

**Probation staff experiences of managing suicidal and self-harming service users**

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**Probation Staff Experiences of Managing Suicidal and Self-harming Service Users**

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Keywords:	Self-harm/suicide, Training, Probation, Thematic analysis, Probation Staff
Abstract:	<p>The current study sought to explore the impact of suicidal behaviours on probation staff, in relation to their experiences of working with Probation service users who have carried out suicide, attempted suicide or self-harm. Thirteen in-depth interviews were carried out with probation staff who had direct contact with Probation service users in one Probation area, and had varying degrees of experience of managing suicidal or self-injurious service users. These were analysed using Thematic Analysis and five themes were identified. Findings indicate that staff felt that suicide and self-harm by service users are serious issues which need to be recognised and dealt with in an effective yet compassionate manner. However not attending the Suicide Prevention Training or lack of experience was perceived as restricting their ability to know how to deal with these individuals, and offer support. Furthermore, staff were emotionally affected by these incidents and it is recommend that they should continue to be provided with access to appropriate support services after an incident.</p>

**Abstract**

The current study sought to explore the impact of suicidal behaviours on probation staff, in relation to their experiences of working with Probation service users who have carried out suicide, attempted suicide or self-harm. Thirteen in-depth interviews were carried out with probation staff who had direct contact with Probation service users in one Probation area, and had varying degrees of experience of managing suicidal or self-injurious service users. These were analysed using Thematic Analysis and five themes were identified. Findings indicate that staff felt that suicide and self-harm by service users are serious issues which need to be recognised and dealt with in an effective yet compassionate manner. However not attending the Suicide Prevention Training or lack of experience was perceived as restricting their ability to know how to deal with these individuals, and offer support. Furthermore, staff were emotionally affected by these incidents and it is recommend that they should continue to be provided with access to appropriate support services after an incident.

Key words: Suicide, Self-harm, Probation Staff, Thematic analysis

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3 There is currently little known about suicide by offenders serving community sentences  
4 (Mackenzie, Borrill, & Dewart, 2013) despite these offenders having an elevated risk of  
5 suicide attempts (Pluck & Brooker, 2014) and eventual suicide (Sattar, 2001). There also  
6 appears to be limited research on the experiences of probation staff dealing with these issues  
7 (Harding & Cameron, 1999). Recent research confirms that probation staff are frequently  
8 exposed to suicidal service users and are active in decision making about their level of risk  
9 (Cook & Borrill, 2013). Community sentences have increased in the UK leading to an  
10 increase in probation staff caseloads (Solomon & Silvestri, 2008), which may make it more  
11 difficult for staff to deal with these sensitive issues. It is therefore important to consider the  
12 impact that suicidal behaviours<sup>1</sup> have on professionals working within probation settings.  
13 Suicide prevention is imperative for all agencies working with vulnerable groups, the current  
14 study is therefore timely considering the partitioning of the Probation Service into the  
15 National Probation Service (NPS) and the Community Rehabilitation Companies (CRC) (The  
16 Ministry of Justice, 2013).  
17

18  
19 Information from prison studies indicates that staff often hold stereotypical attitudes towards  
20 repetitive self-harm and see it as a form of attention seeking and manipulation (Ireland &  
21 Quinn, 2007; Kenning et al., 2010; Liebling, 2002; Short et al., 2009). Furthermore,  
22 prisoners are aware of these negative attitudes which may cause further harm (Ciclitira,  
23 Adler, & Marzano, 2012). However these findings may not be transferable to staff working  
24 in community settings who may have very different experiences of dealing with suicidal  
25 offenders.  
26

27  
28 An Australian study focussing on community correction officers who had experienced at  
29 least one service user dying by suicide (Biles, Harding, & Walker, 1999) found four main  
30 themes: concerns about breaching duty of care towards their service user; uncertainty about  
31 the procedures for dealing with suicide; insufficient support for suicidal service users;  
32 overwhelming emotional distress due to Service User death by suicide. These mirror findings  
33 from UK prison studies (Adler & Marzano, 2007; Wright, Borrill, Teers, & Cassidy, 2006) in  
34 which staff were left with unanswered questions, feelings of guilt and a sense of 'could I have  
35 done more.' These findings suggest that professionals working with individuals who  
36 complete suicide may be affected emotionally (Grad, 2011).  
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<sup>1</sup> For the purposes of this study suicidal behaviours include: suicide, attempted suicide, serious self-harm, and self-harm, as staff spoke about all types of behaviour.

