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Children of Patients with Acute Poisoning and Suicide Attempt in Somatic Hospitals Focus Group Interview of Nurses

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Abstract

Introduction: Suicide attempt among parents is a considerable health problem. The risk of transmission of suicidal behavior between generations have been documented. Because hospitalization is a golden opportunity to initiate and provide care, more knowledge from health care personnel is needed to identify obstacles in this work.

Aim: To explore and obtain knowledge about the clinical setting and identify factors that might hinder nurses in Acute and Emergency departments (A&E) in providing sufficient follow up measures for children of patients admitted with intoxication and suicide attempt.

Method: A semi structured focus group interview with five nurses in A&E was carried out. The interview was transcribed and analyzed verbatim.

Results: The nurses found it difficult to obtain reliable information about whether the patients had minor children du to missing information, routines and current practice. If the patients had children below the age of 18 years, the nurses did not know whether there were guidelines about what to do, adequate interventions or where to initiate follow up.

Discussion and implications for practice: More knowledge and research in this field is necessary to point out pitfalls and areas of improvement.

Keywords: Acute and Emergency Department; Children as Next of Kin; Nurses; Suicide Attempt

Accessible Summary

- Risk factors into adulthood in children exposed to parental suicidal behavior is well documented, however knowledge from clinical settings is scarce
- This paper add knowledge about nurses' experiences and obstacles in clinical practice in somatic hospital where a considerable number of patients are treated annually
- The implications for practice are that there is a need for increased knowledge, implementation of routines and clarified responsibility for interventions when patients with suicidal behavior have minor children

Introduction

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. Estimates show that for each suicide there are up to ten suicide attempts accounting for 1.4 million suicide attempts annually in USA (https://www.cdc.gov/violenceprevention/suicide/index.html). Felitti and colleagues also demonstrated the serious and long lasting consequences of exposure to adverse childhood events including parental suicide attempt that 4 % of the adolescents reported in an American study [1].

Due to missing registrations, there are no reliable international data, however Norwegian figures showed that 16-19 % of patients hospitalized for intoxication were parents and had children below 18 years. Previous research found that 5 % were single parents, and 1% in maternity leave at the time of suicide attempt [2]. Children and adolescents can cover their parents struggling and thus it might be difficult to disclose for health care personnel or teachers. There is scarce knowledge about children that are exposed to parental suicidal behaviour, but anecdotes e.g. from ambulance workers that have experienced that children call after they have found their parent unconscious at home and blame themselves underline the seriousness of the topic. The prevalence is not well documented, however Cerel and colleges found that one out of three children knew about their parent's suicide attempt, and one out of four had witnessed the episode [3].

Clinical experience has also revealed episodes where children have been left home alone because the hospital staff did not check whether the patients had children at home. Other have told stories about parents that are afraid that the Child Care Protection services are informed about their stay, because they might lose custody. Parents that are afraid that their child will come home from school and find them unconscious on the kitchen floor one more time.

A suicide attempt is in many cases only the visible top of an iceberg of many factors that taken together might hinder a safe environment and conditions for care. A review showed that 80 % of patients hospitalized with self-harm had a psychiatric diagnose, the vast majority depression and anxiety. Co-morbidity and drug abuse are also common [4].

