CHAPTER 25
Suicide and Non-Suicidal Self-Injury

Suicide

- **Suicide**: Intentional act of killing oneself by any means
- **Suicidal ideation**: Thinking about killing oneself
- **Completed suicide**: Suicide successfully resulting in death
- **Nonsuicidal self-injury**: Self-injury directed to the surface of the body to induce relief from a negative feeling/cognitive state or to achieve a positive mood state

Epidemiology

- 10th leading cause of U.S. deaths
- 2nd leading cause of death for ages 10–34
- 4th leading cause of death for ages 35–54
- 8th leading cause of death for ages 55–64
- Suicide rates among active-duty service members has surpassed civilian rates.
- Suicide rates among veterans increasing more rapidly than that of the general population.

Case Study

Gino, 14, identifies as transgender, saying, “I have known since I was real little that I was meant to be a girl. I’m a girl on the inside and always have been. As soon as I’m of age, I’m going to get surgery for gender reassignment. I’ve been saving my money for it for as long as I can remember.

“In the meantime, I ask my friends to call me ‘Gina’ instead of Gino. I grew up with these same kids, so with my friends it’s really no big deal.”

Case Study, Cont.

This year, however, things have changed a bit for Gina. Growing up in a small neighborhood school in the city, she has now entered a new, larger school. She doesn’t always have classes with her friends, and she’s beginning to get pushed around in the halls.

Recently, Gina, who dresses and grooms herself as a girl, tried to use the girls’ bathroom—which was allowed at her small private school—and a teacher followed her in and shooed her back out, calling her, “disgusting.”
Suicide is not necessarily synonymous with a mental disorder.

The act of purposeful self-destruction represented by taking one’s own life is usually accompanied by intense feelings of pain and hopelessness, coupled with the belief that no solutions exist.

Comorbidity

- Suicide occurs more frequently among those with:
  - Major depression
  - Bipolar disorder
  - Alcohol and substance use disorders
  - Schizophrenia
  - Borderline and antisocial personality disorders
  - Eating disorder
  - Panic disorder

Biological Factors

- Genetic
- Lowered SKA2 gene expression
- Low serotonin levels

Psychosocial Factors

- Psychoanalytical theories
  - Freud—aggression turned inward
  - Menninger
  - Wish to kill
  - Wish to be killed
  - Wish to die
- Interpersonal theory
- Cognitive theory
  - Aaron Beck—central emotional factor is hopelessness
- Recent theories—combination of suicidal fantasies and significant loss

Risk Factors

- Previous suicide attempt or family h/o suicide
- Psychiatric disorders
- Alcohol or substance use disorders
- Male gender
- Increasing age
- Race
- Marital status
- Profession
- Physical health
- Family history of suicide
- History of child abuse, sexual abuse, bullying or any victimization

LGBT Youth and Bullying

- Online bullying
- Name calling
- Verbal harassment
- Physical harassment
- White LGB and Hispanic bisexual females more likely to be bullied than white heterosexuals
- Black LGB’s vulnerability to bullying was about the same as white heterosexual youths
- Sexual minority youths were more likely to report suicide ideation
Protective Factors

• Effective clinical care for mental, physical, and substance abuse
• Family and community support (connectedness)
• Pregnancy

Cultural/Religious Protective factors

• African Americans
  • Religion, role of the extended family
• Hispanic Americans
  • Roman Catholic religion and importance of extended family
• Asian Americans
  • Adherence to religions that tend to emphasize interdependence between the individual and society

Societal Factors

• Oregon’s Death with Dignity Act of 1994—terminally ill patients allowed physician-assisted suicide
• Washington state—physicians can prescribe lethal medication
• Netherlands—nonterminal cases of “lasting and unbearable” suffering
• Belgium—nonterminal cases when suffering is “constant and cannot be alleviated”
• Switzerland—assisted suicide legal since 1918
• California—

Assessment: Overt Statements

• “I can’t take it anymore.”
• “Life isn’t worth living anymore.”
• “I wish I were dead.”
• “Everyone would be better off if I died.”

Assessment: Covert Statements

• “It’s okay, now. Soon everything will be fine.”
• “Things will never work out.”
• “I won’t be a problem much longer.”
• “Nothing feels good to me anymore and probably never will.”
• “How can I give my body to medical science?”

