

Development and Evaluation of a Suicide Rating Scale among Homeless Adults in a Nonprofit Community Organization

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Introduction

- Experiencing homelessness heightens the likelihood of mental health challenges and suicidal ideation, with homeless adults facing significantly elevated suicide rates (Armoon et al., 2023)
- .According to the Centers for Disease Control, there were 12.2 million cases of suicidal thoughts, 1.2 million suicide attempts, and 45,979 deaths from suicide (Salon, 2024).
- 61% of 330 homeless adults reported having thoughts of suicide, and 34% had attempted suicide (Eynan et al., 2022).
- Research by Fleury et al. (2021) shows that homelessness negatively affects mental health, highlighting the need for suicide risk screening for homeless adults
- Targeted interventions are needed, including the use of standardized screening tools, to address this issue.

Background

- The quality improvement project took place at a nonprofit organization in Houston, Texas, that provides integrated services to homeless individuals.
- - The organization served 8-10 individuals daily and offered services for homeless adults on Mondays and Wednesdays, focusing on community outreach on Tuesdays and Thursdays.
- Services included meals, showers, food access, employment assistance programs, transportation help, housing assistance, and community support services.
- Despite an increase in suicide reports among homeless adults, the organization has not implemented screening measures to identify those at risk, raising the risk of suicide deaths among its clients.
- Introducing a suicide prevention program in the organization will offer early interventions and mental health support to those at risk.

PICOT Question

- In homeless adults in contact with a non-profit organization, how does implementing the C-SSRS as a screening and referral tool affect the number of screenings and identification of those at risk, compared to current practice without screening over 6 weeks?

- **Population (P):** Homeless individuals in contact with a non-profit organization
- **Intervention (I):** Implementation of C-SSRS as a screening and referral tool
- **Comparison (C):** Current practice without screening
- **Outcome (O):** Improvement in the identification of individuals at risk for suicide
- **Timeframe (T):** 6 -weeks





Specific Aim/Objectives

Study Aim: Reduce suicide risk and improve mental health among homeless individuals with C-SSRS implementation

Objectives:

- Improve staff knowledge of suicide risk assessment tools
- Achieve a minimum 50% utilization rate of C-SSRS within 6 weeks
- Identify and address at least three organizational barriers
- Attain 10% increase in reported suicide risk screening rates
- Achieve a 25% increase in mental health intervention referral rates within 6 weeks
- Aim to enhance suicide prevention awareness and support among staff, volunteers, and community members

