

Caring for patients with Suicidal Behaviour: An Exploratory Study.

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Abstract

Presentation to the Emergency Department (ED) of patients with suicidal behaviours is relatively common. While many of these patients may be referred on to specialist mental health services, many are either discharged with no psychiatric follow-up or leave before being seen. There is therefore an increasing onus on the staff of Emergency Departments to become involved in the assessment and initial management of this patient group. The aim of this study was to describe the experiences and challenges that nurses encounter when caring for patients who present to the ED with suicidal behaviour. Forty-two ED nurses completed a 15-item semi-structured questionnaire. Participants in this study identified risk assessment as part of their role but did not focus on psychosocial assessment or psychological management of this patient group. Feelings of sympathy and compassion were reported towards these patients; however, there was often a prior judgement of the perceived 'genuineness' of the presentation. Finally, challenges experienced included a lack of appropriate communication skills and insufficient resources within the ED department to adequately care for this vulnerable patient group.

Key Words: Suicidal behaviour, Emergency Departments, Nurses Experiences, Challenges.

Introduction

Suicidal behaviour encompasses the range of activities related to suicide including suicidal thinking, self-harming behaviours and suicide attempts (LIFE Strategy, 1999). The alarming increase in suicide and suicidal behaviour in Ireland has become a serious public health issue and a major cause for concern. Suicide rates in Ireland have increased from 6.4% per 100,000 in 1980 to almost 11% per 100,000 in 2005 (National Office for Suicide Prevention, 2006). Similarly, the rates of deliberate self-harm (DSH) have also increased. The recently published National Strategy for Action on Suicide Prevention (2005) emphasises that a history of one or more acts of deliberate self-harm is the strongest predictor of repeated suicidal behaviour, both fatal and non-fatal. The National Parasuicide Registry (2005) reported that there were approximately 11,100 presentations to Emergency Departments (ED) with deliberate self-harm in 2004. This report further identified that in 2004 the ED was the only treatment setting for 45% of all deliberate self-harm patients. Therefore, the Emergency Department has a crucial role to play in the assessment, management and prevention of suicidal behaviour. Perego (1999) however argues that ED nurses are not confident in their skills when caring for this group. This paper describes research undertaken in Ireland, which focuses on the experiences of Emergency Department nurses when caring for patients who present with suicidal behaviour.

Literature review

For those exhibiting suicidal behaviour, the ED is often the first point of access and acts as a gateway to a wider range of other health care services. However, a great

number of people who deliberately self-harm may only be seen in the ED and may never be assessed by specialist mental health professionals. Consequently, this may result in poor outcomes for this patient group as DSH patients who are discharged from the ED without a psychiatric assessment may be at greater risk of further DSH and completed suicide than those who are assessed (Hickey et al, 2001).

This emphasises the importance of a psychosocial assessment prior to discharge from the ED. However, several studies have highlighted that there is wide variation in the quality of assessment and management of clients in EDs who have engaged in suicidal behaviour (Kapur et al, 1998; Hughes et al, 1998; McElroy & Sheppard, 1999). Most EDs now have a dedicated psychiatric liaison service which responds to requests from staff for psychosocial assessments of clients presenting with suicidal behaviour. This service is normally only available during the hours of 9am to 5pm Monday to Friday. Typically however, presentations to EDs of deliberate self-harm peak in the hours around midnight and occur on the weekend when the psychiatric liaison service is generally not available (National Suicide Research Foundation, 2005). Crawford and Wessely (1998) argue that there is a need therefore to optimise the psychosocial management of this client group by ED staff during the initial stages of treatment. However Hickey et al's (2001) study found that this is not being carried out as the majority of nonadmitted DSH patients in their study who left an ED appeared to have no psychosocial assessment or intervention carried out by staff in these departments. McElroy & Sheppard (1999) recommend that a systematic psychosocial assessment of all patients presenting with suicidal behaviour be undertaken prior to discharge from an ED. Furthermore, they contend that this can be administered by ED nursing staff.