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3 The current study thus sought to explore the impact of suicidal behaviours on probation staff  
4 - a group whose experiences have yet to be explored. The research aims were broadly driven  
5 by the following research questions:  
6  
7

- 8 • What are the experiences of staff dealing with service users who have attempted  
9 suicide, self-harmed, or completed suicide?
- 10 • How do they manage these experiences?
- 11 • Do staff feel that they have adequate knowledge and training to deal with suicidal and  
12 self-harming service users?  
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### 17 18 **Method**

19  
20 A qualitative approach was chosen as it enabled an in-depth exploration of participants  
21 experiences, particularly valuable for insight into under-researched topics (Smith, 1995).  
22 Semi-structured interviews were carried out with Probation staff in one metropolitan  
23 Probation area<sup>2</sup> during 2012-2013 who had direct contact with probation service users. The  
24 research took place before the division of the Probation Service into the NPS and the CRC.  
25 The research was approved by the University Ethics Committee, by the Probation Trust, and  
26 managed in consultation with the Probation Trust's Suicide Prevention Forum.  
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### 32 *Participants*

33  
34 Participants were recruited purposefully in order to include a range of job roles and level of  
35 experience in dealing with self-injurious service users. Recruitment was through posters  
36 displayed in probation offices and emails to all Probation staff. All staff in the probation trust  
37 who worked directly with service users in probation offices or in approved Premises (AP)  
38 were invited to take part, whatever their level of experience of working with service users at  
39 risk of suicide or self-harm.  
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46 13 Participants (3 males, 10 females) were interviewed. Participants self-described ethnicity  
47 included; White British (N=7), Black British (N=2), White Irish (N=1), Brazilian (N=1),  
48 Black Caribbean (N=1), White Other (N=1). Their roles included: Probation Officer;  
49 Intervention Offender Supervisor; Forensic Mental Health Practitioner; Residential Assistant;  
50 Deputy Manager at an AP. All but one had previously dealt with a least one suicidal or self-  
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57 <sup>2</sup> The Probation area of focus has a suicide prevention action plan in place, runs suicide  
58 prevention training for staff, and makes suicide prevention resources available online to staff.  
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3 harming service user. Participants were aged between 25-60 years and had worked for  
4 Probation for 1 to 24 years.  
5  
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### 7 8 *Interviews*

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10 Interviews lasted approximately 40 minutes and were audio-recorded. Interviews were  
11 conducted face-to-face or by telephone depending on staff availability and preference.  
12 Participants were briefed about the nature of the research prior to the interview and provided  
13 written or verbally recorded consent to take part.  
14  
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16  
17 A topic guide was designed to focus on the main aims: participant's experiences of dealing  
18 with suicidal/self-harming service users, their views on staff support, and perceived training  
19 needs. Participants with limited experience of dealing with suicidal service users were asked  
20 how they would feel about managing these types of situation.  
21  
22  
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### 24 25 26 *Data Analysis*

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28 Interviews were transcribed verbatim and analysed using thematic analysis. Thematic  
29 analysis (TA) is a flexible qualitative method that is used to analyse patterns in data (Braun &  
30 Clarke, 2006). TA was considered particularly suitable for this study because it allows the  
31 flexibility of analysing patterns that are both latent and semantic, allowing the researchers to  
32 go beyond the descriptive accounts given by participants and considering underlying feelings,  
33 motivations and causes for particular behaviours. Six stages of TA (Braun & Clarke, 2006)  
34 were followed. The first author carried out the interviews, transcribed and coded them.  
35 Each transcript was coded line by line and then analysed for re-occurring themes that  
36 presented meaningful and consistent patterns. These themes were then reviewed and refined;  
37 collapsing some themes into overarching themes. The researcher then defined and named  
38 themes to adequately represent the essence of each theme. Themes were checked for  
39 consistency and prominence by the co-authors.  
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### 49 50 **Results**

