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28 April 2022

Treatment Protocol for Suicidal Patients

Crystal Hicks, a psychiatric nurse practitioner at Horizon Behavioral Health in Lynchburg, Virginia, said she asks patients at every appointment if they are experiencing suicidal ideations.

Suicidal ideations can be only thoughts of killing oneself or a detailed plan on how to die by suicide.

Hicks said this is the beginning of her screening process to determine the patient’s risk level for suicide. She asks questions like if they are actively self-harming, if they have a plan and how recent they have had these thoughts.

“That determines if I need to get them to the ER right away, or if we can provide some crisis services for them,” Hicks said.

Horizon Behavioral Health has a few services available for suicidal patients to try to keep them out of the hospital, but if they are at high risk, they are sent to the ER.

Once they arrive at the ER, they are screened again to determine their next steps. According to the [Annals of emergency medicine](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4724471/pdf/nihms729089.pdf), experts look at the individual’s history, their current mental state, home environment and specific suicidal thoughts or behaviors.

“An ED (Emergency Department) suicide risk assessment aims to determine appropriate treatment, including options across the spectrum from discharge with outpatient service to involuntary psychiatric hospitalization,” the Annals of emergency medicine said.

Inpatient care can include treatment like group therapy, individual therapy, family therapy and psychotherapy.

Kathleen Johnson experienced suicidal ideations in high school and went to two different mental hospitals. She said she had treatment, but that it never helped her on a deeper level. She said it lacked a sense of collaboration.

“I remember I was given some coping strategies, but it was never, ‘Let’s talk about coping strategies that do and don’t work for you,’” Johnson said. “It’s like, ‘Here’s a list of coping strategies. If you don’t do these coping strategies, we don’t have anything else for you.’”

The Annals of emergency medicine encourages ER professionals to treat their patients with care and work with them in their treatment.

“Suicidal patients in acute emotional pain and, like patients in physical pain, deserve care that is empathetic and patient-centered,” they said.

[The National Action Alliance for Suicide Prevention](https://theactionalliance.org/sites/default/files/action_alliance_recommended_standard_care_final.pdf) said there are two main treatment options and goals for hospitalized suicidal patients: safety planning and lethal means reduction.

Safety planning helps the patient create a plan to discern suicidal thoughts and handle them safely. This often includes action steps like calming activities, recognizing supportive people in the patient’s life to reach out to and providing contact information for crisis call and text lines.

Lethal means reduction helps the patient identify any possible means of self-harm that is available to them, specifically ones that have been considered in their suicide plan. They then will plan how to reduce the patient’s access to these objects.

Together, these two treatments can help the patient in a time of high risk. These are often goals the patient must achieve before they are discharged.

When a patient is discharged from the hospital, they are at the highest risk according to Action Alliance, which is why outpatient care and resources are so important.

“Discharged suicidal patients need rapid referral for outpatient follow-up care, as the days after the discharge from an ED are a high-risk period,” Action Alliance said.

Johnson felt that she did not receive this when she was discharged from both mental hospitals she stayed at in New Mexico.

“I didn’t know where to go from there. It was kind of like I was handed a diagnosis and told ‘Good Luck,’” Johnson said.

Hicks works with children and teenagers when they are discharged from the hospital for suicidal ideation. She said they are often given a treatment plan and specific steps from the hospital, so she works with the patients through that plan.

This can involve setting them up with crisis service in their home or various outpatient therapy services.

Hicks said patients are seen more frequently after they are discharged and check in with them often.

During their sessions, Hicks works to help the patient pinpoint triggers for suicidal ideation and learn to recognize them.

“... Having conversations about what those (triggers) are and see if we can recognize the signs of suicidal thoughts, and then have the patient recognize those signs,” Hicks said. “So, when those feelings are starting to build, then the patient can work to get some support and build that crisis plan.”