



APNA POSITION STATEMENT

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 (2010). In particular, the risk of suicide for psychiatric patients in the hospital is high, and suicide risk continues to be elevated immediately following hospitalization. (Knesper et al. 2010). To address this health crisis, national efforts are underway to augment competencies in suicide prevention for the behavioral health workforce. For example, Goal 7 of the 2012 National Action Alliance Care Critical Intervention Task Force encourages training for clinical staff in suicide prevention and related issues (Office of the Surgeon General & National Action Alliance for Suicide Prevention, 2012).

The American Psychiatric Nurses Association is committed to supporting psychiatric-mental health nurses in their vital work and partnering with this national effort 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 development of the [APNA competencies](#) for nurse-assessment and management of inpatient suicide risk in 2014, no standard competencies for nurses who care for patients with mental illness and/or substance use disorders existed.

The American Psychiatric Nurses Association takes the position that these competencies 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.

Discussion

To ensure that nurses are competent to assess and manage the care of people at risk for suicide, and consistent with its position statement of May 2013, 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)

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.

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 existing nationally recognized competencies for assessing and managing suicide risk (SPRC & AAS, 2008). 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.

After piloting the competencies with 99 RN-level nurses representing 20 different inpatient facilities, preliminary data show that nurses' confidence and competence in caring for persons at risk for suicide increased after completing the skills-based education. Findings indicated that nurses had a better understanding of why patients consider suicide and that nurses were able to develop an adequate safety plan with patients at risk for suicide. Nurses reported an enhanced ability to understand, perform, communicate and document the risk assessment.

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 disseminated as a means to increase safety and to provide an excellent example of best practice for the assessment of hospitalized patients who may be at risk for suicide.

APNA encourages healthcare facilities and academic settings to adopt these nursing competencies in order to increase patient and nurse safety, and to enhance nurses' confidence and competence in caring for patients at risk for suicide, ultimately increasing patient outcomes.

The curriculum should be viewed not only as continuing education for nurses but also as a supplement to undergraduate nursing education.

References

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