Exploring the Triangle of Care in Relation to Suicidal Individuals: A Qualitative Study



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Background & aims

Relatives and friends play a key role in engaging professional help for a person who is suicidal and in continuing to provide care once the individual is in contact with mental health services. However, little is known about the extent to which lay and professional care-givers communicate about suicide risk or how they work together to manage it.

The aim of the study was to examine the social dynamics of caring for a suicidal individual, when the care is being shared by lay and professional care-givers.

Methods

We used data from in-depth interviews with people who have attempted suicide, their significant others and people who have been bereaved by suicide, in which we explored their experiences of the suicidal process.

We analysed interview transcripts from 45 participants thematically, using the 'Triangle of Care' model¹ to conceptualise the relationships between the suicidal individual, significant others and mental health professionals. No professionals were interviewed in this study.

Findings

"I'm sure he believed that if he told anyone he felt suicidal, they'd come and take the children off him. And that was a fear for him, because he loved those boys so much."

GUARDING AGAINST LOSS OF INDEPENDENCE AND AUTONOMY

individual

Ambivalence

Fear & shame

Trust & distrust

Role conflict

Ambivalence about disclosing suicidal ideation to professional caregivers, due to:

- Fear of triggering unwanted interventions and loss of control
- Previous bad experiences of MH system and adverse consequences of disclosure

"So I couldn't talk to anyone after that incident, because it all seemed to explode after I told her [a nurse] I felt suicidal ... And so then I wasn't willing to show how unwell I was to the right people."

Ambivalence about disclosing suicidal ideation to significant others, due to: Suicidal

- Shame and feelings of failure
- Reluctance to burden them with responsibility for care

Ambivalence about involving significant others in care, due to:

 Reluctance to relinquish independence and be 'managed' by them

"When you have to go up to someone and say, can you help me, I've overdosed... you just feel like you're a burden to everyone and you're not a very nice person to be around."

"They kept on asking me if I wanted to include my mother in it [the care plan] and I'd always say no, I'm just going to do this alone.

"I wanted to be involved, but I didn't

idea who to call and who I could speak

want to be his carer..., and I had no

to without betraying his trust."

BOUND BY PROFESSIONAL CODES OF CONDUCT

"G was extremely reluctant for us to discuss his illness with his doctors ... And I sometimes felt very distressed at the reticence of the professionals concerned, but I did appreciate that they had to respect his very strong feelings about confidentiality."

"The pressure was horrendous because... she was like a hot potato waiting to explode... But they send them home anyway and they think that your love will pull them through."

Professional

Frustrated by:

Significant other

- Fear and confusion: Who am I: parent/lover/friend or "carer"?
- Dependence vs. independence: child or adult?
- Loyalty and fear of breaching trust of loved one
- Fear of involvement and need to protect self

TORN BY ROLE CONFLICT AND RELATIONAL AMBIGUITIES

capacity to care Feeling excluded one moment and expected to take on responsibility for care the next, in the absence of appropriate knowledge, skills and support from professionals

Professionals' unwillingness to listen and to share vital information

Professionals' assumptions about social network relationships and

"I was in that very difficult role of a carer of a young adult person." They're not a child, they're an adult and they need to be making their own decisions, and the medical team need to be referring to that person and that person only really. But the medical people were assuming that his family were around for him and were going to be nurturing him."

Conclusions

Greater attention needs to be given to factors that promote or block effective communication between the suicidal individual, their significant others and health care professionals. Better models of engagement which foster openness and trust between all parties in the triangle of care are needed in order to support recovery and promote safety during a suicidal crisis.

References

¹ National Mental Health Development Unit. *The* Triangle of Care, Carers Included: A Guide to Best Practice in Mental Health Care in England (2nd Edition). London: Carers Trust, 2013.