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52 Five main overarching themes were identified (table 1).  
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55 **Table 1.** Main overarching themes and subthemes  
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Main Overarching Themes	Subthemes
Understanding suicide and self-harm	<i>Views on mental illness</i>
	<i>Perceived purpose of self-injury</i>
	<i>Establishing seriousness</i>
Learning How to Manage Suicidal Service Users	<i>Training; Existence without uptake</i>
	<i>Experience as a tool</i>
Predicting the Unpredictable	<i>The power of talking and listening</i>
Supporting Suicidal Service Users	<i>Referring to specialists</i>
	<i>Support via communication</i>
	<i>Support via monitoring</i>
Support for Staff	<i>Impacts of the Service Users'</i>
	<i>behaviours</i>
	<i>Support for staff</i>

### Understanding Suicide and Self-harm

Participants described making sense of their service users behaviour by finding ways to gain an understanding about it. This was often related to their broader attitudes towards mental illness, based on personal experiences or, in some cases, wider stereotypical attitudes:

*“...when people are psychotic they are often at risk of harm to others, there are loads of murders where psychotic people push other people under trains.” (BA)*

Participant views about mental illness were used to inform their understanding of their service user’s self-injurious behaviour, but when no diagnosed illness was identified participants instead relied on their pre-existing views about that service user. For example, CH contrasted the self-harm of two of her service users, attributing one service users harming to her mental health problem, whilst the other’s was perceived as manipulation and under his control.

*“...she would cut herself very differently to him... she had personality disorder and a drinking problem so it’s quite common, but I think he is a bit different and is doing it for different kind of attention... to get what he wants.”*

Participants also attempted to understand the perceived purpose or motivation behind their service user’s self-injury. As in the example above and below, motivation to harm was sometimes perceived as a means for service users’ to gain control over something external to themselves, and in these cases self-injury was referred to as ‘manipulation’ and ‘attention seeking.’

*“...he would become anxious and that is the time when he would start to self-harm as well. Or when people were rude to him or don’t pay any attention to him, because he was a little bit of an attention seeker... when people wouldn’t give him the time.” (WE).*

Such views were less common in those participants who had attended the suicide prevention training or had more direct experiences of suicidal behaviours. For these participants, suicidal behaviours were perceived as having an internal purpose such as a ‘cry for help,’ or self-harm as a ‘release from frustration.’ MA, for example, commented on his service users self-harm: *“...he said that it was about a way of releasing pressure that had built up within side himself.”*



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3 Suicidal behaviours were also understood in relation to perceived seriousness. Service users  
4 who disclosed their feelings were viewed as less serious and therefore less likely to go on to  
5 complete suicide: *“they (the serious ones) don’t talk about it that much, and they just do it”*  
6 (BA). Whereas *“people who probably talk more about it are less likely to want to actually*  
7 *die”* (RU). Repeat self-harmers or those with previous suicide attempts were regarded as less  
8 serious and less likely to eventually complete suicide, in contradiction with research findings  
9 (Joiner, 2005).  
10  
11  
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14  
15 *“I remember that there was one when I was training... a man who had been in the*  
16 *system for years and he used to regularly attempt suicide... But none of them were*  
17 *serious, serious attempts on his life.”* (RU)  
18  
19

20  
21 However, this attitude changed when staff had experience of dealing with suicidal service  
22 users, where repetitive harmers were viewed as equally vulnerable as service users who had  
23 not previously self-harmed. RU reflects on her shift in perspective in relation to the service  
24 user described above:  
25  
26

27  
28 *“I certainly didn’t take it as seriously as I would now. So I think that that comes with,*  
29 *once you have dealt with a few cases...”*  
30  
31

### 32 **Learning to Manage Suicidal Service Users**

33  
34 Participants referred to the process of learning about suicidal behaviours through training and  
35 experiential learning. An optional training course on suicidal behaviours and intentional self-  
36 injury is offered by the probation trust to all frontline staff but is mandatory for AP staff.  
37 Only 2 participants (JA and RU) had completed the training, which was rated highly by both,  
38 whereas the majority of participants repeatedly referred to their lack of training. RU felt that  
39 the training *“helped with my practice”* and helped her to develop confidence in dealing with  
40 suicidal and self-harming individuals. In contrast, most participants expressed a lack of  
41 confidence in knowing the protocol if a service user were to disclose suicidal feelings or self-  
42 injury.  
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50 *“...there is no actual sort of flow chart of what to do if someone harms themselves or*  
51 *discloses that they are going to kill themselves... other than... do a welfare check.”*  
52 (SA).  
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3 It is evident that training is available, however, participants' explanations for not attending  
4 suicide training included being overwhelmed with their current workload and feeling under  
5 pressure to attend other training sessions.  
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8  
9 *"I was told there are far more important... courses to attend than this one, like risk*  
10 *assessments..."* (WE)  
11

