Suicidality

N233 Medical Surgical & Psychiatric Nursing

Required Readings

- Townsend 8th edition
- Chapter 17
- Lecture Notes

Objectives

- Students will be able to:
- Assess for specific factors that may increase or decrease suicide risk
- State the psychiatric screening questions used to identify patients at risk for suicide

Objectives

- State the immediate safety measures for the patient at risk for suicide
- Identify the three most common methods of suicide in a hospital setting
- State nursing interventions required for a patient at risk for suicide

Suicide

- “Suicide is a national health care crisis causing immeasurable pain, suffering and loss to individuals, families and communities nation wide”

Suicide

- Suicide is preventable
- The tenth leading cause of death in the United States

Suicide Statistics

- **2nd** leading cause of death among persons aged15-34
- **3rd** leading cause of death among young Americans ages 10-24
- **4th** leading cause of death among persons 45-54
- **8th** leading cause of death among persons 55-64

Suicide Statistics

- Approx. 44,193 persons in U.S. commit suicide every year

- (every hour and 36 minutes a teen commits suicide)

Nonfatal Suicidal Thoughts and Behavior

- 9.3 million adults (3.9%) reported having suicidal thoughts in the past year
- An estimated 2.7 (1.1%) made as suicide plan
- An estimated 1.4 million adults aged 18 or older attempted suicide last year

Teen Suicide

- Extreme teasing over long periods of time have caused some teens to think about and/or commit suicide believing it was the only way out

- Felt misunderstood by family

Teen Suicide

- Many studies have found that LGBTQ youth attempt suicide more frequently that their straight peers (3.4 times more)
- The factors affecting this group are related to acceptance discrimination and harassment

Contributing Factors

Psychological, biological, and societal factors

Among suicide decedents, 33.4% tested positive for alcohol 23.8% for antidepressants and 20.0% for opiates, including heroin and prescription pain killers

Risk Factors

- Substance abuse disorder
- Major depression and other mental disorders
- Overwhelming anxiety
- Family history of suicide*
- Family violence including physical or sexual abuse

Risk Factors

- Unwanted pregnancy
- Failure to live up to own or other's expectations
- Being bullied
- Being LGBTQ
- Self mutilation

Risk Factors

Marital Status

Gender

Age

Religion

Socioeconomic Status

Ethnicity

Other

Racial and Ethnic Disparities

- Suicide rate among American Indian/Alaska Natives ages 15-34 is one and a half higher than the national average

- The percentages of adults aged 18 or older having suicidal thoughts in the previous 12 months

Historical Perspectives

- Middle Ages, suicide was viewed as a selfish or criminal act.
- In the sixth century, suicide became a religious sin and secular crime.
- Individuals who committed suicide were often denied cemetery burial

Modern Religious Views

- Most religions consider suicide a sin against God. Judaism, Christianity, Islam, Hinduism, and Buddhism all condemn suicide
- The views are more open now to suicide being related to mental illness

Terminologies

- Suicidal Ideation
- Suicidal Gesture
- Suicidal Attempt
- Suicide

Suicidal Terminologies

- Suicidal Ideation-Contemplating suicide without taking action
- Suicidal gestures- Non lethal actions ambivalence suggesting a “cry for help”
- Suicidal attempts- actions that could be lethal, indicating the person wants to die
- Suicide- The act of intentionally killing oneself

Theories

- <u>Psychological:</u>
  - Anger Turned Inward
  - Hopelessness
  - Desperation and Guilt
  - History of Aggression and Violence
  - Shame and Humiliation

Theories

- <u>Sociological</u>
  - Egoistic suicide
  - Altruistic suicide
  - Anomic suicide

Theories

- <u>Biological</u>
  - Genetics
  - Neurochemical Factors

Assessment

- Demographics
- Presenting Symptoms
  - Suicidal Ideas or Acts
  - Suicidal Crisis: stressors/relevant history/life-stage issues
  - Coping Strategies

Assessment

- Ask the following questions directly:
- Are you having thoughts of harming yourself?
- Do you have a plan for harming yourself?
- Do you have what you need to carry out your plan?
- Do you have the ability to harm yourself?

Assessment

- Preparation for death
- Saying good-byes
- Giving away possessions
- Hording pills
- Buying a gun

Planning & Implementation

- Introduce yourself
- Don’t minimize their feelings
- Provide close observation of behavior
- Take all threats seriously
- Do not keep secrets for the patient

Planning & Implementation

- Establish rapport
- Be direct: talk openly about suicide; listen actively and encourage expression of feelings, including anger
- Communicate potential suicide to team

Planning & Implementation

- Provide a Safe Environment
  - String/rope/cords
  - Sharp objects
  - Medications/chemicals
  - Windows/glass/mirrors
  - Doors

Planning & Implementation

- Accept the person
- Don’t argue
- Acknowledge person’s feelings
- Listen
- Never lie
- Do not moralize

Planning & Implementation

- Don’t dare the patient
- Don’t lecture on the value of life
- Don’t act shocked
- Don’t judge
- Refer to specialist

Message

- Our message should be one of hope, resilience, and recovery

Evaluation

- Evaluation of the suicidal client is an ongoing process accomplished through continuous reassessment.

Evaluation

- People who receive good support may become attached to the person who helped them.
- It is possible that strong , unexpected emotional attachments can be formed

Survivors

- For every suicide that takes place, there are at least 6 survivors that will have to live with all the effects of suicide

Issues to consider

- Support Groups to Suicide Attempt Survivors
- Older Adult Depression Screening
- Suicide Prevention for Law Enforcement
- Suicide Prevention and Firearm Safety
- Survivor outreach Team
- LGBTQ Teens and older adults

Issues to consider

- Reduce prejudice about mental disorders
- Practice responsible media
- Public awareness of SS of suicide and where to get help
- Reducing access to lethal means of suicide
- Improve education efforts

Resources

- Suicide Prevention Center of Los Angeles
- 1-877 727-4747
- Crisis text line (CTL) 741741
- The National Suicide Prevention Lifeline
- 1-800-274-talk (8255)
- DMH Crisis Number 800-854-7771
- See text

Resources

- National Adolescent Suicide Hotline

1-800-6214000

- Suicide Awareness Voices of Education

www.save.org

- Mental Health Info Source

1-800-447-4474

- Finding a Therapist

1-800-843-7274

- Gay & Lesbian National Hotline

1-888-843-4564

Safety

- A suicidal person is sometimes a threat to others

ASK US
A QUESTION