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MANAGEMENT PROCESS OF A SUICIDAL PATIENT: A KNOWN CASE OF SCHIZOPHRENIA.

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Abstract:
The research shows a clear neurophysiologic physiology was not studied in people who have committed suicide. If suicide turns out to be a byproduct of the neurobiological and genetic interaction, it may not differ from other mental health disorders caused by stressful stimuli. Punishing and publicizing physiologically exposed patients is contrary to the compassionate nature of health care. Therefore, in the development of suicide laws, legal stakeholders need to understand the role of mental health in suicidal behavior. Lack of link between mental health service providers and judicial systems, fear of police persecution, and primary health care workers who do not recognize the symptoms of suicide and cannot conduct risk assessments. . Unless this accusation removes the stigma surrounding suicide, Pakistan is unlikely to recognize, organize or assist those in need of professional assistance.

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INTRODUCTION:

There are many events in the daily routine related to the nursing profession, such as services, care, rights, informal approval and patient privacy (tajabadi, Ahmadi et al. 2019).

Suicide is a multidimensional psychiatric diagnosis especially mood disorders which is complex in terms of causation and treatment of people at risk. The World Health Organization estimates that nearly a million people die each year from self-destruction. In psychiatric hospitals when patients commit suicide shuold be given more attention than general population (Huang, Hu et al. 2016).

In psychiatric services 25 to 40 % self immolation victims are in contact with them. 14% was died during care and 3 to 4% in hospitals. Self-murder rates within inpatient psychiatric hospitals depending on the number of deaths per admission case each year may increase over the past 50 years. The reasons for this potential increase are not specified, but some explanations include structural changes in psychiatric hospitals, differences in admissions, and improved patient freedom of service.

It is particularly difficult to accurately predict the risk of suicide in psychiatric settings, because the factors with self slaughter are also associated with mental illness. Relatively few self destruction elements were identified in hospitalized patients and their predictive value is limited (Copas et al. 2015).

Based on clinical practice controls Wolfersdorf examined the psychological risk factors for suicide. Some of them are listed below:

- Depressed mood
- Feeling of despair
- Illusions (such as guilt illusions)
- Delusions of persecution
- Auditory hallucination of suicidal voices
- Agitation and excitement
- Long-term insomnia
- Previous self immolation attempt
- Suicidal thoughts or attempts during hospital stay
- The course of the disease with rapid deterioration
- Fast recurrent disease

Schizophrenic patients are more likely to kill themselves than other mental health problems (Copas et al. 2015).

In the United States 1600 patients have died by hanging themselves in bathrooms, bedrooms and cells. Suicides are the top five cases which are reported to the Joint Commission on Accreditation of Health Organizations since 1995 and 75% of these are occurred in psychiatric hospitals (Joint Commission Sentinel Alert, 2010).

Psychiatric patients are at higher risk than the general population Harris and Barcliffe needs behavioral health care facilities to create safety goals for the patients to prevent self destruction through joint committee 2014. For psychiatric nurses suicide is one of the most difficult situations. Ensuring patient safety is an important psychiatric task. (De Santis, Myrick et al. 2015).

Self immolation is the leading cause of death in collaboration between psychiatrists and other mental health physicians. In descending order, the risk of suicide is highest during major depressive episodes, particularly borderline, and antisocial personality disorders related to schizophrenia, organic psychiatric diseases and dementia. The risk of self murder increases if other mental and physical disorders are associated with a intellectual confusion (Plakun and Tillman 2015).

In United States psychiatric patients commit more self murder than general people. Suicide is sentinel event classified by the Joint Commission and result in harm or death. Self immolation is also known as “never event” which are adverse. The Veterans Affairs department of US has reduced the number suicides in hospitals from 4.2 per 100,000 to 0.74 per 100,000 admissions on mental health units. This quality reduction initiates a wide decrease in occurrence of tragic events. (Williams, Schmaltz et al. 2018).

