Suicide Prevention Project at PTI

What is it?

The Suicide Prevention Research and Practice Project was a collaboration between PTI, The University of Alabama, and Columbia University to better understand and develop practices to address suicide risk among our clients.

Why did we do this project?

When working with clients to provide economic empowerment programming, we found high rates of suicidality. However, many our staff have not received training on suicide prevention. Without sufficient training or organizational protocols, staff struggled to best support our clients and experienced significant stress and burden. In 2019, we received a grant from Columbia University Council for Global Mental Health to better address suicide risk among our clients. The goal of the project was to culturally adapt an evidence-based suicide prevention intervention called "**Safety Planning Intervention**," develop a comprehensive suicide prevention protocol, train our staff in suicide prevention, and pilot the new suicide prevention protocol with clients.

Project Stages

1. Preliminary research and training

Two PTI staff traveled to the United States to attend a train the trainer workshop at Columbia University with experts in global mental health, suicide prevention, and Safety Planning Intervention (SPI). Next, we conducted focus group discussions with staff and partners to better understand the stressors and needs around suicide prevention in our work.

2. Cultural adaptation and development of Suicide Prevention Protocol

"Safety Planning Intervention" has been widely used in the United States, but had yet to be adapted and piloted in the Philippines. Using results from the preliminary research, a working group made up of PTI staff and suicide-prevention experts met regularly for 5 months to adapt SPI to be culturally-relevant and appropriate for work with our clients. The end result was the development of a suicide prevention protocol that includes assessment, intervention (SPI), and monitoring.

3. Training and Piloting

To train staff on using the protocol, we developed a 5-month Suicide Learning Series. This series included videos, small group discussions, and role plays on how to assess for suicide risk, implement safety planning, and monitor for future suicide risk. The series also included videos and discussion about common myths around suicide, and how to avoid stress and burnout when working with suicidal clients. We started piloting the new protocol with staff at the end of 2020, and have thus far implemented with 39 clients.

To evaluate the project, we conducted a pre- and post-training survey and focus group discussions with staff.

> **Adapting to the COVID-19 Pandemic and Quarantine**
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> The COVID-19 pandemic and lockdown occurred at the beginning of this project. Unfortunately, the economic and emotional stress of the pandemic led to an increase in suicide risk among our clients. We transitioned all activities to virtual delivery, including workgroup meetings, training, client engagement, and research. For example, instead of delivering a traditional face-to-face training with staff as planned, we developed brief videos and held discussions and role-plays via zoom. We also transitioned the pilot of the suicide prevention protocol to remote delivery.

Overview of the Suicide Prevention Protocol

Following best practices in suicide prevention, the SPI Suicide Prevention Protocol follows the three-part AIM model:

Assessment – Whenever suicide risk is suspected or disclosed, a standardized risk assessment is administered with the client. Clients are then classified into risk categories for suicide.

Intervention – Based on a client's risk level determined during the assessment, we conduct SPI with them. SPI is a brief strategy for helping a suicidal person recognize suicidal triggers in their life and practice internal and external coping strategies to stay safe.

Monitoring – The final stage involves conducting additional risk assessments, providing other interventions if necessary, and regularly monitoring the client until their suicide risk has subsided.

Project Learning and Outcomes

We are currently conducting a comprehensive evaluation of this project. Some key findings thus far include:

➢ 75% of staff are now confident in working with a suicidal client

➢ 100% of staff are now confident in developing a collaborative safety plan

➢ 100% of staff are now confident in conducting monitoring sessions with clients

Staff described additional benefits:

> *"After the suicide learning sessions, I can empathize better with people who experience suicidal ideation or who has suicide intention."*

> *"I feel that I am better equipped to handle the client's suicidal disclosure."*

> *"It was overwhelming getting disclosures one after another when the pandemic started that I felt my anxiety level increased. These suicide learning sessions really helped me in managing my thoughts and*

emotions. And I feel that I am now better able at providing support to our clients and conducting crisis intervention in general. I am grateful."

Next Steps

We are finalizing the comprehensive evaluation with staff on the outcomes of this project. We plan to continue supporting our suicidal clients by implementing the suicide protocol to ensure their safety, and better support them in reaching their goals.

In Gratitude

We thank our partners for helping us implement this project: