

Suicide Risk Assessment: A Resource Guide for Canadian Healthcare Organizations

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Patient Safety in Mental Health



- Brickell et al. (2009). *Patient safety in mental health*.
 - Canadian Patient Safety Institute and Ontario Hospital Association
- Identifies and describes key safety issues in mental healthcare
 - Violence and Aggression
 - Patient Victimization
 - Suicide and Self-Harm
 - Seclusion and Restraint
 - Falls and Other Patient Accidents
 - Absconding and Missing Patients
 - Adverse Medication Events
 - Adverse Diagnostic Events
- Gap in translation of suicide risk research into practice



Background



-
- Hundreds of articles about risk assessment
 - Extensive best practice in prevention literature
 - Common root cause of inpatient death by suicide:



Background



- Hundreds of articles about risk assessment
- Extensive best practice in prevention literature
- Common root cause of inpatient death by suicide:

Poor risk assessment and communication

Mills et al. (2006) Actions and Implementation Strategies to Reduce Suicidal Events in the VHA. The JC J on Quality and Patient Safety,3: 130 - 141.



Accreditation Canada's Required Organizational Practice



- Each client is assessed for risk of suicide at regular intervals, or as needs change.
- Clients at risk of suicide are identified.
- Client's immediate safety needs are addressed.
- Treatment and monitoring strategies to ensure client safety are implemented.
- Treatment and monitoring strategies are documented in the client's health record.



Initial Goals for Guide



- Identify suicide risk assessment tools, resources, policies and guidelines
- Evaluate tools for application in healthcare contexts
- Identify indicators collected or measured related to suicide risk assessment
- Develop inventory of tools to assist selection, utilization, modification and/or implementation



Methodology



- Environmental Scan/Literature Review
 - Peer-reviewed literature
 - Grey literature
- Key informant interviews
 - 21 Pan-Canadian and International with expertise in suicide risk assessment
 - Multidisciplinary
- Pan-Canadian Advisory Group on Patient Safety
 - Content development and advisory
 - 14 multidisciplinary members



Preliminary Literature Findings



- Identified 15 tools
 - Long self-report to brief interview
 - Global screening to symptom specific
 - Complex scoring to simple check-list
- Diverse evidence supporting use
 - Clinical recommendation to predictive validity
- No single tool emerged as a gold-standard



Expert Interviews



- Against the use of tools to assign risk
 - Lack of evidence on predictive validity
 - Complexity in scoring
- Tools as auxiliary information sources
 - Corroboration with clinical interview
 - Inform immediate circumstances of persons
 - Research



What is Suicide Risk Assessment?



“The goal of a suicide assessment is not to predict suicide, but rather to...appreciate the basis for suicidality, and to allow for a more informed intervention”

Jacobs, D., Brewer, M., & Klein-Benheim, M. (1999). Suicide assessment: An overview and recommended protocol. In D. Jacobs (Ed.), *Harvard Medical School guide to suicide assessment and intervention* (pp. 3-39). San Francisco: Jossey-Bass



Components of the Resource Guide



1. Principles, processes, and considerations
2. Inventory of suicide risk assessment tools
3. A framework for suicide risk assessment
4. Recommendations for quality monitoring

