# National Suicide Prevention Lifeline:

# After an Attempt

## A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

NATIONAL SUICIDE PREVENTION LIFELINE™

1-800-273-TALK

RED para la PREVENCION de SUICIDIO NACIONAL

1-888-628-9454

*If you are in crisis, please call:*

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

En español: 1-888-628-9454

TTY: 1-800-799-4889

www.suicidepreventionlifeline.org

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## SUICIDE: Helping Patients and Their Families

# After an Attempt

The emergency department (ED) is the frontline of medicine and often serves as the doorway into the medical system for people in distress, including people who attempt suicide. Individuals who have attempted suicide are at increased risk for later dying by suicide, and up to 20 percent of those who attempted suicide in the past will try again in the future.[1] The ED is often the initial point of contact with the health system for many of these individuals, and it offers a unique opportunity to help people who have attempted suicide to begin to recover from the depression and hopelessness that led to their suicide attempt.

The purpose of this brochure is to provide you with some quick tips to enhance care in the ED for people who have attempted suicide, while also providing information on the Health Insurance Portability and Accountability Act (HIPAA), patient discharge, and resources about suicide for medical professionals, patients, and their families.

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[1] Appleby L., et al. Suicide Within 12 Months of Contact With Mental Health Services: National Clinical Survey, *British Medical Journal* 318(7193):1235-1239, May 1999.

## Patient Care in the Emergency Department: Helpful Tips

Medical and psychological assessment and the development of a suicide prevention or safety plan are key steps in treating an individual who has attempted suicide. Your medical training no doubt provided you with the tools to perform a thorough assessment of an individual who has attempted suicide, including exploring physical conditions that may contribute to a person's behavior. However, for more information on this topic, the American Psychiatric Association's ***Practice Guideline for the Assessment and Treatment of Patients With Suicidal Behaviors*** is an excellent resource (www.psych.org/psych_pract/treatg/pg/pg_suicidalbehaviors.pdf or call 703-907-7300).

In addition to your assessment, communicating with others who may have more information about a patient's history, such as a family member or another physician, often can provide valuable insight as you assess the patient's situation. Any such communications about a patient's protected health information must be in accordance with the Federal patient privacy standards known as the HIPAA. Here are some brief highlights of HIPAA:

## Communicating With a Patient's Family or Other Caregiver

- HIPAA allows the disclosure of protected health information to a family member or caregiver in the following situations:

  - ➢ If the patient consents to his or her information being shared.
  - ➢ If hospital personnel provide the patient with the opportunity to object to the disclosure, and the patient does not express an objection.
  - ➢ If it is reasonable to infer from the circumstances that the patient does not object to the disclosure.

- If an emergency physician, based on his or her best medical judgment, feels the patient lacks the capacity to provide informed consent, and that disclosure is in the patient's best interest, then the emergency physician can communicate directly with a patient's family or other caregiver, even if a patient objects.

- However, information shared with family members or other caregivers should be limited to that which is directly relevant to the caregiver's involvement with the patient's care or payment for that care.

***Remember: Although confidentiality laws may restrict you from communicating medical information to nonmedical attendants, HIPAA allows you to <u>receive</u> unlimited information from families or other caregivers without patient consent.***

## Communicating With Other Medical Professionals About a Patient

If possible, consult with an individual's inpatient and/or outpatient provider to help maintain continuity of care and allow for informed decisionmaking by the individual and his or her treatment team. ***As long as a good faith effort has been made to inform your patient about your institution's privacy practices, HIPAA allows you to:***

- Share information about the person with other medical providers who are involved in the person's care, both within and outside of your own institution. This applies to all forms of communication (e.g. verbal, electronic, written).

- Provide your name and contact information to another medical provider for communication about the person.

To read more about HIPAA online, visit www.cms.hhs.gov/hipaa.

## Patient Discharge From the Emergency Department: What the ED Can Do To Ease the Transition

In addition to your assessment and interventions for a person in the ED, a well-conceived discharge plan will go a long way in helping people safely and successfully begin to recover. Here are a few things to consider when developing a person's discharge plan.

Before leaving the ED, it is recommended that the patient and his or her family, if appropriate, should have:

- An understanding of discharge arrangements.
- A written statement with information about prescribed medication(s) and treatment plans.
- Key contacts to call—including outpatient providers, crisis lines, and peer-support centers.
- Specific instructions about the signs, symptoms, or conditions that require a return.

Other key points to discuss with patients ***and*** families before discharge include:

- What to look for that may indicate a return of suicidal feelings.
- Followup care—Who? Where? When?
- How to get resources and supports in the community.
- How to reduce the immediate hazards of another suicide attempt (such as information on removing or restricting items that are frequently used for self-harm).
- Who to call with questions or concerns.

If a patient is being discharged and an appointment for followup care cannot be arranged before discharge, strongly encourage the patient to seek followup care within the first few days of returning home. In areas where this service is available, mobile crisis teams have been effective in helping patients in crisis connect with outpatient treatment following an emergency visit. Consider linking your patient with a team in your area to increase the chances that he or she will access followup care.

Also remind your patient that the emergency department is open 24 hours a day, 365 days a year to help, if he or she continues to have thoughts of suicide or if the medical team is unavailable to provide the needed care.

One of the most important things you can do for a patient or family member after having been in the ED is to offer hope. Patients and families will look to you to determine the prognosis and for some assurance that this will not happen again. While you cannot guarantee there will not be a recurrence, you ***can*** assure them that recovery is likely if the individual and, if appropriate, a family member work closely with a therapist to ensure that the safety and treatment plans are meaningful and effective.

