Policy

Policy Title:	Suicide Risk Screening, Assessment, Intervention, Monitoring and Management	
Applies To:	Mental Health and Addictions Team Members trained to complete a Suicide Risk Screening and Assessment	
Related Procedure:	Suicide Risk Screening, Assessment, Intervention, Monitoring and Management – Procedure - MA-SR-005.01	
Approved: February 17, 2023	**Effective:** July 11, 2023	**Next Review:** February 17, 2027
Sponsor:	Senior Director, Mental Health and Addictions Senior Medical Director, Mental Health and Addictions	
Approval Authority:	VP Operations, Northern Zone VP Medicine	

Number:	MA-SR-005	**Manual:**	Mental Health and Addictions

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PURPOSE

Nova Scotia Health is committed to promoting Client safety while delivering high-quality health care services. This policy provides direction for Suicide Risk Screening, Assessment, Intervention, Monitoring, and Management to reduce the risk of Suicide within the Mental Health and Addictions Program (MHAP).

Note: Suicide Risk is one of the primary concerns of MHAP Team Members and the completion and documentation of a Suicide Risk Assessment and Intervention (SRAI) is a critical function of clinical practice.

PRINCIPLES AND VALUES

- **People Centred Care**: SRAI is therapeutic and collaborative in intent and is based on active listening, trust, respect, compassion for the Client, and the clinically informed response to the individual's needs and concerns. Nova Scotia Health is working to conduct SRAI with a Trauma Informed approach that is attentive to the cultural and situational context.

- **Respect for Autonomy**: Screening, assessment, and treatment consider the Client's fundamental right to make their own decisions (except where this freedom is limited by legal process) and should be undertaken in the least restrictive and least intrusive manner possible in the circumstances. Protection of Client independence and self-determination are priorities in decision-making.

- **Collaboration and Partnership**: Whenever possible and appropriate, the Client, Family, community, and inter-professional Circle of Care are involved in Assessment, planning of treatment, and the Suicide Risk Management strategy. SRAI is a collaborative process and Assessors are encouraged to consult with their colleagues.

- **Responsiveness**: Suicide Risk Screening and Assessment provide a foundation for being attentive to and promoting Client safety while monitoring Clients for both change and progress. Clinical Assessment is tailored to the developmental stage of the Client and the clinical situation. Assessors assess Suicide Risk to inform Treatment Planning that addresses key risk factors and promotes recovery.

- **Consistency and continuity of care**: The Mental Health and Addictions Program promotes the value and importance of Suicide prevention in routine practice. The process/structure of Suicide Risk Screening, Assessment, and documentation is standardized across the province to ensure health information can be easily accessed to support Client care across settings and locations.

- **Evidence-informed decision making**: All decisions pertaining to SRAI/Management are based upon best available evidence. Nova Scotia Health acknowledges that SRAI is an imperfect process, however it does take all threats, warning signs, and risk factors seriously.

POLICY

Points of Care Requiring Assessment

> **Note**: If an Assessor does not conduct an SRAI in the below situations, the rationale must be documented in a progress note.

1. Assessors must routinely assess Clients for risk of Suicide. They must complete an SRAI at the following points of care:
   1.1. Entry into Care
   1.2. Service Transfer from another department/program
      - There is no need for SRAI if one has been conducted in the past 24 hours and the Client's condition is assessed as unchanged.

   1.3. Discharge from Care
      - There is no need for SRAI if most recent SRAI Risk level is low and current Suicide Risk Screening indicates no change in condition (i.e., Client is Screened as low risk).

   1.4. When otherwise clinically indicated (such as, but not limited to; change in presentation, change in functioning, change in life circumstances, as outlined by the Client's personal Monitoring Plan, etc.)
2. All Managers/Operations Managers must ensure all Team Members are aware of their respective roles and responsibilities in Screening, Assessing, Management and Monitoring, communicating, documenting, and accessing SRAI information.