However, many frontline staff working in EDs do not feel adequately equipped to deal with the particular challenges associated with this client group. Perego (1999) reported that ED staff felt unskilled and lacked confidence in dealing with mental health issues and also felt largely unsupported by mental health services. Similarly, Crowley's (2000) study found that ED nursing staff reported a deficit in mental health knowledge and a total absence of opportunities to develop skills on mental health issues. As a result Arbuthnot & Gillespie (2005) argue that staff tend to focus largely on medical rather than psychological assessment and interventions. Repper (1999) claims that health care professionals' attitudes are a major factor in the prevention of suicide. It is well recognised in the literature that clients exhibiting suicidal behaviour often evoke negative attitudes in the non-mental health professionals charged with their care (Pearsall and Ryan, 2004; Arbuthnot & Gillespie, 2005; Hart et al, 2005). Findings from Nirui and Chenoweth's (1999) study found that cries for help from patients were ignored and individuals at risk of suicide were marginalised by healthcare staff because they displayed negative and often self-destructive behaviours. Such responses of rejection or hostility may prompt further suicidal behaviour (Costigan et al, 1987). Therefore the need to increase staffs' knowledge and understanding of this patient group is paramount so that they may be cared for in a more professional way.

Methodology

The aim of this study was to describe the experiences and challenges that nurses encountered when caring for patients who presented to the ED with suicidal behaviour. This study was undertaken in two large teaching hospitals in a large

urban area in Ireland. In designing the methodology for this study, one major factor influenced the decision to use a questionnaire with open-ended questions. At the time of the study Emergency Departments were under extreme pressure due to a shortage of acute beds in general hospitals and an increased volume of presentations to the departments. This resulted in long delays for patients and increased workload for nurses. Although a qualitative design was the original intention, the research team felt that not only was it unfair to remove nurses from the department to participate in the planned focus group, but also that the required number of participants would not be available. Consequently a 15-item questionnaire was designed based on the current literature and checked for content validity by two experts in the area. The first section of the questionnaire dealt with demographics such as the length of nurses' experience working in the department and the frequency of the suicidal behaviour presentations they experienced. The remainder of the questionnaire focused on their psychosocial experiences and used open-ended questions to capture their feelings and thoughts when caring for this particular patient group. Following ethical approval, the questionnaire, instructions for its completion and a letter of invitation were left in the post for each nurse working in the emergency department. Due to an initial poor response, a second round of questionnaires were distributed. A total number of 120 nurses were included in the study and a response rate of 35% (n=42) was achieved. Quantitative data was analysed using descriptive statistics and a thematic analysis approach was used for the qualitative data. The latter process culminated in the development of three themes, which describes the nurses' experiences of caring for this patient group;

1. Emergency Department nurses' role when caring for patients presenting with suicidal behaviour.

2. Emergency Department nurses' emotional responses when caring for patients presenting with suicidal behaviour.
3. Challenges presented when caring for patients with suicidal behaviour.

Findings

Forty-two participants returned the questionnaire, which constitutes a response rate of 35%. Of these, the majority (n=38) reported that they have daily contact with patients exhibiting suicidal behaviour. Participants reported varying lengths of experience in the Emergency Department and this ranged from 2 to 19 years, with the average experience being 8.4 years. All the participants were Registered General Nurses (RGNs) and of these, 34% (n=14) were educated to Bachelors Degree level, 43% (n=18) were educated to post-graduate diploma level with a minority of participants (n=2) holding a Masters degree.

Emergency Department nurses' role

Many of the nurses reported that undertaking an assessment of the patient was their main role in caring for patients with suicidal behaviour. This assessment mainly focussed on risk assessment including recognising the potential risk of further acts of suicidal behaviour. The majority of the participants spoke about this role as part of the Triage system in place in the Emergency Department. Another role identified in the data was the creation of a safe environment for the patient and many participants spoke about observation and removal of harmful objects as being their primary interventions. Care provided focussed primarily on the patients' physical needs e.g. dealing with the complications arising from self-inflicted lacerations or over-dose. Once the physical aspect of care was attended to, the next priority identified in the

care process was the referral of the patient to the psychiatric services and all of the participants reported this to be part of their role. Overall, participants did not mention caring for the patients' psychological well being as being part of their role. However, displaying "empathy" and "understanding" was identified by a minority of participants as being important to their role when caring for patients who present with suicidal behaviour.

Emergency Department nurses' emotional responses

Participants' feelings towards patients who presented with suicidal behaviour depended on the circumstances of the patient's admission and the nurses' own value system. The nature of the patient's presentation to the Emergency Department often influenced the nurses' feelings towards them. Nurses in this study sometimes felt uneasy and stressed when caring for these individuals and this uneasiness and stress appeared to correspond to whether the patient was violent and aggressive or "unstable". Participants' feelings were also influenced by the patient's individual situation for example if there was a tragic event associated with the presentation or if there was a history of suicidal behaviour and previous presentation associated with this. Patients who presented with repeated suicidal behaviour evoked a feeling of frustration in some of the participants. This frustration contributed to a feeling of helplessness at the perceived failure of the psychiatric system for this vulnerable patient group. Nurses appeared to make a judgement regarding the "genuineness" of the suicide attempt and this perception of genuineness influenced their response to the patient and the subsequent care they received. Some nurses were willing to invest time with the patient if their circumstances were perceived to be authentic.

