THE PHENOMENON OF SUICIDE:
COMPETENCY NUMBER ONE

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The Phenomenon of Suicide:
Competency Number One for the
Psychiatric Mental Health Nurse
Generalist

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NO HARM CONTRACT vs SAFETY PLAN: 
UTILIZING AN EVIDENCE BASED 
INTERVENTION TO DECREASE THE RISK 
OF SUICIDE

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CONFLICT OF INTEREST

Ms. Marcus has no conflicts of interest
There are no discussions of off-label medications in this presentation

Objectives

1. Apply the components addressed in the phenomenon of suicide to the assessment of and care provided to suicidal inpatients.
2. Relate nursing and Joint Commission literature to inpatient suicide prevention.
3. Describe how the phenomenon of suicide from the consumer perspective impacts nursing practice when providing care to suicidal inpatients.
OBJECTIVES

• Compare and contrast the No Harm Contract and the Safety Plan
• Discuss three reasons to utilize the Safety Plan to reduce the suicidal risk
• Demonstrate the use of the Safety Plan to reduce the suicidal risk of the individual during the hospital stay and after discharge

Background and Purpose

• APNA Education Committee Charge
  – Development of competencies
  – PMH nurse generalist caring for inpatients at risk for suicide

• Competency One
  – Framework to promote the understanding of the phenomenon of suicide and serves as the platform from which the other competencies derive
Background and Purpose

• Terminology, statistics, risk and protective factors are not simply facts and numbers, but dynamic components used to better inform the practice of nursing.

• The Joint Commission requirements are embedded in this initial competency as well as evidence based on a comprehensive review of the extant research literature.

The Phenomenon of Suicide

Goal: The psychiatric nurse generalist understands the phenomenon of suicide.
1. Defines basic terms related to suicide.
2. Reviews suicide-related statistics and epidemiology.
3. Describes risk and protective factors related to suicide.

Consumer Perspective

• Phenomenology = the personal experiences across the lifespan
• Development of competencies overall
• Key to greater understanding of suicide
• Excerpt specifically developed by Eric Arauz
Relevance to PMH Nursing

- Competencies have been developed for mental health clinicians in assessing and managing suicide risk, however, there were no standard competencies for the PMH nurse generalist.

- The essential competences, beginning with this first one, serve as a guide for nursing practice in inpatient psychiatric settings.

Future Implications

- The role of the nurse is to provide safe care and advocate for patients as each begins their recovery.

- Competencies are currently under review to be finalized for distribution to members.

- The expectation is that the competencies will serve as the foundation for training curricula and in measuring the knowledge, skills, and attitudes necessary for quality care.

**SUICIDE METHODS (2010)**

American Association of Suicidology
http://www.suicidology.org/resources/facts-statistics-current-research/suicide-statistics

Method:

- Firearm (50.5%)
- Suffocation/Hanging (24.7%)
- Cut/Pierce (1.8%)
- Poisoning (17.2%)
- Drowning (1.1%)
- Other (4.7%)

50.5%
SUICIDE: A Multi-factorial Event

- Personality Disorder/traits
- Severe Medical Illness
- Access to Weapons
- Life Stressors
- Suicide Behavior

Neurobiology
Psychiatric Illness Co-morbidity
Impulsiveness
Hopelessness
Family History
Psychodynamics/ Psychological Vulnerability

SUICIDAL BEHAVIOR

Three ingredients for higher risk for suicide completion:

- Social isolation
- Hopelessness
- Inability to problem solve

MENTAL HEALTH SETTINGS


- Suicides occur among hospitalized inpatients
  - Under care of trained health professionals
  - Round the clock care setting
  - 72 hours of discharge
- Suicide risk assessment is part of the therapeutic process with the person.
  - Done within the context of a caring conversation
  - High quality initial screening
  - Global assessment of care needs
  - Ongoing assessment
SPECIAL CONSIDERATIONS

(AAS Fact Sheet), (Courage to Care – www.cstonline.org), Mills, et al. 2008

• Elderly
• Youth
• Military
• LBGT

BE SAFE

Jacobs, D; Brewer, ML; Ellen-Brencher, et al. (1999) Suicide assessment: An overview and recommended protocol

• “Have you felt so sad or depressed that you thought life is not worth living?”
• “Have you thought about hurting yourself or taking your own life?”
• “Do you have the means to complete the plan?”
• “Have you practiced or rehearsed this plan to end your own life?”

