Suicide is a major public health problem worldwide. Suicide is the 11th cause of death in the United States. 90% of suicides are associated with mental illness or alcohol/substance abuse. Suicide is the 3rd leading cause of death in youth ages 15-24. One person dies from suicide every 17 minutes in the U.S.

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**U.S Suicide Statistics By Gender & Age 2005**

**NIMH Prevalence of Suicide**

**Key Domains of Suicide Prevention**
- Education at all levels for health care professionals
- Structured collaborative chain of care among hospital team
- Education to increase public awareness about treatment for psychiatric illnesses and substance abuse relevant to suicide and the elimination of stigma
- Cultural competency education on various groups identified as most at risk for suicide

**Suicide Assessment and Planning**
- Identify patients at risk for suicide through a formalized assessment and document the level or risk
- Provide empathic communication and understanding of suicidal phenomenology during assessment
- Identify the predisposing risk factors and protecting factors
- Conduct a specific inquiry and determine level of risk
- Determine level of safety intervention
- Establish environmental features that may increase or reduce risk for suicide

**Risk Factors of Suicide**
- Research indicates that the risk of suicidal acts is determined by varying factors, including:
  - Psychopathology (e.g., mood disturbance, schizophrenia, substance abuse)
  - Cognitive factors (e.g., hopelessness)
  - Stressful life events (e.g., interpersonal loss)
  - Current or prior suicidal attempts
  - Chronic medical conditions

**Protective Factors of Suicide**
- Resilience (e.g., capacity to be “stress-resistant”)
- Self-perception (e.g., perceptions of self-reliance)
- Positive attitude
- Interpersonal skills or orientations (e.g., sociability)
- Positive life events

**Mental Health Suicide Prevention Plan**
- JHS Suicide Prevention Policy # 144
- Mental Health Outpatient Policy # 746.2
- Mental Health Suicide Policies
  - Suicide Risk Assessment/Reassessment # 247
  - Suicide Risk Reassessment # 250
- Environmental Safety Plan
- The Joint Commission 2009 NPSGs # 15

**Implications and Conclusions**
- Suicide prevention and management remains a high priority at JHS.
- Increasing knowledge about suicide among professionals, at all levels in various practice settings, is key to effective prevention and promotion of patient safety.
- Targeted staff competency education focused on risk assessment and individualized care for client at risk for suicide is paramount to quality care.
- Establish Failure Mode Cause and Effect Analysis (FMCEA) strategies to improve identification and safety intervention for at-risk clients.

**References**

**Jackson Mental Health Hospital**
**Keeping Our Patients Safe: A Clinician’s Guide to Suicide Prevention**
**Horace Ellis MSN, ARNP & Nicoletta Tessler Psy.D.**