Nurses also reported feeling sad and sympathetic towards these patients and identified a “great compassion” and a willingness to listen as being an emotional reaction to this patient group. Value systems associated with nursing practice also appeared to have influenced their feelings towards these patients. A feeling of needing to help these patients to the best of their ability permeated the data. However, some of the respondents reported a more utilitarian approach to the care of these patients suggesting that they were no different to any other patient in the department. Some participants also reported feeling “secure” when the patient was physically stable and they were transferred to the psychiatric services.

Challenges presented when caring for patients with suicidal behaviour

Participants reported several challenges when caring for patients who presented with suicidal behaviour in the Emergency Department and these can be divided into three main groups. Firstly, participants’ perceived lack of skills was reported as a significant challenge when caring for this patient group. Many of the participants identified a lack of communication skills as being a key challenge and this was perceived as impacting negatively on the efficacy of their interventions. For example, participants spoke about not being equipped with the relevant skills to communicate with “uncooperative”, “manipulative” or “distressed” patients. Skills which were more psychologically based such as intervening with a patient who is threatening suicide or patients who are violent and aggressive were also identified as a challenge. The lack of these important skills impacted on the ED nurses’ ability to provide appropriate care to this challenging patient group. The lack of these important skills also left some nurses feeling as though they were out of their depth. The patient’s mental state on presentation also posed a challenge and this was related to other

problems aside to suicidal behaviour for example if there was alcohol/drug abuse or active psychosis associated with the suicide attempt.

Another challenge that was reported in the data was the insufficient resources within the Emergency Department. This factor coupled with the lack of psychiatric acute beds posed a major challenge when caring for this group. When there was a delay in getting a psychiatric review, nurses reported that patients were at risk of absconding consequently increasing the workload of these nurses as they felt they had to try to prevent these patients from leaving the department. This posed a challenge in terms of increased time spent with that particular patient with a concomitant reduction in the time available for other patients. Suicidal patients were also cared for in the Emergency Department for a longer period of time due to the shortage of psychiatric beds. This factor increased the risk of patients attempting or re-attempting suicide in the ED necessitating a need for hyper-vigilance amongst already busy nurses. Participants alluded to the current Emergency Department crisis in Ireland, reporting an overall lack of time available to care for any patient. This impacts significantly on the patients who present with suicidal behaviour in terms of the time investment required to provide appropriate psychological care.

Discussion

The literature has identified that one of the most important aspects of caring for patients who present with suicidal behaviour involves undertaking an initial psychosocial and risk assessment prior to either discharge or referral to specialist mental health services (Hickey et al, 2001). Encouragingly, participants in this study did identify assessment as one of their main roles when caring for this patient group

however this assessment focussed almost exclusively on risk assessment as part of the triage system in place in Emergency Departments. While risk assessment is obviously of critical importance when trying to establish a picture of the patient, used on its own it may be misleading. Risk assessment in Emergency Departments often involves a consideration of the potential lethality of the suicidal act for which the patient presents for treatment. However, Holsworth et al (2001) argue that suicidal intent might, through the ignorance of the person concerned, find expression in medically non-serious self-poisoning or self-injury. As a result, there may be a significant underestimation of future risk and patients may be discharged without a psychiatric assessment or referral. There is therefore a strong need for risk assessment to be undertaken in tandem with a psychosocial assessment to provide a more complete picture of the patient presenting with suicidal behaviour.

Participants in this study however did not identify psychosocial assessment as part of their role and instead, focussed on the medical assessment and management of the patient; a finding that is supported by Arbuthnot & Gillespie (2005). Participants' main concern was on keeping a safe environment for the patient in the ED prior to their referral to specialist mental health services. Indeed, all participants in this study believed that the referral of the patient to the mental health services was a part of their role. It may be the case therefore that nurses consider that the psychosocial assessment and management of patients is more appropriately undertaken by mental health professionals. This point is supported by Kinmond and Bent (2000) who suggest that that the ED is not the appropriate place for such an assessment to take place and that ED staff have not the expertise to undertake it. McElroy and Sheppard (1999) however suggest that the psychosocial assessment of patients presenting to

Emergency Departments with suicidal behaviour can be undertaken by ED nursing staff. Furthermore, Guthrie et al (2001) contend that psychosocial assessments and brief psychological interventions by nurses can reduce suicidal ideation and repeated incidences of suicidal behaviour.

