

# After an Attempt



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



***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

## **Acknowledgements**

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# Helping Patients and their Families After an Attempt: A Guide for Medical Providers

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. A 2016 analysis of pooled data from the National Survey of Drug Use and Health and the U.S. Mortality Files from the National Vital Statistics System found that 3.2 percent of adults who attempted suicide in the United States during a 12-month period died by suicide.<sup>1</sup> 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.

## **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 Joint Commission's *Sentinel Event Alert 56: Detecting and treating suicide ideation in all settings* is an excellent resource. [http://www.jointcommission.org/sea\\_issue\\_56](http://www.jointcommission.org/sea_issue_56)

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:

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<sup>1</sup> Han, B., Kott, P., Hughes, A., McKeon, R., Blanco, C., & Compton, W. (2016). Estimating the rates of deaths by suicide among adults who attempt suicide in the United States. *Journal of Psychiatric Research*, 77, 125-133.

## 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 receive 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, visit <https://www.hhs.gov/hipaa/index.html>.

## **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 *Taking Care of Yourself After an Attempt*, and its companion brochure for families, *Taking Care of Your Family Member 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**

### ***Patient Assessment and Care***

**Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments.** Provides information about decision support, brief interventions, and discharge planning with adult patients who have been identified as having some risk of suicide. It is endorsed by the American Academy of Emergency Medicine, American Association of Emergency Psychiatry, American Association of Suicidology, and American Foundation for Suicide Prevention. Full and Quick Guides available at: [www.sprc.org/ed-guide](http://www.sprc.org/ed-guide)

**Assessment and Management of Patients at Risk for Suicide.** Department of Veterans Affairs/Department of Defense Clinical Practice Guideline. <http://www.healthquality.va.gov/guidelines/MH/srb>

**Sentinel Event Alert 56: Detecting and treating suicide ideation in all settings.** Through this alert, The Joint Commission aims to assist all health care organizations providing both inpatient and outpatient care to better identify and treat individuals with suicide ideation. [http://www.jointcommission.org/sea\\_issue\\_56](http://www.jointcommission.org/sea_issue_56)

**Suicide Assessment Five-Step Evaluation and Triage (SAFE-T): Pocket Card for Clinicians.** Assists clinicians to conduct a suicide assessment using a 5-step evaluation and triage plan to identify risk and protective factors; conduct a suicide inquiry; determine risk level and potential interventions; and document a treatment plan. Free from SAMHSA Store ([www.store.samhsa.gov](http://www.store.samhsa.gov)). Also available on Suicide Safe mobile app.

**Suicide Safe. Mobile app.** Helps providers integrate suicide prevention strategies into their practice and address suicide risk among their patients. The app is based on SAMHSA's Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) card. Free.

**Zero Suicide in Health and Behavioral Healthcare.** Zero Suicide is a commitment to suicide prevention in health and behavioral healthcare systems and is also a specific set of strategies and tools. <http://zerosuicide.sprc.org/>

## *Emergency Medicine Organizations*

**American College of Emergency Physicians** promotes the highest quality of emergency care and is the leading advocate for emergency physicians, their patients and the public.

[www.acep.org](http://www.acep.org)

**Emergency Nurses Association.** The mission of the Emergency Nurses Association is to advocate for patient safety and excellence in emergency nursing practice. [www.ena.org](http://www.ena.org)

## **Resources for Patients**

### *Crisis Lines*

**National Suicide Prevention Lifeline.** 1-800-273-TALK (8255).

Live chat: [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**Veterans Crisis Line and Military Crisis Line.** 1-800-273-8255 (press 1).

