



## **Suicide Prevention/Precautions for CNAs**

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## **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 because suicide is a leading cause of death in the nation. Over the past 15 years, the suicide rate has increased by 24%.

- 44,000 died from suicide
- Suicide is the 3<sup>rd</sup> leading cause of death in individuals between 10 and 14 years of age
- Suicide is the 2<sup>nd</sup> leading cause of death in individuals between 15 and 34 years of age
- There were twice as many suicides as homicides  
(National Institute of Mental Health (NIH), 2017)

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

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.

Note: It is important that the CNA does NOT assess the patient for suicidal ideas, but report what the patient said or behaviors the patient may be exhibiting. Know and follow the suicide policy and procedure in your institution.

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

## **Suicide Definitions**

- Suicide is defined as death caused by self-directed (intentional) injurious behavior with intent to die as a result of the behavior.
- Suicide attempt is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.
- Suicide Threat 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.
- Suicide Gesture 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.
- Suicidal ideation refers to thinking about, considering, or planning suicide
- Self-Injury is the act of physically hurting yourself on purpose without the intent of committing suicide  
(NIH, 2017)

### **Suicide Prevention and National Patient Safety Goals**

Since 1998 the Joint Commission (TJC) has recognized suicide as a healthcare issue in psychiatric and general acute hospital settings. In 2007, a National Patient Safety Goal, NPSG 15.01.01 was introduced to help focus preventative measures. In 2017, in response to calls to increase preventive efforts due to an average of 85 suicides reported yearly to TJC as sentinel events, an expert panel was enacted to review the current processes and to develop clear guidelines on what constitutes serious environmental hazards that must be corrected. If these hazards cannot be corrected, then efforts must be made to reduce the risk of harm in areas such as intensive care units and the emergency department (The Joint Commission (TJC), 2017).

As part of the healthcare team, knowing what the regulations are regarding environmental hazards will help you help your patients. Learn what must be removed from the patient’s room before the patient may be admitted, know what can be brought into the room for patient care, and what visitors may bring into the room. All of this should be in the institution’s policy and procedure on suicide prevention.

### **Reflect on Your Own Feelings about Suicide**

One of the ways to increase awareness about suicide 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. 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 Causes**

Suicide most often occurs when the person is unable to cope when stressors and health issues result in feelings of hopelessness and despair. Depression, diagnosed or undiagnosed, remains the most common cause, followed by anxiety and substance abuse (American Foundation for Suicide Prevention (AFSP), 2013).

### **Suicide Warning Signs**

Being alert to the warning signs a person may exhibit will help you recognize behaviors that need to be reported to the nurse or your supervisor. These behaviors include:

- Talking about killing themselves, feeling hopeless, having no reason to live, being a burden to others, feeling trapped, and/or having unbearable pain
- Behaviors related to a painful event, loss, or change such as: increased alcohol or drug use, searching for a way to end their life, withdrawing from activities, isolating self from family and friends, giving away cherished belongings, sleeping too much or too little, telling friends and family good-bye, aggression, and/or fatigue
- Moods often displayed by suicidal people include: depression, anxiety, loss of interest, irritability, humiliation, and/or rage  
(AFSP, 2013)

### **Suicide Risk Factors**

Risk factors can increase the chance that a person may take his/her life. These characteristics include:

- Health Factors
    - Mental health conditions
      - Depression
      - Substance use problems
      - Bipolar disorder
      - Schizophrenia
      - Personality traits of aggression, mood changes and poor relationships
      - Conduct disorder
      - Anxiety disorders
    - Serious or chronic health conditions and/or pain
    - Traumatic brain injury
  - Environmental Factors
    - Access to lethal means including firearms and drugs
    - Prolonged stress, such as harassment, bullying, relationship problems or unemployment
    - Stressful life events, which may include a death, divorce or job loss
    - Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide
  - Historical Factors
    - Previous suicide attempts
    - Family history of suicide
    - Childhood abuse, neglect or trauma
- (AFSP, 2013)

### **Suicide Rates**

#### **Gender**

Although females attempt 2-3 times suicide more often, males are successful taking their own lives at nearly four times the rate of females and represent 78.8% of all U.S. suicides.

#### **Age**

Males over the age of 75 years commit suicide more often than other ages (38.8/100,000)

Females age 45-64 years commit suicide more often than all other ages (9.8/100,000)

### **Race/Ethnicity**

American Indians and Alaskan Natives commit suicide more often than other ethnicities

Male (27.4/100,000)

Female (8.7/100,000)

### **Test Your Knowledge**

Men attempt suicide more often than women.

A. True

**B. False**

Rationale: Although females attempt 2-3 times suicide more often, males are successful taking their own lives at nearly four times the rate of females and represent 78.8% of all U.S. suicides.

### **Suicide Prevention: CNA Responsibility**

As a CNA, you have a responsibility to observe, document, 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 interact with your patients (U.S. Department of Health & Human Services (DHHS), 2011).

### **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?"

(DHHS, 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?

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- Do you have thoughts about suicide?
- Are you thinking about ending your life?
- Do you believe you would be better off dead?

(DHHS, 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.)***

### **Test Your Knowledge**

Mr. Q, a 67-year-old retired male, recently widowed is expressing feelings of hopelessness and helplessness to his CNA. The CNA should:

- Tell Mr. Q that all will be better in time
- Tell his/her supervisor or nurse that Mr. Q is suicidal
- Tell his/her supervisor or nurse what Mr. Q is saying**
- Tell Mr. Q that he is suicidal and needs help

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

### **Creating a Positive Healing Environment**

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 (DHHS, 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 removing any

item that might be used as a ligature (unnecessary electrical cords, monitoring cords if not required for patient care, telephone cords); ensuring that visitors leave purses and other belongings with the nurse; keeping cleaning supplies in locked cabinets; and locking access to areas such as rooftops and unprotected stairwells. What needs to be removed or not taken into a room of a suicidal patient will be contained in the facilities policy and procedures.

### **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 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 has now refused to get out of bed for the past two days, 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.

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

### **Test Your Knowledge**

A nursing assistant can help ensure that a suicidal patient is safe while in the hospital by:

- A. Making sure that potentially harmful items are removed from the patient room prior to admitting the patient**
- B. Searching the patient for contraband
- C. Allowing visitors unrestricted access to the patient
- D. Allowing patients access to stair ways with roof top access

Rationale: CNAs can also restrict access to dangerous items through physical barriers, such as removing any item that might be used as a ligature (unnecessary electrical cords, monitoring cords if not required for patient care, telephone cords); ensuring that visitors leave purses and other belongings with the nurse; keeping cleaning supplies in locked cabinets; and locking access to areas such as rooftops and unprotected stairwells. What needs to be removed or not taken into a room of a suicidal patient will be contained in the facilities policy and procedures.

### **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** be interpreted into your own words before being recorded.

When documenting information that is subjective (open to your interpretation), you should use Material protected by Copyright

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.

Many facilities place a sitter in the room with a suicidal patient, especially after the patient has been determined to be a suicidal risk by a member of the psychiatric team. This sitter is usually a nursing assistant who has received specialized training for observation and documentation.

### **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.

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 Impact of Suicide on Staff Members**

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.

### **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

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(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.

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