

**king saud university  
college of nursing**

**Psychiatric emergencies**

suicide & excitement

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**Objective:**

**By the end of the conference the student would be able to:**

- ★ Define of suicide.**
- ★ Discuss etiologic factor of suicide.**
- ★ Explain risk factor of suicide.**
- ★ Describe clues & mood of suicide.**
- ★ Discuss nursing care.**

## Outline:

**Introduction suicide**  
**Definition of suicide**  
**Etiologic factors related to suicide**  
**Modes of suicide**  
**Nursing care for psychiatric emergencies.**



## Introduction:

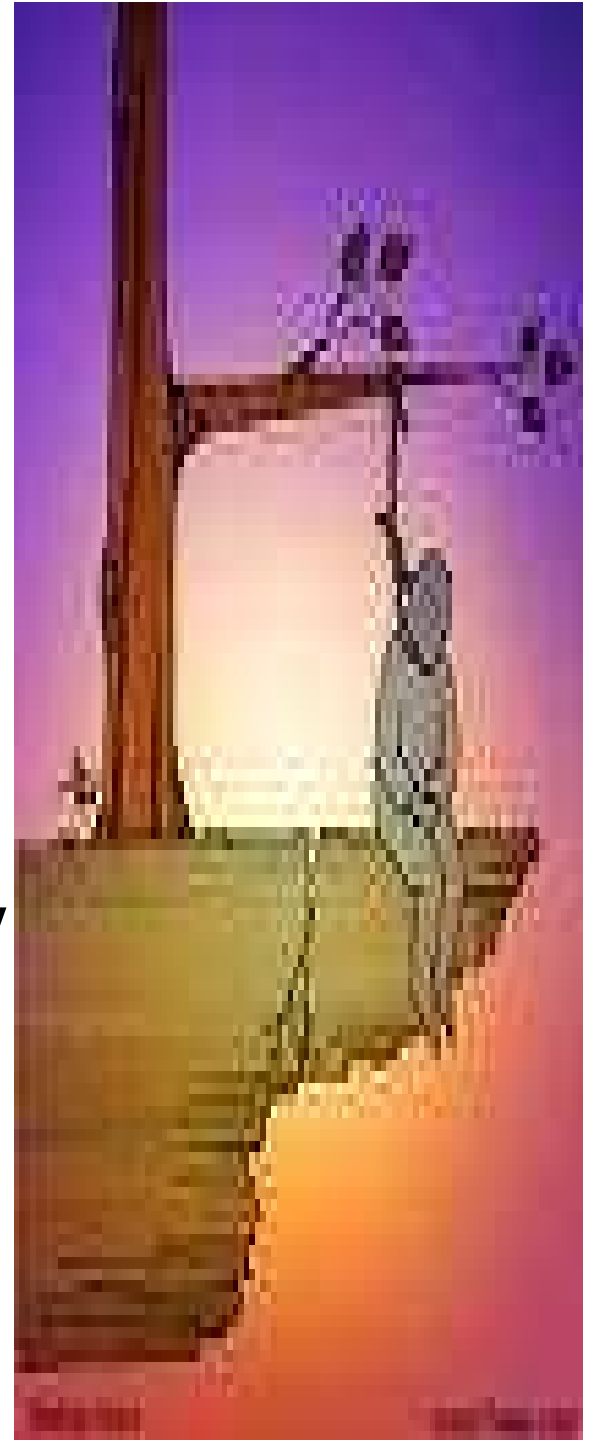
**\*Suicide is not a diagnosis or a disorder , it is a behavior.**

**\*Suicide is becoming a common cause of death among certain groups of people. Among these are depressed & alcoholic patient. The following part will elaborate on this subject.**

# Definition:

**\*The act of taking one's own life.**

**\*The act of intentionally killing oneself**



# Etiologic factors related to suicide:

## Biologic:

***-The neurotransmitters- principally serotonin, dopamine, norepinephrine & GABA-have been linked through extensive research emotional responses.***