BE SAFE

• “Do you have a location picked out?”
• “What has stopped you from following through with the plan?”
• “Have you ever attempted suicide?”
• “Has anyone in your family ever attempted or died by suicide?”
CASE Approach (Rev. 3rd, 2009)
Chronological Assessment of Suicide Events

ASSESSMENT OF SUICIDE RISK
CASE Approach
Chronological Assessment of Suicide Events

- Techniques
  - Behavioral Incident
  - Gentle Assumption
  - Denial of the Specific
  - Symptom Amplification

ASSESSMENT OF SUICIDE RISK

- Intent
- Lethality
- Degree of ambivalence - wish to live, wish to die
- Intensity, frequency
- Rehearsal/availability of method
- Presence/absence of suicide note
- Deterrents (e.g., family, religion, positive therapeutic relationship, positive support system - including work)
- Reasons for living
PROTECTIVE FACTORS
(Sanchez, 2001; United States Public Health Service, 1999; Kleiman, 2013)

- Skills in problem solving, coping, and conflict resolution
- Strong connections to family and community support
- Sense of belonging, sense of identity, and good self-esteem
- Cultural, spiritual, and religious connections and beliefs
- Identification of future goals
- Constructive use of leisure time (enjoyable activities)

- Support through ongoing medical and mental health care relationships
- Effective clinical care for mental, physical, and substance use disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Restricted access to highly lethal means of suicide
- Meaning in life

INTERVENTIONS:
CRISIS INTERVENTION

- What caused this current episode of suicidal thoughts and/or intent?
- What types of options can be identified to deal with the issues involved in the crisis
- Hospitalization or an alternate crisis bed may be indicated if the patient cannot identify any options to solve this crisis
**INTERVENTIONS:**

**CRISIS INTERVENTION**

- What type of thoughts are helpful in controlling the suicidal impulse?
- If the patient does not perceive any support network, hospitalization or a crisis bed may be indicated
- If the patient can identify a support person; contact that person to request support

**INTERVENTIONS**

- Supervision / Observation
- Environment
- Preventing access to lethal means
- Preventing Elopement
- Structure Day
- Teach coping skills
  - DBT
- Identify reasons for living

**INTERVENTIONS**

- Build / Mobilize support system
- Teach patient/family about suicide prevention
- Modify potentiating risk factors
- Develop and utilize safety plan
- Provide suicide prevention information on discharge

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Marcus, Schuh
CONTRACTING FOR SAFETY

• Is being questioned as to whether it is the best practice, due to lack of research.

• Practice Guideline states:

  Do not consider a “no-harm contract” as a substitute for an in-depth assessment for harm

PERSONAL SAFETY PLAN

• Patient centered

• Commitment to
  – Safety / Treatment
  – Getting help
  – Using the personal safety plan before acting on suicidal thoughts

PERSONAL SAFETY PLAN

• Should be done in-patient
  – Developed during hospitalization
  – Patient should demonstrate use of safety plan
  – Ongoing review, evaluated and modified
  – At discharge
PERSONAL SAFETY PLAN

Should include
- Recognition of warning signs
  - Early indicators of stress
  - Early signs and symptoms
  - Identification of triggers (internal / external)

- Coping strategies
  - Identifying how to keep oneself safe
    - Actions / Behaviors
    - Thoughts / Affirmations
    - Keep positive / hopeful / motivated

PERSONAL SAFETY PLAN

- Social contacts for assistance in resolving suicidal crises
  - List support system and social contacts
    - Family friends who can provide support in times of suicidal urges
    - Get by in from support system

PERSONAL SAFETY PLAN

- Socialization strategies for distraction and support
  - Lifestyle
  - Professional and Agency
    - List professionals trained to deal with suicidal crisis (including psychiatrist, follow up therapist)
    - American Association of Suicidology 1-800-273-TALK (8255)
    - Veterans hotline dial #1
PERSONAL SAFETY PLAN

- Means restriction
- Modifying environment to reduce availability of means to attempt suicide
- Removing firearms, pills

RESOURCES

American Association of Suicidology
- www.suicidology.org

American Foundation for Suicide Prevention
- www.afsp.org
- http://www.teenhelp.org
- www.suicidepreventionlifeline.org
- www.yellowribbon.org
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