

## TITLE

**SUICIDE RISK SCREENING, ASSESSMENT AND MANAGEMENT****SCOPE**

Provincial: Addiction &amp; Mental Health Inpatient Units

## DOCUMENT#

AMH-02

## APPROVAL LEVEL

Vice-President

## SPONSOR

Addiction &amp; Mental Health

## INITIAL EFFECTIVE DATE

November 23, 2011

## CATEGORY

Patient Safety

## REVISION EFFECTIVE DATE

April 1, 2016

**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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If you have any questions or comments regarding the information in this policy, please contact the Policy & Forms Department at [policy@albertahealthservices.ca](mailto:policy@albertahealthservices.ca). The Policy & Forms website is the official source of current approved policies, procedures, directives, and practice support documents.

**PURPOSE**

- To facilitate patient, staff, Physician and visitor safety.
- To facilitate the provision of a safe and therapeutic environment for inpatients at risk of suicide through the screening, assessment, ongoing re-assessment and management of the individual inpatient's risk of suicide.

**POLICY STATEMENT**

Treatment for the management of suicide risk is provided as authorized by law and in accordance with the Alberta Health Services *Consent to Treatment/Procedure(s)* Policy and procedures.

Suicide risk is dynamic. Alberta Health Services staff and Physicians shall facilitate the provision of a safe, physical and therapeutic Addiction & Mental Health inpatient environment by undertaking and acting upon patient suicide risk screenings and assessments in accordance with this policy.

**APPLICABILITY**

Compliance with this policy is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary) working in Addiction & Mental Health Inpatient Units.

## POLICY ELEMENTS

### 1. Suicide Risk Screening and Assessment

- 1.1 Addiction & Mental Health *Suicide Risk Screening, Assessment and Safety Planning* Procedure outlines a consistent approach to conducting suicide risk screening and assessment and, as clinically appropriate, collaborating with patients for safety planning.
- 1.2 Addiction & Mental Health assessments shall have a screening component for suicide risk and shall be completed with all patients upon admission to (or first clinical contact with) an Addiction & Mental Health inpatient unit by a **health care professional** authorized to perform a restricted psychosocial intervention.
  - a) Local processes may offer an exception to completing the full Addiction & Mental Health assessment in situations where the patient has been thoroughly assessed within an Alberta Health Services department in the previous 24 hours. In this situation, a review of that assessment shall validate its thoroughness and the provisional plan of treatment.
  - b) Notwithstanding section 1.2 a), the completion of an assessment upon admission is an opportunity to welcome patients, provide information to them, to hear and learn their history, and to begin the therapeutic engagement process.
- 1.3 Initial suicide risk assessments of all patients shall be undertaken based on the results of the suicide risk screening and the clinical judgment of the patient's health care professional.
- 1.4 The frequency of subsequent suicide risk assessments shall be determined by the patient's interdisciplinary team, based on ongoing monitoring and a review of factors that greatly affect the patient's risk for suicidal behaviour, such as, but not limited to:
  - a) mental status;
  - b) changes in stressors and important relationships and/or roles (e.g., death in family);
  - c) changes in the course of the patient's illness and his/her response to treatment; and
  - d) the patient's ability to self-regulate.

- 1.5 Patients assessed as being at a high or moderate risk for suicide (see Appendix A: *Suicide Risk Levels and Possible Indicators*), during any assessment, shall have a **safety plan** in effect.
- a) The following agreements with patients shall not be used:
- (i) "no-suicide contracts";
  - (ii) "no-harm contracts";
  - (iii) "suicide prevention contracts"; and
  - (iv) "contracting for safety contracts".
- 1.6 Documentation shall include, but is not limited to, suicide risk screening, suicide risk assessment and safety plan (if required), patient and/or family teaching regarding safety and risk reduction, and patient and/or family involvement in the treatment plan.
- 1.7 All documentation in the patient's **health record** shall be comprehensive, accurate, legible and timely.

