

# FACILITATORS, CONSTRAINTS AND BARRIERS TO SUICIDE PREVENTION

in Primary and Secondary Healthcare Settings

## BARRIERS



### PATIENT REFERRAL SYSTEM

Participants described stringent inclusion criteria, lack of communication between services during referrals and insufficient follow up of patients during transition periods.

### LIMITED FUNDING & RESOURCES

This was especially prevalent within secondary healthcare settings in particular specialist services such as learning disability teams and geriatric services.



### LACK OF SPECIALIST TRAINING

Has been reported as a barrier in some cases for non-specialist, primary healthcare professionals such as nurses or gatekeepers who are unsure of how to approach vulnerable patients and may fear accountability for patient suicides.

### FEAR OF ACCOUNTABILITY

Many professionals reported anxieties around being responsible for patients.

## FACILITATORS

### PERSON CENTRED CARE



Ensures that each client is seen as an individual and that their unique background is considered with compassion and empathy. In contrast, National and local suicide prevention guidelines do not represent the individual and their unique risk factors so are less frequently used.

### TRAINING



May reduce fears around accountability and improve confidence in mental health practitioners.



## FUTURE NEEDS

Future developments must focus on specialist training for staff with a key focus on person-centred care and identifying unique risk factors through meaningful conversation and empathy.

Where healthcare professionals from specialist secondary healthcare settings already had a good standard of training and knowledge, a focus is needed on improving communication between primary and secondary healthcare settings, to increase referrals to services and encourage smooth transition periods which may be facilitated by improved funding to services.

