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Hospitalization for Suicidal Patients

When someone experiences suicidal ideation, thoughts about killing oneself, they are assessed to determine their risk level and often sent to a mental hospital to be placed in a safe environment and receive treatment.

People are afraid to admit their suicidal thoughts because they do not want to be hospitalized involuntary, according to the [American Psychological Association](https://www.apa.org/monitor/2021/09/news-suicide-prevention).

**Inside Hospitalization for Suicidal Patients**

“I’ll have really bad flashbacks and get panic attacks from my time in the mental hospital, like it was that traumatic,” Kathleen Johnson, suicide survivor, said.

Johnson attended high school when she experienced suicidal ideation and was hospitalized in two different mental hospitals in New Mexico. She did not receive a mental illness diagnosis until her second hospitalization.

She said she was a high achiever in high school, working to get A’s and taking multiple AP classes.

Johnson experienced frequent headaches, chest pains and shakiness. She also had multiple panic attacks a day. During her panic attacks, she would hyperventilate, pace, curl in a ball and cry. She thought often about killing herself.

“I just remember I was curled in the bathroom in a ball, crying and telling my mom, ‘I can’t stop thinking that I want to die,’” Johnson said.

At the start of her senior year, Johnson was admitted to her first mental hospital.

After the initial psychiatric test, they told her they did not have a bed for her, but they would take her anyways. She was told by the nurses that she did not deserve to be there.

They had Johnson strip down naked to verify she had nothing she could harm herself with.

“That was really demoralizing (and) humiliating,” Johnson said.

She was given a cot and slept in the middle of the common room. She awoke to random girls looking at her.

“It was just very cold. I didn’t feel welcomed. I didn’t feel like they were helping me,” Johnson said. “I felt like I was just a burden to them.”

While at the hospital, they took her phone away and awarded phone privileges for good behavior. Johnson said she did not understand why they would take away a patient’s connection to their support system in such a traumatic time.

“Brief supportive contacts – by phone, text or even postcards or letters – are shown to reduce suicide and suicide attempts during high-risk periods,” the [National Action Alliance for Suicide Prevention](https://theactionalliance.org/sites/default/files/action_alliance_recommended_standard_care_final.pdf) said.

Crystal Hicks, a psychiatric nurse practitioner at Horizon Behavioral Health in Lynchburg, Virginia, said taking away patients’ phones is common in mental hospitals.

“Because hospitalization is so short, like three or four days … they want you to focus on being in the group and getting better and working (on) your treatment rather than being tied up on the phone for hours,” Hicks said.

Johnson spent most of her day coloring. They had no art or music room. The nurses told the patients they used to have one, but they didn’t anymore because no one loved them.

The one TV in the hospital showed only the news, which Johnson said was usually depressing.

Once, the nurses showed the movie “Cyberbully.” In the movie, a girl attempts suicide. Johnson said there were girls who were thinking the girl in the movie was lucky to have the chance to try to kill herself.

Patients were not allowed outside during their stay. The only time Johnson saw the sky was through a window on the way to the gym.

“The whole time I was there, I never felt fresh air,” Johnson said. “I remember thinking, when I was in there, like even prisoners get outside time.”

Hicks said most hospitals do not have the staff or facilities to safely take their patients outside. Bigger facilities do have that capability, but smaller ones do not.

“I can understand from a patient’s perspective that that’s difficult, but … they did have things for them to do where it was engaging,” Hicks said. “They weren’t stuck in their room all day. They had various places that they could go throughout the unit.”

The hospital released Johnson a week later. They put her on medication that lowered her impulse control.

She continued to have suicidal ideations and attempted suicide in early December. She was readmitted to a mental hospital, but this one was different.

She still had slim phone privileges, but they did art once or twice a week, played the keyboard every day and had a little outdoor space and were allowed to be outside. Johnson said she would cling to the chain link fence on top of the hill outside the hospital until she was called back inside.

She participated in group therapy and saw a counselor once or twice a day. She said they did “talk therapy,” where they would talk through her issues. She did not trust them or feel comfortable with them, so it was not helpful.

All of the psychiatric doctors were men, and she did not feel comfortable talking to men. Johnson said she would have rather spoken to a woman.

Hicks said each patient has a unique situation, so everyone has a unique treatment catered to their specific needs. The treatment includes a variety of therapy practices patients could receive outside of the hospital, but they do them over the course of several days.

“They’ll have unique treatment goals that they want to achieve before they leave,” Hicks said. “They work with therapists throughout the day. They have nurses that administer medications. They see a doctor, (and) they usually have psychotherapy.”

Johnson described the food as “gross” and “worse than hospital food.”

She was kept in the dark about most of her treatment, medications and other details. Johnson said she never knew what was going on, which only added to her anxiety.

While at this hospital, Johnson received a diagnosis that explained her suicide ideations. She has obsessive-compulsive disorder, and her intrusive thoughts were about killing herself. By taking a medication that lowered her impulse control after her first hospitalization, Johnson had nothing to keep her from following through with her intrusive thoughts, which caused her to attempt suicide.

Following her diagnosis, she was put on the correct medication and continues to go to therapy today.

