

TITLE

SUICIDE RISK SCREENING, ASSESSMENT AND SAFETY PLANNINGSCOPE

Provincial: Addiction & Mental Health Inpatient Units

DOCUMENT

AMH-02-01

APPROVAL LEVEL

Vice-President

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Addiction & Mental Health

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Patient Safety

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Policy Level 2: Suicide Risk Screening, Assessment and Management

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.

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

OBJECTIVES

- To facilitate safe and quality care for all Addiction & Mental Health inpatients.
- To screen and, as clinically appropriate, to assess the risk of suicide for every Addiction & Mental Health inpatient.
- To identify and evaluate protective factors of every inpatient.

APPLICABILITY

Compliance with this procedure 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.

PROCEDURE ELEMENTS

- Suicide risk is dynamic. Effective suicide risk assessment provides information on the intensity of suicidal symptoms and the presence of suicidal risk factors in order to inform and assist clinicians with ongoing clinical decision making.

- Suicide risk assessment involves a thorough assessment of mental status and the monitoring of changes in suicidal intent; the presence of a plan; affect; behaviour; cognition; potentiating risk factors, protective factors; warning signs; and, coping potential.

1. Consent

- 1.1 Treatment for the management of suicide risk is provided as authorized by law and in accordance with the Alberta Health Services *Consent to Treatment/Procedures* Policy and its procedures.

2. Suicide Risk Screening and Assessments

- 2.1 Upon admission of a patient, an initial suicide risk screening shall be conducted in the context of an Addiction & Mental Health assessment by a **health care professional** authorized to perform a restricted psychosocial intervention.
- 2.2 For those patients who have been transferred from another Alberta Health Services unit, in circumstances where local processes permit, and a thorough Addiction & Mental Health assessment has been completed in the previous 24 hours, the patient's health care professional shall conduct a review of that assessment in order to confirm findings of the assessment and the provisional plan of treatment. The interdisciplinary team shall use their clinical judgment, subject to the patient's condition, to determine if further patient assessment upon admission is justified.
 - a) Patients without an assessment or with an assessment completed more than 24 hours previously shall require the completion of an Addiction & Mental Health assessment.
- 2.3 Suicide risk screening shall include an inquiry into the patient's:
 - a) history of **non-suicidal self-injury (self-harm)** or suicide attempts;
 - b) wish to be dead;
 - c) current thoughts about killing or harming self; and
 - d) participation in risk-taking behavior with the thought of causing death or self-harm.
- 2.4 When indicated, and based on screening results, a suicide risk assessment shall be completed as soon as reasonably possible, recognizing that the patient may require a few, brief interactions to complete the assessment. The assessment shall include or review:
 - a) relevant demographic data, psychiatric and medical history (including developmental conditions);
 - b) stressors;

- c) signs and symptoms; and
 - d) ideation or motivation or plans for suicide, protective factors, current overall assessment of risk and clinical actions taken.
- 2.5 Collateral sources (e.g., **family**, emergency interdisciplinary team members) shall be utilized, as appropriate, in completing the suicide risk screen and/or assessment.
- Note:** A patient's denial of suicidal ideation does not, by itself, reflect a reasonable assessment of that patient's suicide risk.
- 2.6 In addition to utilizing knowledge, skills and professional judgment, the interdisciplinary team may utilize standardized suicide risk assessment tools to assist them in undertaking comprehensive suicide risk assessments.
- 2.7 The health care professional shall develop a **safety plan** for patients at a high or moderate risk of suicide. (See section 4 of this document.)

3. Ongoing Monitoring of Suicide Risk and Subsequent Suicide Risk Assessments

- 3.1 Based on the principle of therapeutic engagement, health care professionals shall engage with their patients in a manner that is appropriate for the patient's condition in order to conduct ongoing monitoring of the patient for any indications of suicidal behaviour or ideation.
- 3.2 The patient's health care professional, through interacting with the patient, shall monitor him/her for any evidence of:
- a) suicidal behaviour or indication of suicidal ideation; and/or
 - b) substantial change in the patient's condition (e.g., improvement or deterioration).
- 3.3 The frequency of a patient's subsequent suicide risk assessments shall be based on ongoing monitoring and determined by the patient's health care professional with the patient's interdisciplinary team when appropriate. This decision recognizes that changes in stressors, interactions with others, the course of illness and treatment, and the patient's ability to self-regulate, greatly affect the patient's risk for suicidal behaviour.
- 3.4 Subsequent assessments of a patient's suicide risk shall include the determination of, but not be limited to, the following patient-specific factors:
- a) changes in affect, behaviour, cognition, symptoms, signs and stressors;
 - b) risk factors;
 - c) protective factors;

- d) suicidal ideation and plans;
 - e) overall assessment of suicide risk at this time; and
 - f) clinical actions taken.
- 3.5 The patient's Physician shall assess the patient's risk of suicide and complete all related documentation when:
- a) granting passes;
 - b) changing the patient's status, e.g., from voluntary to formal or when cancelling mental health certificates;
 - c) changing observation levels; and
 - d) discharging a patient from an Addiction & Mental Health inpatient unit.
- 3.6 Prior to the patient leaving on a pass and upon his/her return from a pass, screening for suicide risk shall be done by the patient's health care professional in the context of a meaningful exchange with the patient. (See Addiction & Mental Health *Inpatient Privileges and Passes Procedure*.)