Nurses' emotional responses towards patients who engaged in suicidal behaviour varied quite considerably. Some participants reported feeling stressed and uneasy when patients became aggressive or were unstable. Hart et al (2005) highlight how people who have engaged in suicidal behaviour often present to the ED exhibiting aggressive and challenging behaviour. This behaviour may partly be in response to delayed waiting times, particularly when a referral to specialist mental health services is pending. An interesting finding in this study is that nurses' emotional response to patients was often determined by a judgement of how genuine the patient was and this in turn affected the amount of time that they were willing to spend with this patient group. Hart et al (2005) have identified the dangers that negative assumptions towards this patient group can have and suggest that in such cases patients may not be adequately assessed, their needs may not be identified and the patient's own negative views about the ED and the staff may be reinforced. Furthermore, as the ED is the only treatment setting for many people presenting with suicidal behaviour (National Parasuicide Registry, 2005), negative attitudes of staff within it may result in the patient not seeking help at all. This is regrettable as Agnew (2005) rightly asserts that all people with mental health problems have a right to use the ED services.

The challenges identified by participants in this study when caring for patients presenting with suicidal behaviour are similar to those found in other studies. A

perceived lack of skills was identified as one of the main barriers to communicating effectively with suicidal patients. Results from a study by Crowley (2000) also found that ED nurses were unsure of their clinical skills in relation to communicating with this patient group. Here, ED nurses were able to communicate effectively with distressed relatives but had difficulty communicating when faced with a mental health attender. Crowley (2000) suggests that this was as a result of nurses' lack of belief in their own skills and their perceived inability to apply their communication skills to patients presenting with mental health problems. In the present study, all participants made reference to the importance of referral of the patient to the mental health services. It could be suggested that similar to those nurses in Crowley's (2000) study, these participants lacked belief in their own skills and were therefore anxious to involve more specialised staff.

As previously mentioned, this study was undertaken during what was publicly perceived to be an ED crisis and this was evident from the participants' responses. Waiting times were excessive and many patients in most urban ED departments spent considerable time on trollies before securing a bed (Hunter, 2005). This included patients waiting for admission to mental health beds. Participants in this study have identified the difficulties that this results in. Primarily, the main challenges focused on preventing the patient from absconding and preventing another act of self-harm. Preventing absconsion and preventing further self-harm resulted in the need for hyper-vigilance on the part of the nurse and therefore considerable time being spent with these patients with a resultant decrease in time available for other patients. This occurred within the context of an already extremely busy ED. The solution to this current problem is complex and requires multi-agency involvement throughout every

sector of the health service. The Department of Health and Children (DoHC) has been criticised for not adequately addressing this crisis (Hunter, 2005). However, in November 2004 they announced a 10-point plan, which has been introduced as a “whole system” approach to alleviating the pressure for people attending Emergency Departments (DoHC 2004). It is envisaged that this in turn will improve the outcomes for patients presenting with suicidal behaviour.

Conclusion

The importance of reducing suicide and suicidal behaviour in Ireland has been supported by government with the publication of the National Strategy for Action on Suicide Prevention (2005). This strategy document has recommended the development and introduction of guidelines aimed at guiding health care professionals’ responses to people presenting to hospitals following deliberate self-harm. This study has highlighted the experiences of ED nurses’ caring for patients who present with suicidal behaviour. The findings from this study suggest that nurses feel ill equipped to care for the complex needs of this population. This research highlights the need for specialist education provision for nurses who do not have a mental health background. Further research into the experiences of nurses and indeed the experiences of patients is advocated to improve the services that this vulnerable group receive.

Key Points

- The majority of ED nurses report having daily contact with patients who have engaged in suicidal behaviour.
- Risk assessment is considered to be an important part of the ED nurses' role.
- Psychosocial assessment and psychological management of the patient is generally referred to specialist mental health professionals.
- ED nurses make a judgement regarding the 'genuineness' of the presenting patient.
- A perceived lack of communication skills and a lack of resources are identified as the main challenges in caring for this patient group.
- Further research on this important issue is warranted.

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