12 Participants also considered what information and skills they needed when dealing with  
13 suicidal service users, such as how best to talk to them:  
14

15  
16 *"...the Samaritans must be trained in certain way for people ringing and saying I'm*  
17 *going to kill myself... I haven't had any training."* (MA)  
18  
19

20 Participants reflected on how experience prepared them for dealing with suicidal behaviours  
21 and raised their awareness of the potential issues related to these behaviours. NA disclosed  
22 how one incident in particular had developed her vigilance in relation to service users'  
23 behaviours and feelings.  
24  
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27  
28 *"...I had a big lesson... now I really pay attention to how the residents look... if they*  
29 *look down, if they are not relating to anybody, if they are quieter."* (NA)  
30  
31

32 In contrast, limited experience impacted on participants' confidence and ability to handle  
33 suicidal service users causing anxiety.  
34

35  
36 *"I think I'd only been there for three days. You know and I was sitting there going 'I*  
37 *can't deal with this' I don't know what to do (laughs)."* (SA)  
38  
39

### 40 **Predicting the Unpredictable**

41  
42 Suicidal behaviours were perceived to be unexpected, unpredictable, and unanticipated even  
43 when service users had been experiencing low moods:  
44

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46 *"I was kind of shocked that it happened... Because you don't really expect it, and*  
47 *yeah he's going through difficulties, but you just don't see it coming."* (KE)  
48  
49

50 Despite the perceived unpredictability of suicidal behaviours, participants tried to  
51 retrospectively establish whether their service user indicated suicidal intent prior to their  
52 behaviour. For example SA referred to her service user becoming upset during supervision  
53 meetings prior to his suicide attempt; *"he had been tearful in interviews during the past"*  
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3 (SA) and BA ruminated on how she *'hadn't understood'* the impact of her service user's  
4 forthcoming retirement in terms of losing his support network:  
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6  
7 *"...in supervision we had started to look at what would happen when his working life*  
8 *came to an end... perhaps I hadn't understood... how much you know, what his*  
9 *coping mechanism in the future would be... a lot of his support came from his work*  
10 *place"*  
11

12  
13  
14 Some potential indicators or triggers of suicidal behaviour were specific to the probation  
15 process such as missing appointments or awaiting a court sentence.  
16

17  
18 *"...he was on remand waiting to go to court, he was on bail not in custody, he then*  
19 *attempted to kill himself."* (HA)  
20

21  
22 Uncertainty or change, including a changes to their sentence were perceived as potential  
23 triggers due to the stress it caused service users. Other changes included  
24 *"changing...medication," "swapping GP's and psychiatrists"* (SA).  
25

26  
27  
28 *"When he was uncertain... for example housing... he couldn't find permanent*  
29 *accommodation... then I would notice that he would become anxious and that is the*  
30 *time when he would start to self-harm."* (WE).  
31

32  
33 Other triggers discussed by participants included arguments with loved ones. These were  
34 associated with an increase in impulsivity and subsequent attempted suicide/self-harm. For  
35 example JA considered her service users' violent relationship with her partner to be the main  
36 trigger for her near-lethal behaviour:  
37

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40 *"...it had come after an assault by her boyfriend. She'd been on a bender, she'd been*  
41 *hit by him again, I think that had triggered her doing that (seriously self-harming)."*  
42

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45 Additionally, alcohol was viewed by staff as a contributing factor to suicidal feelings and  
46 behaviour. CH linked her service users serious self-harming to her alcohol use *"...because*  
47 *she was a drinker and it used to happen"*. It was recognised that alcohol could serve as a  
48 coping mechanism, potentially masking other issues such as depression.  
49

50  
51  
52 *"He was saying to me... when he does get depressed try and drink as much as*  
53 *possible really"* (SA)  
54