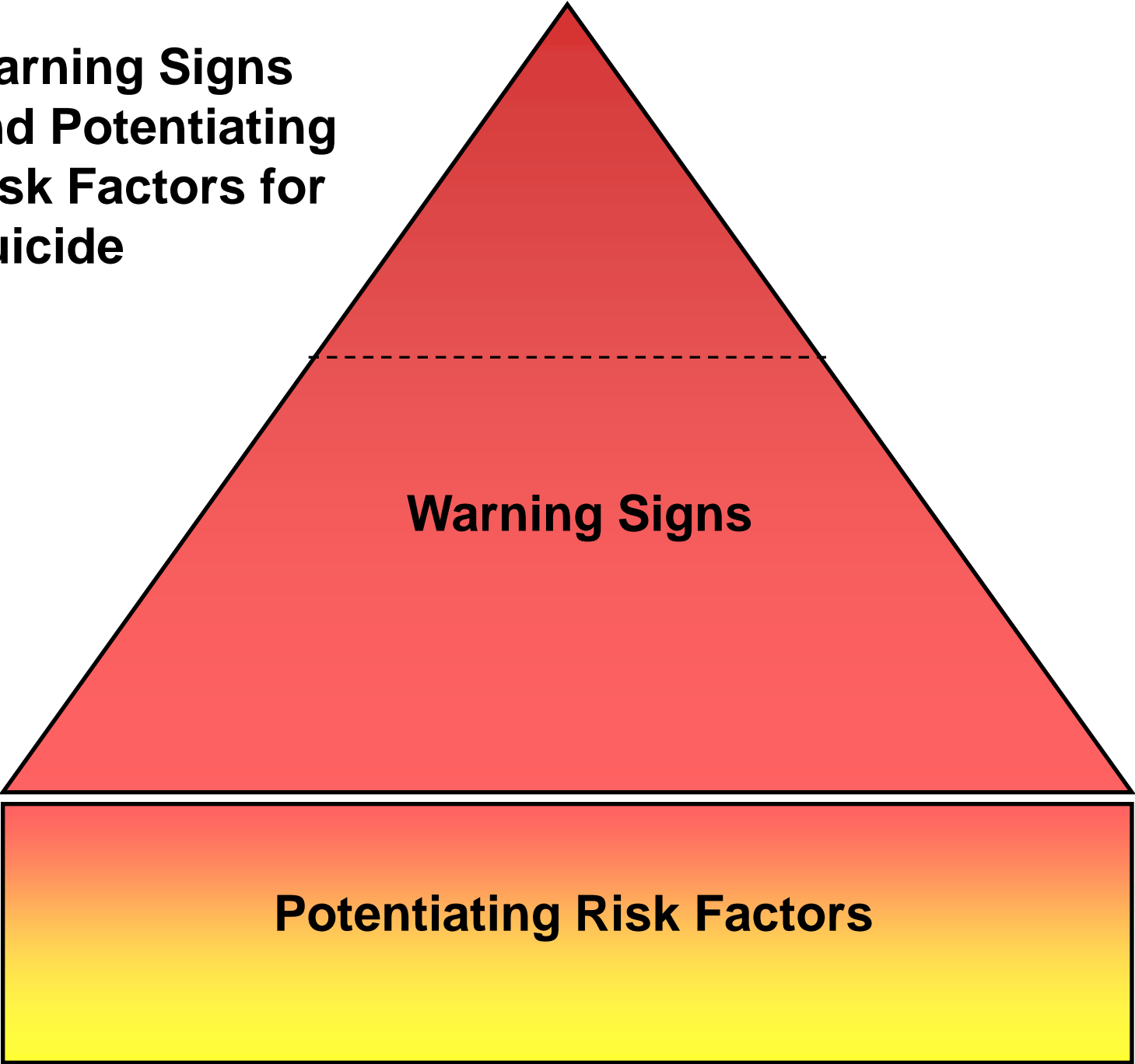


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Principles, Processes, & Considerations

