Suicide: Facing the challenge

Treating patients who self-harm or present with suicidal behaviour requires great sensitivity and dedicated resources, write a team of psychiatric nursing lecturers, TCD

FOR those exhibiting suicidal behaviour, the emergency department (ED) is often the first point of access and acts as a gateway to a wider range of other health services.

There are approximately 10,800 such presentations each year to EDs[1] and these patients can pose a significant challenge to front-line nursing staff who are required to care for this vulnerable group.

Suicidal behaviour includes not only attempted suicide but also self-harming behaviours such as cutting and non-fatal drug overdose of varying degrees of severity. A clear gender difference is evident in the presentation of self-harming behaviour to emergency departments in Ireland, with more females than males engaging in this behaviour.

The number of presentations tend to be highest on a Sunday and Monday and falling midweek before rising again towards the weekend. The timing of these incidents is also significant with the majority occurring between the hours of 8pm-4am.[1]

What is noteworthy about the timing and occurrence of these presentations is that they are likely to coincide with alcohol-related presentations thereby increasing the pressures on an already busy ED.

Emergency nurse's role

While suicidal behaviour accounts for only 0.88% of total attendances to EDs in the country,[1] many nurses report that they care for these patients daily, comprising a regular part of their role.

This is made all the more crucial by the fact that many patients who present to the ED either leave before being seen or are discharged with no psychiatric follow-up.

This may result in poor patient outcomes as self-harm patients who are discharged from the ED without psychiatric assessment may be at greater risk of further self-harm and completed suicide.[2]

There is therefore an increasing onus on ED staff to become involved in the assessment and initial management of this patient group.

However both research and anecdotal accounts would suggest that many nurses working in the ED do not feel adequately equipped to care for this vulnerable patient group both in terms of their own skills in psychosocial assessment and in terms of both available resources such as specialised staff and time, in particular.

EDs are under extreme pressure due to a shortage of acute beds in general hospitals and an increased volume of presentations.

Within this context, talking and communicating with patients who have engaged in suicidal behaviour is frequently abandoned out of necessity in order to treat the medical aspects of the patient's presentation.

The following case scenario outlines a typical presentation to an ED department with suicidal behaviour:

Anne is a 22-year old woman who was admitted to an emergency department at 11pm via ambulance having inflicted lacerations to both wrists. She is accompanied by her mother who is in a distressed state as she found her and called the emergency services. On presenting to the ED, Anne appears to be intoxicated and is uncommunicative with staff. Following medical assessment and treatment and assessment by a liaison psychiatrist on call, Anne is discharged home without referral to the mental health services. Two weeks later Anne presents once again to the ED with similar lacerations.

So, what can be done to ensure that outcomes for patients such as Anne are improved and to ensure that nurses feel more equipped to care for these patients? It would appear that two main factors are associated here; education and resources.

Education

Establishing and responding to the identified educational needs of ED nurses is crucial. Nursing services form the nub of any emergency department and nurses are generally the first healthcare professional that patients come into contact with on arrival to the ED. They are subsequently responsible for the initial assessment of the majority of patients attending. However in a recent study of the educational needs of ED nurses in two Dublin hospitals, only half of the nurses had any previous theoretical instruction on suicidal behaviour.[3]

The majority of those who had educational input on this topic received only minimal input. Nurses in this study identified the need for: further education focussed on identifying suicidal behaviour; undertaking psychosocial assessments; development of specialised communication skills for this patient group; and interventions required to care for patients and their family members after suicidal behaviour occurs.

Similar to the patient identified in the case scenario, many patients presenting with suicidal behaviour do not spontaneously communicate with staff about the reasons for engaging in this behaviour.

In addition, the presence of alcohol in those presenting is a common feature and can further complicate the assessment and communication process. ED nurses have perceived a lack of communication skills when caring for patients who engage in self-harming behaviour, which leaves some nurses feeling as though they are out of their depth.[3]

However, it has been suggested that ED nurses can communicate effectively with other distressed patients and relatives who present with physical problems and that difficulties only arise when faced with a mental health attender. This suggests nurses' lack of belief in their own skills and their perceived inability to apply their communication skills to patients presenting with mental health problems.[4]

Education for ED nurses on this important area can take place within the framework of existing in-service education programmes. The National Strategy for Action on Suicide Prevention[5] recommends that basic awareness training for all levels of hospital staff on suicidal behaviour is planned and delivered.

The development and delivery of such education programmes could help staff to acquire the appropriate attitudes, knowledge and skills in the management and prevention of suicidal behaviour.

Resources

A lack of resources can act as a barrier to improving patient outcomes in the ED. Lack of resources comes in many forms and includes lack of available time to spend with patients and lack of psychiatric acute beds for those who are referred to the mental health services.

This lack of beds means that many suicidal patients are cared for in the ED for a longer period of time in an environment unsuited to their needs and this is an issue that needs to be addressed.

However, another resource issue that has emerged is the lack of availability of out-of-hours psychiatric liaison nurses in most Irish hospitals to assess those who present with suicidal behaviour to the ED.

The psychiatric liaison nurse has been identified by emergency nurses as being instrumental in providing support to the nurses in the ED acting as a source of knowledge and expertise.

As the majority of presentations to the ED with suicidal behaviour do not occur within the hours of 9am to 5pm, this is an area that requires further development and is supported in the National Strategy for Action on Suicide Prevention.[5]

The importance of reducing suicide and suicidal behaviour in Ireland has been supported across the board by government, voluntary and community groups. Emergency departments are the first port of call for many people who have harmed themselves.

Therefore, nurses working within these departments across Ireland are in a key position to make a difference to suicide prevention by responding appropriately to the needs of the patient who presents.

However, as identified, nurses' ability to do this may be significantly hampered by a lack of specialised education in this area and a lack of appropriate resources.

The need for the establishment of a national training programme for appropriate clinical staff and the requirement for an increase in resources in the ED has been identified as part of the targeted approach to reducing suicide and suicidal behaviour in Ireland.[5]

Time will tell if these resources emerge and if they have an impact on the individual and societal tragedy that is suicide in Ireland.

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References

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