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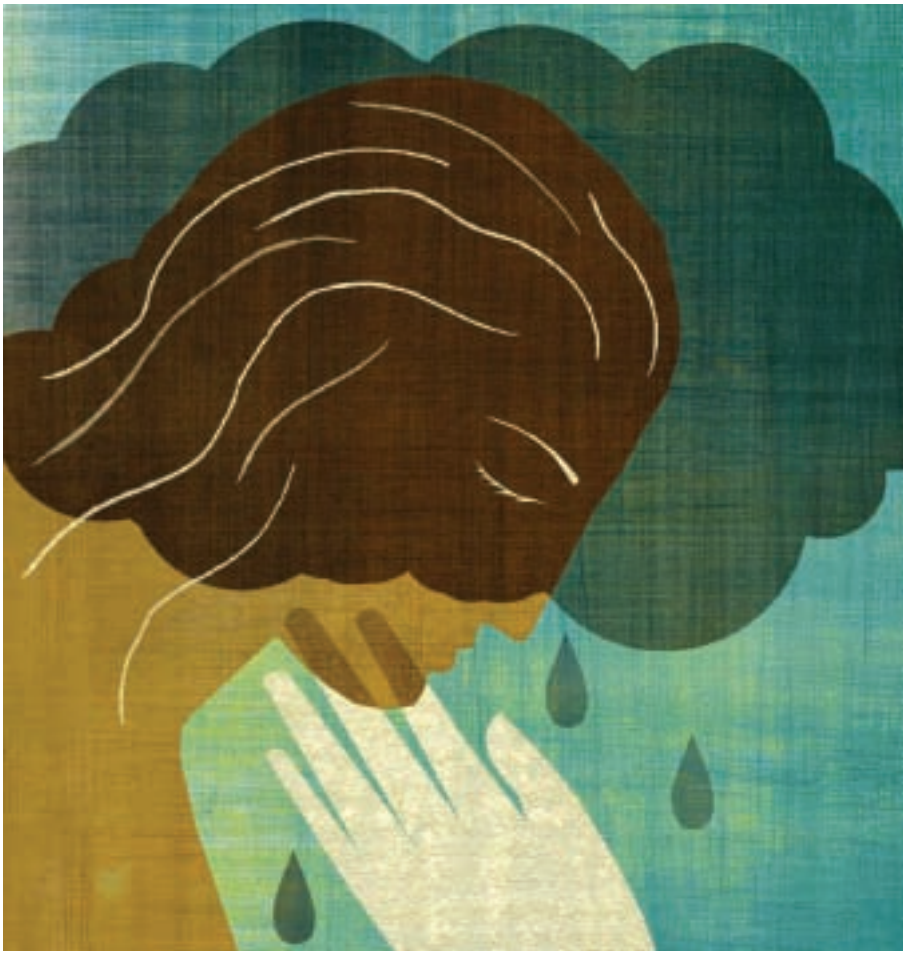
New RNAO best practice guideline helps nurses identify those at risk of taking their own life. **by Kimberley Kearsey**



At 57 years of age, Carol is a frail, thin widow. Her husband passed away a year ago and she was the victim of a burglary while still grieving the loss. Tearful and at times distant, she tells her nurse about how she can only sleep for short periods before being startled awake by sounds she imagines are those of an intruder. She hasn't seen her closest friend since her husband's death because he used to drive her for visits, but she's too frightened to go on her own now. "It's no fun to cook for one," she says as the RN takes notes. "I'm so tired of it all."

Carol's nurse, like many of her colleagues, knows there are any number of situations which may lead an individual to take his or her own life. Carol finds herself in at least two of them: she's older and she's depressed. Economic hardship, professional stress, or feelings of being weighed down by personal responsibility can also prompt vulnerable people to believe life is too overwhelming, and death an escape.

Almost 4,000 Canadians die as a result of suicide each year. With the publication in January of RNAO's best practice guideline (BPG), *Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour*, nurses are now in a better position to help decrease this troubling statistic. The guideline focuses on 'adults at risk,' which includes anyone over the age of 17. Their motivations may be physical, psychological, spiritual, social, economic, political, cultural or environmental. The BPG provides comprehensive evidence and a roadmap to more effectively identify who is at risk, and to provide them with the help they need.

The first stumbling block, according to Elaine Santa Mina, is overcoming the stigma associated with suicide. "There are groups (of people) who come forward and try to give this a voice," the RN and chair of the BPG panel says. "But it's still a bit of a cry in the wilderness. The overwhelming social perspective is still quite laden with stigma."

With the release of the guideline, nurses are being asked to recognize – in themselves and others – pre-existing social attitudes about people who consider suicide, and to get beyond them by asking the hard questions about whether or not someone is thinking about taking their life.

"It's very difficult for people to ask somebody 'Are you thinking about killing yourself?' because there is a myth out there that by asking that question, you've planted the idea in their mind," explains Santa Mina, adding this myth is one of many dispelled by the guideline. An associate professor of nursing at Toronto's Ryerson University, Santa Mina's PhD dissertation in 2005 focused on self harm and suicide, particularly the intentions behind such behaviour.