55  
56 Participants reflected on the complexity of suicidal behaviours by considering the multiplicity  
57 of issues which led to suicidal intentions and behaviours. Multiple problems made it difficult  
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3 for participants to identify one sole cause or trigger of their service user's behaviour. When  
4 participants were unable to explain their service users actions they tended to refer to their  
5 limited control over the situation.  
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8  
9 *"There's nothing that you can do to prevent them self-harming, when they want to*  
10 *self-harm they will self-harm there's nothing that you can do."* (NA)  
11

### 12 **Supporting Suicidal Service Users**

13  
14 Participants discussed a range of approaches for supporting service users depending on their  
15 individual needs and situation. Some participants tried to support their service users by  
16 listening and talking to them about their suicidal feelings. This was seen as providing an  
17 opportunity for service users to explore their feelings, particularly for those who had not  
18 previously disclosed their suicidal feelings to probation staff.  
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22  
23 *"Always talk about it with them. Because not everyone will be as open and as*  
24 *forthright as her (service user who disclosed suicidal behaviour)."* (JA)  
25  
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27  
28 Participants felt that talking with a service user enables them to gather information about  
29 what the service user is planning to do and gain knowledge about how to provide them with  
30 the best support. NA said that it useful to *"...talk about consequences and the reason why*  
31 *they have done it... and if they have any other coping mechanisms around them."*  
32  
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34  
35 However, in contrast some participants felt uncomfortable talking to their service users about  
36 suicide and were concerned that they would make the situation worse because of their lack of  
37 knowledge and expertise.  
38  
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40  
41 *"...I didn't know what I was talking about, it wasn't my field. So I was very*  
42 *conscious about what I was saying, I wasn't sure if I was saying the right thing or*  
43 *not."* (WE)  
44  
45

46  
47 Referring a service user to a specialist for help was, in these cases, viewed as the most  
48 appropriate action. Specialists were regarded as an important source of support for both staff  
49 and service users, and were particularly useful for participants who lacked confidence talking  
50 to their service user about suicide. Having a specialist to turn to in a crisis helped relieve  
51 anxiety and stress.  
52  
53

54  
55 *"...we have got... the personality disorders psychiatrist and we have got somebody*  
56 *from mental health here, I feel more supported because I can go to them."* (RU)  
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3 Several participants had service users who were already accessing support for their suicidal  
4 behaviour/thoughts from other services. This pre-existing support from specialists was  
5 perceived as supportive for both the participants themselves and their service users.  
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8  
9 *“He had quite a lot of support already in place... I’m not sure how I would have*  
10 *reacted or if I would have done anything differently if he hadn’t had that support*  
11 *mechanism in place.” (SA)*  
12  
13

14 Pre-existing support provided reassurance that their service user would receive appropriate  
15 help for their suicidal feelings, as well as helping to relieve time constraints that staff already  
16 faced in their busy day-to-day roles.  
17  
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19  
20 *“...to an extent I think what made it easier... he had an appointment with the PD*  
21 *(personality disorder) service... so I didn’t have to think too hard about any long term*  
22 *intervention because it was going to happen anyway.” (HA)*  
23  
24

25 Some participants sought to support their service user by establishing communication with  
26 other parties involved in their care. This communication enabled them to gain a wider  
27 understanding of their service users’ needs and ensure their support is sufficient.  
28  
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30  
31 *“...as he goes to the centre (mental health care centre) on a regular basis, my first*  
32 *port of call is that, is to go to the mental health resource team and alert them.” (BA)*  
33  
34

35 Communication between probation staff was viewed as particularly important, and more so  
36 for those who work in AP’s where there is more opportunity to spend time with their service  
37 users than in probation offices.  
38  
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40  
41 *“Communication with the resident is very important, as well as the staff, because*  
42 *when I am not here my colleagues continue the job of trying to find out how the*  
43 *person is and being aware of the situation... communication is very important.”*  
44  
45 (NA)  
46  
47

48 Participants, particularly those who work in AP’s, felt that monitoring their service user was  
49 important both in terms of providing appropriate support and preventative action.  
50  
51

52 *“...We pay attention to everything that they do, the letters, the emotional state, health,*  
53 *everything...their everyday life, who they communicate with... If someone has a*  
54 *history of self-harm then I would do ... a monitoring chart... All the staff they look at*  
55 *it.” (NA).*  
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3 However, for those working in probation offices, immediate monitoring is not always  
4 possible due to the time delay between a service user disclosing suicidal feelings and their  
5 next appointment.  
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8  
9 *“...he rang me and said I can't carry on. I'm going to kill myself I'm going to cut*  
10 *myself and came in a couple of days later and actually spoke to me about it.” (SA)*  
11

