

# Clinician Education: Health Care-Based Suicide Prevention and Ligature-Resistant Environments

Suicide now is the 10<sup>th</sup> leading cause of death in the U.S. and the second leading cause of death for individuals aged 10-34. Many suicides occur every year within health care facilities, including psychiatric hospitals, psychiatric units within general hospitals, general medical/surgical units and emergency departments. Most experts believe more suicides occur shortly after hospital discharge, although conclusive national data is not available.<sup>1</sup>

The Joint Commission worked with health care organizations to conduct rigorous risk assessments in an effort to help make the health care environment safer and prevent suicides. The National Patient Safety Goal, NPSG.15.01.01, which requires TJC-accredited hospitals to identify patients at risk for suicide, was introduced in 2007 to further focus preventive efforts. However, suicides continue to occur within health care settings. Throughout the last five years, approximately 85 suicides per year were reported as sentinel events to TJC, resulting in a call to action to increase preventive efforts.<sup>1</sup>

It is critical for hospitals to provide strategies and suggest actions to better prepare staff and facilities for suicidal patients, and to care for both their physical and mental needs. Health care organizations should focus as much on staff training and monitoring compliance with protocols as they do on detecting and correcting specific environmental hazards.<sup>2</sup> Placing importance on well-trained, vigilant, compassionate staff who rigorously follow procedures protecting patients cannot be understated in providing the best outcomes.

Suicide is a complex phenomenon determined by multiple factors intersecting at one point in the life of an individual. There is not one single predictor of suicide. The clinician is

## Facts About Suicide

Ninety percent of people who commit suicide have a diagnosable and treatable psychiatric disorder at the time of their death. (American Foundation for Suicide Prevention)

Worldwide, suicide accounts for \$26.7 billion in combined medical and work-loss damages yearly. And at 64 percent, suicide accounts for the majority of violence-related injury.

Two million adolescents attempt suicide annually, resulting in 700,000 ED visits.

*Source: National Council Magazine, Suicide Prevention - Not another Life to Lose 2012, Issue 2*



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often called upon to appropriately differentiate potential mild, moderate, severe or imminent suicide risk.<sup>2</sup>

### **Assessing and Identifying Suicide Risk**

A number of known suicide risk factors exist. Nevertheless, these risk factors are not necessarily closely related in time to the onset of suicidal behaviors — nor does any risk factor alone increase or decrease risk. Population-based research suggests that the risk for suicide increases with an increase in the number of risk factors present, such that when more risk factors are present at any one time, the more likely that they indicate an increased risk for imminent suicidal behaviors.<sup>3</sup>

Three of these warning signs carry the highest likelihood of short-term onset of suicidal behaviors and require immediate attention and evaluation.<sup>3</sup>

1. threatening to hurt or kill oneself
2. looking for ways to kill oneself; seeking access to pills, weapons or other means
3. talking or writing about death, dying or suicide

The following list of additional warning signs should alert the clinician that a mental health evaluation needs to be conducted and that precautions need to be put into place immediately to ensure the safety, stability and security of the individual.<sup>3</sup>

- expressing hopelessness
- rage, anger, seeking revenge
- acting recklessly or engaging in risky activities, seemingly without thinking
- feeling trapped — like there is no way out
- increased alcohol or drug abuse
- withdrawing from friends, family or society
- anxiety, agitation
- unable to sleep or sleeping all the time
- dramatic changes in mood
- no reason for living, no sense of purpose in life

### **Strategic Approach and Interventions<sup>4</sup>**

- Screen for the risk of suicide in all patients.
  - When screening for suicide risk, it is important to watch for behaviors, mental status or conditions that may indicate a risk of imminent suicide as listed above.
  - All staff members should use the same screening tool and procedures to ensure that patients at suicide risk are identified.
  - A brief, basic screening tool, such as a Patient Health Questionnaire, may be used to identify at-risk patients.

- The [Columbia-Suicide Severity Rating Scale](#) is another tool that looks at identified suicide attempts and assesses the full range of evidence-based ideation and behavior. It can be used in initial screenings or as part of a full assessment.
- Provide a psychological consultation to assess immediate risk of individuals admitted for medical treatment following a suicide attempt.

## **Managing Safety and Treatment Planning**

Suicidal crises require clinicians to make a judgment regarding the degree of risk for suicide. Risk assessment findings inform the development of a safety plan and guide subsequent treatment planning.<sup>2</sup> The goal of crisis intervention is to lessen the intensity, duration and presence of a crisis that is perceived as overwhelming and that can lead to self-injurious behaviors. This is accomplished by shifting the focus from an emergency that is life-threatening to a plan of action that is understandable and perceived as achievable. The goal is to protect the patient from self-harm. In the process, it is critical to identify and discuss the underlying disorder, dysfunction and/or event that precipitated the crisis.<sup>3</sup>

## **Working with the Family**

Where possible, efforts to mobilize family support are strongly recommended. Developing a good working relationship with the family and helping them become effective partners in suicide prevention is critical. Family members can be a valuable source of information regarding a patient's behavior outside the clinical setting and can assist in helping a patient maintain safety and treatment plans. The importance of involving family is underscored by research that indicates the risk of suicide is reduced by reduction of stress in patients, the family and other social systems.<sup>2</sup>

## **Suggestions for Including and Interviewing Family Members<sup>2</sup>**

- Educate family members about the relevant markers of suicide risk. In essence, the clinician needs to enlist family members in the monitoring and risk assessment process by telling them what to look for and how to recognize the importance of potentially subtle signs of suicidal ideation.
- Ask about any recent examples of suicidal ideation by the patient.
- Respect what family members have to say. Give feedback communicating that you have explored and/or acted on their insight whenever possible.
- Take advantage of the opportunity to activate and organize the patient's social support system by routinely integrating family members into the treatment process during periods of heightened risk.
- Clearly define a role for the family in the treatment process. Tell family members how often they can expect to be involved and in what capacity. The clinician also will need to discuss the limits and boundaries in treatment with both patient and family.



