

Managing suicidal crisis at the Sydney Medically Supervised Injecting Centre (MSIC)

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Introduction: People who inject drugs (PWID) are at increased risk of dying by suicide compared to the general population. Standard strategies for identifying escalating risk relate to factors highly prevalent among PWID (e.g. previous attempts, substance use patterns). High rates of trauma among clients also impact their experience of healthcare. The Sydney MSIC undertook research to inform a targeted protocol to manage suicide risk among MSIC clients more effectively. This presentation discusses protocol changes and the unique complexities in managing suicide risk within a low threshold harm reduction setting.

Method: Narrative review of focus group findings, protocol changes and ongoing challenges in managing risk.

Key findings: Focus group feedback clearly identified the need to move away from standardised risk assessments to more collaborative care when clients have suicidal thoughts. Clients reported structured assessments as extremely damaging and not conducive to building rapport. MSIC staff reflected on challenges of safety planning as client interaction is opportunistic and follow-up limited.

Discussions and Conclusions: Findings informed protocol changes that reflect the broader move from medical responses to suicide risk (e.g. emergency departments) to more collaborative community responses (e.g. safe haven services). For PWID, the challenge remains whether service criteria (e.g. acute intoxication) may result in exclusion from these services when they are in crisis. The challenge for MSIC is balancing duty of care with a response based on fundamental service values of transparency and collaboration. An involuntary referral for suicidality may lead to a client not returning for supervised injection, therefore potentially increasing the risk of unsupervised overdose. Striking the right balance is critical to ensure clients' mental health is managed, whilst they continue to use the service.

Implications for Practice or Policy: Protocol changes will reflect care that is based on compassion, empathy, transparency, and collaboration, whilst ensuring a duty of care.

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