***-Serotonin plays a major role in regulating mood & impacts the occurrence of depression & sociality.***



***-Genetic influences: a specific gene has been implicated in the predisposition to suicide.***

***-Other have found that dimensions of depression, such as mood, affect, motivation & cognitive content, are correlated to alterations in specific brain structure***





## Psychologic

- Self-directed aggression.*
- Unresolved interpersonal conflicts.*
- Negativistic thinking patterns.*
- A reduction in positive reinforcement.*

## Sociological:

- Isolation & alienation from social groups.*
- Biopsychosocial influence*



# RISK FACTORS OF SUICIDE:

## **Age:**

*Persons most at risk for suicide are youth ages 15-24 & older adult ages 65 & over the most vulnerable.*

## **Sex**

*-Men by far have a greater incidence of completed suicide .*

*-Women have a higher rate of suicide attempts, but more men succeed.*



## Physical & emotional symptoms:

*High risk indicators are serious depression, serious sleep disturbances, extreme fatigue & loss of energy, self-deprecation, anger, feeling of hopelessness & preoccupation with themes of death & dying.*

## Marital status:

*The suicide rate for single person is twice that of married persons. The single, the divorced & the widowed have rate four to five times greater than those of the married.*



## Socioeconomic status:

*\*Individuals in the very highest & lowest social classes have higher suicide rates than those in the middle classes.*

*\*With regard to occupation, business executives, pharmacists, dentists, lawyers & engineers.*

*\*Rates are lowest among farm workers & artisans.*



## **Medical problems:**

*Persons who suffer painful, debilitating, acute or chronic condition, or terminal illness are of special concern for suicide risk.*

## **Alcohol & other drugs.**

## **Cognition & problem-solving ability:**

*The inability to identify problems & corresponding solutions adequately greatly contributes to the choice of suicide as a solution to problems.*



## CLUES OF SUICIDE:

- Development of depression-withdrawal.
- Sudden changes in behavior e.g. restlessness-agitation or sudden relief of depression.
- Insomnia in the early morning.
- Talking directly or indirectly about suicide.



- Presence of previous suicide attempts.**
- The nurses own feeling (uneasy feeling) about the patient.**
- Sometimes distinct changes in appearance & expression of eyes (a glassy look & vacant stare).**
- Giving away personal articles**



## MODES OF SUICIDE:

- ➡ Jumping from a height.
- ➡ Falling in front of a train or motor car.
- ➡ Poisoning.
- ➡ Starving.
- ➡ Severing of arteries.
- ➡ Firing.
- ➡ Pouring boiling water or other liquids on the body.
- ➡ Hanging.
- ➡ Drowning.





# NURSING INTERVENTIONS

**1) Check client room for potentially items & observe for any secretive behavior**

**2) Provide safe environment (ground floor-free from dangerous articles-scissors-razors-knives-broken glass-matches-lighters). The patients should not be nursed at a single room**



***3)Close, constant observation over 24 hours for; clues of suicide, availability of dangerous articles, locks & keys (medicine cupboards, surgical equipment)***

***4)Time of bathing & toileting.***

***5)Patient appetite & food consumption***



***6)Swallowing of drug dose by dose.***

***7)Gives message of caring & concern***

***8)Promote self-esteem.***

***9)Support & success-oriented activities will increase client sense of self-worth, decrease feeling of alienation.***



***10) Teach cognitive & behavioral techniques to assist using more realistic self evaluation.***

***11) Encourage expression of feeling, especially anger.***

***12) Therapeutic modalities can help client to identify & replace self-defeating thoughts & behavior with an improved, health coping style.***

***13) Encourage parents to actively participate in treatment.***

***14) Encourage parents to directly confront their feeling.***

***15) Role-model effective listening skills & assertive communication***

***16) Demonstrating involvement in treatment will convey a message of caring & parents willingness to make needed changes.***

***17) Provide support & reassurance when mood & behavior fluctuate***

***18) Discuss warning signs of impending decomposition such as (increases irritability, isolation, failure to maintain medication regime & depressed mood).***

***19) Maintaining supportive communication with families enhance clients support resources, decrease family members anxiety & promotes healthy coping.***

**Referance:** KATHERINE M  
fortiash=1996  
Psychiatric mental health nursing