The triggering causes for suicide attempt is often due to negative life events e.g. Divorce, loss of job or economic problems. Previous research has underlined the increased risk of suicidal behaviour among offspring that have experienced parental suicidal attempts [5,6]. In a follow up study with open ended questions, one of the patients pointed out the paradox that to be seriously ill and struggling it was important to be healthy and resourceful. It was difficult to receive sufficient help and often problems with the coordination between the social and health care services [7]. Further it is demonstrated that a considerable part of patients has severe symptoms of depression and hopelessness and are in need of further health care [8]. A hospitalization is a unique opportunity to initiate and ensure sufficient follow up measures for patients and their children. One out of three of patients with suicide attempt in had not previously been hospitalized [9]. In these cases, it is particularly important to identify whether they have children below the age of 18 years. In a systematic review of the literature, a considerable part was epidemiological and children as offspring in suicidal behaviour and transmission between generations had been studied since the 1960s. Per today we have solid knowledge about the associations of suicidal behaviour between parent and offspring (Lunde, et. al 2018). Parental suicidality is a risk factor for poorer academic results, drug misuse and psychological problems in adolescence and adulthood [10]. The causes are complex; however, a burdensome childhood environment might contribute. Researchers have found neglect and abuse among children as next of kin in suicidal behaviour [11,12]. In spite of this knowledge there were only identified a small number of interventional studies that included children in cases where parents had attempted suicide engaged in self harming behaviour or domestic violence. There were no guidelines that described measures and interventions for children, some mentioned children solely as a protective factor for the parent in suicide risk assessment [13]. Nurses play an important role in the identification of children as next of kin and initiation of measures when patients are hospitalized.

Aim

In this study we aimed to explore and obtain knowledge about the clinical setting and identify factors that might hinder nurses in Acute and Emergency (A&E) departments in providing sufficient follow up measures for children of patients admitted with intoxications and suicide attempt.

Method

An explorative focus group interview with five nurses working in an A&E was carried out. It was important to include nurses with both long and shorter experience in order to obtain different perspectives. The clinical experience of the participants ranged from 3-20 years females. The interview lasted for 45 minutes and was transcribed verbatim. A thematic analyse was performed and the transcripts of the interviews were analyzed inductively using established procedures of qualitative analysis [14].

To obtain the meaning in the text after the records were transcribed, the material included notes from the interviews that were read to obtain a first trend of the picture and then separated into the hemes that are presented with illustrating and supporting quotes.

Ethics

The study was approved by the Personal Protection Agency at the hospital where the researcher is employed. Approval from the Ethics Committee was not necessary because patients were not included only health care personnel. Due to confidentiality of participants, the name of the hospital where interview was performed is not listed. All the participants were informed and signed an informed consent. All Information is presented so patients and are unable to be identified. Due to the number of patients hospitalized annually, some of the episodes referred in this paper might resemble similar situations.

Results

"…How on earth are they able to take care of their children, when they don't even can take care of themselves...?"

Nurse

Lack of information, missing guidelines, uncertainty of measures and disagreement with physicians about responsibility

The main findings were that it was difficult to obtain reliable information about whether the patients had minor children due to missing documentation, routines and current practice. If the patients had children below the age of 18 years, they did not know whether there were guidelines about what to do, necessary measures or where to apply for help.

In those cases where the nurses found it necessary to report to Child Care services, disagreement with the physicians, missing knowledge about what happened next or fear of reprisals from the parents prevented them in taking actions. It was not clear who was responsible for reporting cases. (This is now removed: One person was appointed as responsible for follow up of children as next of kin in the ward, however the nurses had little knowledge about this work and the tasks he or she did.)

Documentation

The nurses talked about that the documentation was not always updated and with several errors. Sometimes information was "copy-paste" from other journals. They perceived it as unreliable and difficult to find information whether patients were registered with minor children or were single parent with sole care. In many cases the patients were not able to answer because of intoxication and impaired consciousness.

"Sometimes you have to check with higher levels than the nursing documentation to provide exact data, what is actually true and what does the patient actually tell us?

Because of the high workload in the emergency room some of the nurses thought that sometimes it was easier to only copy the standard information and don't investigate further.

They also described that there were missing routines in the ward to find out whether the patients had minor children and that they often forgot to ask.

"We are not so good at asking them you know"

Even though some had knowledge about an electronic form about children as next of kin, they did not always use it. The nurses also wanted a manual that described what to do.

"..I think it is up to a curious doctor or psychiatrist if you want to clarify the whole story there ..so.."

Child Care Services

The nurses described cases where the patients did not want the Child Care Services to be involved and did not want to tell whether they had minor children.

«They dont want the Child Care Services to be involved som they dont tell.. so someone might pretend that they dont have any children, it is actually room for that to happen...»

