

Improving assessment and management of suicide risk at the Uniting Medically Supervised Injecting Centre (MSIC), Sydney

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Introduction and Aims: People who inject drugs are 13 times more likely than the general population to die by suicide, yet strategies for assessing acute risk are far from clear. Given the unique setting of MSIC, traditional suicide risk assessment poses significant challenges. We report on efforts to develop a more targeted suicide assessment and response protocol and identify staff training needs.

Design and Methods: A co-design approach was used to understand the experience and management of suicide risk. Staff were surveyed anonymously and confidence in managing risk was assessed using the Confidence in Suicide Prevention measure. Focus groups were conducted for health professionals and clients with lived experience of suicidal ideation, investigating their experiences of MSIC and crisis services.

Key Findings: Clients reported that being listened to and included in the process should be central to risk assessment and response. Lengthy questionnaires were not valued. Negative experiences with emergency services were reported, consequently clients were less likely to disclose suicidal ideation.

Staff reported considerable experience and knowledge of suicide risk, however lacked confidence in managing risk. Barriers identified included time, space, and resources. Staff requested regular training, better resources, and the inclusion of perspectives from people with lived experience.

Discussions and Conclusions: Assessing suicide risk in a service such as MSIC is challenging. Being a low threshold, harm reduction service, follow up can be limited and risk is often identified opportunistically. Assessment of suicide risk should be adapted to engage clients more in the process. Moving away from rating risk levels to a more client centred process may also result in better outcomes.

Implications for Practice or Policy: Necessary improvements include clearer guidelines around escalation and referral, balancing harm reduction principles with safety, and better differentiating between acute and chronic ideation. Maintaining rapport and client engagement while ensuring safety is a complex balance.

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