Suicide Prevention/Precautions for CNAs

This course has been awarded two (2.0) contact hours.

This course expires on July 30, 2019.

Copyright © 2014 by RN.com.
All Rights Reserved. Reproduction and distribution of these materials are prohibited without an RN.com content licensing agreement.

First Published: January 24, 2014

Acknowledgements

RN.com acknowledges the valuable contributions of...

...Kristen D. Lambert, RN, MSN, PhD. Kristen is an Associate professor at the School of Nursing at Point Loma Nazarene University in San Diego, California. Kristen obtained both her MSN and PhD at the University of San Diego, San Diego, California, and has over 20 years of nursing experience, progressing from a staff nurse to Associate professor. She is also a Certified Crisis Prevention Institute Instructor and is a member of American Psychiatric Nurses Association.

…Nadine Salmon, MSN, BSN, IBCLC, the Clinical Content Manager for RN.com. She is a South African trained Registered Nurse, Midwife and International Board Certified Lactation Consultant. Nadine obtained an MSN at Grand Canyon University, with an emphasis on Nursing Leadership. Nadine has work experience in three countries, including the United States, the United
Kingdom and South Africa. Nadine is a nurse planner for RN.com and is responsible for all clinical aspects of course development. She updates course content to current standards and develops new course materials for RN.com.

Conflict of Interest and Commercial Support
RN.com strives to present content in a fair and unbiased manner at all times, and has a full and fair disclosure policy that requires course faculty to declare any real or apparent commercial affiliation related to the content of this presentation. Note: Conflict of Interest is defined by ANCC as a situation in which an individual has an opportunity to affect educational content about products or services of a commercial interest with which he/she has a financial relationship.

The author of this course does not have any conflict of interest to declare.

The planners of the educational activity have no conflicts of interest to disclose.

There is no commercial support being used for this course.

Purpose and Objectives
Purpose
The goal of this course is to educate certified nursing assistants (CNAs) about recognizing suicidal tendencies in patients and documenting and reporting these observations thoroughly.

Learning Objectives
After successful completion of this course, you will be able to:

1. Identify risk factors for suicide
2. Discuss the CNA’s role in dealing with suicidal patients
3. Reflect on your personal feelings about suicide, suicide prevention, and responsibility
4. Identify five levels of suicide behavior
5. Discuss the reporting and documentation of observations of suicidal tendencies

Introduction
Suicide is an important topic to discuss because more people die from suicide than from homicide and it is the 11th leading cause of death nationwide (National Institute of Mental Health, 2013).
CNAs in a variety of healthcare settings frequently come in contact with individuals in extreme emotional, psychological, and physical pain. At times, this pain may become overwhelming and result in suicidal thoughts and/or a suicide attempt. Suicide is not only an issue in mental health settings, but can occur anywhere. Every staff member has an essential role to play in protecting patients who may be at risk for suicide and all staff members should know how to recognize and respond to the warning signs of suicide.

Certified nursing assistants (CNAs) are a valuable part of the healthcare team and have the most personal interaction with each patient on a daily basis. The primary role of the nursing assistant is to assist the patient with activities of daily living (ADLs), which include tasks to promote the physical and psychological wellbeing of the patient. CNAs play an important part in suicide prevention by observing, reporting, and documenting potentially suicidal behavior in patients.

All observations should be performed while maintaining patient confidentiality, promoting the rights of each patient, and maintaining a safe environment.

Suicide: An Uncomfortable Subject

Suicide is an uncomfortable topic because it:

- Is a human response to extreme pain
- Is a desperate solution for an individual who has lost hope and can no longer see other alternatives
- Affects everyone - the individual, the family, the community, the nation, and the world

Suicide Prevention and National Patient Safety Goals

The Joint Commission (TJC) recognizes that suicide is an issue in health settings and has developed a National Patient Safety Goals (NPSG) to address suicide prevention in hospitals.

The goal requires hospitals to screen patients in the Emergency Department (ED) for suicide risk when there is reason to believe the patient might have emotional or behavioral disorders. These disorders can be quite invisible and the patient may not show any outward signs of mental distress.

NPSGs are patient safety recommendations from a team of experts who have made suggestions for best practices for healthcare professionals to follow.

The Stigma of Suicide
What is stigma?

