Sharing Lessons Learned

MHAOD Quality Assurance Committee, Communique #2

The inquest into the deaths of Steven Hitchins and Shawn Gudge recommended that a central mental health quality assurance committee review all SAC 1 reports and share lessons learned between Hospitals and Health Services (HHS).

This communique is the first in a series to highlight lessons and opportunities that emerge when reviews are aggregated. More information about the QAC can be found here.

Managing Persistent Pain and Suicide Risk

An emerging theme across multiple SAC 1 reviews was that people who had contact with a mental health alcohol and other drug service (MHAODS) who died by suicide often had co-occurring persistent pain conditions. While the pain condition was frequently identified in the incident review, it was rarely noted as a contributing factor, and no specific recommendations were aimed at systematically improving MHAODS responses to persistent pain.

What we know already

There is robust evidence that persistent pain is a risk factor for suicidality. Multimorbidity including pain may be a contributing factor.

While this is often related to the high co-occurrence of pain and depressive illness, the relationship can be more complex.

Social withdrawal and functional decline often associated with pain can increase a person's sense of burdensomeness and hopelessness, important psychological processes in suicidality.

Exposure to pain can reduce a person's fear or avoidance of pain (increasing the capacity for higher lethality suicide attempts).

Pain can also be associated with increased use of analgesic and sedative medications, at times to being harmful, and of other substances such as alcohol. These can contribute to suicide risk in various ways.

What can services do?

- MHAODS should consider interprofessional activities with persistent pain management services, such as joint case reviews and morbidity & mortality meetings.
- MHAODS should consider participation of a relevant pain or medical specialist in incident reviews where pain is a possible factor.
- MHAODS should consider with clinical teams/units how they might implement and support clinical processes which better recognise the impact of persistent pain.

What can clinical teams/units do?

- Persistent pain impacts should be considered in care review processes whenever identified.
- Persistent pain will often be managed in shared care between a general practitioner (GP) and specialist medical services. MHAODS treating teams should consider, on a case-by-case basis, the most effective role for a specialist MHAOD service in that shared care arrangement, including GP case conferencing.

What can clinicians do?

- Common points of overlap between pain, mental illness and substance use disorder should be assessed. These include pain itself, sleep, appetite, substance use, anger/impulsivity, coping strategies and medication use.
- Intermittent exacerbation of pain should be identified as a dynamic risk factor for suicide.

Resilient Health Care: Learning from success

In addition to learning from adverse incidents, we should routinely learn from positive outcomes, which tell us more about why things usually go right in our complex systems. This is often about how clinicians proactively adapt and flex their skills to meet the complex and often unforeseen challenges of clinical care, to get a good result even when things go wrong along the way. How can we learn from successful management of pain in people receiving MHAOD services? We recommend that teams and units review this communique. Then:

- Identify some patients with a pain condition with effective collaboration between service providers with good consumer or carer experiences, or positive health outcomes.
- What actions supported collaboration?
- From the consumer's perspective, what led to a positive experience of care?
- Despite the complexities of co-morbidity, what treatments improved quality-of-life?

Further guidance

Suicide Prevention Practice: Queensland Health Guidelines

Pain Australia (national peak body) online education resources for health professionals

Blog: *The Safety-II approach: Learning from what goes well*