Policy Briefing Note: Emergency Care Protocols

for engaging with people who have attempted suicide and their families

**Issue:** On behalf of the various CAST (Communities Addressing Suicide Together) Coalitions across Nova Scotia, the Canadian Mental Health Association NS Division requests an opportunity to discuss proposed changes to improve Emergency Care protocols for engaging with people who have attempted suicide and their families

**Situation**

* There are various policies that exist within the former district health authorities that deal with suicide risk assessment, monitoring, and management
* Furthermore, most areas have some formal crisis response services, which include staff that is trained to assess and intervene in suicide risk cases while the service is available. However, the approach to suicide risk assessment and response can be inconsistent when Emergency Department (ED) physicians have to assess independently outside of crisis service hours
* The Nova Scotia Health Authority (NSHA) is currently reviewing policies and procedures from the former district health authorities to create one policy that can be applied consistently across the province
* Of the literature reviewed, the evidence on ED management practices for engaging with people who have attempted suicide and their families is limited
* With the aim of improved care, the Canadian Mental Health Association NS Division (CMHA-NS) requests input to improve ED protocols

**Background**

* “The most important factors in assessing a person’s **imminent suicide risk** are the **current personal risk factors**” which include a “recent suicide attempt”[[1]](#endnote-1)
* People at risk of suicide who present to emergency departments should be triaged according to their risk category
* “A previous suicide attempt is an important indicator for a death by suicide and it is highly possible for an attempt of ambivalent intent and use of non-lethal means to be followed by a fatal attempt”[[2]](#endnote-2)
* The information above signifies the importance of engaging with and prioritizing people who go to the ED indicating they had a recent suicide attempt
* “A study by Cerel, Currier & Conwell (2006) explored the satisfaction with care in the ED following a suicide attempt. Results revealed that fewer than 40% of individuals felt as though staff listened to them, explained the nature of treatment to them or took their injury seriously; family members were more likely than individuals receiving treatment to feel heard or to be informed by staff about treatment; and more than half of patients and almost a third of family members felt punished or directly stigmatized by staff. Patients and family members also reported perceptions of unprofessional staff behavior, long wait times and feeling as though the suicide attempt was not taken seriously (Cerel et al., 2006).”[[3]](#endnote-3)

**Assessment**

* Policies and procedures currently exist on suicide risk assessment, monitoring, and management
* In the literature reviewed, there is a dearth of evidence on ED management practices for engaging with people who have attempted suicide and their families
* There is research that indicates a dissatisfaction with care in the ED following a suicide attempt; this dissatisfaction has been echoed through personal communications to members of various CAST Coalitions in Nova Scotia

**Recommendations**

* Conduct a literature review for the purpose of making specific recommendations to the development of a single NSHA policy on suicide risk assessment, monitoring, and management (including a protocol to be followed outside crisis response service hours)
* Increase awareness and training opportunities for ED staff on:
  + The issue of suicide risk assessment, monitoring, and management
  + Implementation of the NSHA policy
  + Local services available for follow-up care
* Promote joint care planning between Mental Health and Addictions and Emergency Departments

**Questions**

* How is a person treated in the ED when they are assessed as Low or Moderate risk for suicide?
* What is the process when a person presents to the ED as having recently attempted suicide? Are they referred to Mental Health and Addictions?

1. Suicide Risk Assessment and Management Emergency Department Australia (2004) [↑](#endnote-ref-1)
2. Suicide Risk Assessment and Management Emergency Department Australia (2004) [↑](#endnote-ref-2)
3. As cited in Evidence In-Sight: EMERGENCY DEPARTMENT MANAGEMENT AND INPATIENT TREATMENT FOR SUICIDAL YOUTH (2014) [↑](#endnote-ref-3)