- An attempt to label a particular group of people as less worthy of respect than others
- A mark of shame, disgrace, or disapproval that results in discrimination

Stigma leads to:

- Fear, violence, and mistrust
- Discrimination

Reflect on Your Own Feelings about Suicide

One of the ways to increase awareness and decrease stigma is to examine your own views on suicide. Reflective practice allows you to grow personally and professionally by exploring your feelings, thoughts, prejudice, and pre-conceived ideas about suicide that you encounter in your daily life and practice.

In order to effectively assist individuals considering suicide, you must explore your own beliefs about suicide and practice unconditional positive regard for patients in your care.

Suicide versus Self-Injurious Behavior

Many healthcare providers mistakenly believe that suicide includes any self-destructive behavior. This is not true.

Self-Injury (SI) is the act of physically hurting yourself on purpose without the intent of committing suicide.

A suicide attempt is done intentionally, not accidentally, with the intent purpose of hurting oneself.

Self-injurious behavior is a method of coping during an emotionally difficult time. It’s a routine that helps some people temporarily feel better because they have a way to physically express and release the tension and the pain they hold inside.

Some individuals report that hurting themselves produces chemical changes in their bodies, promoting a sense of happiness and well-being for a period of time. The goal of self-injury is relief from pain and tension, not death.

Note! Self-injury is different from other self-destructive behaviors such as binging, drug abuse and smoking.

Five Levels of Suicidal Behavior
In general, there are five levels of suicidal behavior. Each of the behaviors carries with it the potential for suicide. All suicidal behavior should be taken seriously and reported to the nurse immediately. (Click on the icons below for more information.)

**Level 1**  
**Successful Suicide:** There is evidence that the person intended to kill him/herself.

**Level 2**  
**Suicide Attempt:** This is any self-directed action taken by a person that will lead to death if not stopped or interrupted.

**Level 3**  
**Suicide Threat:** This is a warning that indicates that an individual is planning to take their own life. Statements such as: “Sometimes, I wish I were dead,” “My life is not worth living,” “I can’t go on any longer,” “I hate my life,” are all potential clues that someone may be thinking about suicide.

**Level 4**  
**Suicide Gesture:** This is a cry for help. It is an act of self harm that is unlikely to result in death. Examples include: scratching or superficially cutting the wrist, taking an “overdose” of five aspirin. Though gestures are generally not lethal, an accidental overdose or deep cutting on one’s arm can become lethal if the individual is not found. Therefore, suicidal gestures should not be ignored or viewed as less important than an actual attempt.

**Level 5**  
**Suicidal ideation:** This is thoughts of self-inflicted death; either self reported or reported by others. It often varies in seriousness and can be described as passive (passing thoughts of suicide without intent) or active (active plan developed or developing to cause one’s own death).

**Risk Factors for Suicide**

Suicide risk factors are identified characteristics, conditions, or behaviors that may increase the risk of suicide. Understanding risk factors for suicide can assist you in detecting early warning signs or behaviors in your patient that may suggest the possibility of suicide.

**Stressors can become overwhelming at any time in an individual’s life. The option of suicide can appear suddenly or develop over a period of time and may be precipitated by an event, thought, or feeling that a patient may feel**
is “the last straw.”

**Note! Suicidal thoughts and intention indicate the failure of coping mechanisms.**

Risk factors for suicide may include:

**Current or Past History of Psychiatric Disorders**
A current or past history of a mental health disorder places a patient at higher risk for suicide. This includes a history of depression, bipolar Illness, schizophrenia, anxiety disorders, substance abuse disorders and personality disorders.

**Age**
Suicide rates for males are highest among those aged 75 and older. Suicide rates for females are highest among those aged 45-54. Suicide rates are increasing among adolescents 10-19 years of age (NIMH, 2013).

**Note! Older adults and adolescents have the highest suicide rates.**

**Gender**
Males take their own lives at nearly four times the rate of females and represent 78.8% of all U.S. suicides.

Although women attempt suicide about two to three times as often as men, males are usually more successful in their suicide attempts (CDC, 2010).

**Lack of Support**
Individuals who lack family or community support often feel isolated and hopeless. These individuals are more likely to attempt suicide than individuals who have a strong support system.

---

Test Yourself

Correct!