In cases where it was known that the patients had minor children at home, it was unclear what to do and which personnel that was responsible for actions. There seemed to be an agreement that this area had a potential for improvement, but that the knowledge among colleagues was insufficient.

Unfortunate episodes and challenges

Some of the nurses were worried for reprisals from the parents if they reported to the Child Care Services. Some of the reason was a previous episode with another colleague that had been threatened in the aftermath. One time the doctors also had corrected one of the nurses and told them that it was not their responsibility to intervene. Sometimes there was a disagreement with the doctors whether there was a need to report.

> *«One time we had a patient with intoxication and domestic violence that wanted help form Child Care Services, but changed her mind, but then they came anyway"*

Episodes like this were referred several times during the interview and was interpreted as a lack of knowledge about what the Child Care Services actually are doing.

"You get the feeling through media and all that .. you get the feeling that the Child Care Services are like a bad ugly thing that are coming and take the kids like totally unrightful kind of.."

One of the nurses speculated that maybe the reason why people in general were insecure about whether this was a good thing for children and parents, was that due to the duty of confidentiality it was not possible to see both sides of the stories that were told in the media.

«..And you know, there are few people that say positive things.."
"But the few that comes out in media and say: Without the Childe Care Servises I wouldn't have survived"

The nurses were wondering in which cases they were supposed to report a concern. What if it wasn't that serious and they just picked up the children in kindergarten anyway?

"What can we do? What do they expect us to do? How can we secure the cooperation between the doctors and the Child Care Services?

At the hospital there were employed a person at each ward that were responsible for the work with children as next of kin. The nurses were not familiar with this work and said that it wasn't sufficiently organized and that they probably should receive more supervision and guidance.

Discussion

The main findings in this study was that it was difficult to obtain reliable information about whether the patients actually had minor children. This was mainly caused by the documentation system and current practice at the ward.

In cases where patients had children below 18 years, there were no routines or guidelines about what kind of measures and interventions that was necessary to organize in follow up.

In cases where the nurses found it necessary to report to the Child Care Services, disagreement with the doctor, lack of knowledge about what would actually happen and fear for parents' reprisals prevent them from acting. There was confusion about the responsibility for reporting concerns. A person responsible for children as next of kin were appointed at the ward, however this was not organized, and the nurses were not familiar with this work.

In this study we have pointed out some challenges in the clinical setting, however it is not possible to generalize the results to other countries. Future research should therefore aim to further investigate these obstacles. In spite of this being a small study, the scope of the problem is significant also in an international context as it affects a high number of children and without intervention the consequences can be serious.

Misunderstandings and confusion about whether the doctors or the nurses should take actions and initiate measures can hinder sufficient treatment and follow up of both patients and their next of kin.

Furthermore, to ensure that nurses and health care personnel have knowledge about cross sectorial cooperation and particularly in this case the work of the Childcare services is crucial to ensure adequate care for children of parents admitted to hospital.

In paragraph § 10 a in the Norwegian legislation explicit says that "Healthcare professionals shall contribute to address the need for information and necessary follow up that minor children of patients with mental illness or injury may have as a result of their parents' condition" (https://lovdata.no/dokument/NL/lov/1999-07-02-64).

In this study the nurses were not familiar with this law and their commitments and thus the underline the increased need for knowledge.

The findings in the current study contribute to map out areas where there is a need for further systematic knowledge from the clinical setting. Further research should investigate the experiences from other health care professionals. Furthermore, increased knowledge about how patients experience their hospital stay and their need for follow up and treatment in a family perspective is important.

Conclusion

Despite the legislation about children as next of kin, knowledge among nurses in clinical practice is not yet sufficiently implemented. This might hinder adequate measures and follow up of children when a parent is hospitalized with intoxication and suicide attempt.

Experience of adversity in childhood is associated with several risk factors and further research from clinical settings where identification of- and interventions are possible to carry out is crucial to develop adequate care.

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