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# STOP: No-Suicide Contracts

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# STOP: No-Suicide Contracts

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## Purpose Statement

The purpose of this evidence-based project is to reduce the number of suicide attempts by identification of at risk patients in the Adult and Adolescent Mental Health Units (MHUs) through implementation of the APNA Psychiatric-Mental Health Nurse Essential Competencies for Assessment and Management of Individuals at Risk for Suicide as compared to the use of No-Suicide Contracts (NSCs).

## Synthesis of Evidence

- Majority of Literature Grade C
- No empirical evidence that NSCs are efficacious
- NSCs provide no legal protection
- Root causes of inpatient suicide related to environment, improper assessment, and NSCs
- Patients with NSCs 5 times more likely to attempt
- Raised issues of coercion and informed consent
- NSCs utilized as assessments and interventions
- Suicidal patients considered irrational and therefore incompetent to contract

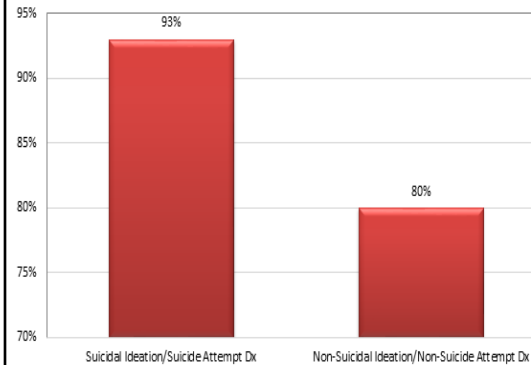
## Team Members

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## Pre/Post Measures

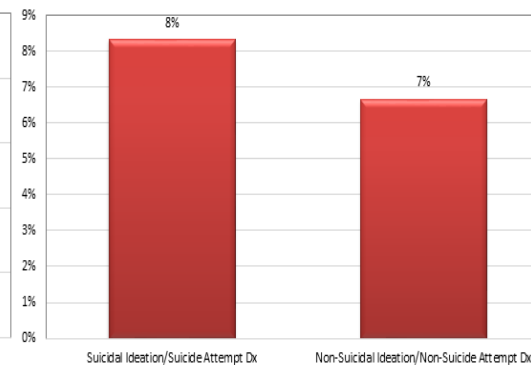
### Pre-Implementation

Patient Records With No-Suicide Contract Verbiage



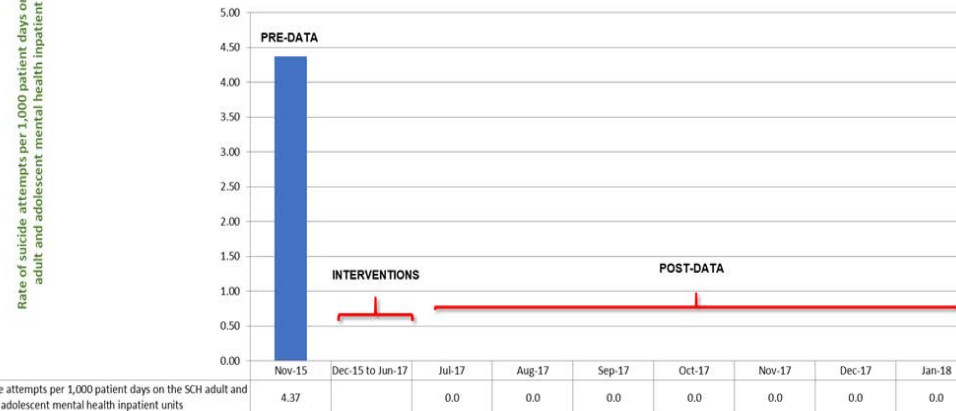
### Post-Implementation

Patient Records With No-Suicide Contract Verbiage



## Suicide Attempt Rates

St. Cloud Hospital, Rate of suicide attempts per 1,000 patient days on the SCH adult and adolescent mental health inpatient units



## EBP Practice Change

- Replace NSCs with Columbia-Suicide Severity Daily/Shift Screen
- Educate and Train Nursing Staff on the use of shift relationships using the Columbia Screen
- Pilot Test on Paper
- Technology Change Request to Remove NSCs Verbiage and Build Daily/Shift Screen Flowsheet
- Production Implementation

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