Incorrect. The correct answer is: False. Women attempt suicide 2-3 times as often as men, but men are more successful in their suicide attempts.

Submit

Men attempt suicide more often than women.

True
Special Populations at Risk

There are several vulnerable populations who are at increased risk for suicide including:

- Adolescents 10-19 years of age
- Recent or current military personnel
- Older adults over the age of 65, especially males
- Anyone with an alcohol or substance abuse issue
- Individuals with mental illness; especially those individuals diagnosed with depression and bipolar illness

(CDC, 2010)

Symptoms of Suicidal Behavior

The following symptoms are associated with an increased risk of suicide:

- **Hopelessness** - Without hope or belief that the situation will improve
- **Helplessness** - Unable to see an alternative outcome for themselves
- **Impulsivity** - Acting on impulse with little thought to outcome/consequences
- **Command Hallucinations** - Internal voices instructing the individual to harm themselves
- **Anhedonia** - An absence of pleasure or joy in life with activities or events that previously brought happiness
- **Isolation** - Feelings of being cut off from other people
- **Lack of plans for the future**
- **Anxiety and panic**
- **Sleep Disturbance**
  - Difficulty falling asleep
  - Frequent wakening
  - Excessive sleep
- **Feelings of anger, rage, and need for revenge**
- **Cognitive rigidity and negativity**
- **Low self-esteem**
Correct!
##~~Do not edit this line.1331.1a~~##
The correct answer is: True. Mr. Q is exhibiting several major risk factors for suicide including: Male over the age of 60, hopelessness, living alone with thoughts of suicide.
##~~Do not edit this line.1338~~##
Submit
##~~Do not edit this line.1333~~##
Mr. Q, a 67-year-old retired male, recently widowed is expressing feelings of hopelessness and helplessness to his CNA. He admits he has thoughts of suicide. Mr. Q is a high suicide risk.
##~~Do not edit this line.1334~~##
True
##~~Do not edit this line.1336~~##
False
##~~Do not edit this line.986~~##
Warning Signs
##~~Do not edit this line.1010~~##
There are certain verbal and behavioral signs that patients exhibit that can offer a warning of suicide ideation. According to the American Foundation for Suicide Prevention, the following verbal and behavioral clues should alert healthcare providers of possible suicidal intention:

**Verbal Clues:**
- Talking about wanting to die or to kill oneself
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Talking about seeking revenge
- Talking or writing about death or suicide
- Expressing excessive guilt or shame

**Behavioral Clues:**
- Looking for a way to kill oneself, such as searching online or buying a gun
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing from family or friends
- Actively isolating from social activities
- Showing anger or rage
• Displaying extreme mood swings
• Acting impulsively
• Losing interest in activities
• Experiencing a change in sleeping or eating habits
• Performing poorly at work or in school
• Giving away prized possessions
• Writing a will

The Role of the CNA in Preventing Suicide

As a CNA, you have a responsibility to closely observe, record, and report any observations that may suggest that your patient is depressed or considering suicide. To do this, it is important to provide a safe and secure environment, offer supportive care, and provide hope and reassurance for your patient.

Therapeutic Communication Skills

As a caring health professional, verbal and non-verbal communication with a patient is very important. CNAs can make a genuine effort to understand the patient’s identities, including race, ethnicity, religion, sexual orientation, cultural identities, and related beliefs.

A calm, accepting, matter-of-fact attitude is important for healthcare providers to demonstrate when a patient is upset, angry, depressed, or suicidal. At all times, CNAs should demonstrate positive regard for the patient, maintain an open posture, and take time to assess and interact with your patients.

Recognizing Warning Signs

People may display warning signs for suicide in a variety of ways. It is important to be attentive to things patients may say or do.

The following lists some statements or behaviors that may be a warning sign (adapted from Beeston, 2006 in USDHHS, 2011):

**Warning sign: Someone threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself**

Direct statements, such as:

• “I’m going to kill myself, end it all.”
• “Goodbye. I won’t be seeing you again.”
• “I’m tired of living. I just want to die.”
Indirect statements about a future event they will not be around to see, such as:

- “I won’t make it to Christmas.”
- “You won’t have to worry about me much longer.”
- “I can’t take this any longer. I’d be better off dead. All I do is mess things up.”
- “My family would be better off without me. Soon I won’t be around.”