Assessment: Lethality of Suicide Plan

Higher Risk Methods
• Using a gun
• Jumping off a high place
• Hanging oneself
• Poisoning with carbon monoxide
• Staging a car crash

Lower Risk/Soft Methods
• Slashing wrists
• Ingesting pills
• Inhaling natural gas (oven)

Higher Risk Methods
• Is there a specific plan with details?
• How lethal is the proposed method?
• Is there access to the planned method?
• People with definite plans for time, place, and means are at high risk.
THE SUICIDE ASSESSMENT FIVE-STEP EVALUATION AND TRIAGE (SAFE-T)

- Step 1: Identify risk factors, noting those that can be modified to reduce risk
- Step 2: Identify protective factors, noting those that can be enhanced
- Step 3: Conduct suicide inquiry: suicidal thoughts, plans, behavior and intent
- Step 4: Determine level of risk and choose a
- Step 5: Document assessment of risk, rationale, intervention and follow-up

High Risk Patients

- Have made a serious or nearly lethal suicide attempt or
- Have persistent suicide ideation and/or planning and:
  - Have command hallucinations
  - Are psychotic
  - Have recent onset of major psychiatric syndromes, especially depression
  - Have been recently discharged from psychiatric inpatient unit
  - Have a history of acts/threats of aggression
- Interventions for high risk patients include:
  - Assessment of patient’s medical stability
  - One-to-one constant staff observation and/or security
  - Elopement precautions
  - Body/belongings search
  - Administration of psychotropic medications to reduce agitation and/or application of physical restraints as clinically indicated

Moderate Risk Patients

- Have multiple risk factors and strong protective factors
- Display suicidal ideation with a plan, but do not have intent or behavior

Interventions for moderate risk patients include:

- Admission may be necessary (depending on risk factors)
- Development of a crisis plan
- Providing emergency information, including both local and national phone numbers (i.e., National Suicide Prevention Lifeline at 1-800-273-TALK)

Low Risk Patients

- Have modifiable risk factors and strong protective factors
- Have thoughts of death, but do not have a plan, intent or behavior

Interventions for low risk patients include:

- Outpatient referral
- Symptom reduction
- Providing emergency information, including both local and national phone numbers (i.e., National Suicide Prevention Lifeline at 1-800-273-TALK)

Example of a Nursing Note

Consistently denied suicidal ideation this evening when asked. However, continued to pace and ruminate about how he had ruined his life and shamed his family by making a suicide attempt and being hospitalized. PRN Ativan was given. Restricted to public areas and monitored on 15 minute checks. Ativan was somewhat effective, after one hour he was sitting still in the TV room and not pacing.

Case Study

- You are worried about a close friend who recently broke up with a boyfriend. She is taking the breakup very hard and seems depressed.
- What are some questions you could ask to assess for suicide ideation?
**SAD PERSONS Scale**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>1 if male</td>
</tr>
<tr>
<td>Age</td>
<td>1 if 25-44 or older than 65</td>
</tr>
<tr>
<td>Depression</td>
<td>1 if present</td>
</tr>
<tr>
<td>Previous attempt</td>
<td>1 if present</td>
</tr>
<tr>
<td>Alcohol/Drug use</td>
<td>1 if present</td>
</tr>
<tr>
<td>Rational thinking loss</td>
<td>1 if psychotic for any reason</td>
</tr>
<tr>
<td>Social supports lacking</td>
<td>1 if lacking, especially recent loss</td>
</tr>
<tr>
<td>Organized Plan</td>
<td>1 if plan with lethal weapon</td>
</tr>
<tr>
<td>No spouse</td>
<td>1 if divorced, widowed, separated or single male</td>
</tr>
<tr>
<td>Illness</td>
<td>1 if severe or chronic</td>
</tr>
</tbody>
</table>

**Self-Assessment**

- The extreme feelings in suicidal people can evoke strong negative reactions in staff.
- To avoid countertransference that will limit effective intervention, the intense emotional reactions of staff need to be acknowledged.
- Expected reactions of the nurse:
  - Anxiety
  - Irritation
  - Avoidance
  - Denial

**Application of the Nursing Process**

- Diagnosis
- Risk for suicide
- Ineffective coping
- Hopelessness
- Powerlessness
- Social isolation
- Outcomes identification (Table 25-3)
- Suicide self-restraint

**Levels of Intervention**

- **Primary**—activities that provide support, information, and education to prevent suicide
- **Secondary**—treatment of the actual suicidal crisis
- **Tertiary**—interventions with a circle of survivors left by individuals who completed suicide to reduce the traumatic aftereffects

