

# Suicide

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**QUESTION: WHAT ARE** best practice guidelines for conducting suicide assessments? Any recommendations for a course of action when a patient admits to suicidal ideation?

**Response:** For slightly more than 20 years, the Joint Commission has been working with institutions to focus on improving both the risk assessment process and the safety of the environment of care for any patient with suicide risks. In 2007, the first National Patient Safety Goal to support the identification of patient safety risks, including the risk for suicide, was introduced in an effort to boost enhanced focus on the topic.<sup>1</sup> Many of the more recent Joint Commission recommendations are focused on the care of patients in inpatient psychiatric units. However, while any patient being evaluated for behavioral health conditions must be screened for suicidal ideation, the Joint Commission strongly recommends that the patients entering the health care system for other reasons be assessed for suicidal ideation as part of a generalized assessment of status.<sup>2</sup>

## Scope of the Problem

Suicide is reportedly the 10th leading cause of death in the United States.<sup>1,2</sup> In a recent Joint Commission study, there are between 49 and 65 annual suicides within the walls of health care facilities in America.<sup>3</sup> In 70% of these cases, the method of suicide has been determined to be hanging and in 50% of the events, the suicide occurred in the institution's bathroom.<sup>3</sup> Outside of the hospital, someone kills themselves every

40 seconds worldwide, averaging approximately 800,000 human lives/y.<sup>1,4</sup> It has been estimated that for every successful suicide, there are a staggering 20 to 30 unsuccessful attempts.<sup>1,4</sup> In the United States alone, the successful suicide rate included more than 47,000 people in 2017, a rate that has steadily increased 30% to 33% between 1999 and 2017.<sup>1,5</sup>

## Risk Factors and Screening

Suicide is generally an impulsive act and is often committed by way of a gun to the head, a jump or fall from a bridge or other highpoint, or the ingestion of poisons (eg, overdoses).<sup>4,5</sup> There are, however, certain risk factors that are associated with suicidal tendencies, which are summarized in [Table 1](#) and are not totally inclusive.

Perianesthesia nurses are in a unique position to be attentive to suicide risk factors, and implement thorough clinical assessments. There are several means to support this process. Staff training and education are keys to improve evaluation skills and the ability to identify persons at risk. This same education is also crucial to provide the perianesthesia nurse with the tools to identify and implement preventative measures. Most important is the confidence to apply direct questioning to patients during the screening process, whether conducting preoperative assessments by phone or in person. The following questions can be used to initiate the assessment:<sup>1</sup>

- Are you feeling hopeless about the present or future?
- Have you ever tried to hurt yourself in the past?
- Have you had thoughts about taking your own life?
- Have you ever had a suicide attempt?
- Do you have a plan about how to end your life?

## Prevention Plans

The National Action Alliance for Suicide Prevention and the American Foundation for Suicide

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*Conflict of interest: None to report.*

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**Table 1. Suicide Risk Factors<sup>1,4,6</sup>**

Demographic	Psychosocial	Other
<ul style="list-style-type: none"> <li>• Middle age</li> <li>• Caucasian</li> <li>• Rural American</li> <li>• Low income</li> <li>• Unemployment</li> <li>• Low education</li> <li>• Inadequate housing or homelessness</li> <li>• Overcrowding</li> <li>• Exposure to violence</li> <li>• Climate change</li> <li>• Natural catastrophes</li> <li>• War</li> </ul>	<ul style="list-style-type: none"> <li>• Stress</li> <li>• Depression</li> <li>• Anxiety</li> <li>• Pain</li> <li>• Isolation</li> <li>• Substance use</li> <li>• Family history</li> <li>• Loss of loved one</li> <li>• Broken relationships</li> <li>• Previous attempts</li> </ul>	<ul style="list-style-type: none"> <li>• Occupation (eg, police, firefighters, first-line responders)</li> <li>• Military service</li> <li>• Incarceration</li> <li>• Minorities</li> <li>• Refugees and asylum seekers</li> <li>• Gender identity issues</li> </ul>

Prevention have established a goal of reducing the annual suicide rate 20% by 2025.<sup>1</sup> Immediate priorities for prevention include the active seeking of help through confidential hotlines. The National Suicide Prevention Lifeline is accessed by calling 1-800-237-TALK and is available 24 hours a day and 7 days a week.<sup>1,6</sup> Other obvious measures for the treatment include cognitive or behavioral therapy support, counseling, medications, pet therapy, focused addiction protocols, and the adoption of healthier lifestyles.<sup>1,6,7</sup> Aside from therapy and support groups, patients are encouraged to seek regular exercise, avoid substance use, eat a well-balanced diet, obtain good sleep, and seek activities or hobbies that bring pleasure (eg, reading, going to the movies, phoning a friend).<sup>6</sup>

If the patient is physically present but has an active plan to commit suicide, the perianesthesia staff are obligated to provide immediate safety measures. These include plans for 1:1 monitoring, initiation of behavioral health consults for potential emergency hospitalization, and measures to modify the environment of care to maximize safety. A quick overview of the patient environment can reveal troubling sources of compromised safety such as cords, tubings, plastic bags, razors, belts, shoelaces, sharps, medications (hidden or otherwise), and other items that can be used as ligatures (items that can be used for tying or binding things tightly) such as doorknobs, hinges, handles,

bathroom fixtures, exposure pipes, etc.<sup>1</sup> Removing potential objects of harm and maintaining close observation are simple tools for preventing immediate injury.

### **What Perianesthesia Nurses Must Remember**

When perianesthesia nurses perform as perianesthesia nurses do, the capacity to listen, establish trust quickly, and to “be present” is enormous. Talk to peers and management about potential scenarios when dealing with patients who express active suicidal ideation. What crisis management plans are available to you? How quickly can they be implemented? How often is the plan reviewed with staff? If there are no plans, collaborate to develop a plan that is easy to access, timely, and evidence-based.

Another sobering fact is that of the many people who have died by suicide, approximately 83% were in contact with a health care provider at some point during the year before their death.<sup>8</sup> The presentation of a patient to the continuum of the perianesthesia process provides an opportunity to screen, identify those at risk, and often successfully initiate a prevention and safety plan that can save lives. It is important to remember that simply asking about suicidal ideation, the active thinking or planning for suicide, does not increase the risk. Early identification leads to early intervention,<sup>6</sup> and lives can be saved.

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## Suggested Reading

The Joint Commission. R3 Report: Requirement, Rationale, Reference. *National patient safety goal for suicide prevention*. 2018;18:1-4.