Micah LeClair worked as a resident assistant for two years at Liberty University. She was trained to notice signs of suicidal ideation and how to assess the risk of students who are experiencing it.

If a student had an active plan for suicide, LeClair would call her boss to come and assess the student. The campus police department would then be called to assess and take the student to the hospital if necessary.

LeClair said one of her students spent three to four days in a mental hospital for suicidal ideation. The student told LeClair that the experience was not helpful and felt like “a waste of time.”

“She just kept saying they were giving them busy tasks like coloring or doing puzzles or just sitting around,” LeClair said.

The student told LeClair she only saw a doctor when she arrived at the hospital and when she left.

“It (her time at the hospital) was needed based on where her mental health was at that point. I think it was great that she was in a safe place where she could take a moment and separate herself from all of her stressors that were going on at that point,” LeClair said. “But at the same time, I knew that to her it was a very discouraging thing.”

Before LeClair was a resident assistant, she volunteered as a group leader on her hall. She held a weekly small group where they discussed the campus’s Wednesday church service.

In LeClair’s group, there was a girl who experienced passive suicidal ideations and was hospitalized for a few days before coming to Liberty. She told LeClair about her experiences and told her she never wanted to go back because it was a traumatic experience.

“From what she told us; it was fairly traumatic. She described to us a point that they had handcuffed her to her bed and that she wasn’t allowed to get up as she wanted to,” LeClair said. “She was very adamant that she never wanted to go back because it was such a scarring experience for her.”

LeClair said she felt like both girls would hold back information because they were scared to be hospitalized again. LeClair felt that this hindered her ability to keep them safe.

“It’s a hard place (to be in) because then you aren’t able to completely help them be safe if they’re not going to be able to be honest with you because of their fear of that being a part of your process,” LeClair said.

**The Weeks after Hospitalization**

Johnson said mental hospitals are like a “band-aid.” They are not going to fix everything, but they offer a temporary solution. But the temporary solution should involve a mentally and emotionally safe environment along with a physically safe one.

“Inpatient care may keep people safe for the few days they are hospitalized,” the Action Alliance said. “However, very brief stays are not long enough to get many people through their period of elevated risk, and they are often discharged while still in a state of elevated risk.”

They go on to discuss how the treatment within the hospitals do “not directly address suicidal thought patterns” and how they rely on treatments for other behavioral diagnoses “to be sufficient.”

Johnson said the hospital’s main focus should be how to set the patients up for success when they leave. They should provide a multitude of resources for patients to use once they are discharged.

According to the [Journal of Affective Disorders](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2909461/), suicidal patients are at the highest risk following their hospitalization.

The [National Institute of Mental Health](https://www.nimh.nih.gov/news/research-highlights/2021/nimh-addresses-critical-need-for-rapid-acting-interventions-for-severe-suicide-risk) has noticed a decrease in repeat suicide attempts following mental hospitalization, but there are very few treatments to reduce suicide risk at a rapid rate.

Hicks works with suicidal patients when they are discharged from the hospital.

It is not uncommon to be hospitalized again. Hicks said this is because the patient must put in the work at the hospital to benefit from them. Patients often withhold information during therapy sessions, or they refuse to participate in other treatment programs.

It is hard to expect suicidal patients to trust doctors and nurses at the hospitals immediately, but if they do not, will they also leave with more trauma like Johnson and LeClair’s students?

“Suicide patients in acute emotional pain and, like patients in physical pain, deserve care that is empathetic and patient-centered,” the [Annals of emergency medicine](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4724471/) said.

When suicidal patients return to Horizon Behavioral Health after a hospitalization, Hicks said they see them within two weeks.

“So … we can follow up very closely, we get the proper records (their hospital discharge records). We get the information from the hospital to make sure that we’re following up and have good coordination of care with the hospital they stayed at,” Hicks said.

Recommendations for care and treatment are often included in the discharge papers, so Hicks begins treatment by following those recommendations.

“Patient education and joint safety planning in the ED (emergency department) should include personalized plans with warning signs, follow-up and emergency contacts,” the Annals of emergency medicine said.

Hicks works with her patients to pinpoint specific triggers and help them learn how to deal with them.

This form of collaboration and partnership is needed for suicidal patients to overcome their suicidal ideations.

“Treatments that work tend to be easy to understand, grounded in theory and focused on treating patients as partners,” Dr. David Rudd said to the American Psychological Association.

Johnson said her current therapist works collaboratively with her to form coping strategies.

Hicks said having the conversation and being open is the start of overcoming suicidal ideations. Too often people stew in their thoughts and let it build up according to Hicks.

The [CDC](https://www.cdc.gov/suicide/factors/index.html) said suicidal ideation is experienced by all ages.

In a 2014 [study](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026491/pdf/11606_2014_Article_2767.pdf), they discovered that suicide was the 10th leading cause of death in the United States, and it was the highest cause of death relating to injuries, beating vehicle related deaths.

“Suicide is complex, risk is dynamic and an individual’s personal risk factors… may lead to increased risks,” [Christine Moutier](https://www.psychiatrictimes.com/view/breaking-the-trend-new-cdc-data-on-suicide), chief medical officer of the American Foundation for Suicide Prevention said.