COPSETI

FACT SHEET 3

Ongoing Assessment and Clinical Care of people who may be suicidal

CLINICAL CARE OF PEOPLE WHO MAY BE SUICIDAL: EDUCATION AND TRAINING INITIATIVE

The Clinical Care of People who may be Suicidal PD2016_007 outlines the roles and responsibilities of mental health services and clinicians across all settings.

This fact sheet is the third in a series of three. It provides a snapshot of the 2016 Policy Directives in relation to the ongoing assessment and clinical care of people who may be suicidal. Information on this sheet is covered in detail in COPSETI Online Module 3.

Trauma informed care

The core principles of trauma-informed care are safety, trust, choice, collaboration and empowerment. Often people that have mental illness have had situations in their life where they've been completely disempowered, have had no power, have been severely abused and traumatised by a lack of power, and then they're put in a situation where they again have no power.

Dr Peri O'Shea, Mental Health Care Consultant

Recovery oriented practice

Recovery-focused suicide prevention focuses on building a person's strengths, reducing their social isolation and making a new sense of their life following the mental illness. People should be encouraged to re-establish important supportive relationships and informed of what community support services are available.

Dr Nick O'Connor Clinical Director, North Shore Ryde Mental Health Service

Ongoing clinical care of a person's mental health requires a trauma-informed and recovery-oriented approach. It must be inclusive of the person's perceptions as well as those of family and carers.

Ongoing clinical care

Mental health clinicians are required to:

- Undertake an appropriate developmental approach, particularly in consideration of different stages of the person's life
- Address the specific cultural, linguistic, religious or other needs of the person
- Consider the person's preferences and capacity to consent to treatment
- Involve the person's, their family / principal carers and key stakeholders in decisions about treatments and voluntary or involuntary interventions
- Ensure continuity of care and provision of essential information across settings and service providers.

Mental Health Clinical Documentation

The person's recovery plan holds essential information that can be shared across settings and service providers. This information includes the person's history of risk and most current risk assessment, together with documentation of risk management strategies.

All mental health clinicians must use the Mental Health Clinical Documentation modules to record, retrieve and share medical information at all points of care.

Risk assessment tools or checklists must not be used as the only information upon which clinical care and treatment decisions are made.

Inpatient settings

To provide a recovery focus and support independence in an inpatient setting, components of the clinical care plan may include:

- keeping the person's everyday life on the go (making sure mail is collected, pets are fed, dependents are cared for etc.)
- considering the personal items that can be taken into the inpatient unit
- ensuring the person has access to peer support and/or consumer advocacy if they require it
- identifying who comprises the person's support network, their roles, and encouraging them to visit and offer ongoing support.

Clinical Care of ongoing suicidal ideation or behaviour

The clinical care of people with ongoing suicidal ideation or behaviour requires an active response to changes in risk over time. Reviews of the nature of risk and the capacity of the person and their support network to utilise personal coping strategies will include all relevant stakeholders. The care plan for ongoing suicidal ideation or behaviour will include:

- acknowledgement of the person's underlying distress and a re-assessment of their risk at each presentation
- an active response to all co-existing conditions
- clear expectations of the assessment and support process
- facilitation of the person's engagement with programs that promote their capacity to utilise personal coping strategies
- documentation of consumer and carer advice about triggers for distress and effective calming strategies.

Risk is to be monitored and reassessed throughout the person's care episode, particularly when there are changes in personal circumstances or their care.

Environmental hazards

Mental health professionals in all settings are required to develop standard practices to improve patient safety, eliminate hazards and reduce the likelihood of adverse incidents. Standard practices include:

- processes to escalate and address safety issues
- incorporating a patient's risk assessment at each changeover
- maintaining load release support systems (e.g. on curtain rails) in accordance with manufacturers' instructions and annual safety load testing.

Also emphasised is the obligation of mental health services and clinicians in managing hazards and risks within inpatient facilities which may include:

- access to medications and sharps bins
- potential ligatures / ligature points
- obstructions to the observation of patients
- respectful and trauma-informed approaches to monitor and prevent potentially dangerous items being brought into the unit by patients, family, carers or friends.

The Access to Means of Suicide and Deliberate Self-harm Facility Checklist has been developed to specifically address safety issues in mental health inpatient facilities and may be a useful tool.

Transfer of care and discharge

Mental health professionals are responsible for revising and updating risk assessments and management plans at points of significant transitions in care.

Discharge must be accompanied by a written Transfer of Care Plan which will include:

- essential information about discharge plans and referrals to other treatment teams or community services (ideally including specific appointment dates and times)
- information about access to the 24/7 Mental Health Line 1800 011 511.

Where possible, this written information is also provided to the family member, carer or friend accompanying the person, as well as any clinician / team taking over clinical support.

Patients *"…often reported an inability to recall the events or follow-up arrangements which is often the case following overdoses and/or intoxication…"*

Wilhelm, K, Finch, A, Kotze, B, Arnold, K, McDonald, G, Sternhell, P & Hudson, B 2007, 'The green card clinic: overview of a brief patient-centred intervention following deliberate self-harm, Australasian Psychiatry, vol. 15, no. 1, pp. 35-41.

There should be clear protocols, developed collaboratively by Mental Health Services and Emergency Departments, for providing care for people presenting to Emergency Departments at risk of absconding.

All inpatient leave decisions must be considered by a multidisciplinary team before being approved by the relevant authorised medical officer. Identified family or carers should be engaged / advised prior to discharge in high risk cases. Direct contact must be made with patients discharged from an acute facility within 7 days.

Mental health services have a responsibility to follow up persons at risk of being lost to care.

Discharge from or transition between services may involve a range of professionals and organisations, from hospitals to NGOs, supported accommodation, alcohol and other drug services, psychiatrists, general practitioners, and psychologists. … it is essential that communication is maintained and all relevant people are informed about what their roles are in the continued support of the consumer. This is a time when it is easy for people to 'slip through the cracks' and the outcome of suicide is a real danger if this occurs.

Silvana Lemme – Senior Psychologist, Child & Adolescent Mental Health Service

NSW GOVERNMENT Health

The NSW Ministry of Health commissioned the HETI Mental Health Portfolio to deliver the Clinical Care Of People who may be Suicidal: Education and Training Initiative (COPSETI). Mandatory training requirements apply to NSW Public Mental Health Service medical officers and clinicians. COPSETI Learning Pathways and resources can be accessed from My Health Learning: http://myhealthlearning.health.nsw.gov.au. The Clinical Care of People who may be Suicidal PD2016_007 is available from the NSW Health website: www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2016_007.pdf

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