**Warning Signs
and Potentiating
Risk Factors for
Suicide**



Warning Signs

Potentiating Risk Factors

Warning Signs and Potentiating Risk Factors for Suicide

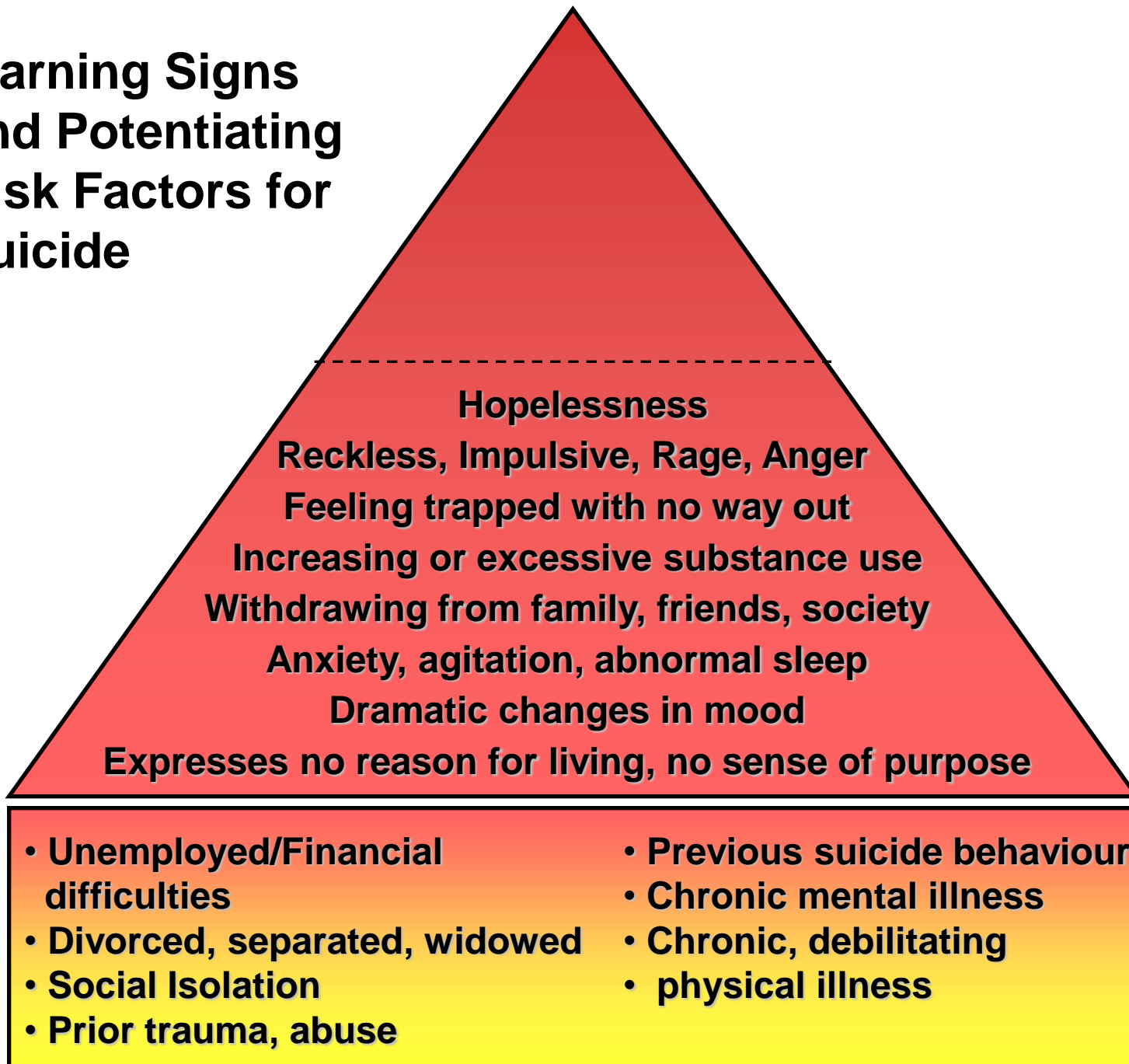


Warning Signs

- Unemployed/Financial difficulties
- Divorced, separated, widowed
- Social Isolation
- Prior trauma, abuse
- Previous suicide behaviour
- Chronic mental illness
- Chronic, debilitating physical illness

Low Risk:
counseling
/monitor
for warning
signs.

