nova scotia health

Procedure

Procedure Title:	Suicide Risk Screening, Assessment, Intervention, Monitoring and Management for Mental Health and Addictions	
Applies To:	Mental Health and Addictions Team Members trained to complete a Suicide Risk Screening and Assessment	
Governing Policy:	MA-SR-005 Suicide Risk Screening, Assessment, Intervention, Monitoring and Management	
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Sponsor:	Senior Director, Mental Health and Addictions Senior Medical Director, Mental Health and Addictions	
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PROCEDURE

Training

1. Nova Scotia Health Mental Health and Addictions Program (MHAP) Leadership is responsible to ensure:
    1.1. Suicide Risk Screening, Assessment, Intervention training is consistent across the program.
    1.2. Suicide Risk Screening, Assessment, Intervention training is provided as part of orientation for new MHAP Team Members.
    1.3. Additional training is provided for Assessors.
    1.4. SRAI Training is not limited to the MA-SR-005 Suicide Risk Screening, Assessment, Intervention, Monitoring and Management for Mental Health and Addictions policy. It also involves:
        1.4.1. Engaging the Client in a trusting, therapeutic conversation.
        1.4.2. Synthesizing all clinical information into a care plan.
        1.4.3. Documenting and communicating the relevant information.
        1.4.4. Building on and complementing existing knowledge and opportunities to learn about Trauma-Informed care, and diversity, equity, and inclusion.
    1.5. Team Members complete refresher training as required.

Note:
- Opportunities for skill development and maintenance occur through presentations, discussions, and other formats in each service area across MHAP.
- The NSHA Clinician's Guide to Suicide Risk Assessment, Intervention and Management is a helpful companion document to expand on knowledge base about Suicide Risk Assessment and Management.

Suicide Risk Screening and Assessment

1. The Suicide Risk Screening and Awareness Tool is used selectively to identify Clients potentially at risk for Suicide and can be used by any trained Screener working in a direct care role with a Client.
    1.1. Screening should include:
        1.1.1. A normalizing statement to start
        1.1.2. Specific age/developmental questions
        1.1.3. Active listening and expressions of compassion and concern for the Client’s safety
    1.2. When Suicide Screening reveals any indication of potential risk of Suicide, the Screener immediately communicates with the appropriate contact (depending on circumstances and the present risk), which may be, but is not limited to, any of the following:
        - ☐ An Assessor trained to conduct an SRAI
        - ☐ The Provincial 24/7 Telephone Crisis Service (1-888-429-8167)

- ☐ The local crisis response team
- ☐ 911 and/or the local Nova Scotia Health Emergency Department

1.3. The Screener who has identified risk of Suicide prioritizes Client safety.

- ☐ For example, the Screener may ask the Client to remain with them while seeking assistance or may ask another Team Member to seek assistance so that the Screener may stay with the Client.

1.4. The Screener who identifies the risk documents the results of the Suicide Screening and the communication in the health record.

2. When assessing for Suicide Risk, Assessors:

2.1. Interview the Client guided by the SRAI Tool (both when concern about Suicide has been raised through Screening, when the Client is at a point of care when assessment is required, or when otherwise indicated as per Policy).

2.2. Conduct an SRAI on Clients with a developmental age of 10 and older using the SRAI Tool, unless otherwise clinically indicated.

2.3. Complete the SRAI by:

2.3.1. Collaborating with the Client, allowing sufficient opportunity for the Client to explain all circumstances including any combination of factors and events over time which may contribute to the risk of suicide and their subjective experience.

2.3.2. Obtaining (or reviewing) a collateral history from other members of the Client's Circle of Care.

2.3.3. Reviewing and considering the individual's risk factors for Suicide. The Assessor:

2.3.3.1. Is respectful of the needs of diverse populations and mindful that risk factors may stem from structural/systematic inequities or previous traumatic experiences

2.3.3.2. Considers protective factors associated with diverse groups

2.3.3.3. Determines the acuity of risk

2.3.4. Documenting the SRAI rationale by synthesizing the known risk and protective factors with the clinical and historical knowledge of the person.

2.3.4.1. The SRAI rationale explains why the risk level has been selected.

2.3.5. Determining the risk level and the level of Monitoring and Management required as per Appendix B as appropriate.

2.3.6. Documenting and appropriately communicating risk level and the Monitoring and Management Plan using the SRAI policy and SRAI Tool.

> **Note**: When the Assessor completes a clinical/progress note in addition to the SRAI, the location and date of this documentation must be noted on the SRAI Tool to facilitate access by others.

Suicide Risk Monitoring and Management

1. The Client's Circle of Care works collaboratively to monitor and manage Suicide Risk.
2. If the Assessment of Suicide Risk is **LOW**, the Circle of Care monitors for changes in Client's life situation, mental status, and/or care pathways that may affect clinical status and Suicide Risk.
3. Assessment of Suicide Risk as **MODERATE** or **HIGH**, the Assessor and/or Circle of Care, in collaboration with the Client/Family whenever possible:

   3.1. Quickly intervenes to address urgent safety needs.

   3.2. Develops and implements a Suicide Risk Monitoring Plan based on the outcomes of the SRAI and on the identified Suicide Risk level.