## 2. Inpatient Attempted Suicide

- 2.1 Addiction & Mental Health *Following an Inpatient Attempted Suicide Procedure* outlines the specific actions to be taken following an attempted suicide of an inpatient.
- 2.2 Following an inpatient attempted suicide, the overriding objectives are to facilitate the safety and well-being of the patient, screen other patients for risk and provide support to the patient, other patients, family (as appropriate), staff and Physicians.

## DEFINITIONS

**Health care professional** means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practises within scope and role.

**Health record** means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

**Safety plan** means a plan developed with the patient and is usually summarized as a written plan for the management of increased danger of suicide or non-suicidal self-injury (self-harm), and how to stay safe in and out of hospital. Strategies, choices, moments of control, coping strategies and contact numbers that were discussed during the intervention should be included in the safety-plan.

## REFERENCES

- Appendix A: *Suicide Risk Levels and Possible Indicators*
- Alberta Health Services Governance Documents:
  - *Consent to Treatment/Procedure(s) Policy (#PRR-01)*
  - *Consent to Treatment/Procedure(s) Formal Patients and Persons Subject to Community Treatment Orders under the Mental Health Act Procedure (#PRR-01-04)*
  - *Following an Inpatient Attempted Suicide Procedure (Addiction & Mental Health) (#AMH-02-02)*
  - *Inpatient Observation Levels Procedure (Addiction & Mental Health) (#AMH-01-02)*
  - *Safety Precautions Policy (Addiction & Mental Health) (#AMH-03)*
  - *Suicide Risk Screening, Assessment and Safety Planning Procedure (Addiction & Mental Health) (#AMH-02-01)*
  - *Use of Observation, Privileges and Passes Policy (Addiction & Mental Health) (#AMH-01)*
- Non-Alberta Health Services Documents:
  - *Mental Health Act (Alberta)*

## VERSION HISTORY

Date	Action Taken
November 23, 2011	Initial approval/effective
December 02, 2015	Revision approved
April 1, 2016	Revision effective date
March 16, 2017	Non-substantive change
March 23, 2017	Non-substantive change
December 2018	Scheduled for Review

## APPENDIX A

**Suicide Risk Levels and Possible Indicators**

*Suicide risk is dynamic and may change abruptly. The following examples help promote effective communication by clarifying the terms used to describe the level of risk identified at a specific point in time.*

High/imminent – Examples of findings to support this level are:

- thoughts of death or wanting to die are intense and seem impossible to get rid of;
- command hallucinations are present;
- has imminent plan with date and time;
- clear threats;
- wants to die (doesn't want to live);
- lethal, available method with no chance for intervention;
- no vitality;
- emotional turmoil, agitated, angry, unbearable emotional distress or despair;
- feels rejected, unconnected and without support;
- previous suicide attempts;
- previous acts of harm to self or others;
- history and/or expressed plan of non-suicidal self-injury (self-harm);
- expressed plan of elopement;
- intense conflict with family and social supports;
- socially isolated;
- minimal to no engagement with interdisciplinary team; and
- hopeless, helpless and powerless; sees future as meaningless and empty.

Moderate – Examples of findings to support this level are:

- regularly occurring, intense thoughts of death and/or wanting to die that are often difficult to dispel;
- no time for action identified;
- indirect threats;
- ambivalence about living or dying;
- erratic moods;
- difficulty expressing feelings;
- moderately intense emotional distress;
- one previous attempt, some suicidal behaviour, verbal threats to harm self or others;
- non-suicidal self-injury (self-harm) behaviour;
- history of elopement;
- minimal, fragile support;
- moderate conflict with family and social supports;
- passive engagement in treatment; and
- pessimistic, vague, negative future orientation.

**APPENDIX A – continued**

Low/non-imminent – Examples of findings to support this level are:

- periodically intense thoughts of death or not wanting to live, that last a short while;
- no immediate suicide plan;
- no threats;
- patient does not want to die;
- no available means;
- unrealistic or not thought through;
- sad, cries easily, irritable;
- mild emotional hurt;
- no previous suicide attempt;
- some family and social support available;
- future orientation; and
- actively engages in safety planning.