

An Inpatient Mental Health Policy for Discharge Disposition of Suicidal Patient

Suicide is an epidemic in the United States and the 10th leading cause of death (Graves et al., 2018). Suicidal patients discharging from the inpatient mental health (IMH) unit have a suicide rate that is 300 times higher in the first week (National Action Alliance for Suicide Prevention, 2019). There is no existing tool to predict patient future suicide attempts (SA) after discharge. This project objective is to develop a policy that emphasizes the utilization of the Self Efficacy to Avoid Suicidal Action (SEASA) tool before discharge in adult patients with a history of SI.

Synthesis and analysis of supporting literature:

The SEASA measures an individual self-efficacy (SE) that could prohibit them from engaging in suicidal action. When researchers used the SEASA tool among substance use disorder patients, it was deciphered that people with more severe SI and SA were found to have low SE, with the tool having a higher validity (Czyz et al., 2014). The integrated motivational-volitional model is a suicide prevention framework that highlights entrapment and defeat as a factor to SI of mental health patients admitted to the hospital (Lucht et al., 2020).

Project implementation:

The principal investigator developed an IMH policy for the discharge disposition of suicidal patients using literature evidence. Five experts evaluate this policy: academia, psychiatrist, nurse manager, social worker, and registered nurse.

Evaluation criteria:

The five experts evaluated the utilization of the SEASA policy with an evidence-based questionnaire using the AGREE II template. The experts completed the AGREE II form, which

is a Likert-scale and open-ended question on two separate occasions following the review of the first evaluation by the principal investigator.

Outcomes:

100% of the experts completed their evaluations with constructive feedback using open-ended questions, and most strongly agree using the Likert scale.

Recommendations:

The use of the policy will inform the IMH unit treatment team of the needs of suicidal patients since it provides specific information about the level of patient SE that will result in SA upon discharge.

Keywords: *Self-Efficacy, SEASA, AGREE II*

References

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