CARE TRANSITIONS BEST PRACTICE: INVOLVE THE FAMILY

Research from both the United States and internationally has shown that the **highest risk period** for someone hospitalized for suicide risk is **immediately after discharge**, when it is nearly **300 times higher in the first week** (Chung et al., 2019) and endures for several months (Chung et al., 2017). This critical time of risk can be mitigated by applying a combination of best practice strategies for supporting connectedness and continuity of care (National Action Alliance for Suicide Prevention, 2019).

Best Practice: Involve the Family

Based on scientific research and current clinical practice, the following recommendations are feasible, evidence-based strategies for engaging a patient's family during inpatient care. These strategies can guide healthcare organizations to actively take steps toward achieving higher-quality care during inpatient hospitalization and the care transition period that follows.

Who?

Family is defined by the patient and can include significant others, relatives, spouses, partners, and friends that the patient identifies as important to them (National Action Alliance for Suicide Prevention: Suicide Attempt Survivors Task Force, 2014).

Why?

Connectedness is robust protection against suicide. Building positive and supportive connections with family and significant others in the aftermath of a suicide crisis will strengthen therapeutic interventions and will support long-term recovery (Haselden et al., 2019; Olfson et al., 2000).

Involving the family during care increases the likelihood that the patient will:

- Continue taking medication as prescribed
- Attend outpatient behavioral health care

Involving the family increases the likelihood that the family will:

- Provide *appropriate* support after discharge
- Have more realistic expectations about the patient's aftercare needs
- Seek help for their own feelings, struggles, and support needs
- Improve safety at home (e.g., securing lethal means, recognition of warning signs)

When?

Begin with the end in mind. Upon admission, involve the family identified by the patient.

How?

1. **Set expectations upon admission.** Let the patient know that involving family is a core component of the inpatient care program and will help improve their social support after discharge. Help patients identify who is important to them and their potential sources of support after discharge. Obtain releases of information from the patient to ensure that the family can be involved in their care and learn how they can provide appropriate support after discharge.

2. **Invite families and significant others to participate.** Include family members in multiple ways during the patient's inpatient stay, such as care transitions planning, history taking, treatment planning, family therapy sessions, and multi-family education sessions. Use telephone or video conferencing to include them if in-person participation is not possible.

   What if the patient does not have any supportive family to involve in their care? Engage Peer Support to begin building connections between the patient and positive community supports.

3. **Offer guidance and support to families.** A suicidal crisis affects the network of people who care about the patient. The patient's family and friends may be struggling with many emotions and potentially confusing explanations for why their loved one is in the hospital. As a result, these support people need guidance and education about the suicidal crisis, how to improve safety at home, and how to support the person in crisis *appropriately* after discharge.

When family members better understand what helps (and what doesn't help), potential early warning signs of a crisis, and the type of aftercare services that are needed, they can provide better support and encouragement during the patient's recovery after discharge. Involving the family to strengthen the patient's connectedness and long-term supports can make a huge difference in the patient's recovery. In fact—it can be life-saving.

References

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