4. Safety Planning for Patients at Risk of Suicide

- 4.1 Individualized safety plans shall be developed for all patients assessed as being at a moderate or high/imminent risk for suicide by the patient's health care professional in collaboration with the patient, as clinically appropriate. Initial safety plans shall address, but not be limited to, observation levels, use of hospital attire, and searching the patient and his/her property.
- a) The health care professional may increase the patient's observation level and communicate this to the physician and interdisciplinary team. (See Addiction & Mental Health *Use of Observation, Privileges and Passes Policy* and its procedures.)
 - b) Patients may be required to wear hospital clothing upon admission to the unit. The patient shall be reassessed prior to the return of his/her clothing.
 - c) Staff shall conduct searches of the patient and/or his/her property, or of items being brought onto the inpatient unit, in order to facilitate identification and removal of, as appropriate, items that are potentially **harmful or lethal means** in accordance with the Addiction & Mental Health *Searching Patients and/or Patient Property and Visitors' Belongings Procedure*.
- 4.2 When appropriate, subsequent discussions with the patient shall address safety planning for privileges and passes.

- 4.3 Patients shall be actively involved in decision-making and treatment choices wherever possible, subject to the patient's clinical condition. The patient's **alternate decision-maker**, (e.g., **guardian, agent, nearest relative**), if any, family members, or others may also be included, as appropriate, and within the parameters of the *Health Information Act* and the Alberta Health Services *Consent to Treatment/Procedures* policy suite.

5. Documentation

- 5.1 Monitoring of patients and all suicide risk screens, assessments and safety plans shall be documented accurately, legibly and in a timely manner. Documentation shall be completed prior to the end of the patient's health care professional's shift or, in the case of physicians, prior to the end of his/her workday, except in rare circumstances such as a sudden and severe illness of the health care professional.
- a) Documentation shall be completed on an approved form (e.g., *Suicide Risk Assessment, Personal Safety Plan*) or in a narrative format. Duplication of documentation is discouraged.
- b) Documentation shall include, but is not limited to:
- (i) changes in affect, behaviour, cognition, symptoms, signs and stressors;
 - (ii) risk factors;
 - (iii) protective factors;
 - (iv) suicidal ideation and plans;
 - (v) overall assessment of suicide risk at that time;
 - (vi) clinical actions taken;
 - (vii) patient teaching regarding safety and risk reduction; and
 - (viii) patient involvement in the treatment plan and safety plan (in circumstances where the patient's clinical condition allows).

DEFINITIONS

Agent means the person(s) named in a Personal Directive who can make decisions on personal matters according to the wishes expressed by the patient.

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, a specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act*

(Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta).

Family(-ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

Guardian means where applicable:

For a minor:

- a) as defined in the *Family Law Act* (Alberta);
- b) per agreement or appointment authorized by legislation (obtain copy of the agreement and verify it qualifies under legislation) (e.g., agreement between the Director of Child and Family Services Authority and foster parent(s) under the *Child, Youth and Family Enhancement Act* (Alberta); or agreement between parents under the *Family Law Act*; or as set out in *Child, Youth and Family Enhancement Act* regarding guardians of the child to be adopted once the designated form is signed);
- c) as appointed under a will (obtain a copy of the will; also obtain grant of probate, if possible);
- d) as appointed in accordance with a Personal Directive (obtain copy of Personal Directive);
- e) as appointed by court order (obtain copy of court order; e.g., order pursuant to *Child, Youth and Family Enhancement Act*); and
- f) a divorced parent who has custody of the minor.

For an adult: An individual appointed by the court to make decisions on behalf of the adult patient, when the adult patient lacks capacity.

Harmful or lethal means means items and/or substances that have the potential to cause serious harm or death, either accidentally or deliberately. Identification of harmful or lethal means should consider multiple modes of use, including but not limited to asphyxiation, ingestion and laceration/puncture.

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.

Nearest relative means, in the *Mental Health Act* (Alberta) and in this document, with respect to a formal patient, or a person who is subject to a Community Treatment Order:

- a) the adult person first listed in the following list, relatives of the whole blood being preferred to relatives of the same description of the half-blood, and the elder or eldest of two or more relatives being preferred, regardless of gender:
 - spouse or adult interdependent partner;
 - son or daughter;
 - father or mother;
 - brother or sister;
 - grandfather or grandmother;

- grandson or granddaughter;
- uncle or aunt;
- nephew or niece;

OR

- b) any adult person the Alberta Health Services Governing Body designates in writing to act as nearest relative if there is no nearest relative within any description as above, or if, in the opinion of the Alberta Health Services Governing Body, the nearest relative would not act or is not acting in the best interest of the formal patient or the person subject to a Community Treatment Order.

Non-suicidal self-injury (self-harm) means the direct, deliberate destruction of one's own body tissue in the absence of suicidal intent. (Nock & Favazza, 2009)

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

- 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)*
 - *Inpatient Privileges and Passes Procedure (Addiction & Mental Health) (#AMH-01-TBD)*
 - *Safety Precautions Policy (Addiction & Mental Health) (#AMH-03)*
 - *Searching Patients and/or Patients' Property and Visitors' Belongings Procedure (Addiction & Mental Health) (#AMH-03-02)*
 - *Suicide Risk Screening, Assessment and Management Policy (Addiction & Mental Health) (#AMH-02)*
 - *Use of Observation, Privileges and Passes Policy (Addiction & Mental Health) (#AMH-01)*
- Alberta Health Services Forms:
 - *Suicide Risk Assessment (#18519)*
 - *Personal Safety Plan (#19367)*
- Non-Alberta Health Services Documents:
 - *Mental Health Act (Alberta)*
 - *Health Information Act (Alberta)*

VERSION HISTORY

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March 16, 2017	Non-substantive change
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