### 12 **Support for Staff**

13  
14 Participants often experienced feelings of powerlessness when their service users carried out  
15 suicidal behaviours. This was particularly apparent if their service user had died, and was  
16 often accompanied by a sense of guilt: *“I felt really guilty because I felt... I should have*  
17 *known.” (RU)*. Moreover the participants went through a process of self-questioning:  
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20  
21 *“...I felt guilt for not noticing the person. And I know on one level I have nothing to*  
22 *do with it and on the other level you always feel responsible.... You think... maybe I*  
23 *could have done better, maybe I should have noticed. Maybe I should have spoke to*  
24 *that person before.” (NA)*  
25  
26  
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28

29 Participants were thus left with unanswered questions about their service user's death,  
30 particularly whether anything could have been done to prevent their suicide. A particularly  
31 troubling aspect of this for participants was knowing that they would never get the answers to  
32 these questions.  
33  
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35  
36 *“...you can't ask the person why did you do that, so you'll never get an answer to*  
37 *your question... it's just like an unfinished book really, that's the only way that I can*  
38 *describe it...” (PA)*.  
39  
40

41  
42 Participants were affected by their service users' behaviour irrespective of the outcome, with  
43 many experiencing feelings of anxiety due to their on-going concerns that their service user  
44 would complete suicide following a suicide attempt:  
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47  
48 *“...it does make me worry at how much of a risk she is to herself... I suppose it makes*  
49 *me more concerned about her... I guess more anxious.” (JA)*  
50

51  
52 Furthermore, seeing the results of their service users' self-injurious behaviour was difficult,  
53 for some participants:  
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55  
56 *“...you're never really expecting to see the results... but when they come in and they*  
57 *show you their scars it can be pretty harrowing.” (SA)*  
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3 Interestingly, SA also discussed how frequent exposure to self-harm and suicide can reduce  
4 the emotional impact and facilitate coping with the visual consequences.  
5

6  
7 *“I think probably the longer that you are in the job the more, not hardened you get*  
8 *but I don’t know but you just find ways of dealing with it.” (SA)*  
9

10 All staff felt that support was available when a service user self-harmed or carried out  
11 suicide. Nearly all of participants were aware of the support they could receive from a  
12 confidential counselling service working in partnership with probation. The service had a  
13 good reputation amongst the staff, irrespective of whether they had used it. Participants also  
14 looked for support from senior colleagues, however, the availability and usefulness of this  
15 support depended both on manager attitude and participants willingness to seek out support.  
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21 *“I think there is a big variance between various seniors, my one here... well I’ve not*  
22 *had a sudden death here yet but, I couldn’t imagine that I wouldn’t get the support I*  
23 *want. But... I’m extremely good at seeking out what I need.” (BA)*  
24  
25

26  
27 In contrast, RU stated that: *“...my manager wouldn’t care less but others are more*  
28 *supportive of their staff.”*  
29

30  
31 The most frequent form of support came from discussions with co-workers and peers. For  
32 example MA felt that her co-workers had been very supportive when her service user had  
33 attempted suicide *“I think that might just be more luck that there are lots of people here that*  
34 *are really nice. But I don’t know if that’s across the board...”*  
35  
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37  
38 Support from colleagues was seen as the most accessible and valuable. It enabled staff to off-  
39 load their feelings immediately after an incident and to gain a range of perspectives on  
40 different situations: *“...a lot of us just use peer supervision because that’s the thing that’s*  
41 *quite effective when you come out of seeing someone and you just start talking about it.”*  
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43 (RU)  
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47 In contrast, some voiced concerns about the adequacy and availability of support particularly  
48 in relation to practical constraints, such as availability of senior staff sometimes leading to  
49 delays in accessing support.  
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53 *“I would have felt that I didn’t have the right support in the office because I don’t*  
54 *know if my manager was in or not.” (CH)*  
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## Discussion

The current study is, as far as the authors are aware, the first qualitative study to be carried out with Probation staff in England regarding suicidal behaviours by service users, and has gone some way to shedding light on the needs of staff and provide a focus for future work. The findings suggest that staff were aware of the complex nature of suicide, but also struggled to make sense of this behaviour particularly with respect to motivation and seriousness. Staff inconsistently reported taking part in training with several relying on their own experience and views about mental health which could be inaccurate. Staff with limited training or experience of dealing with suicidal behaviours struggled with knowing how to manage these service users. Nevertheless, staff were keen to develop their understanding of suicide and to provide support. Having health specialists available when they did not feel confident with managing the situation was perceived as particularly useful. Staff felt that support was available to them if they were affected by a service user's behaviour, however the availability and adequacy of line manager support appeared variable.