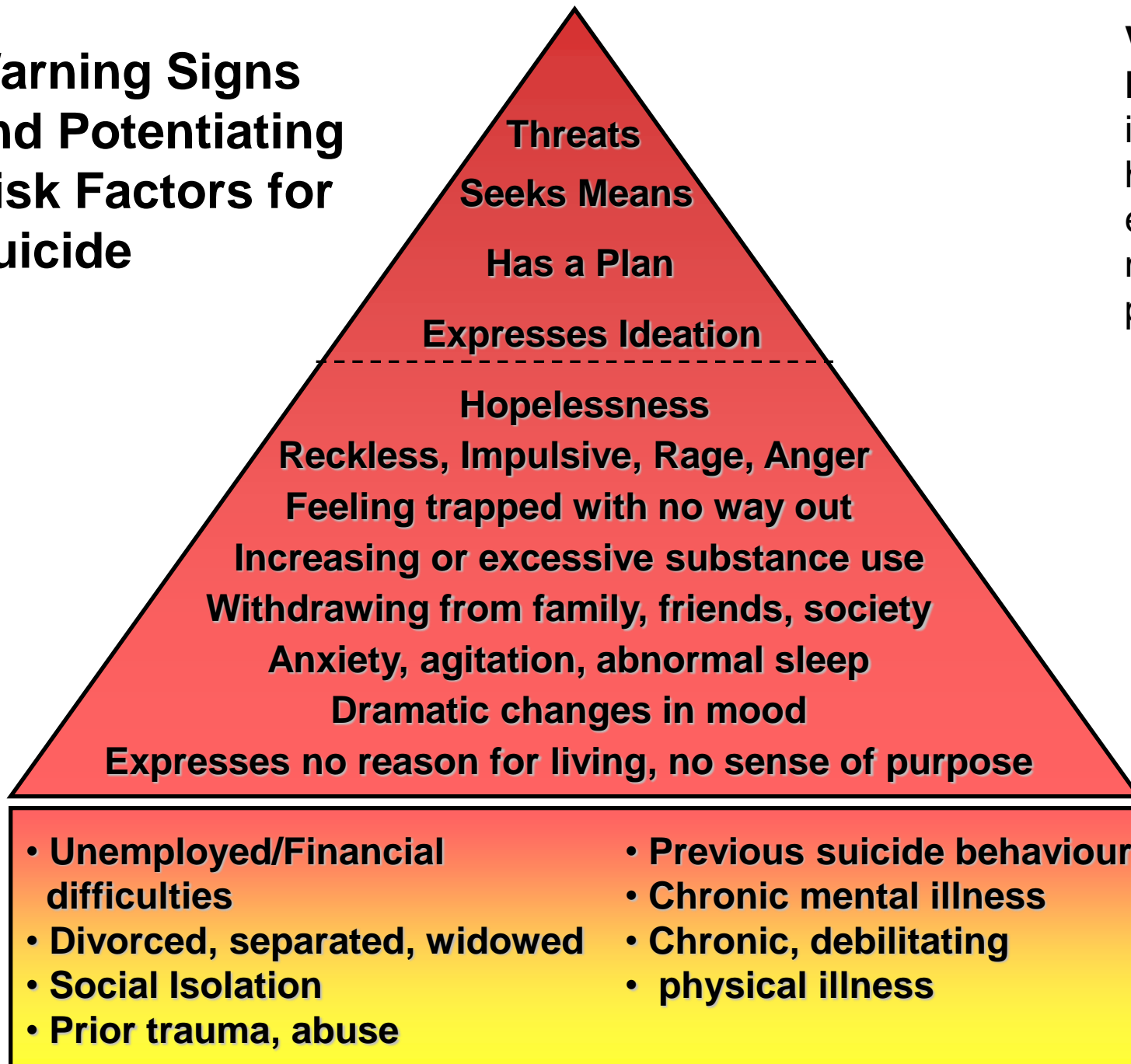
Warning Signs and Potentiating Risk Factors for Suicide



High Risk:
seek help
from mental
health
professional

Low Risk:
counseling
/monitor
for warning
signs.

