

If suicide and suicidal expressions color the day: what does that do to you and me? A qualitative study on the experiences and needs of adolescents and social workers in youth mental healthcare and its collaborating partners

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The aim of this research is to gain insight and knowledge about the perception of adolescents, social workers and their chain partners in living groups where suicide problems occur. To achieve this goal, a main research question has been formulated...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON48082

Source

ToetsingOnline

Brief title

If Suicidal ideation color the day: what does that do to you and me?

Condition

- Other condition

Synonym

impact of suicidal intensions and suicidal statements on youth living in youth care facilities, impact of thoughts of death or suicide

Health condition

leefklimaat op leefgroepen

Research involving

Human

Sponsors and support

Primary sponsor: Karakter, Kinder en Jeugdpsychiatrie

Source(s) of monetary or material Support: ZonMw

Intervention

Keyword: Chain care, Group dynamics, Suicidal ideation, Youth mental health care

Outcome measures

Primary outcome

The semi-structured in-depth interviews will consist of open questions in order to ask the participants' experiences as fully as possible. We work with a topic list. The topic list will be exploratory in nature and focus on gathering knowledge and experiences around the topic. In the preparatory phase, the project team, including experience experts, care providers and researchers, will generate participatory questions in the topic list. The topic list will be adjusted during the course of the research, based on advancing insight, during meetings with the project team. The following themes will be discussed for each target group (these themes will of course be elaborated in more detail and only give an indication):

Group 1: Adolescents (12 to 18 years) who stay in a JeugdzorgPlus institution

- How should care providers act with regard to adolescents who express suicidal thoughts or suicidal behavior? What are the measures taken by institutions?

- What is the effect on the group in case of a suicide or suicidal expression by a group member?
- How do you deal with a group member who has suicidal manifestations?

Group 2: Social workers within the JeugdzorgPlus

- What is the institution's suicide prevention policy?
- Which evidence-based interventions for psychological problems (such as trauma or depression) are used?
- How is the chain acted (or omitted) in the (ortho) pedagogical field and / or in relation to suicide prevention?
- Do they have the impression that there is a lot more psychiatric problems and if so, roughly in how many percent of the cases and which problems in particular?
- How does are the triangle of adolescents - parents - care provider act in case of signaling suicidal behavior?
- What are the experiences of care providers in the JeugdzorgPlus regarding suicidal thoughts / suicidal behavior?
- What is the effect of a suicide on the care provider's actions (and needs)?
- What does the action consist of?
- What are the needs of care providers in the youth care plus for acting?
- What are possible reasons why adolescents who are confronted with this problem are placed sooner in the JeugdzorgPlus then earlier?
- In what way would the JeugdzorgPlus provide an answer with regard to the suicide problem (located in the treatment climate or in the safety offered)?

Group 3: Social workers from cooperating chain partners

- How is the chain acted (or omitted) in the (ortho) pedagogical field and / or in relation to chain partners?
- What are the experiences of care providers with regard to suicidal thoughts / suicidal behavior: what does the action consist of?
- What are the needs of care providers in the chain for cooperation?
- In which way would the chain partners of JeugdzorgPlus provide an answer with regard to the suicide problem (located in the treatment climate or in the safety offered)?
- If there is an increase in admission of adolescents with suicidal behavior in the JeugdzorgPlus, what is the basis for this?

Secondary outcome

Not applicable

Study description

Background summary

During the summer/fall of 2018, various media expressed the concerns about the increased number of suicide attempts in closed Youth mental health care institutions (JeugdzorgPlus).

ZonMw has, on behalf of the Ministry of Health, Welfare and Sport (VWS), the Directorate of Youth and input from the institutions involved, launched the *Longitudinal Impact Monitor Youth Care Plus* with various research themes. In one of these themes the central question is how suicidal thoughts and suicide among adolescents influence the cooperation between chain partners and the (group) dynamics in the *JeugdzorgPlus*.

JeugdzorgPlus is offered to children and adolescents who are not eligible for lighter forms of mental health care. JeugdzorgPlus aims to realize behavioral change so that the adolescents can again participate in society. JeugdzorgPlus

is imposed as short as needed but as long as necessary.

A number of problems within the JeugdzorgPlus may be relevant for the problems concerning suicides. Firstly, institutions aiming at mental health care have traditionally been specialized in specific problems. JeugdzorgPlus aims at adolescents with (mainly) behavioral problems, whereas *Youth GGZ* institutions are especially for adolescents with psychiatric problems. Due to recent budget cuts within the *Youth GGZ*, which means that fewer beds are available, adolescents with internalizing problems (such as fear of failure, automutilation, suicidal thoughts, mood swings, anxiety, depression, etc.) are increasingly entering the JeugdzorgPlus. Although a lot of differentiation has already taken place, the approach in the JeugdzorgPlus is traditionally aimed at adolescents with externalizing behavior (such as, lying, no respect for others, self-determining behavior, sexual cross-border behavior, destruction, theft, violence, verbal and / or physical aggression, etc.). As a consequence, the approach to teenagers in the JeugdzorgPlus does not always seem to be in line with the problems of the adolescents with internalizing problems.

