**A Safety Plan for preventing suicide in a closed acute ward.**

**Introduction**

-The KCAP (Clinical Centre for Acute Psychiatry) is the largest acute closed ward in the Netherlands.

-Patients, in whom suicidal behaviour is recognised by a mental health worker, and at a supposedly high risk for suicide, are commonly admitted to an acute closed ward.

-The estimated risk for suicide is strongly increased during admission. There is a need to identify factors that are associated with suicide among in-patients and it is imperative to guarantee safety for patients as well as for the staff.

-In July 2007 a method was developed to estimate risk and setting for suicidal inpatients. Every patient receives a ‘danger code’. This is precisely described in a safety code manual by de Winter. This is summarised below in Table 1.

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-This code is registered and evaluated during the daily report of the nursing to the medical staff.

-Aim: Description of the safety plan and a preliminary evaluation of the experiences with this method over a period of 6 months.

-Presentation of preliminary clinical and demographic characteristics of these suicidal patients regarding to this safety plan.

-Description of experiences among the staff of the KCAP.

**Material and methods**

-From the beginning of January until the 30th of June 2009, 681 patients were admitted. For 681 (99.5%) patients the safety codes and complete data were available.

-Patients (n = 63, 9.3%) with code 4 and 5 (higher risk) were compared with patients (n = 618, 90.7%) with code 1, 2 and 3 (lower risk).

-At admission patients were assessed for the presence of 5 target symptoms (e.g. depressive mood or suicidal behaviour, see Table 4).

-During admission a DSM-V diagnosis was assigned. Diagnoses were clustered in:

1. Depressive disorders (also bipolar depression).
2. Bipolar disorder manic episode.
3. Psychotic disorders.
4. Disorders related to substance abuse/dependence.

-Many Personality disorders, 6. Otherwise.

-An anonymous questionnaire was sent to ward staff by www.thethesistools.com, 36 responded.

-Data analysis: Mann Whitney U, t tests and χ² tests were used. The Statistical Package for Social Sciences version 17.0 (SPSS 17.0 NC, Chicago) was used for statistical analyses.

**Results**

Since the introduction of the safety plan in July 2007, 4 patients (2 female) committed suicide during admission (3 in the clinic and 1 outside). These suicides took place during the collection of these data. One of these patients had at some time during admission been placed in the higher risk (code 4 and code 5) phases, the other 3 had at some time been placed in phase 3. Ultimately 3 patients committed suicide during phase 3 (n = 3) and 1 during phase 2. See further Tables 2-4.

**Discussion**

-The safety plan is consequently used, is clear for patients and staff, but it does not prevent suicide.

-Unknown patients are probably getting a higher code, because the suicidal behaviour is more often seen as acute than as chronically suicidal.

-There is a need for the development of a structured taxation for the risk of suicide in the acute setting.

-Need for differentiation between chronically and acutely suicidal patients in the safety plan.

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-Limitations:

-There is insufficient registration of decrease or change of codes over time.

-There are as yet different and insufficiently validated definitions for suicidal behaviour.

-The safety plan is theoretically, not empirically, based construct.

-There is a positive selection of results.

-There is a lack of instruments for measuring psychopathology and for taxation of the risk of suicide.

**References**


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