Plans to decrease the number of prison sentences and increase the number of community sentences for offenders with mental health needs and drug problems (Ministry of Justice, 2013), make it essential that staff training is continuously reviewed and updated across all NPS and CRC areas to ensure staff have sufficient knowledge to cope with and manage this group effectively. These findings also demonstrate that continuing to provide staff with a range of options for immediate and on-going support after an incident is essential (Grad, 2011). Furthermore, ensuring that these forms of support and training do exist for those working with both the CRC and the NPS is particularly important, as many vulnerable service users are now being monitored by staff working for CRC rather than the NPS.
The current study used a small sample restricted to only one of the thirty five Probation areas across England and Wales, making it difficult to generalise these findings to other areas. Furthermore the participants in the current study were self-selecting which may reflect a particular interest in suicidal behaviour. However, it could be argued this makes the findings of particular note given the need for more knowledge and support felt by some participants. It would be useful for future research to include larger participant samples, and where possible include comparisons between the views and experiences of staff with varying roles within probation, for example comparing mental health workers with offender managers.

Conclusions
The findings from the current study demonstrate that probation staff in this sample perceived managing suicide as an important aspect of their work. They were positive about the support that they were able to provide, although sometimes lack of training or experience restricted their ability to know which form of support was most appropriate. Not surprisingly staff felt emotionally affected by the behaviours of their service users and despite having support channels in place, they felt that support should be easily accessible after an incident. It is recommended that suicide prevention training continues to be provided and should be prioritised for all staff working with offenders in the community, including both NPS and CRC staff. Furthermore, the impact of suicide will affect CRC as well as NPS staff because suicides are found in service users with a wide range of levels of offending, not just those who are assessed as high risk of reoffending. Therefore managers have a vital role in supporting staff and should be provided with specific training to help them provide this support.
References