Screening and Assessment

1. Any Team Members who may come into contact with Clients are responsible to report any changes in demeanor or behavior to a member of the Client's Circle of Care immediately.
2. All Team Members working in a direct care role (Screeners) are responsible for identifying Suicide Risk using the Screening and Awareness Guidance when indicated.
   2.1. Screening must occur when a Team Member notices or hears something that raises concern or indicates a change in presentation or risk.
   2.2. Any Screener who may be concerned about a Client potentially at risk of Suicide:
      2.2.1. Must prioritize Client safety.
      2.2.2. Must communicate and document the risk of Suicide as outlined in the MA-SR-005.01 SRAI, Monitoring and Management for Mental Health and Addictions procedure.

   > **Note:** Screening involves asking questions about Suicidal thoughts/wishes, Suicidal plans, and/or Suicide intent.

3. All Screeners must complete a training session on the SRAI policy and Suicide Risk Screening and Awareness.

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4. An SRAI (using the SRAI Tool) must be completed by any of the following Assessors, when Screening reveals a Client is potentially at risk of Suicide and at points of care when Assessment is required or indicated:

    - Registered Nurses
    - Physicians, including Psychiatrists
    - Psychiatry Residents
    - Social Workers
    - Psychologists
    - Occupational Therapists
    - Clinical Therapists
    - Any other Assessor who is responsible for the independent practice of MHA assessment, Treatment Planning, and Discharge from Care in outpatient/community based Mental Health and Addictions

5. All Assessors completing the SRAI must complete a training session on the SRAI policy, Suicide Risk Screening, Assessment, and Intervention.

6. Whenever possible, the Assessor with the most knowledge of the Client at that time should complete the Screening and/or Assessment.

7. Routine clinical care includes ongoing Screening and Assessment of Suicide Risk, and appropriate communication and documentation as required.

8. The SRAI Tool is part of the health record.

    8.1. All Assessors must document results of the Assessment using the SRAI Tool.

        8.1.1. Alternatively, if it is not possible to complete the SRAI, the reasons for not completing the Assessment must be documented in a progress note.

        8.1.2. If the Client does not attend their appointment, the Assessor must complete a No Visit/Chart Check Registration. When a client does not attend their Priority appointment the clinician should conduct a follow-up as per MHAP procedures.

        Note: MHAP internal procedures can be found on the department's intranet page.

    8.2. Assessors must clearly note on the SRAI Tool the date of any additional notes and where they are located within the health record.

Monitoring and Management

1. Suicide Risk Assessment directs the Assessor's decision making on the appropriate level of intervention for a Client.

2. A specific Monitoring and Management Plan must be created for Clients assessed as Moderate or High Risk for Suicide.

2.1. The SRAI Monitoring and Management Plan must be communicated to all members of the Client's Circle of Care and documented in the health record.

3. Personal health information may only be disclosed without consent if there are Reasonable Grounds to believe that sharing this information could avoid or minimize an imminent and significant danger to any person.

3.1. All Assessors must make Clients aware of this potential disclosure at the beginning of any MHAP contact and on an ongoing basis.

3.2. Disclosure of personal health information may only be made to those who have a role in managing risk.

3.2.1. Disclosure could be to Family, law enforcement, or any others involved in care.

Note: See "Suicide Risk Communication and Disclosure" in the MA-SR-005.01 Suicide Risk Screening, Assessment, Intervention, Monitoring and Management procedure.

Quality

1. Managers must ensure that audits of the SRAI Tool are completed as required.

REFERENCES

Legislative Acts/References

Adult Capacity and Decision-making Act. 2017, c. 4, s. 1.

Personal Health Information Act. 2010, c. 41, s. 1.

Hospitals Act. R.S., c. 208, s. 1.

Involuntary Psychiatric Treatment Act. 2005, c. 42, s. 1.