Unlike findings from prison research (Batsleer, Chantler, & Burman, 2003; Rayner, Allen, & Johnson, 2005), staff did not categorise self-injurious behaviours into 'good' or 'bad' but perceived them as having either an internal or external function. Internal functions included communicating feelings or expressing emotions such as frustration (Kenning et al., 2010; Pannell, Howells, & Day, 2003). However, staff interpretations of external motivation were sometimes based on negative stereotypes, with reference to 'manipulators' and 'attention seekers'. Staff without suicide prevention training were more likely to use external attributions which perhaps stemmed from a lack of confidence and knowledge about the issue (Liebling, 2002; Short et al., 2009). This finding is of particular concern since previous research has demonstrated that even when offenders admitted an underlying manipulative purpose to their actions, they were no less vulnerable to suicide (Hills, Dear, & Thomson, 2000). Furthermore, lack of knowledge on this issue may interfere with the day-to-day management of these offenders (Corrigan, 2004) affecting the way in which staff approach these individuals, and causing vulnerable service users further distress (Ciclitira et al., 2012). It is also important that staff do not over-focus on 'seriousness' of self-injury as a potential indicator for eventual suicide, as previous research indicates that lower levels of self-harm are linked with eventual suicide (Hawton, Linsell, Adeniji, Sariaslan, & Fazel, 2013; Joiner, 2005).



