

Suicide Assessment and Prevention Pathway

Key Assessment Information:

- Person is prepared and capable of taking responsibility for maintaining their own safety. If appropriate, relatives, family or friends are prepared to provide informal support.
- Mental health problems may be present, but no evidence of immediate risk to self or others.
- May lack capacity to consent to, or refuse proposed care and treatment or demonstrate cognitive impairment.
- Home circumstances may pose a risk to patient, staff or others.
- No alcohol or drug problems/intoxication.
- Self harm or suicidal thoughts; now regrets actions and has **no thoughts or plans relating to further self harm or suicide in the short term.**

Key Assessment Information:

- Behaviour is co-operative and person demonstrates engagement with health staff during assessment and treatment.
- Mental state is at risk of deterioration if current difficulties are not addressed.
- May be physically vulnerable in certain circumstances.
- May lack capacity to consent to, or refuse proposed care and treatment or demonstrate cognitive impairment.
- Home circumstances may pose a risk to patient, staff or others.
- Evidence of alcohol or drug problem/intoxication.
- Self harm or suicidal thoughts present; continues to have non-specific thoughts or ideas regarding further self harm or suicide, e.g. ambivalent that they did not die, but at the same time has no immediate thoughts or plans about repetition.

Key Assessment Information:

- May demonstrate one or more of the following: highly aroused, reluctant to wait, markedly low mood, cognitive impairment, thought disorder, perceptual disturbance.
- Poor compliance with medication.
- Unwilling or unable to take responsibility for maintaining own safety in the short to medium term. Unlikely to attend for next day mental health follow up.
- May lack capacity to consent to, or refuse proposed care and treatment.
- Home circumstances may pose a risk to patient, staff or others.
- Significant alcohol/drug problems/intoxication.
- Self harm or suicidal thoughts present; may have considered methods but no definite plans to act on these in the short term.

Key Assessment Information:

- Mental health problem(s) present.
- Marked agitation, hyper arousal and behavioural disturbance present.
- Difficult to engage and behaviour demonstrates non co-operation with assessment and treatment.
- Mental state will deteriorate rapidly and dangerously without immediate intervention and will almost certainly be physically vulnerable.
- Poor compliance with medication.
- May lack capacity to consent to, or refuse proposed care and treatment or demonstrate cognitive impairment.
- Home circumstances may pose a risk to patient, staff or others.
- Significant alcohol or drug problem/intoxication.
- Likely to act on thoughts of self harm or suicide at the earliest opportunity.
- Clear plans to engage in further self harming behaviour, or to harm others. Suicidal intent and plan present.

General Multidisciplinary Team Actions and Timescales

- Care needs should be balanced against risk and emphasis should be placed on positive risk management (risk enablement) involving all stakeholders. Support patient to incorporate identified risks into their staying well plan.
- Diffuse emotional distress as far as possible and encourage/allow verbal/emotional expression of distress.
- If lack of capacity, consider use of appropriate legislation pending mental health assessment and specialist advice.
- Ensure person's safety is maintained, e.g. set observation level and review as per policy (inpatient), maximise safety in home environment (community) using aids/adaptations and assistive technology where appropriate.
- Consider appropriate information, education and psychosocial interventions.

Multidisciplinary Team Actions and Timescales:

- Patient may benefit from referral back to Primary Care services, e.g. GP.
- If indication or evidence of mental illness, arrange for assessment by an appropriate professional (if not already carried out).
- Consider engaging family, friends and community support.
- In community, signpost to Tier 0 and Tier 1 (Primary Care) services, i.e. social prescribing, healthy reading, self-help material.

Multidisciplinary Team Actions and Timescales:

- Non-urgent mental health referral – next day mental health follow-up appointment can be offered.
- Person's agreement to engage should be sought but no urgent/immediate action if the do not wish to engage. Liaise with GP.
- If indication or evidence of mental illness, arrange for assessment by an appropriate professional (if not already carried out).
- Consider engaging family, friends and community support.
- In community, signpost to Tier 0 and Tier 1 (Primary Care) services, i.e. social prescribing, healthy reading, self-help material.

Multidisciplinary Team Actions and Timescales:

- Arrange for full mental health assessment to be undertaken within a timescale appropriate to the level of risk and taking into consideration the person's physical condition.
- If person fails to engage with arranged support, initiate pro-active follow-up as per local policy.
- Consider engaging family, friends, community and professional support.
- Consider other appropriate medication supplies, e.g. blister packs or referrals to other relevant services.
- In community, signpost to Tier 0 and Tier 1 (Primary Care) services, i.e. social prescribing, healthy reading, self-help material.
- Non-urgent mental health referral – next day mental health follow-up appointment can be offered.
- Person's agreement to engage should be sought but no urgent/immediate action if the do not wish to engage. Liaise with GP.
- If indication or evidence of mental illness, arrange for assessment by an appropriate professional (if not already carried out).
- Consider engaging family, friends and community support.
- In community, signpost to Tier 0 and Tier 1 (Primary Care) services, i.e. social prescribing, healthy reading, self-help material.

Multidisciplinary Team Actions and Timescales:

- Arrange for full mental health assessment as a priority within a timescale appropriate to the level of risk and taking into consideration the person's physical condition.
- Undertake a test of capacity if any doubt regarding ability to consent to treatment or should they refuse to remain in hospital pending mental health assessment.
- If person fails to engage with arranged support, initiate pro-active follow-up as per local policy.
- Consider engaging family, friends, community and professional support.
- Follow Absconding/Locked Door policies if required.
- Consider other appropriate medication supplies, e.g. blister packs or referrals to other relevant services. Ensure person's safety is maintained, e.g. set observation level and review as per policy (inpatient), maximise safety in home environment (community) using aids/adaptations and assistive technology where appropriate.
- Consider appropriate information, education and psychosocial interventions.
- Refer to working alone policy for community visits.
- Explore protective factors and strengths as per guidance.

Provide appropriate information:

- Leaflet
- www.depression.org.nz

Risk factors for suicide include:

- Social characteristics:
 - male gender
 - young age (less than 30 years)
 - advanced age
 - single or living alone
- History:
 - prior suicide attempt
 - family history of suicide or mental illness
 - history of substance abuse
 - recently started antidepressants
 - history of impulsive acts and/or violence
- Clinical features:
 - hopelessness
 - psychosis
 - severe anxiety, agitation, panic attacks
 - concurrent physical illness
 - severe depression
- Life stressors
- Lack of protective factors

Ensure compliance with Child Protection Guidance

Record suicide risk, action taken, those involved and review risk in future if change in clinical presentation

Open up when you're feeling down