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RELATED DOCUMENTS

Policies

Patient Safety Incident Management - Policy - NSHA AD-QR-015

Family Presence - Policy and Procedure - NSHA-AD-QR-020

Relevant local policies on access, use, and disclosure of personal health information (use the "all site search" function in the top right corner of the main page to find relevant policies)

Procedures

Suicide Risk Assessment, Intervention, Monitoring, and Management for Mental Health and Addictions – Procedure - NSHA MA-SR-005.01

Patient Safety Incident Management - Procedure - NSHA AD-QR-015.01

Forms

Suicide Risk Assessment and Intervention (SRAI) Tool

Clinical Ethics Consultation

Communications

The connection between physical and mental health: A patient's virtual care story

Guides

Clinicians Guide to Suicide Risk Assessment, Intervention and Management

Suicide Risk Screening and Awareness Guidance

Appendices

Appendix A: Definitions

Appendix B: Suicide Risk Monitoring Level

Appendix C: Resources and Further Information

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Appendix A: Definitions

Assessors	Regulated Health Care Providers who have specific training to complete SRAI including Registered Nurses, Psychiatrists, Psychiatry Residents, Social Workers, Psychologists, Occupational Therapists, Clinical Therapists, and any other Regulated Health Care Providers in Mental Health and Addictions.
Capacity	The ability, with or without support, to: ○ Understand information relevant to making a decision and, ○ Appreciate the reasonably foreseeable consequences of making or not making a decision including, for greater certainty, the reasonably foreseeable consequences of the decision to be made.
Circle of Care	Individuals and activities related to the care and treatment of a Client. Circle of Care includes the Health Care Providers who deliver care and services for the primary therapeutic benefit of the Client and it also includes related activities such as laboratory work and professional or case consultations with other Health Care Providers. Note this may include the Client's Primary Care Provider (i.e., family doctor or Nurse Practitioner).
Client	For the purposes of this policy, all individuals including patients, residents, and members of the public who receive or have requested health care or services from Nova Scotia Health and its Health Care Providers.
Discharge from Care	File closure or discharge from another department/program and/or Nova Scotia Health.
Entry into Care	The first contact with a particular Mental Health and Addictions service and varies depending on the structure of the particular service. Initial assessment could be an emergency department (ED) visit, preadmission assessment, admission to a new service, admission to an inpatient unit, or new Client to a community clinic.
Family	The broad definition of Family is determined by each Client. A person or persons who are related in any way (biologically, legally, emotionally) including immediate relatives and other individuals in the Client's support network. Family includes a Client's extended Family, partners, friends, advocates, guardians, and other individuals. The Client defines the makeup of their Family and has the right to include or exclude Family members in their care and redefine the makeup of their Family over time.
Team Members	Unless specifically limited by a certain policy, refers to all employees, physicians, learners, volunteers, board members, contractors, contract workers, franchise employees, and those with affiliated appointments and other individuals performing activities within Nova Scotia Health.
Reasonable Grounds	Reasonable and probable grounds are more than a suspicion that a person may be of at risk of harm. They are a set of facts and circumstances that would satisfy a reasonably cautious and prudent person.

Screener	Any Team Member in a direct Client care role. This includes any Team Member from the Client's Circle of Care.
Screening for Suicide	Refers to a process used to identify individuals who may be at risk for Suicide. It involves asking questions about Suicidal thoughts, wishes to be dead, plans, or Suicide intent. It is not universal Screening (where every individual is asked about Suicide).
Service Transfer	Takes place between services within the Mental Health and Addictions Program (e.g., Psychiatry Emergency Service to Inpatient Acute Care).
Suicide Risk Assessment	Suicide Risk Assessment refers to the Health Care Provider's evaluation of Suicide probability for a Client that occurs at every point of contact. This Assessment can be applied with various degrees of intensity and can be assisted by the use of certain Assessment tools that can be applied in specific situations. Not every point of contact requires the same degree of risk evaluation, but every point of contact requires a degree of risk evaluation. The degree of evaluation is based on clinical judgment, knowledge of the Client, and knowledge of the Client's circumstances. It can include information obtained directly from the Client or from collateral sources. Suicide Risk Assessment is a clinical competency that is applied by Mental Health and Addictions Health Care Providers throughout the period of care.
Suicide Risk Management	A continuous process and is based on the Assessor's determination of the probability of Suicide as an outcome – both acute and chronic. It involves application of both general and specific interventions. For example, some general interventions include provision of evidence-based treatments to individuals who have a mental illness or collaborative care approaches to the ongoing treatment of individuals with chronic and persistent mental illness. Some specific interventions may include tailored frequent post hospital or emergency room discharge contact, the advice to limit access to lethal means (such as removing guns from the home), or hospitalization (voluntary or involuntary) as the location in which treatment is provided.
Team Member	Unless specifically limited by a certain policy, refers to all employees, physicians, learners, volunteers, board members, contractors, contract workers, franchise employees, and those with affiliated appointments and other individuals performing activities within Nova Scotia Health.
Trauma Informed	Being Trauma Informed includes the recognition of signs and symptoms of trauma in Clients, Families, and Team Members along with responses that integrate knowledge about trauma into policies, procedures, and practices. Trauma Informed in the context of its use in policy means that the overall intention/outcome of the policy is aligned with the theory and principles of Trauma-Informed Care. The principles of Trauma-Informed Care are Safety, Trustworthiness, Choice, Collaboration, and Empowerment. Trauma-Informed Care is a universal, systematic, strengths-based service delivery approach that is rooted in an