Warning Signs and Potentiating Risk Factors for Suicide



Very High Risk: seek immediate help from emergency or mental health professional.

High Risk: seek help from mental health professional

Low Risk: counseling /monitor for warning signs.



“Protective” Factors



- Strengths to leverage in mitigating risk
- Do not supersede warning signs
- Examples:
 - Supportive family and social network
 - Skills in problem solving, coping and conflict resolution
 - Sense of belonging, sense of identity, and good self-esteem
 - Identification of future goals
 - Support through ongoing medical and mental health care relationships
 - Absence of risk factors/warning signs (e.g., Hopeful)



Process of Risk Assessment



- Therapeutic Rapport and Relationship
 - Reinforces trust, communication, and understanding
- Communication and Collaboration
 - With the person, informal support network, within and between the care teams
- Documentation
 - Describes 8 key domains for documenting risk
 - Documentation during transitions
- Cultural Awareness
 - Open communication with person and others about cultural beliefs of suicide



Environmental Safety



- Environment of Care Checklist
 - Anchor points on walls that can support a person's weight;
 - Materials that could be used as weapons, such as drawers, cords, mouldings, loose tiles, flatware, plastic trash can liners, poisonous cleaning agents; and
 - Possibility of elopement from a secure unit
- Privacy, security, comfortable, non-threatening



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Inventory of Assessment Tools



Key Considerations for Using Tools



- Only one aspect of the risk assessment process
- Informs, not replaces, clinical judgement
- Incorporated into the clinical interview
- Administered once a therapeutic rapport has been established



Dimensions of Tools



- Screening
 - Tool for Assessment of Suicide Risk (TASR)
 - interRAI Mental Health Severity of Self Harm (SOS)
- Symptom assessment
 - Beck Hopelessness Scale
- Resilience factors
 - Reasons for Living Inventory
- Global Mental Health assessment
 - Nursing Global Assessment of Suicide Risk



Using Information from the Tools



- Screening: *score provides trigger for further assessment*
- Global Assessment of Suicide: *Content more important than technical score*
- Gather additional information that can shed light on the person's degree of risk of suicide
- Corroborate findings from clinical interviews; and
- Identify discrepancy in risk, if any



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Framework for Risk Assessment and Quality Monitoring



Framework for Suicide Risk Assessment



1. Initial screening
 - *Is there any indication of risk?*
2. Focussed suicide risk assessment
 - *What are the dimensions of risk?*
3. Integration of risk assessment
 - *What is the level of care required to mitigate risk?*
4. Care planning and intervention implementation
 - *Treating underlying distress and risk mitigation*
5. Monitoring and re-assessment
 - *Vigilant ongoing assessment*



Setting Considerations for Risk Assessment



- Primary care and non-psychiatric care settings
 - Likelihood that a person will attempt suicide,
 - Need for referral to more specialized care
- Community mental health programs
 - Level of risk among newly admitted persons
 - Changes in risk among persons within the program



Setting Considerations for Risk Tools



- Emergency rooms
 - Level of risk and level of intent
 - Can person safely leave the hospital setting or is referral needed to a more restrictive level of care ?
- Inpatient mental health settings
 - Risk may have been identified prior to admission
 - Admitted for reasons other than risk of harm to self



Quality Improvement Opportunities



- Development of quality indicators
 - Indicators to reflect documentation
 - Patterns of change in suicide risk
- The need for ongoing training
 - Do all staff have training?
 - How long ago was training completed?
- Development/application of tracer methodologies
 - Mock exercises to review process



Utility of Guide for Canadian Healthcare



- Common approach for patient safety in suicide risk
 - Best practice, research, and expert consensus
- Ongoing education
- Onsite resource
- Evaluation framework
- Policy development



Acknowledgements



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Contacts



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