

### Background

**5x** more likely for **suicide** to occur in psychiatric units compared to the general population.<sup>1</sup>  
How can we prevent suicide in Ontario's psychiatric units by looking at existing solutions internationally?

### PRISMA Flow Chart

Studies identified through database search (n= 748)	
Studies after duplicates removed (n= 558)	
Phase 1 screening – abstract & title (n= 558)	Phase 1 Excluded (n= 421)
Phase 2 screening – full text review (n= 137)	Phase 2 Excluded (n= 69)
Studies included for data extraction (n= 68)	

### Study Design

Systematically characterize the **scope** and **nature** of successful interventions using scoping review methodology.<sup>2</sup> Synthesizes global findings to produce evidence-based recommendations for local psychiatric units.

### Database Search

1) Systematically searched three databases: PsychINFO, CINHAL, MEDLINE.  
2) String search strategy, combining keywords like suicide, self harm, psychiatric units, safety, and dignity and synonyms.  
3) n<sub>studies</sub> = 748

### Research Question

How can patient **safety** and **dignity** be taken into consideration to reduce the risk of self-harm and suicide in psychiatric hospitals?  
Safety and dignity when **designing living spaces** and **providing care** to psychiatric inpatients, and **examining ethical considerations**

### Inclusion Criteria

**Environment** AND/OR **Clinical Care**

**Safety** + **Dignity**      **Safety** + **Dignity**

**Built Environment** includes exposures or interventions like redesigning the room, open vs closed door policy, identifying suicide risks of the room, therapeutic features of the room, etc

**Clinical care** includes therapies, peer to peer support, patient observation, risk assessment tools, patient surveillance, crisis intervention, isolation, medical decisions, etc

**INCLUSION FOR ANALYSIS**

### Results

Geography	Percentage
Africa	0%
Asia	3%
Oceania	15%
Europe	59%
Middle East	3%
North America	16%

Intervention	Description	Frequency
Physical	room features; interior redesign	13
Built Environment	open vs enclosed space; video surveillance	50
Therapeutic	therapies; safeguards model; brief admission	4

Topic	Frequency
Environment	13
Clinical Care	50
Ethical	5
Other	4

### Preliminary Themes

- Tradeoffs**  
Sometimes, patient dignity is partially compromised to ensure their safety.
- Effective Interventions**  
Ones with the best patient outcomes are those that are ethical, dignified, and protect patients from harm
- Involvement of patients in research**  
Only 13% of studies engaged patients in co-design of study to reflect patient needs
- Deinstitutionalization**  
Moral and emotional safety as well as dignity is promoted when patients are engaged as partners in patient-centered decision making

### Preliminary Findings & Recommendations

- Safety usually comes paramount in most suicide and self harm cases, even though dignity is temporarily compromised. Example: door replacement on high risk units that come with less privacy.
- Interventions like 1) talk therapy 2) active listening to patient needs 3) replacement of ligature risks like hooks with safer alternatives, and 4) choice in treatment are ethical, dignified, and safe interventions.
- Studies lack patient engagement in the design. This is problematic as the survey/interview may not capture the issues patients care about. This is more common among quantitative rather than qualitative studies.
- Treating patients as partners in treatment and in an overall humane way, altering the environment to reflect home rather than institution, and upholding dignity is essential for creating recovery-oriented spaces.

### Analytic Approach

**Quantitatively** summarize key features of articles using descriptive statistics

**Qualitatively** sort and identify common themes across studies

### Population-Level Impact

We expect to highlight factors on balancing safety and dignity while fostering recovery-oriented care in psychiatric settings. Our results will guide decision making and quality improvement initiatives in psychiatric facilities related to newly designed psychiatric units in Ontario.

### References

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