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## Ligature-Resistant Environments

In recent years, increasing emphasis has been placed on ligature risk by the Centers for Medicare & Medicaid Services, as well as accrediting organizations such as TJC. Promoting workplace safety is essential. Health care facilities that design rooms to accommodate all patients at any given time will be better prepared to care for patients and meet their needs safely.

Hospitals first need to identify their designated and nondesignated behavioral health spaces. Designated spaces are inpatient behavioral health hospitals and behavioral health units in nonbehavioral health hospitals. Nondesignated spaces are areas within an acute care hospital that may serve at-risk patients. Both spaces should receive the same assessment to determine self-harm risk. However, while mitigation plans for designated spaces must follow certain design and clinical requirements, nondesignated spaces must have a mitigation plan in place to modify the space for at-risk patients, such as 1:1 monitoring and removing items that are not needed for treatment, such as unused IV poles, from a room.<sup>5</sup>

There is a clear need to perform risk assessments on an annual or semi-annual basis. Circling back and making sure those mitigations actually work is critical. When introducing ligature-resistant solutions, ensure an assessment for potential unintended consequences is considered. For instance, removing shower curtains from a behavioral health space can eliminate a ligature risk, but also could create a fall hazard from water splashing onto the patient's bathroom floor.<sup>5</sup>

## Clinician Support

Lastly, it is important to focus on the support for the clinician who is caring for a suicidal patient. Research consistently finds that suicidal statements and behaviors are among the most stressful patient behaviors for clinicians. Clinicians must consider and, in some cases, adjust both their professional and personal beliefs about suicide and the value of life to recognize the importance of suicidal thinking for their patients. Caregiver stress can result from the repetitive process of empathizing that is required for consistent, effective and caring support with suicidal patients. The clinician must always aim for balance. Deliberately listening for patients' stories of optimism, survival and resilience – which can emerge even in the midst of suffering – can provide much needed hope and inspiration for clinicians who are working with clients presenting with suicidal despair.<sup>2</sup>

## Resources

Additional clinical resources are listed below regarding health care-based suicide prevention and ligature-resistant environments.

- [Framework for Suicide Risk Assessment and Management](#)
- [Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments](#)
- [Columbia-Suicide Severity Rating Scale](#)
- CMS memo [QSO: 18-21-All Hospitals](#), “CMS Clarification of Psychiatric Environmental Risks,” which clarified their intent to use the outcomes of TJC Suicide Panel and subsequent guidelines to establish comprehensive ligature risk interpretive guidance
- Hospitals and Psychiatric Hospitals should refer to CMS’ Dec. 8, 2017, memo [18-06-Hospitals](#), “Clarification of Ligature Risk Policy,” clarifying ligature risk
- Current expectations regarding ligature risk and safety issues for patient receiving care and treatment for psychiatric disorders can be found in the Conditions of Participation under Patient’s Rights to Care in a Safe Setting-[Appendix A](#)
- [SAFE – T \(Suicide Assessment Five-step Evaluation and Triage\)](#)
- [Sentinel Event Alert 56: Detecting and treating suicide ideation in all settings](#)
- [The Design Guide for the Built Environment of Behavioral Health Facilities](#)
- [The ProQOL](#) is the most commonly used tool to measure staff burnout as it relates to the effects of helping others who experience suffering and trauma; the ProQOL has sub-scales for compassion satisfaction, burnout and compassion fatigue
- TJC Suicide Panel [Special Report: Suicide Prevention in Health Care Settings](#) provides regulatory guidance until CMS releases new interpretive guidelines
- [Zero Suicide Toolkit](#)



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## References

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- <sup>2</sup> Centre for Applied Research in Mental Health and Addiction. (n.d.). *Working With the Client Who is Suicidal: A Tool for Adult Mental Health and Addiction Services*. Retrieved November 1, 2018, from <http://www.sfu.ca/content/dam/sfu/carmha/resources/wwcis/WWCWIS.pdf>
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- <sup>4</sup> Preventing Suicides in the Hospital Setting. (2010, November 18). *MD Magazine*. Retrieved November 1, 2018, from <https://www.mdmag.com/medical-news/preventing-suicides-in-the-hospital-setting>
- <sup>5</sup> ASHE Health Facilities Design Management Center. (2018, July17). *Experts address ligature-resistant environments at annual conference..* Retrieved November 1, 2018, from <https://www.hfmmagazine.com/articles/3418-experts-address-ligature-resistant-environments-at-annual-conference>



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