The following pages of this brochure offer a list of crisis lines and referrals for more information on suicide and mental illness

for patients and their families. Please also consider providing your patient with a copy of the brochure ***Suicide: Taking Care of Yourself After an Attempt***, and its companion brochure for families, ***Suicide: Taking Care of Family Members After an Attempt.*** Each brochure includes information on safety and recovery, as well as additional resources for help.

Following these tips should increase the likelihood that your patients who have attempted suicide find the longer-term care that will prevent another attempt—one that could be fatal. You and the professional team around you can make the difference.

## Resources for Professionals in the Emergency Department

***The following resources offer excellent information on suicide and patient assessment.***

### American Association of Suicidology

A resource and education organization dedicated to the understanding and prevention of suicide. For more information, visit www.suicidology.org or call 202-237-2280.

### American College of Emergency Physicians (ACEP)

A national medical society committed to advancing emergency care through continuing education, research, and public education. For more information, visit www.acep.org or call 1-800-798-1822.

**American Foundation for Suicide Prevention (AFSP)**
The AFSP has recently produced an excellent poster for emergency physicians on the evaluation of patients who attempt suicide; to obtain a free copy, visit www.afsp.org or call 1-888-333-AFSP.

**American Psychiatric Association**
***Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors***
Visit www.psych.org/psych_pract/treatg/pg/pg_suicidalbehaviors.pdf or call 703-907-7300.
Gliatto, M. and Rai, A., Evaluation and Treatment of Patients with Suicidal Ideation. *American Family Physician*, March 15, 1999. Full text available online at www.aafp.org/afp/990315ap/1500.html.

**National Strategy for Suicide Prevention**
A comprehensive national plan that lays a framework for action to prevent suicide. For more information, visit www.mentalhealth.samhsa.gov/suicideprevention.

**Suicide Prevention Resource Center**
Supports suicide prevention with the best of science, skills, and practice. For more information, visit, www.sprc.org or call 1-877-GET-SPRC (438-7772).

## Resources for Patients and Families in the Emergency Department

***In a crisis, contact:***

**1-800-273-TALK (8255)**
**TTY: 1-800-799-4TTY (4889)**
**National Suicide Prevention Lifeline**
A 24-hour, toll-free crisis hotline that links callers to a nearby crisis center. The Lifeline accepts calls from non-English speakers.
www.suicidepreventionlifeline.org

***For more information about suicide and mental illness:***

**American Association of Suicidology**
A resource and education organization dedicated to the understanding and prevention of suicide.
www.suicidology.org or call 202-237-2280

**American Foundation for Suicide Prevention**
Dedicated to advancing the public's knowledge of suicide and its prevention.
www.afsp.org or call 1-888-333-AFSP

**Befrienders International/Samaritans**
An online resource that gives support through e-mail and offers a directory of local crisis helplines.
www.befrienders.org

**Covenant House Nineline Hotline**
**1-800-999-9999**
A 24-hour, toll-free crisis hotline offering confidential and immediate crisis intervention and referrals to community resources.
www.covenanthouse.org/programs_nl.html

**Hispanic Community Resource Helpline**
**1-800-473-3003**
**(La Linea Nacional de Ayuda)**
Offers support for Latinos who need information about educational, health, and human service providers.

**Link's National Resource Center for Suicide Prevention and Aftercare (LINK–NRC)**
Provides suicide-related community education in prevention, intervention, aftercare, and support.
www.thelink.org or call 404-256-9797

**National Alliance on Mental Illness (NAMI)**
Offers information, support, and advocacy for persons affected by mental illnesses.
www.nami.org or call 1-800-950-NAMI (6264)

**National Disability Rights Network**
Serves individuals with a wide range of disabilities by guarding against abuse, advocating for basic rights, and ensuring system accountability. The Web site provides a directory of member agencies by State.
www.ndrn.org or call 202-408-9514 or 202-408-9521 (TTY)

**National Institute of Mental Health (NIMH)**
The leading Federal agency for research on mental and behavioral disorders.
www.nimh.nih.gov or call 1-866-615-6464

**National Mental Health Association**
Addresses all aspects of mental health and mental illness.
www.nmha.org or call 1-800-969-NMHA (6642)

**National Mental Health Information Center (NMHIC)**
A SAMHSA-operated Center that provides information about mental health and is available on weekdays from 8:30 a.m. to 12 a.m. Eastern Standard Time to answer mental health questions.
www.mentalhealth.samhsa.gov or call 1-800-789-2647 or 1-866-889-2647 (TDD)

**National Organization for People of Color Against Suicide**
Addresses and raises awareness about suicide in minority communities.
www.nopcas.com or call 1-866-899-5317

**Suicide Awareness Voices of Education (SAVE)**
Dedicated to preventing suicide through education, public awareness, and stigma reduction.
www.save.org or call 952-946-7998

**Suicide Prevention Action Network (SPAN) USA**
A national organization dedicated to action and advocacy for suicide prevention.
www.spanusa.org or call 202-449-3600

**Suicide Prevention Resource Center**
Supports suicide prevention with the best of science, skills, and practice.
www.sprc.org or call 1-877-GET-SPRC (438-7772)

**The Trevor Helpline**
**1-866-4U-TREVOR**
A national 24-hour, toll-free suicide prevention hotline aimed at gay and questioning youth.
www.thetrevorproject.org

*These resources may contain materials that express views, policies, and opinions that do not necessarily reflect those of the Substance Abuse and Mental Health Services Administration and the U.S. Department of Health and Human Services.*

*Your Notes Here:*

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## *For More Information:*

American College of Emergency Physicians®

ADVANCING EMERGENCY CARE



The Nation's Voice on Mental Illness

www.nami.org

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