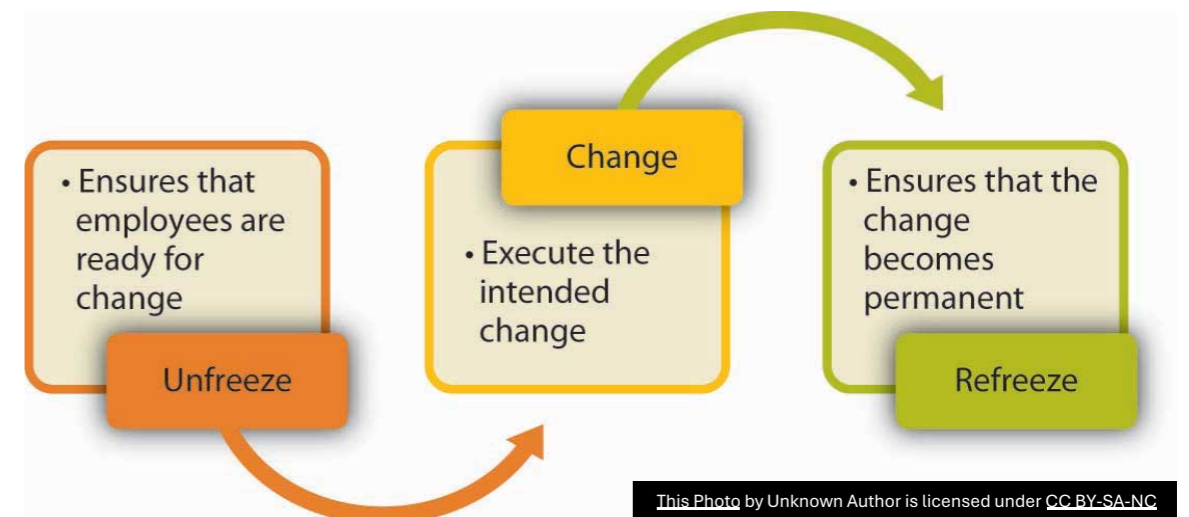
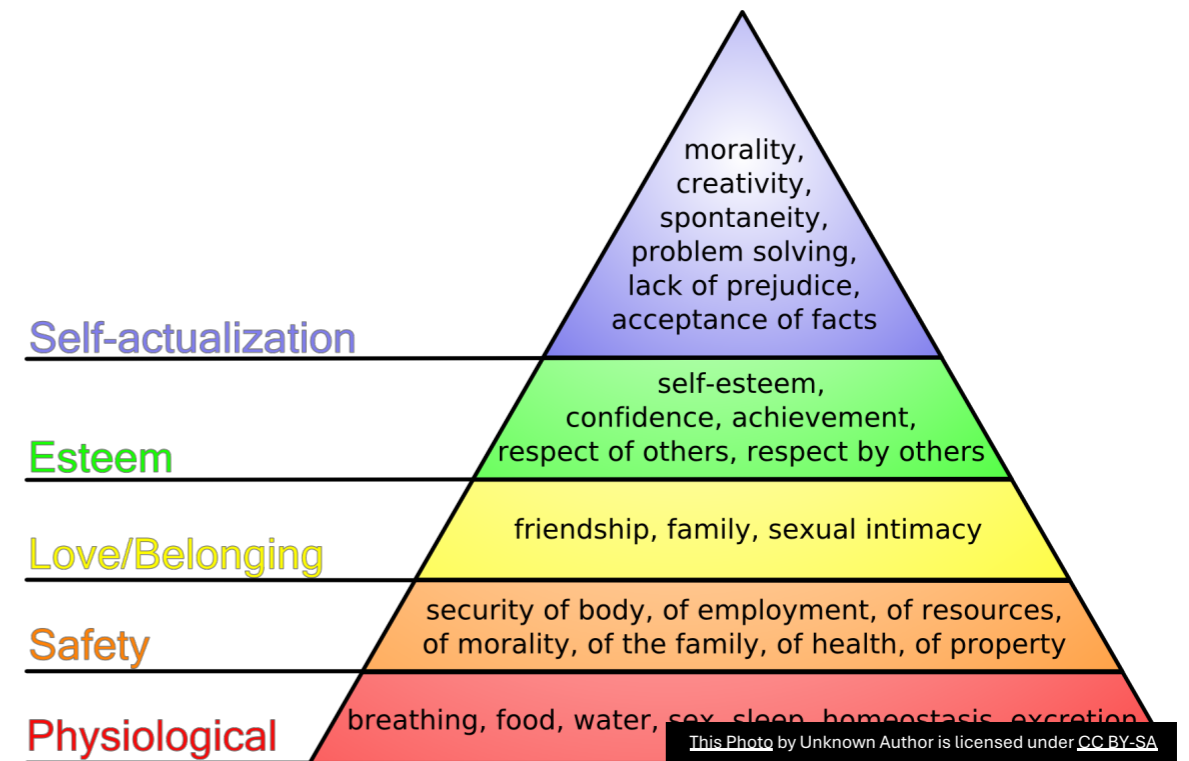
Rationale

- Homelessness exposes individuals to socioeconomic and psychological challenges that exacerbate the risk of suicidal ideation and suicide (Nichter et al., 2023).
- The non-profit organization needs to address these challenges in the context of suicide prevention due to the high prevalence of reported suicides among homeless clients in the community.
- Stakeholders have discussed early interventions to address suicide and suicidal ideation, but no visible progress was made in the year before the quality improvement project.



