



TITLE

**SUICIDE RISK MANAGEMENT**

SCOPE

Provincial Addiction & Mental Health: Ambulatory Services, Residential Addiction Treatment and Detoxification Settings, Protection of Children Abusing Drugs (PChAD) Program

DOCUMENT #

AMH-11

APPROVAL AUTHORITY

Vice President, Provincial Clinical Excellence

INITIAL EFFECTIVE DATE

October 30, 2020

SPONSOR

Executive Director, Provincial Addiction & Mental Health

REVISION EFFECTIVE DATE

Not applicable

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

October 30, 2023

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**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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## OBJECTIVES

- To promote the health and safety of **patients** of all ages at risk of suicide in Addiction & Mental Health (AMH) **ambulatory services**, residential addiction treatment and detoxification settings, and the Protection of Children Abusing Drugs (PChAD) program.
- To work in collaboration with patients receiving AMH services in the applicable settings, and their **alternate decision-makers** and/or **families**, to improve the patients' ability to manage their suicide risk.
- To promote a health care culture that is patient-centred, **recovery-oriented**, and supports ongoing learning and continuous quality improvement practices, particularly as it pertains to the provision of services to patients at risk of suicide.

## PRINCIPLES

Minimizing risk of harm: A significant aspect of quality practice understands that suicide risk is dynamic and strives to balance risk reduction with respect for patient autonomy.

Best practice: All staff shall be supported to offer quality practice via training in suicide risk intervention, appropriate to their role.

Recognizing uncertainty: Screening and assessment of suicide risk are vital clinical processes intended not to predict suicide but to recognize when a patient is at increased risk. Known times of increased risk of suicide include following hospital discharge and during periods of transition between programs.

Patient-centred care: Suicidal ideation can be understood by each patient within their own specific health and social context.

Staff support: **Health care providers** learning from their practice through peer and clinical supervision is an important aspect of quality suicide risk management.

Ongoing learning: Reviews of patient deaths by suicide and attempted suicides are important to identify system issues, inform staff on ways to positively support patients' journeys of recovery, and to prevent suicide and suicidal behaviours.

## APPLICABILITY

Compliance with this document 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).

## ELEMENTS

### 1. Points of Emphasis

- 1.1 Establishing welcoming, hopeful, strength-based, and empowering partnerships with patients and their families is the first step to suicide prevention and suicide risk management.
- 1.2 Staff interactions with patients who are at risk of suicide shall be characterized by kindness, compassion, and empathy.
- 1.3 Staff shall consider the family perspective and involve the family in screening, assessment, and management of suicide risk whenever possible, while respecting patient privacy in accordance with the *Health Information Act* (Alberta).

### 2. Staff Responsibilities

- 2.1 Staff shall, in accordance with their role, observe and respond to patients' behaviours or conversations that may indicate a risk of suicide.
- 2.2 **Suicide risk screening** and assessment is not a restricted activity according to the *Health Professions Act* (Alberta) and is an ongoing responsibility for all AMH health care providers who provide **direct care** according to their training and role, and should be done in a manner that meaningfully engages patients.
- 2.3 Health care providers who are regulated by legislation or governed by AHS practice standards (e.g., Addiction Counsellors) shall manage the care of patients at risk of suicide in accordance with their skill and established competence.

- 2.4 AMH managers/supervisors shall ensure that staff have:
- a) the training consistent with their role in patient observation and suicide risk screening, assessment, and management; and
  - b) the clinical support and direction needed to care for patients at risk for suicide.

### 3. Suicide Risk Screening, Assessment, and Management

- 3.1 Suicide risk screening shall be completed by health care providers, at commencement of service and as required based on clinical judgement. Findings from the suicide risk screening shall determine whether to complete a **suicide risk assessment**.
- 3.2 In addition to utilizing knowledge, skills, and clinical judgment, health care providers may use suicide risk screening and assessment tools appropriate for the population served.
- 3.3 Health care providers shall refer to the Alberta Health Services (AHS) *Suicide Risk Management Procedure* for direction on:
- a) a consistent approach to screening, assessment, and management of suicide risk in all patients;
  - b) factors to consider when describing the level of risk for suicide;
  - c) screening results that may indicate a need to complete a suicide risk assessment; and
  - d) means of enabling patients, families, and health care providers to develop, implement, and revise patients' personal **safety plans**.
- 3.4 Safety plans are an essential part of treatment. "No-suicide contracts" and "No-harm contracts" are not supported by clinical evidence and shall not be used.

### 4. Immediately Following an Attempted Suicide

- 4.1 Health care providers shall use the AHS *Suicide Risk Management Procedure* to guide immediate actions following a patient's attempted suicide.
- 4.2 Managers/supervisors and health care providers are encouraged to critically review attempted suicides to learn and improve practice, which is consistent with the culture of learning and engagement (see the AHS *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events Policy* and AHS *Reporting of Clinical Adverse Events, Close Calls and Hazards Procedure*).
- 4.3 Health care providers are encouraged to report all attempted suicides into the Reporting and Learning System for Patient Safety (RLS).

## 5. Clinical Documentation

- 5.1 Health care providers shall ensure that clinical documentation adheres to the AHS *Clinical Documentation Directive*.

### DEFINITIONS

**Alternate decision-maker** means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), or an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta). This also includes what was previously known as the substitute decision-maker.

**Ambulatory services** means outpatient or community clinical services. Treatment in ambulatory services does not include admission to a hospital, detoxification or residential treatment facility bed, or public education services.

**Direct care** means the provision of therapeutic services to the patient by a health care provider without any intermediary. Direct care may be offered in face-to-face interactions or over the phone.

**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.

**Health care provider** means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

**Patient** means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

**Recovery-oriented** means encompassing a broad construct that is person-centred and promotes resilience. Clinicians work in partnership with individuals and their families to build on personal strengths and skills to enhance health outcomes and quality of life.

**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 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.

**Suicide risk assessment** means the detailed exploration of risk factors and protective factors which impact the patient's risk of suicide. The purpose of the assessment is to provide direction for intervention and/or treatment.

**Suicide risk screening** means inquiry into a patient's history of and current ideation, plans or behaviour related to suicide. Screening is intended to be non-invasive and to provide direction on whether further assessment is required.

## REFERENCES

- Alberta Health Services Governance Documents:
  - *Clinical Documentation Directive (#1173)*
  - *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events Policy (#PS-95)*
  - *Reporting of Clinical Adverse Events, Close Calls and Hazards Procedure (#PS-95-04)*
  - *Suicide Risk Management Procedure (#AMH-11-01)*
- Alberta Health Services Resources:
  - *Addiction and Mental Health Principles of Care*
- Non-Alberta Health Services Documents:
  - *Health Information Act (Alberta)*
  - *Mental Health Act (Alberta)*

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