She says another stumbling block to caring for these vulnerable people is nurses' tendency to downplay negative comments and ignore the subtle signs they see when talking to patients. According to Santa Mina, the most important thing for RNs to remember in their practice is that suicidal thoughts must be taken seriously at all times.

"Our very first hope is that we will increase the awareness of nurses," she says. "When we say 'take it seriously,' we mean ask those very difficult questions and then get a team response, get other people involved, get the physician…the social worker…and get help started early."

Obvious signs of suicidal thoughts are just that: obvious. Someone may say "life isn't worthwhile" or "I have nothing to live for." The less obvious, non-verbal signs take a bit more effort to pursue and assess. These may include patients' sudden sense of urgency to store medications, give things away, or neg-

Illustration: Sandra Dionisi

FOR HELP

lect personal care or the care of loved ones.

"Nothing else works if you don't acknowledge first that the person is contemplating suicide," Santa Mina says. "We're trying very hard to help nurses move away from keeping this a hidden illness."

Fourteen of the 26 recommendations in the guideline focus on areas of clinical practice that can be improved, while the remaining recommendations cover educational, political and organizational change that could make a difference. Clinically, nurses are being advised to not only take the signs seriously, but to also build therapeutic relationships with clients through active listening, trust, respect, genuineness, tolerance, validation and empathy. Helping at-risk individuals also means:

- minimizing their feelings of shame, guilt and stigma associated with suicide
- assessing and managing environmental factors that may impact the physical safety of a patient or their health-care provider(s)
- documenting the details of a suicide plan if the individual is willing to share them
- obtaining additional medical information about your patient from family, friends and other health-care professionals
- problem-solving to facilitate the patient's understanding of their predicament and some potential solutions, and
- fostering hope

According to evidence summarized in the BPG, it's not uncommon for people who take their own lives to see a health-care professional a few weeks prior to their death. In many cases, it's for complaints about something physical, such as pain. By establishing therapeutic relationships with patients before it's too late, nurses can help them feel safe and dignified if they are looking for help. Affirming a patient's sense of self-worth minimizes feelings of hopelessness, shame, guilt and fear that feed suicidal behaviour.

Santa Mina admits some people are very good at hiding what's really happening behind the scenes. They may say they've thought about suicide but they would never do it for religious reasons or because they have children to raise. Santa Mina reminds nurses it's important not only to ask if someone's thinking about it, but to also ask what would help them to not think about it. There's a lot of help that can be given to alleviate the suffering, even if the person says they would never attempt suicide, she explains.

"The person is obviously living in a great deal of distress and needs help…you don't know at what point in time the scales may tip…and they decide indeed that their reasons for living are not strong enough," she says. "What an awful way to live your life, feeling like you would like to end it."

Trust between the patient and the nurse is, without question, the first step. But once that's been established, nurses must continue to help. In cooperation with their patients, they can, for instance, clear the immediate area of hazardous items such as belts, shoelaces, cords, lighters, linens, medications, plastic bags, or sharp/glass objects. They can talk to patients about their relationships with family and friends, and link them to community resources that will help should they find themselves in a dangerous situation.

WHO'S AT RISK?

Following is a small sampling of the risk factors for suicide…

age (older adults)
demographic (male, Aboriginal, widowed/divorced)
poverty or **social isolation**
family history of suicide
psychiatric illness (bipolar, schizophrenia, depression)
addiction
childhood trauma

To access the full list, and RNAO's *Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour*, visit www.rnao.org.

The guideline also suggests nurses talk to other people close to the patient. Getting additional medical information from family, friends and other health-care professionals will help nurses to determine recent stressors that are influencing an individual's state of mind. By understanding these triggers, nurses can begin to problem solve. Santa Mina says doing this in partnership with patients encourages their involvement in generating strategies and gives them a sense of control over their lives.

When people are suicidal, their feelings of hopelessness can be overwhelming. The BPG addresses this, and touches on the possibility that nurses may also begin to feel overwhelmed if they think there's nothing they can do to help. The BPG is intended as a quick resource when these feelings surface. It recommends nurses turn to their fellow team members or supervisors for support.

In addition to these and other comprehensive recommendations, the guideline provides notes on cultural considerations, debriefing strategies, suggested interview questions, check lists to consider when assessing patients, and a list of educational sources to learn more about suicidal behaviour. Heather McConnell, Associate Director for RNAO's International Affairs and Best Practice Guidelines Programs, believes these tools will be well received. "Nurses asked us for a best practice guideline on suicide prevention," she says. "This is a response to their call." At least 300 BPG topic areas have been suggested via RNAO's online suggestion form. Suicide, she says, consistently came up from front-line nurses and from former BPG panel members.

It's a timely topic, Santa Mina adds. With the economy in such turmoil, nurses need to be on the alert. "As we see things unfold over the next six, 18, 24 months, if it rolls through the economy with job losses, that's tough for people," she says. "Nurses have a frontline, primary role to play in detecting individuals who are highly vulnerable…and ensuring that the processes and interventions get put into place quickly…to give them the support they need to get through a tough time."

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