Theoretical Framework

- **Maslow's Hierarchy of Needs** is a nursing theory that explains human motivation and well-being.
- It states that the absence of basic physiological needs can hinder self-actualization.
- This can lead to an increased risk of suicide among the homeless population.
- **Kurt Lewin's Change Theory** is the selected approach, providing a structured means for behavioral changes and well-being in the homeless population.



Purpose

- The DNP quality improvement project focuses on addressing the growing issue of rising suicide rates among homeless adults.

- It emphasizes the urgent need for intervention.

- At the practicum site, there is a lack of structured suicide risk assessment mechanisms, potentially leaving vulnerable individuals underserved.

The DNP quality improvement project aims to improve the identification and support of homeless individuals at risk of suicide. This will be achieved by implementing the Columbia Suicide Severity Screening Scale (CSSRS) and utilizing the safety plan form to refer high-risk clients to mental health services within a 6-week timeframe.



Available Knowledge/Review of Literature

Prevalence of Mental Health Issues Among the Homeless

- The relationship between homelessness and mental health issues is well-documented in the literature. According to Murray et al. (2021), homelessness is a significant social problem implicated in a wide range of socioeconomic and psychological challenges that lead to a heightened risk of mental health problems.

Challenges Faced by Homeless Service Providers

- Among the most cited measures in the literature was the implementation of sound, structured, and systematic suicide screening tools in mental health facilities working with homeless individuals (Goldstein & Boudreaux, 2023).

Benefits of Early Intervention Programs

- The need for early interventions when addressing mental health and suicide challenges among homeless populations cannot be overstated. Documenting the urgency of the issue, Culhane et al. (2019) noted that treatment for suicidality peaked just before the onset of homelessness among newly homeless veterans. About 13% of homeless veterans had evidence of suicidality, and 29% of veterans with proof of suicidality appeared to have concurrent homelessness (Culhane et al., 2019).

Context

- The DNP project focused on a non-profit organization providing services to homeless adults and families

- The organization lacked a screening protocol for suicidal ideation

- The project aimed to improve identification of at-risk homeless adults and support mental health advocacy

- Ethical considerations included patient advocacy and safety

- Approximately 50 individuals, including clients, staff, and volunteers, were involved and 42 homeless client were screened

- - The C-SSRS screening tool, consisting of eight questions, was utilized.
- Completed safety plan forms when clients reported suicidal ideation.
- Referred high-risk clients to the Crisis Team.

- - The project targeted homeless adults who are receiving services from the organization.

- Key stakeholders included the Executive Director, Branch Manager, Development Associate, volunteers, health care providers, homeless clients, their families, and mental health advocates

- Leadership and volunteers played crucial roles in ensuring project success, aligning with the organization's goals

Ethical Considerations

- Privacy and client confidentiality were the top ethical priorities.

- No existing data on suicide screening within the organization.

- Lack of pre-intervention data.

- Branch Manager mentioned undeveloped documentation of previous mental health referrals.

- Screening offered voluntarily to all homeless adults.

- Participants' information was documented using their initials.

- Date of birth used to differentiate clients with similar names.

-The facility does not use electronic medical records; instead, they use paper forms. All client forms are securely stored in the manager's office.

Intervention

- **Step 1: Client Invitation**

- Homeless adult clients will be invited to undergo a screening for suicidal thoughts using the CSSRS-Columbia tool.

- **Step 2: Screening**

- Staff or volunteers will assess the results and provide individualized feedback to each participant.

- **Step 3: Guidance for Clients with Suicidal Ideation**

- Clients with suicidal thoughts will collaborate on a personalized safety plan. Those at high risk will receive mental health support and crisis intervention.