   3.3. Develops and implements an appropriate Management Plan designed to reduce Suicide Risk and enhance recovery.

   3.4. Initiates the completion of a new, full SRAI tool when indicated (as per the MA-SR-005 Suicide Risk Screening, Assessment, Intervention, Monitoring and Management policy).

   3.5. If chronic risk is at the Client's baseline and is **Moderate** or **High**, there may not be additional interventions needed. Plans should address any new, modifiable risk.

> **Note**: If an Assessor believes that a Client's risk falls between two risk levels (e.g., between Low and Moderate), it is best to choose the higher risk level to ensure effective communication and development of a helpful Monitoring and Management Plan.

Suicide Risk Communication and Disclosure

1. The Assessor completing the SRAI:

   1.1. Communicates the SRAI level and Monitoring and Management Plan to those who need the information to promote and maintain the safety of the Client (may be within or outside of the Circle of Care).

   1.2. Discloses personal health information related to risk without consent only if there are Reasonable Grounds to believe that sharing this information will avoid or minimize an imminent and significant danger to any person(s).

> **Note:** Communication and disclosure are based on the judgment of the Assessor/Circle of Care. If uncertain, contact your immediate supervisor and/or Nova Scotia Health Privacy Office (Privacy Officer). If necessary, only a Director may consult Legal Services.

   1.3. Documents on the SRAI Tool, when Suicide Risk is assessed as **low**, that:

      1.3.1. The subjective assessment of Suicide Risk is low

      1.3.2. There are no specific interventions recommended as risk is felt to be baseline/low

   1.4. Documents and communicates the risk level and the Monitoring and Management Plan when the Suicide Risk is assessed as **moderate** or **high**, to:

1.4.1. The Client or if the Client does not have Capacity, to the Parent/legal guardian, and/or Substitute Decision Maker (SDM)

1.4.2. Members of the Circle of Care/local Crisis/Urgent Care Teams, as appropriate

1.5. Includes the most recent SRAI Tool as part of Discharge from Care from any service and/or Service Transfer process to subsequent Health Care Providers or other relevant HCPs in the community.

SRAI Documentation

1. It is the responsibility of the Assessor to:

1.1. Document the completion of the assessment with the SRAI Tool.

1.2. Identify a Suicide Risk level as **Low**, **Moderate**, or **High**.

1.3. For **Moderate** or **High**-risk levels:

1.3.1. Document treatments and interventions that will be undertaken to address identified risk factors and reduce the risk of harm in a Monitoring and Management Plan.

1.3.2. Document that Suicide Risk level and the Monitoring and Management Plan have been communicated either verbally or in writing to:

- ☐ The Client
- ☐ Parent/legal guardian and/or SDM, as appropriate
- ☐ Members of the Circle of Care, local Crisis/Urgent care teams, and/or law enforcement, as appropriate

1.4. Date and sign the SRAI Tool.

1.5. Document the level of risk before transferring care or Discharging from Care when possible.

1.5.1. In some settings, Clients may be Discharged from Care without notice (e.g., directly from court) and an SRAI may not be completed.

1.6. The SRAI Tool is part of the health record and ensures everything is contained in a consistent location in the health record whenever possible. As per MA-SR-005 Suicide Risk Screening, Assessment, Intervention, Monitoring and Management, if the SRAI cannot be completed, the Assessor documents their reasons for not doing the SRAI in a progress note.

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

NSHA MA-SR-005 Suicide Risk Assessment, Intervention, Monitoring, and Management for Mental Health and Addictions

Communications

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

Forms

Suicide Risk Assessment and Intervention (SRAI) Tool

Clinical Ethics Consultation

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

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Appendix A: Definitions

Capacity	The ability, with or without support, to: o Understand information relevant to making a decision and, o 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 consultation with other Health Care Providers.
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.
Regulated Health Care Provider	Includes, but is not limited to: Registered Nurses, Psychiatrists, Psychiatry Residents, Social Workers, Psychologists, Occupational Therapists, Clinical Therapists, and any other Regulated Health Care Providers in Mental Health and Addictions.
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 HCP'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.
Trauma Informed	Being Trauma Informed includes 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.

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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 Patient/Client is at their 'baseline risk.' The Client may require follow up monitoring of clinical status and Suicide Risk if (but not limited to): o Changes in life situation and/or mental status occur that may be reasonably expected to change Suicide Risk. o 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: o Suicide Risk is formally assessed, and the assessment outcome is appropriately documented. o A Suicide Risk Monitoring and Management Plan is developed, documented, communicated, implemented, and reviewed as clinically indicated. o A change in Suicide Risk status is documented and appropriately communicated. o The Suicide Risk level is documented and appropriately communicated as per policy.	Moderate
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: o 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.	High

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Original	2017-06-30	VP, Integrated Health Services – Community Support and Management	N/A
Revised	2023-04-01	VP Operations, Northern Zone VP Medicine	Routine review; some structural improvement between the policy and procedure sections were required.