**Warning sign: Someone looking for ways to kill him/herself by seeking access to weapons, medication, or other means**

- Storage of a loaded gun
- Hoarding medication
- Failure to thrive: Self-neglect, including not eating, drinking, or taking medication or other medical treatment

**Warning sign: Someone talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person**

- “Death would solve all my problems.”
- “Death seems like the only way out.”

As people get older, they think more about death and dying. Sometimes they talk more about death and dying. Talking about death and dying can be healthy for older adults. Obsessing about death is not healthy (USDHHS, 2011).

**Warning sign: Hopelessness, no reason for living**

- “There’s no reason for me to go on.”
- “I’m no good to anyone anymore.”
- Depression accompanied by anxiety
- Changes in sleeping and eating habits

**Warning sign: Sudden shift from deep depression and thoughts of death to cheerfulness.**
Inappropriate Responses to Suicidal Statements

Examples of *inappropriate* responses to individuals who express a wish to die or show other warning signs include:

- “Oh, don’t talk like that. You’re one of our favorites.”
- “Look on the bright side.”
- “Now don’t talk such foolishness. You’re doing just fine.”
- “I know you’re probably not, but I just want to check—are you thinking about suicide?”

(USDHHS, 2011)

Appropriate Responses to Suicidal Statements

Examples of *appropriate* responses to someone who may be suicidal may include:

- How are you doing?
- What are you thinking?
- Do you feel like talking about how you feel?
- Tell me more about how you feel.
- How long have you felt this way?
- Are you thinking about doing something to harm yourself?
- Do you have thoughts about suicide?
- Are you thinking about ending your life?
- Do you believe you would be better off dead?

(USDHHS, 2011)

*Please don’t tell anyone!*

*This is a promise you cannot make. While confidentiality is important, safety is primary. Your immediate concern is for the safety of the patient. Reassure the patient that you understand how difficult it must be to share such painful, personal information and let them know you will do whatever you can to ensure their safety until they can get the help they need (therapy, medication, etc.).*
At all times, the CNA should strive to create a therapeutic environment for patients. Creating a physical and social environment that promotes emotional health and wellbeing builds and strengthens an individual’s resolve.

A positive environment includes appreciating and actively engaging all patients. The environment should be welcoming and should ensure that patients are protected from possible abuse or violence from other patients, staff or family members. A physical and social environment that is homelike, comfortable, practical, clean, and safe can positively affect the emotional and physical health of patients.

An environment in which patients have limited access to methods of self-harm has been shown to prevent suicide. Research has shown that having easy access to a lethal means at the time when a person has an impulse to harm himself or herself, increases the likelihood that the person will attempt suicide (USDHHS, 2011).

Access to dangerous weapons can be restricted through adherence to facility policy and procedures. Although patients without access to weapons can still harm themselves by refusing food and medicine, passive (indirect) suicide takes much longer to result in significant harm, which allows more time for discovery and treatment.

CNAs can also restrict access to dangerous items through physical barriers, such as keeping cleaning supplies in locked cabinets and locking access to areas such as rooftops and unprotected stairwells.

The Power of Observation

Nursing assistants are the eyes and ears of the nurse, and obtain all of their findings based on observation. Observing a patient involves senses including looking, listening, touching, and sensing changes in your patient.

When providing care to a patient, an important observation skill is to look for is a change in behavior. This can be done by comparing the patient’s behavior today to the behavior displayed previously. A change in behavior may indicate that a decision has been made to attempt suicide and this observation can be significant information that should be shared immediately with the nurse. For example, a patient who has previously been out of bed every day since admission now refuses to mobilize for two days now may be displaying early signs of depression. This is important information.

Changes CNAs should observe on a patient include changes in level of consciousness, energy, and attitude. Physical changes such as bruises on the
body are also important indicators of potential self inflicted injury.

Touch is another important mode of observation. Touching an extremity can provide a lot of information. For example, if your patient’s leg feels cold and clammy, there could be a disruption in the blood supply to that area, or it could be a sign of shock in your patient. Your sense of touch is an important assessment tool and should be combined with other senses to establish a clear picture as to what is going on with a patient.

Comparing a patient’s previous activity level or behavior to current conditions can indicate something abnormal and should be reported to the nurse immediately.

