

Episode: *Author Interview: “How Should Suicide Prevention and Healing Be Expressed as Goals of Inpatient Psychiatric Unit Design?”*

Guest: Jennifer T. McIntosh, PhD, RN, CNE, PMH-BC, NEA-BC

Host: Tim Hoff

Transcript: Cheryl Green

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[bright theme music]

[00:00:04] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Jennifer McIntosh, a lecturer at the Yale School of Nursing in Orange, Connecticut. She’s here to discuss her article, coauthored with Dr Mona Shattell, “*How Should Suicide Prevention and Healing Be Expressed as Goals of Inpatient Psychiatric Unit Design?*,” in the March 2024 issue of the Journal, [Psychiatric Inpatient Environmental Architecture](#). Dr McIntosh, thank you so much for being on the podcast. [music fades]

DR JENNIFER MCINTOSH: Thank you for having me.

[00:00:46] HOFF: So, what’s the main ethics point that you and Dr Shattell are making in this article?

MCINTOSH: Yeah. So, Dr Shattell and I, in writing this article, wanted to make a point of balancing safety with autonomy of people who are admitted to inpatient psychiatric units and really stress that in the attempt of reducing harm that we should be very careful not to cause harm, psychological harm, to patients who are admitted, particularly with restrictive practices.

[00:01:20] HOFF: And so, what do you see as the most important thing specifically for health professions students and trainees to take from your article?

MCINTOSH: Well, suicide prevention is very complex, and there should not be a one-size-fits-all approach in the inpatient setting, but rather using an individualized, person-centered approach that really is centered around building trust, communication, getting to know the person as an individual, knowing their risk factors, as well as their protective factors. And the interventions should really be tailored per individual and not as a one-size-fits-all for the entire unit, because by doing so, it can lead to inadvertent harm to patients who are admitted for healing into the inpatient psychiatric setting.

[00:02:11] HOFF: And finally, if you could add a point to your article that you didn’t have the time or the space to fully explore, what would that be?

MCINTOSH: Really around suicide prevention, again in the inpatient unit, but also around visiting practices, which are very strict with respect to scheduling. I recently did a review just through hospital websites regarding their hospital visitation policies, and most of the settings allowed either one to two hours per day or sometimes only twice a week for patients who were admitted into an inpatient psychiatric setting. So again, very strict practices, but how are these truly helping people by having such restrictive visitation policies where people already admitted

into a setting looking for help and for healing? You know, again, very restrictive setting. But if they're not allowed to visit with loved ones, right, and people who matter most to them and having visitation that is more generous, similar to inpatient medical settings, what are we really doing for caring? [theme music returns]

[00:03:22] HOFF: Dr McIntosh, thank you so much for your time today on the podcast, and thanks to you and your co-author for your contribution to the Journal of this month.

MCINTOSH: My pleasure. Thank you.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, [journalofethics.org](http://journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.