**Basic Level Interventions (Secondary)**

- Teamwork and safety
- Milieu therapy with suicidal precautions
  - 1:1 monitoring
  - Environment
  - Clothing

**Environmental Safety Guidelines**

- Use (and count) plastic utensils.
- No private room; keep door open at all times.
- Jump-proof and hang-proof bathrooms.
- Lock doors to non-patient areas.
- Monitor for and remove potentially harmful gifts.
- In patient’s presence, assess belongings and search patient for harmful objects.
- Ensure that patients do not bring or leave harmful objects.
**Interventions continued**

- Counseling/therapeutic communication
  - “No-harm contracts” or “Contracts for safety”
  - Problem-solving, active listening, therapeutic techniques, addressing ambivalence

**Interventions continued**

- Health teaching and health promotion
- Case management
- Suicide risk after discharge
- Discharge guidelines to follow
- Pharmacological interventions

**Patient Discharge Guidelines and Information**

- Provide the patient and the family/friends with discharge instructions
- Explain the uneven recovery path from their illness, especially depression, e.g., “There are likely to be times when you feel worse— that doesn’t mean that the medications have stopped working. Contact your healthcare clinician if this happens”
- Inform the family/friends (if indicated) about the signs of increased suicide risk; especially sleep disturbance, anxiety, agitation and suicidal expressions and behaviors
- If the patient does not wish to permit contact with family, this should be documented

**Patient Discharge Guidelines and Information continued**

- Provide information for follow-up appointment, which may include contacting current provider and/or scheduling an appointment
- If presence of firearms has been identified, document instructions given to patient and/or significant other
- Provide prescriptions that allows for a reasonable supply of medication to last until the first follow-up appointment (when indicated)
- Provide information about local resources available, such as emergency contact numbers (local and national numbers, such as 1-800-273-TALK) and instructions

**Advanced Practice Interventions**

- Psychotherapy
- Psychobiological interventions
- Clinical supervision
- Consultation
- Best practices registry
- http://www.sprc.org/bpr

**Survivors of Completed Suicide: Postintervention**

- Surviving friends and family
  - Overwhelming guilt, shame
  - Difficulties discussing the often taboo subject of suicide
- Staff
  - Group support essential as treatment team conducts a thorough postmortem assessment and review
Audience Response Questions

A patient is hospitalized with major depression and suicidal ideation. He has a history of several suicide attempts. For the first 2 days of hospitalization, the patient eats 20% of meals and stays in his room between groups. By the fourth day, the nurse observes that the patient is more sociable, is eating meals, and has a bright affect. Which factor should the nurse consider?

A. The patient is showing improvement and may be ready for discharge.
B. The patient may have decided to commit suicide; the nurse should reassess suicidality.
C. The patient is feeling rested, supported by the therapeutic milieu, and less depressed.
D. The patient is benefiting from the antidepressant he has been taking for 4 days.

Audience Response Questions

An 80-year-old who has difficulty walking because of shortness of breath secondary to COPD says, “Every day is a struggle when you get old. No one cares about old people.” Select the nurse’s best response.

A. “Rest periods are important. Don’t try to overexert yourself.”
B. “It sounds like you’re having a difficult time. Tell me about it.”
C. “Let’s not focus on the negative. Tell me something good.”
D. “You are still able to get around, and your mind is alert.”

Nonsuicidal Self-Injury

• Prevalence
• Comorbidity
• Etiology
  • Biological factors
  • Cultural factors
  • Societal factors

Audience Response Questions

A person with which psychiatric problem is most likely to complete suicide?

A. Personality disorder
B. Major depression
C. Substance abuse
D. Schizophrenia

Audience Response Questions

Which method of suicide has the highest lethality?

A. Cutting one’s wrists
B. Overdose of medication
C. Self-inflicted gunshot wound
D. Inhaling gas from an oven

National Suicide Prevention Lifeline

https://suicidepreventionlifeline.org/

If you or someone you know has contemplated suicide, please call the National Suicide Prevention Lifeline at 1-800-273-TALK. Lines are open 24 hours a day, 7 days a week.

Text TALK to 741741
Resources

American Foundation for Suicide Prevention
  https://afsp.org/

Grief Support for Suicide Loss Survivors
  https://save.org/what-we-do/grief-support/

Local help: Didi Hirsh Mental Health Services
  https://didihirsch.org/services/suicide-prevention/therapy-support/
  8 week programs – bereavement groups for adults and teens affected by death of a loved one by suicide
  8 week program for survivors of suicide