CASE PRESENTATION:

A 25 years married man with a long history of schizophrenia for 10 year was admitted to the hospital on March 20, 2019 because he was very short tempered over the last 2 days. His appearance was not good; his behavior with his wife was very bad, with elevated mood and non cooperative to hospital staff during examination. His wife said that he has been uncomfortable recent few days and his sleeping and eating patterns are disturbed. According to diagnostic criteria he was in depression due to some family issues. His wife told that he was normal from some years and we spend a very happy life suddenly his brothers demand property and he faced many problems in those days that is why he was in depression and behave aggressively. His wife was also fed up to this condition and leaves the patient alone in hospital. The pt has no family support due to his psychiatric issue that is why he became more and more aggressive and fights with other patients and ward attendant. Inform on duty doctor he shifted the

patient to cell room for his better treatment and advice:

Inj Serenace 5mg + Inj Phenargan 50mg x I/M given in stat Vital signs checked and marked before injection given
B.P 110/70 Pulse 88/m Temp 98F and RR was 18/m

After some time the pt was calm down and slept with these injections. The staff nurse and ward attendant were busy in their routine wok and ignore this pt to think that he was sleeping but they do not know about flight ideas of patients mind. He committed suicide by hang himself using a single bed sheet which was on the mattress, tied in the form of running noose around his neck. The dead body was found hanged to the fan of an isolated room which is called cell in hospital. The young adult was agreed to die that's why he use a bed sheet as noose. The one end of the sheet was tied around the individual, and then the sheet was passed through the fan. Family history suggests that he belong to high class and his wife and other family members leave him alone due to his property. When the shift was over the ward attendant and staff nurse was giving over to next shift and they saw that the patient was hanged himself with bed sheet to fan, they unlocked the room and cut the sheet and lay down the patient on floor, he has no pulse, blood pressure and heart beat. Inform on duty doctor. He came, O2 inhalation done, CPR done and all emergency medicines given but all in vain pt has expired because he attempted suicide successfully due to the negligence of staff and ward boy. Hospital Staff tried their best to inform his family members but failed because the phone number was powered off and they gave wrong home address in record. Inform Nursing Superintendent and Executive Director about the whole incident. They came and used their resource to seek the patient's family but they also failed. Dead body shifted to mortery room till the family came. But family did not came and administration of the hospital burial the patient.

MENAGEMENT PROCESS:

In this case we used communication management process through this minimize the suicidal rates in patients and other people.

Monitor behaviors, mental conditions that may indicate suicide risk:

- Acute depression, anxiety, agitation, delirium and dementia, medical or psychological problems, chronic pain, or other problems that significantly affect the process, including alcohol or drug addiction. Facilitate borrowing, including fatal cancer.
- Examine patients who exhibit these behaviors, mental status characteristics, or suicide risk situation.
- Perform a suicide check in the emergency room.
- Detection of depression in all patients as part of the inpatient admission process.
- Use suicidal screening and assessment tools appropriate to a person's age and characteristics.
- Provide psychological counseling to assess the immediate risk of applicants for medical treatment after suicide attempt.
- Intervening to prevent suicide in those patients with increased risk of suicide:
- Check the patient for contraband that could be used to commit suicide.
- Check for leaks that can be used to commit suicide.
- Provide person centered care that concerns the person at risk for care planning and decision-making.
- Adapting intervention strategies that take account of age or cultural factors.
- Give the patient the opportunity to be visited by a family member or volunteer who can offer peer support and warning staff to any warning signs that may indicate a recent action. Peer support may be provided by a certified peer support specialist or someone with similar experiences with the patient, such as chronic pain, cancer, mental health problems.
- Include the person at risk and their family in the care plan, the plan should include care after discharge.
- Nursing staff and ward attendant should be alert during duty timing.
- Do not provide bad sheets to the patients which are kept in cells room.

RATIONAL:

Noelck, Velazquez et al. 2019 used communication management process to solve this problem, so we use this management to resolve this issue.

LITERATURE RESULTS:

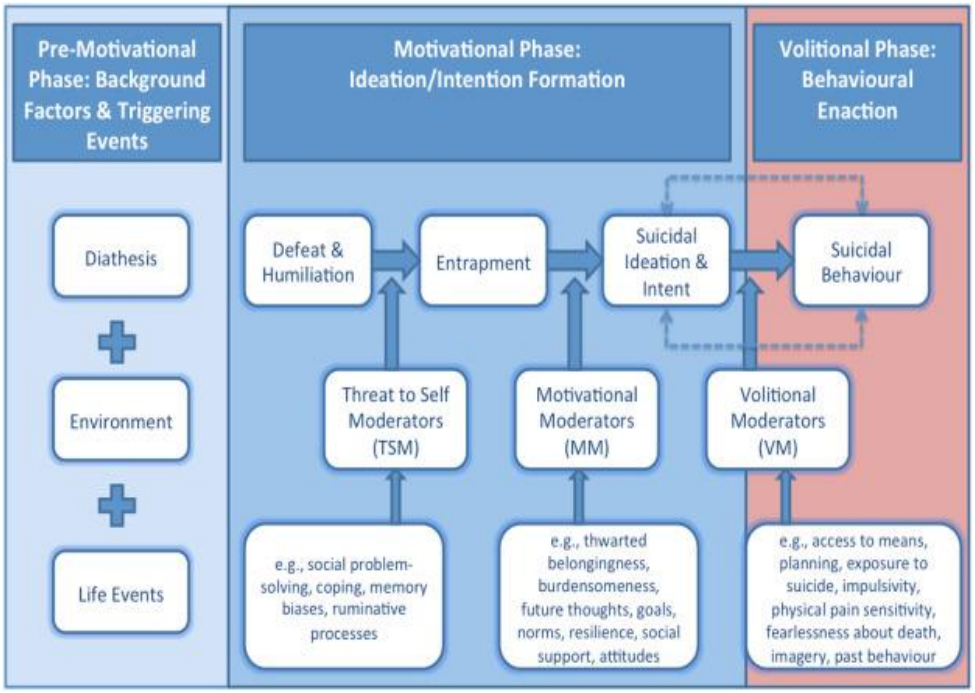
14601 complete suicides were founded from 36 studies. 44.5% was the overall proportion of CS with 98.8% of large heterogeneity, and publication bias. The CS prevalence was associated negatively with verbal communication detection and positively with study methodology. On the basis of other seven case control studies 44.6% CS was associated with odd ratio, and if study on adolescents were removed than through diagnostic accuracy it was characterized (Pompili, Murri et al. 2016)

DISCUSSION:

This case illustrates a number of key elements of some suicide agreements Furthermore, the nature of the relationship of dependence is also emphasized, Common lighting depends on their lives. Common delirium, it was based on the attitudes and experiences of life. Risk factors for suicide should include strategies to reduce these deaths, incidence and prevalence in the population (Sweeney, Owens et al. 2015)

Unusual features of this case include number of members, his young age and good health. He was uncertain personality; He was schizophrenic and depressive patient. Property issues have been playing an important role in suicide attempts. Adults who enter into suicide deals tend to be generally secluded. The family of the decedent's had leaved him alone. Because of his psychiatric issue there were intense clashes with elder family members (Fulginiti and Frey 2019).

He has no moral support of his family they were greedy of his property and leaved for suicidal death. This situations in keeping with the idea specified in many studies that stressor events are experienced before suicide attempts. In the present case the pt was clearly socially isolated and his relations with respective wife, sisters, and brothers were disaffected. Intensive familial conflicts, psychiatric issue, property problem led him to suicide (Leenaars 2017).



PROBLEM SOLVING PROCESS:

We apply problem solving process to resolve the issue:

Define the problem:

Patient committed suicide by hanging himself with fan.

Gather information:

Information was collected from a public psychiatric hospital.

Analyze the information:

Analyze information of psychiatric to other general hospitals information which was different.

Develop solution:

The doctors, staff nurse and ward attendant should be alert on duty timing.

Make a decision:

The bad sheets and other things which help the patient commit suicide should not provide to the patients.

Implement the decision:

For the implementation of a decision first we inform Nursing Superintendent, and Chief

Executive that the patient was alone because his family leaves him in the hospital and also his mental status was not good and had aggressive that is why he was kept in cell.

Evaluate the solution:

The solution which was given by us is carried out properly and gave positive results.

CONCLUSION:

In order to reduce the suicide burden and the stigmatization associated with it, a strong national suicide identity should be called for impersonation. Although Islam condemns those who committed suicide, the Quran does not provide clear legal and social punishment for victims of suicide attempts. Religions can govern morality and develop codes of conduct, but religious principles should be used with caution when used in criminal. The use of religion as a basis for enacting laws is a delicate issue that deserves special attention. The research shows a clear neurophysiologic physiology was not studied in people who have committed suicide. If suicide turns out to be a byproduct of the neurobiological and genetic interaction, it may not differ from other mental health disorders caused by stressful stimuli. Punishing and publicizing physiologically exposed patients is contrary to the compassionate nature of health care. Therefore, in the development of suicide laws, legal stakeholders need to understand the role of mental health in suicidal behavior. Lack of link between mental health service providers and judicial systems, fear of police persecution, and primary health care workers who do not recognize the symptoms of suicide and cannot conduct risk assessments. . Unless this accusation removes the stigma surrounding suicide, Pakistan is unlikely to recognize, organize or assist those in need of professional assistance.

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