- **Step 4: Patient Data**

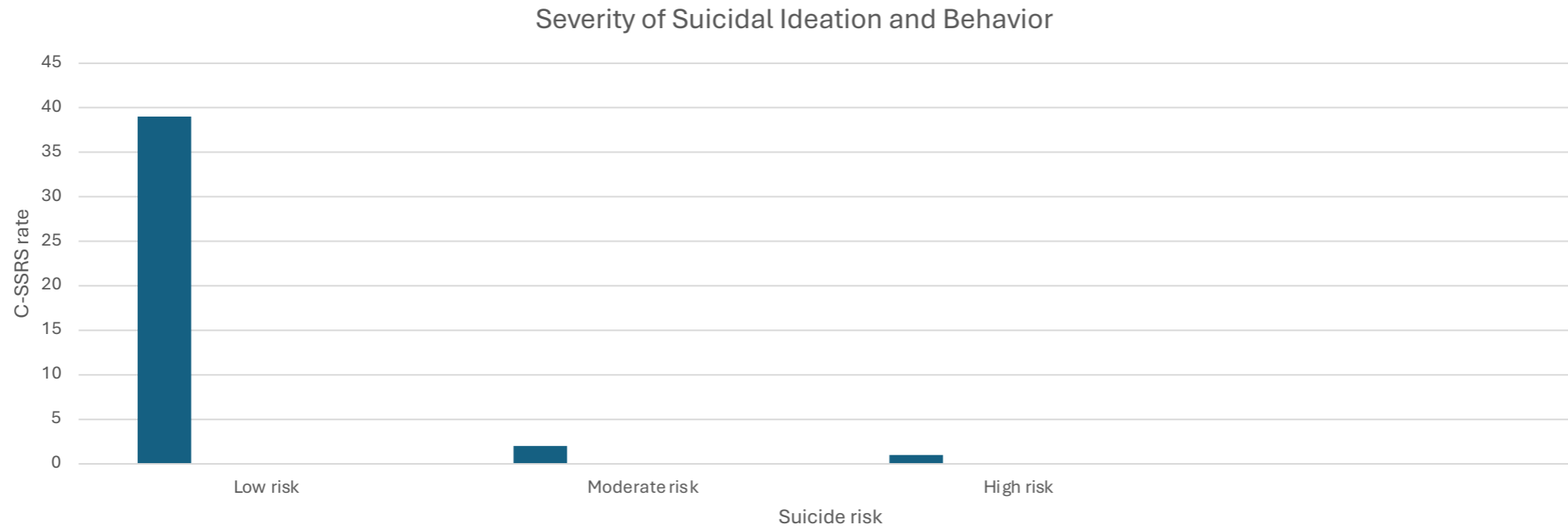
- The clients will keep Completed safety plan forms, with a copy maintained by the facility.

- **Step 5: Referrals**

- Clients reporting suicidal ideation will be assessed by the organization's mental health crisis team and receive referrals for mental health services based on their needs



Data Analysis



- 92.85% of homeless clients indicated low suicide risk, 4.8% showed moderate risk, and 2.4% demonstrated high risk.
- Out of 42 participants, 3 were ranked high risk and referred to the crisis team for mental health evaluation.

Measure	Results
Screening rate	84%
Referral rate	7.1%

Data Analysis

- **The Chi-Square Test** of independence is used to determine if there is a significant association between two categorical variables
 - - It compares observed frequencies to expected frequencies if there were no associations
 - - In this study, the test was used to examine the relationship between gender, race, and reported suicidal thoughts

Results:

- - Gender and reported suicidal thoughts: No significant association found ($p=1$)
- - Race and reported suicidal thoughts: No significant link found ($p=0.16$), not meeting the common threshold of 0.05 for statistical significance

Limitations

- - Homeless adults may refuse screening or provide inaccurate responses due to their fear of being placed in a psychiatric hospital.
- - Distrust in healthcare professionals may lead to inaccurate responses.
- - Adequate staffing or volunteers are necessary to ensure the completion of the screening and post-screening processes.
- - The absence of an Electronic Health Record (EHR) system can result in HIPAA issues related to client information.