The Importance of Documentation

Observation is a critical role for the nursing assistant and how you present and document your observations is significant to the medical chart of each patient. When documenting your observations on a patient, you should record the findings exactly as you see, hear, and sense things. Documentation should be recorded as objectively as possible and should not to be interpreted into your own words before being recorded.

When documenting information that is subjective (open to your interpretation), you should use quotation marks so the notation is in the patient’s own words. Do not try to interpret what the patient means, simply document and report the patient’s exact statements to the nurse.

Any abnormal or different behaviors in a patient that you observe should be reported immediately to the nurse. It is your responsibility to report any unusual findings to the nurse, and it is the responsibility of the nurse to determine the significance of the change, and to determine if further treatment is required.

What to Do if You Find a Patient During or After a Suicide Attempt?

If you find a patient actively engaged in a suicide attempt, you should NEVER leave the patient alone. Rather, stay with the patient at all times and call for help. You can call a Code Blue if necessary.

Only attempt to intervene with the patient if it is safe for you to do so. If not, try to remain calm and talk to the patient in a low, soothing voice until help arrives.

If you find a patient that has completed suicide, you should notify your supervisor or RN immediately.

Note! You should never try to deal with a potentially suicidal patient by yourself. You do not need to address these issues alone.
The completed suicide of a patient can have a severe, emotional impact on healthcare providers. You should be given an opportunity to process the event, verbalizing your sense of loss, sadness, and feelings of responsibility for the death. Support groups are helpful in generating a sense of community among staff members, allowing everyone to feel less isolated and alone.

Conclusion

Suicide prevention can be accomplished by promoting awareness that suicide is a preventable problem and reducing the stigma associated with mental illness and substance issues.

Learning more about suicide and suicide prevention will assist healthcare providers in recognizing early suicidal risk factors and behaviors so therapy can be provided in a timely manner.

Certified nursing assistants play an important role in observing, documenting, and reporting early signs of suicidal behavior so measures can be taken to avoid poor patient outcomes.

Appendix One: Support Organizations

There are several organizations dedicated to understanding and preventing suicide. These include:

- **The American Foundation for Suicide Prevention (AFSP)** is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide.

- **The American Association of Suicidology** is dedicated to understanding and preventing suicide through advancing the science of suicidology, developing and applying strategies to reduce the incidence of suicide and disseminating accurate information on suicide.

- **The National Suicide Prevention Hotline** is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. By dialing 1-800-273-TALK (8255), the call is routed to the nearest crisis center in a national network of more than 150 crisis centers. The Lifeline’s national network of local crisis centers provide crisis counseling and mental health referrals day and night.


Disclaimer

This publication is intended solely for the educational use of healthcare professionals taking this course, for credit, from RN.com, in accordance with RN.com terms of use. It is designed to assist healthcare professionals, including nurses, in addressing many issues associated with healthcare. The guidance provided in this publication is general in nature, and is not designed to address any specific situation. As always, in assessing and responding to specific patient care situations, healthcare professionals must use their judgment, as well as follow the policies of their organization and any applicable law. This publication in no way absolves facilities of their responsibility for the appropriate orientation of healthcare professionals. Healthcare organizations using this publication as a part of their own orientation processes should review the contents of this publication to ensure accuracy and compliance before using this publication. Healthcare providers, hospitals and facilities that use this publication agree to defend and indemnify, and shall hold RN.com, including its parent(s), subsidiaries, affiliates, officers/directors, and employees from liability resulting from the use of this publication. The contents of this publication may not be reproduced without written permission from RN.com.

Participants are advised that the accredited status of RN.com does not imply
endorsement by the provider or ANCC of any products/therapeutics mentioned in this course. The information in the course is for educational purposes only. There is no “off label” usage of drugs or products discussed in this course.

You may find that both generic and trade names are used in courses produced by RN.com. The use of trade names does not indicate any preference of one trade named agent or company over another. Trade names are provided to enhance recognition of agents described in the course.

Note: All dosages given are for adults unless otherwise stated. The information on medications contained in this course is not meant to be prescriptive or all-encompassing. You are encouraged to consult with physicians and pharmacists about all medication issues for your patients.

## Ready to Take the Post Test? ##

Close this window and use the Take Test link to proceed to the test.