	understanding of and responsiveness to the impact of trauma that emphasizes physical, psychological, cultural, and emotional safety for both Team Members and Clients.
Treatment Plan	A tool that assists psychiatrists, Team Members, and the Client to define the Client's mental health and addictions issues, to develop and understand the goals of treatment, and to describe the interventions that will help reach the goals. A Treatment Plan is a written document and is recorded in the health record.

Appendix B: Suicide Risk Monitoring Level

Level	Suicide Risk Monitoring Level	Risk Level
1	When there are no specific risk factors requiring intervention and there are few active concerns about Suicide. In cases of previously established Suicidal gestures or behaviours, low risk implies that there are no new, treatable risk factors to target; the Client is at their 'baseline risk.' The Client may require follow up monitoring of clinical status and Suicide Risk if (but not limited to): ○ Changes in life situation and/or mental status occur that may be reasonably expected to change Suicide Risk. ○ Changes in care pathways or continuity occur (for example transition from a day-hospital to a community clinic setting)	Low
2	When there are some identified risk factors that may impact risk and there is a need for a Suicide plan to address risk factors. Suicide Risk is present but not imminent and, in the opinion of the Health Care Provider, can be managed through current supports and ongoing clinical care. In this circumstance, the Client requires ongoing monitoring of Suicide Risk, and the following shall be implemented: ○ Suicide Risk is formally assessed, and the assessment outcome is appropriately documented.	Moderate

	○ A Suicide Risk Monitoring and Management Plan is developed, documented, communicated, implemented, and reviewed as clinically indicated. ○ A change in Suicide Risk status is documented and appropriately communicated. ○ The Suicide Risk level is documented and appropriately communicated as per policy.	
3	When in the opinion of the Health Care Provider that Suicide Risk is high (imminent). There are multiple risk factors that convey a strong degree of risk and that a high level of intervention or Monitoring is required. Often this suggests that there is a subjective sense of urgency to address the risk factors as quickly as possible. In this case the Client requires increased Monitoring of Suicide Risk, and the following shall be implemented: ○ The high level of Suicide Risk shall be appropriately documented and communicated to all relevant Team Members and as clinically determined within the Client's Circle of Care. ○ A Suicide Risk Assessment, intervention and Monitoring plan shall be documented in the Patient's individual care plan and other locations as deemed appropriate by the Circle of Care. This may require application of constant, close, or other monitoring frameworks as clinically determined. ○ The Suicide Risk Assessment and Monitoring plan shall be appropriately communicated to all relevant care providers and such members of the Patient's Circle of Care as deemed appropriate by the responsible clinician. ○ The responsible clinician shall determine the appropriate level and location of care based on their best clinical judgment. ○ Ongoing formal review of the Patient's Suicide Risk status shall be undertaken as deemed appropriate by the Circle of Care.	High

Appendix C: Resources and Further Information

- Suicide Prevention Resource Center
- Collaborative Assessment and Management of Suicidality
- Zero Suicide
- Columbia Lighthouse Project
- Now Matters Now
- Means Matter

VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	2017-06-30	VP Integrated Health Services – Community Support and Management	N/A
Revised	2023-07-11	Senior Director, Mental Health and Addictions Senior Medical Director, Mental Health and Addictions	Routine review; some structural improvement between the policy and procedure sections were required.