Secondly, adolescents both in JeugdzorgPlus and youth mental healthcare institutions usually stay in community groups. In view of their problems, where there may be a mix of disorders, it is very complicated to stay in a group for these adolescents. In addition, if there are also youngsters with suicidal thoughts and / or attempts at suicide in the living groups, this increases the pressure on staff. The result is increasing tensions among the adolescents themselves, the staff and other residents.

Thirdly, it is important to offer a positive, responsive relationship between staff and residents with a good balance between support and structure. Suicidality and suicidal expressions often call on care providers and bystanders to be monitored and protected. The danger of these repressive, controlling measures is that the connection with the adolescents will be lost. In a situation in which there is regular violation of rules, negative behavior, aggression and imminent violence, it is anything but easy to enter into a positive relationship with adolescents. Anxiety and uncertainty about the actions of care providers is understandable. Employees are overburdened, partly due to rapid staff changes and the shortage of experienced professionals. As a result, there is often too little room for anything other than security and control.

With this qualitative research, we would like to get answers to the question whether the above-mentioned problems are recognized by, among others, the adolescents who stay at the JeugdzorgPlus, employees within the institutions and their chain partners.

Study objective

The aim of this research is to gain insight and knowledge about the perception

of adolescents, social workers and their chain partners in living groups where suicide problems occur.

To achieve this goal, a main research question has been formulated with a number of sub questions. The final result of the research provides guidance to professionals on how to deal with suicide problems (in particular the interaction between adolescents and staff in the living groups).

The central research question in this study is:

How do suicidal thoughts and suicide (attempt) of group members influence the living environment within the treatment groups on JeugdzorgPlus?

Sub questions are:

- 1) How do chain partners act and react during transfer between institutes when a adolescents expresses suicidal thoughts or suicidal behavior?
- 2) What is the role of the staff in relation to the group process when a adolescents expresses suicidal thoughts or suicidal behavior?
- 3) How do adolescents deal with a group member who expresses suicidal thoughts or suicidal behavior?

Study design

Using qualitative methods, this research is conducted at at least three JeugdzorgPlus institutions, namely Pluryn HoenderlooGroep, the Ottho Gerhard Heldring and Ambulatorium Foundation and Horizon Youth Care and Education and two of its chain partners, namely Karakter and Entrea / Lindenhout.

Qualitative research is in particular a suitable to explore. This means that the research design will be flexible and open (and provisional) in nature. We work with a topic list. The topic list is created by the project team, consisting of experiential experts, JeugdzorgPlus counselors and its partners and researchers. The implementation cannot be fully documented in advance, since part of it depends on what is going on during the investigation, and what we encounter while investigating. There is an iterative process.

To increase the reliability and validity of the results, the COREQ (Consolidated criteria for Reporting Qualitative research) checklist will be followed. The qualitative study comprises individual, semi-structured interviews.

Experience experts play a crucial role in this project. All interviews in this study are conducted by the project leader together with an experience expert. The project leader of this application has done a large number of projects using experience experts. The input of an experience expert ensures that teenagers as well as social workers will open up more easily and therefore provides clear added value and depth for the interview. With the input of an experience expert, experiences and insights are brought in from an insider's

perspective. This perspective has an important additional value on the scientific research perspective.

Study burden and risks

There is no expected risk for the participants. No interventions are performed. The project leader is responsible for the interviews and has extensive experience with this target group and conducting interviews with both adolescents and social workers. It is noted that in clinical practice, it relieves adolescents to talk about what they are experiencing.

The participating JeugdzorgPlus institutions use suicide prevention protocols. In the event of escalations, various actions are undertaken. Conversations with adolescents is one of these. The participating JeugdzorgPlus institutions indicate that talking about this subject is not harmful to adolescents, but is helpful.

Group leaders of the teenagers participating in the study are informed about the study. They are informed about the content and know when they will participate in the interview. They will monitor the participants and are available after the interview if the participants needs a conversation. The following days attention is also paid to this subject by the group leaders.

After the interview, the researchers will contact the participants (by mail, app or telephone) to ask how they are doing, how he / she looks back on the conversation and who needs aftercare.

The information letter for participants contains information about the help lines of Mind Korrelatie and 113.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adolescents (12-15 years)

Adolescents (16-17 years)

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

Group 1: Adolescents staying in a mental Youth health care institution

Group 2: Social workers / care givers in the mental Youth healthcare institutions

Group 3: Social workers from cooperating chain partners

Exclusion criteria

Group 1: Adolescents staying in a mental Youth health care institution

- Adolescents who do not have sufficient command of the Dutch language.
- Adolescents <12 years old.
- Adolescents with whom are concerns about their current safety.
- Adolescents where parents or other people directly involved estimate that they are unable to complete a 30 - 60 minute interview.
- Adolescents placed within the mental Youth health care institution less than 4 weeks ago
- Adolescents with a recent suicidal past

Group 2: Social workers within a mental Youth health care institution

- Interns
- Temporary employees who work in the institute for less than a month

Group 3: Social workers from cooperating chain partners

- Interns
- Temporary employees who work in the institute for less than a month

Study design

Design

Study type: Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Health services research

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 15-10-2019

Enrollment: 24

Type: Actual

Ethics review

Approved WMO

Date: 25-09-2019

Application type: First submission

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register

CCMO

ID

NL70722.091.19