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3 In contrast with research with community corrections officers (Biles et al., 1999), and despite  
4 difficulties outlined above, staff were satisfied with the support that they were able to offer  
5 their service users. Support methods employed were similar to those recommended for  
6 supporting suicidal prisoners and suicidal individuals in general, including; listening (Snow  
7 & Biggar, 2006; The Department of Health, 2012); referring to specialists; and good  
8 communication and collaboration between all parties involved in the service users welfare  
9 (Dear, 2006).  
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15 Staff in the current study experienced distress during the aftermath of a suicide, attempted  
16 suicide or serious self-injury by a service user (Biles et al., 1999). Their feelings of guilt  
17 have also been described by other survivors of suicide (Grad, 2011) and have previously  
18 shown to contribute towards burnout in professionals dealing with suicidal individuals  
19 (Coffey, 1999). The current findings, therefore highlight the significant emotional  
20 consequences suicide can have on staff, as well as the need for sufficient support mechanisms  
21 to be in place for staff during an aftermath of a service user's suicide, and after dealing with a  
22 suicidal service user. Staff in the current study did feel able to get support from a range of  
23 sources including a counselling service, and peers, although manager support was not always  
24 immediately available. Interestingly staff reported that having some experience with self-  
25 harm/suicide helped them to cope more effectively, but some staff reported becoming numb  
26 and detached over time. This sense of emotional numbness has also been reported in other  
27 professionals exposed to suicide and self-harm (Crawley, 2004). Numbness is seen to  
28 provide an emotional coping or defence mechanism that enables people to deal with stressful  
29 or upsetting situations (Bowins, 2004), although repetitive exposure can also lead to  
30 desensitisation and a lack of empathy (Sanderson, 2013).  
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42 When faced with a suicide, staff went through a sense-making process to re-construct their  
43 service users behaviour and to understand causal factors, as found in other survivors  
44 (Dransart, 2013). This re-construction occurred through the identification of factors that  
45 could have been used to predict this unpredictable behaviour. During this process of sense-  
46 making, some staff concluded that suicidal behaviours are unpreventable (Adler, Ciclitira, &  
47 Marzano, 2013) – this helped participants to distance themselves from responsibility for the  
48 situation and may have provided them with a way to cope (Crandall & Perrewe, 1995),  
49 although long-term this may be unhelpful. Staff identified a number of factors as potential  
50 indicators and triggers for the suicidal behaviour which have also been found in broader  
51 research on suicide: excessive alcohol consumption (Cherpitel, Borges, & Wilcox, 2004;  
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3 Cook & Borrill, 2013; Rossow, 1996); arguments with loved ones (Bancroft, Skrimshire,  
4 Casson, Harvard-Watts, & Reynolds, 1977; Conner & Ilgen, 2011); and mental illness  
5 (Marzano, Fazel, Rivlin, & Hawton, 2010; Rivlin, Hawton, Marzano, & Fazel, 2010).  
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9 In addition staff identified potential triggers and indicators of suicide and self-harm that are  
10 specific to the probation process, namely awaiting a court sentence and missing  
11 appointments. Awaiting a sentence has also been found to be a trigger for suicidal  
12 behaviours in offenders on remand in custody (Kimmett, 2004), however offenders in  
13 community settings cannot be as closely monitored as offenders in prison, therefore may be  
14 at heightened risk. Although offenders may miss appointments for other reasons, the results  
15 of this study suggest staff should try to explore these types of issues with service users in  
16 order to identify possible risk.  
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22 Overall these findings highlight the importance of adequate training for all probation staff  
23 working with 'at risk' and 'potentially vulnerable' individuals. Training staff who work  
24 closely with individuals at risk of suicide and self-harm is one of the key objectives set out in  
25 the Governments current suicide prevention strategy for England & Wales (The Department  
26 of Health, 2012). Training for staff in the current study was optional for those who work in  
27 Probation offices and only mandatory for those staff who work in approved premises. The  
28 Probation area of the current study did have training in place which is run by forensic  
29 psychologists, but not all 35 Probation areas in the UK have suicide and self-harm training  
30 available to staff. Furthermore, the Probation area researched has a specific suicide  
31 prevention action plan and a suicide prevention forum which informs the suicide prevention  
32 work undertaken. However this is not replicated across other probation areas. Educating staff  
33 about mental illness and self-injurious behaviours in other settings has shown to increase  
34 their confidence and reduce stereotypical attitudes (Daniel, 2006). Plans to decrease the  
35 number of prison sentences and increase the number of community sentences for offenders  
36 with mental health needs and drug problems (Ministry of Justice, 2013), make it essential that  
37 staff training is continuously reviewed and updated across all NPS and CRC areas to ensure  
38 staff have sufficient knowledge to cope with and manage this group effectively. These  
39 findings also demonstrate that continuing to provide staff with a range of options for  
40 immediate and on-going support after an incident is essential (Grad, 2011). Furthermore,  
41 ensuring that these forms of support and training do exist for those working with both the  
42 CRC and the NPS is particularly important, as many vulnerable service users are now being  
43 monitored by staff working for CRC rather than the NPS.  
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3 The current study used a small sample restricted to only one of the thirty five Probation areas  
4 across England and Wales, making it difficult to generalise these findings to other areas.  
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6 Furthermore the participants in the current study were self-selecting which may reflect a  
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8 particular interest in suicidal behaviour. However, it could be argued this makes the findings  
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10 of particular note given the need for more knowledge and support felt by some participants.  
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12 It would be useful for future research to include larger participant samples, and where  
13 possible include comparisons between the views and experiences of staff with varying roles  
14 within probation, for example comparing mental health workers with offender managers.  
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### 17 **Conclusions**

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19 The findings from the current study demonstrate that probation staff in this sample perceived  
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21 managing suicide as an important aspect of their work. They were positive about the support  
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23 that they were able to provide, although sometimes lack of training or experience restricted  
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25 their ability to know which form of support was most appropriate. Not surprisingly staff felt  
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27 emotionally affected by the behaviours of their service users and despite having support  
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29 channels in place, they felt that support should be easily accessible after an incident. It is  
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31 recommended that suicide prevention training continues to be provided and should be  
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33 prioritised for all staff working with offenders in the community, including both NPS and  
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35 CRC staff. Furthermore, the impact of suicide will affect CRC as well as NPS staff because  
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37 suicides are found in service users with a wide range of levels of offending, not just those  
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39 who are assessed as high risk of reoffending. Therefore managers have a vital role in  
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41 supporting staff and should be provided with specific training to help them provide this  
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43 support.  
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