



# APNA POSITION PAPER

## Competencies for Nurse-Assessment and Management of Inpatient Suicide Risk

### Introduction

Suicide is the tenth leading cause of death according to the most recent data from the Centers for Disease Control (2020). In particular, the risk of suicide for psychiatric patients in the hospital is high, and suicide risk continues to be elevated immediately following hospitalization (Forte et al, 2019). To address this health crisis, national efforts are underway to augment competencies in suicide prevention for the behavioral health workforce. The Joint Commission Safety Goal 15.01.01, effective 2019, requires identifying patients at risk for suicide (The Joint Commission, 2018). Likewise, Goal 7 of the 2014 National Action Alliance Care Critical Intervention Task Force encourages training for clinical staff in suicide prevention and related issues (NAASP, 2014).

The American Psychiatric Nurses Association is committed to supporting psychiatric-mental health nurses in their vital work and participating in national efforts to augment competencies in suicide prevention for the behavioral health workforce. In 2013, The Association for Suicidology (AAS) published a policy paper targeting training for psychiatrists, social workers, psychologists, and counselors, but not for nurses. Although they are the largest workforce providing care for suicidal patients, until the 2014 development of the *APNA Psychiatric Mental Health Nurse Essential Competencies for Assessment and Management of Individuals at Risk for Suicide*, no standard competencies for nurses who care for patients with mental illness and/or substance use disorders existed (Bolster et al., 2015). A 2020 review of the literature reveals no new references for nursing competencies beyond those developed by APNA.

The American Psychiatric Nurses Association takes the position that the *APNA Psychiatric Mental Health Nurse Essential Competencies for Assessment and Management of Individuals at Risk for Suicide* address serious gaps in education for nurses who provide care to persons with mental health and substance use needs and that their dissemination will improve outcomes in suicide risk assessment, prevention, and intervention, ultimately increasing safety.

### Summary

The APNA Board of Directors endorses the *APNA Psychiatric Mental Health Nurse Essential Competencies for Assessment and Management of Individuals at Risk for Suicide*.

It is APNA's position that these competencies must be broadly disseminated throughout the healthcare delivery and nursing educational systems.

## **Discussion**

To ensure that nurses are competent to assess and manage the care of people at risk for suicide, the APNA Board of Directors established a Task Force to develop nursing specific inpatient suicide prevention competencies in August of 2013. The task force represented a unique partnership of experts in suicide prevention, including inpatient nurse leaders, national Assessing and Managing Suicide Risk (AMSR) trainers, nurse educators, and a consumer expert in recovery with lived experience of suicidality. Based on a literature review, the group identified a workable model for developing the competencies and, with the support of the AMSR leadership, created nursing-specific competencies adapted from nationally recognized competencies for assessing and managing suicide risk (SPRC & AAS, 2008). On a regular basis that literature review is updated and reflected in the education material. The overall aim of the competencies is to improve the standard of inpatient nursing care for suicide prevention and to reduce suicide morbidity and mortality in persons who are hospitalized for inpatient psychiatric treatment.

The competencies were developed using a step-wise approach, including competency identification, competency components, and competency evaluation. Validity of the competencies was established through a consensus process. Nurse leaders and interprofessional experts on suicide prevention provided internal and external review. The task force subsequently developed a competency-based curriculum which includes identifiable tasks and measurable outcomes.

Since publication of the competencies and development of the curriculum directed at teaching the competencies, more than 3,500 professionals have completed APNA training in suicide prevention and intervention and nearly 100 nurses have attended trainings to facilitate delivery of this curriculum. Findings indicate that nurses feel greater confidence in their suicide assessment skills and better understanding of why patients consider death by suicide. Nurses are able to develop a suitable safety plan with patients at risk for suicide and report feeling confident in operationalizing the competencies in their practice.

## **Conclusion**

It is the position of the American Psychiatric Nurses Association that these suicide competencies address a gap in suicide prevention efforts and should be broadly shared as a means to increase safety and provide an example of best practice for nursing assessment of hospitalized patients who may be at risk for suicide.

APNA urges healthcare facilities and academic settings to adopt these nursing competencies in order to increase patient and nurse safety and enhance nurses' confidence and competence in caring for patients at risk for suicide. Doing so will ultimately improve patient outcomes.

The educational curriculum that is based on the competencies should be viewed not only as continuing education for nurses, but also as a supplement to undergraduate nursing education.

## References

- Bolster, C., Holliday, C., Oneal, G., Shaw, M., (January 31, 2015) "Suicide Assessment and Nurses: What Does the Evidence Show?" *OJIN: The Online Journal of Issues in Nursing* Vol. 20, No. 1, Manuscript 2. DOI: 10.3912/OJIN.Vol20No01Man02
- Centers for Disease Control and Prevention. (2020). CDC WONDER: About Underlying Cause of Death, 1999-2018. Retrieved from <https://wonder.cdc.gov/controller/datarequest/D76;jsessionid=98147758D90AF124E9297BDD7DC4>
- Forte, A., Buscajoni, A., Fiorillo, A., Pompili, M., & Baldessarini, R. J. (2019). Suicidal risk following hospital discharge: a review. *Harvard review of psychiatry*, 27(4), 209-216.
- Knesper D.J., American Association of Suicidology, Suicide Prevention Resource Center. Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from the emergency department or psychiatry inpatient unit. Newton, MA: Education Development Center, Inc. (2011). Retrieved October 1, 2020 from <http://www.sprc.org>.
- National Action Alliance for Suicide Prevention (NAASP): Clinical Workforce Preparedness Task Force. (2014). Suicide prevention and the clinical workforce: Guidelines for training. Washington, DC: Author.
- Suicide Prevention Resource Center (SPRC) & American Association of Suicidality (AAS). (2008). Assessing and managing suicide risk: Core competencies for mental health professionals. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved October 1, 2020 from <http://www.sprc.org>.
- The Joint Commission. (2018). National Patient Safety Goals Effective July 2020 for the Behavioral Health Care Program. Retrieved October 1, 2020 from: [https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2020/npsg\\_chapter\\_bhc\\_jul2020.pdf](https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2020/npsg_chapter_bhc_jul2020.pdf)