Implications for Advanced Nursing Practice

- The project emphasized public health awareness and mental health support for vulnerable populations.

- Advanced Practice Nurses (APNs) should advocate for educating healthcare staff and homeless individuals about the links between homelessness and mental health.

- APNs should consider social determinants of health when designing care plans and collaborate with stakeholders to improve access to mental health services and housing.

- APNs should lead efforts to institutionalize mental health screenings for homeless individuals.



Plans for Sustainability

- - Implement C-SSRS screening with a fully trained staff due to budget constraints
- - Use Lewin's Theory of Change to integrate screening into routine practice
- - Director and manager will provide continuous monitoring and evaluation for program effectiveness
- - Train staff and volunteers to identify high-risk individuals for mental health referrals
- - Invest in an EHR system for client privacy and confidentiality

Plan for Dissemination

Collaborate with Local Shelters:

- Partner with local homeless shelters to collaborate on regular mental health screenings and provide training for staff to recognize signs of suicidal ideation..

Community Education and Awareness:

- Conduct workshops in the community to raise awareness about mental health issues and prevent suicide among the homeless population..

Local Level:

- Collaborate with Psychiatric Advanced Practice Nurses (PAPN) and Houston Area Nurse Practitioners (HANP) nursing organizations in Houston, Texas to seek grant funding for mental health and suicide prevention programs for homeless adults receiving services in shelters and non-profit organizations.

National Level:

- Present manuscript at the American Psychiatric Nurses Association (APNA) conference.
 - Advocate for national policies prioritizing mental health services for homeless individuals
 - Push for increased funding for mental health programs
 - Submit my manuscript to ProQuest and peer-reviewed journals

How Your Project Met the AACN DNP Essentials

Essential I: Scientific Underpinnings for Practice

- The DNP student used Evidence-Based Practice (EBP) by incorporating the C-SSRS, a validated tool for assessing suicide risk.
- The practice integrated nursing science and theories from other disciplines and included theoretical knowledge about homelessness and mental health.

Essential II: Organizational and Systems Leadership

- Effective leadership and systems thinking were crucial in implementing the screening program.
- Leadership was essential in addressing challenges and barriers encountered during the project.

Essential III: Clinical Scholarship and Analytical Methods

- The project used analytical methods to evaluate the effectiveness of the intervention.
- Data collection and analysis provided valuable insights and contributed new knowledge.

Essential IV: Information Systems/Technology and Patient Care Technology

- The project highlighted the significance of information systems and technology in healthcare.

How Your Project Met the AACN DNP Essentials Cont'd

Essential V: Health Care Policy for Advocacy

- - The study potentially influenced and advocated for better mental healthcare policies.

• Essential VI: Interprofessional Collaboration

- - Collaboration with various healthcare professionals ensured a comprehensive approach to addressing the needs of homeless individuals.

• Essential VII: Clinical Prevention and Population Health

- - The project focused on clinical prevention by identifying at-risk individuals and providing timely interventions to prevent suicide among the homeless population.

• Essential VIII: Advanced Nursing Practice

- - The DNP student, an Advanced Practice Nurse (APN), was involved in the implementation of screening and highlighted the critical role of APNs in leading quality improvement initiatives and providing high-quality, patient-centered care.

Conclusion

DNP QIP aimed to reduce unreported suicidal thoughts and prevent suicide among homeless adults

The screening program effectively detected three high-risk individuals

The project emphasized the importance of targeted suicide prevention efforts within the homeless population

- Highlighted the critical role of advanced practice nurses in leading quality improvement projects

- Early interventions, such as screening protocols, can effectively prevent self-harm or death

Thank You

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