Text to 838255. Live chat: <http://www.veteranscrisisline.net>

**The Trevor Project.** 1-866-488-7386. For lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people. <http://www.thetrevorproject.org>

### *Websites & Apps for Attempt Survivors*

**National Suicide Prevention Lifeline's** "With Help Comes Hope" website has information for survivors, friends and families, and clinicians. It has survivor stories, self-care tips, "7 things attempt survivors wish their friends and families knew," a therapist and support group finder, videos, and more. <http://lifelineforattemptsurvivors.org>

**American Association for Suicidology** is a professional organization with an "Attempt Survivor/Lived Experience" division, where attempt survivors have a collective voice in the field of suicide prevention. <http://suicidology.org/suicide-survivors/suicide-attempt-survivors>

**National Action Alliance for Suicide Prevention** is a public/private partnership that advances the National Strategy for Suicide Prevention. Their Suicide Attempt Survivors Task Force wrote *The Way Forward: Pathways to hope, recovery, wellness with insights from lived experience*.

<http://actionallianceforsuicideprevention.org/task-force/suicide-attempt-survivors/>

### *Psychiatric Advance Directives*

Legal documents that can be prepared in advance by people who are concerned that they might be subject to involuntary psychiatric treatment or commitment in the future.

<http://www.nrc-pad.org>

### ***Free Apps:***

**MY3 Safety Planning App.** Coping strategies and sources of support.

**Virtual Hope Box.** Helps with coping, relaxation, distraction, and positive thinking.

### ***Free Booklets and DVDs for Attempt Survivors and their Families***

Order or download from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Store ([www.store.samhsa.gov](http://www.store.samhsa.gov)). Click "Treatment, Prevention & Recovery" and then "Suicide Prevention."

***A Guide for Taking Care of Yourself after Your Treatment in the Emergency Department*** (Spanish version also available.) (SMA18-4355ENG and SMA18-4365SPAN)

***A Guide for Taking Care of Your Family Member after Treatment in the Emergency Department*** (Spanish version also available.) (SMA18-4357ENG and SMA18-4358SPAN)

***A Journey toward Health and Hope: Your Handbook for Recovery after a Suicide Attempt*** Guides you through the first steps toward recovery and a hopeful future after a suicide attempt. Includes personal stories from survivors who share their experiences as well as strategies, such as re-establishing connections and finding a counselor to work with. (SMA15-4419)

***Stories of Hope and Recovery: A Video Guide for Suicide Attempt Survivors.*** DVD of three people who tell about their journeys from attempting suicide to lives of hope and recovery. (SMA12-4711 DVD)

***National Strategy for Suicide Prevention.*** Developed by the National Action Alliance for Suicide Prevention and U.S. Office of the Surgeon General. (PEP12-NSSPGoals)

### ***Information about Suicide and Suicide Prevention***

**Suicide Prevention Resource Center.** Among its many roles, this SAMHSA-funded national technical assistance center has a wealth of information about suicide and its prevention. [www.sprc.org](http://www.sprc.org)

**National Action Alliance for Suicide Prevention.** Public-private partnership that advances the National Strategy for Suicide Prevention. <http://actionallianceforsuicideprevention.org>

**National Council for Suicide Prevention.** National coalition of leading nonprofits working to end suicide in the United States. <http://thencsp.org>



**American Foundation for Suicide Prevention.** With local chapters in every state, AFSP's mission is to save lives and bring hope to those affected by suicide. [www.afsp.org](http://www.afsp.org)

**Substance Abuse and Mental Health Services Administration (SAMHSA).** A part of the U.S. Department of Health and Human Services (HHS), SAMHSA's mission is to reduce the burden of substance abuse and mental illness on America's communities. [www.samhsa.gov](http://www.samhsa.gov)

### ***Information about Mental Health and Mental Illness***

**National Institute of Mental Health (NIMH).** A part of HHS and the National Institutes of Health, NIMH's vision is to transform the understanding and treatment of mental illnesses. [www.nimh.nih.gov](http://www.nimh.nih.gov)

**Depression and Bipolar Support Alliance.** Provides hope, help, support, and education to improve the lives of people who have mood disorders. [www.DBSalliance.org](http://www.DBSalliance.org)

**Mental Health America.** Dedicated to helping all Americans achieve wellness by living mentally healthier lives. [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)

**National Alliance on Mental Illness (NAMI).** Dedicated to building better lives for the millions of Americans affected by mental illness. [www.nami.org](http://www.nami.org)



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