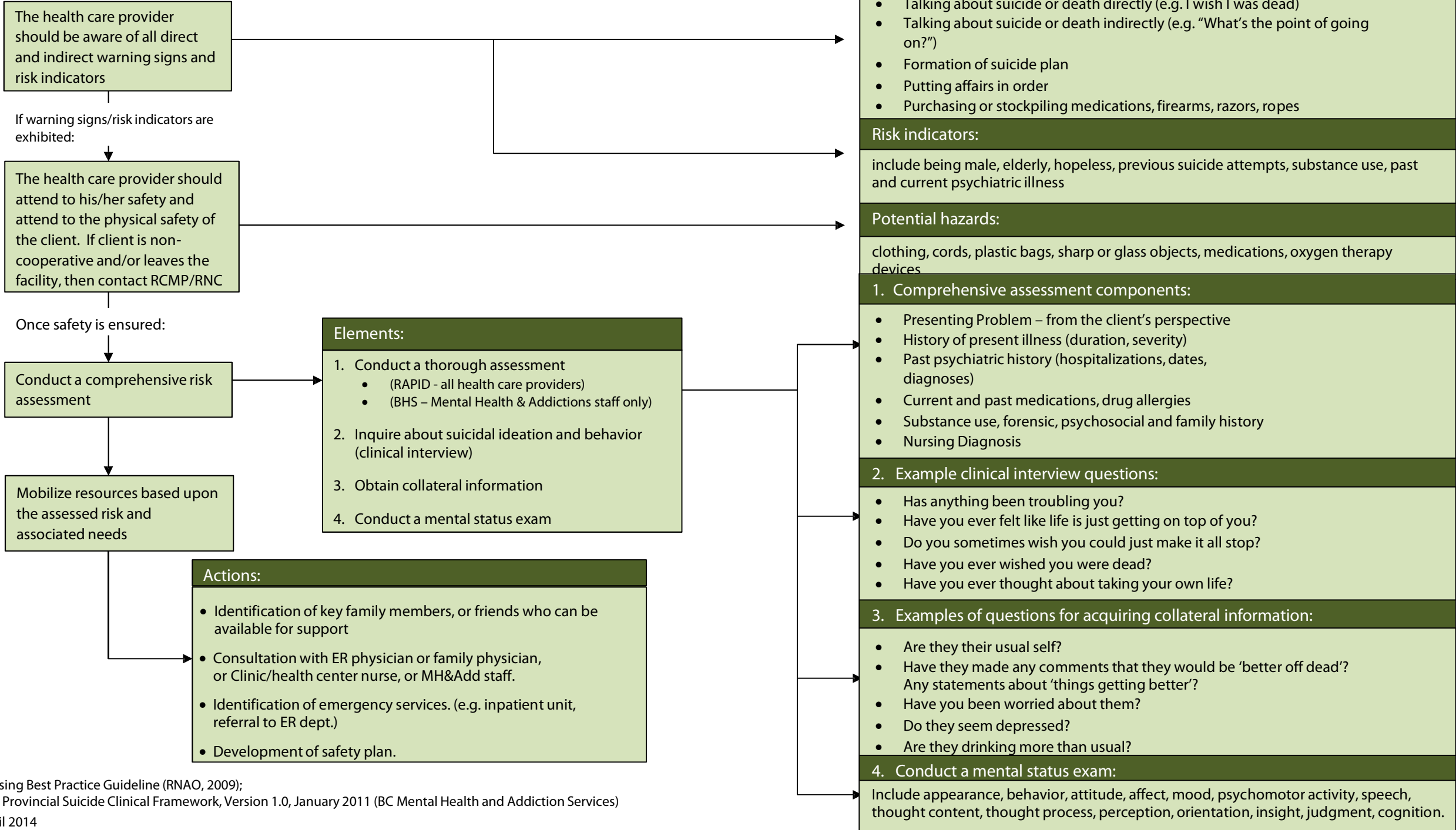
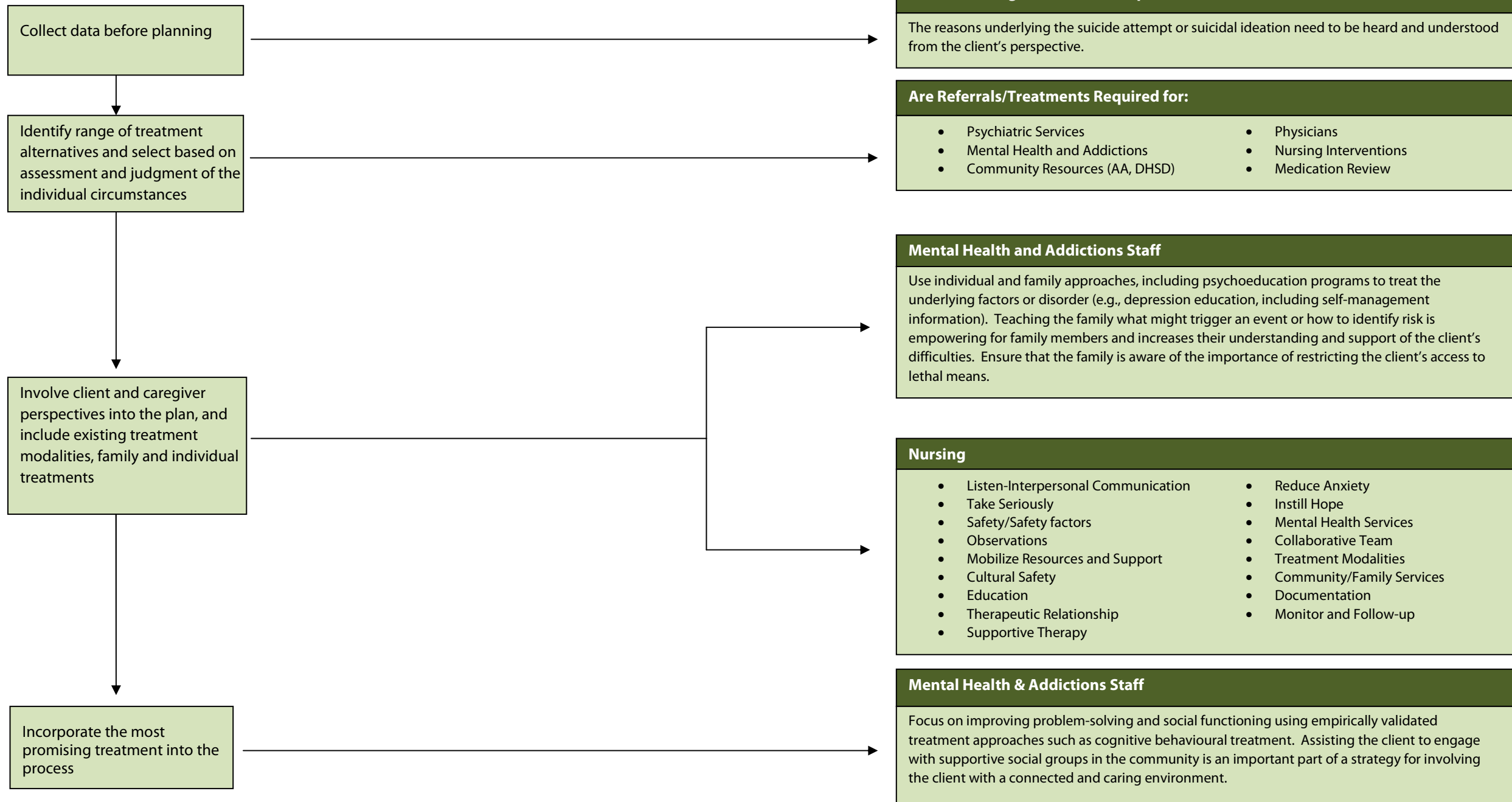


The following chart provides a visual overview of the **ASSESSMENT** process.



The following chart provides a visual overview of TREATMENT planning.



Understanding the Client's Perspective

The reasons underlying the suicide attempt or suicidal ideation need to be heard and understood from the client's perspective.

- Are Referrals/Treatments Required for:**
- Psychiatric Services
 - Mental Health and Addictions
 - Community Resources (AA, DHSD)
 - Physicians
 - Nursing Interventions
 - Medication Review

Mental Health and Addictions Staff

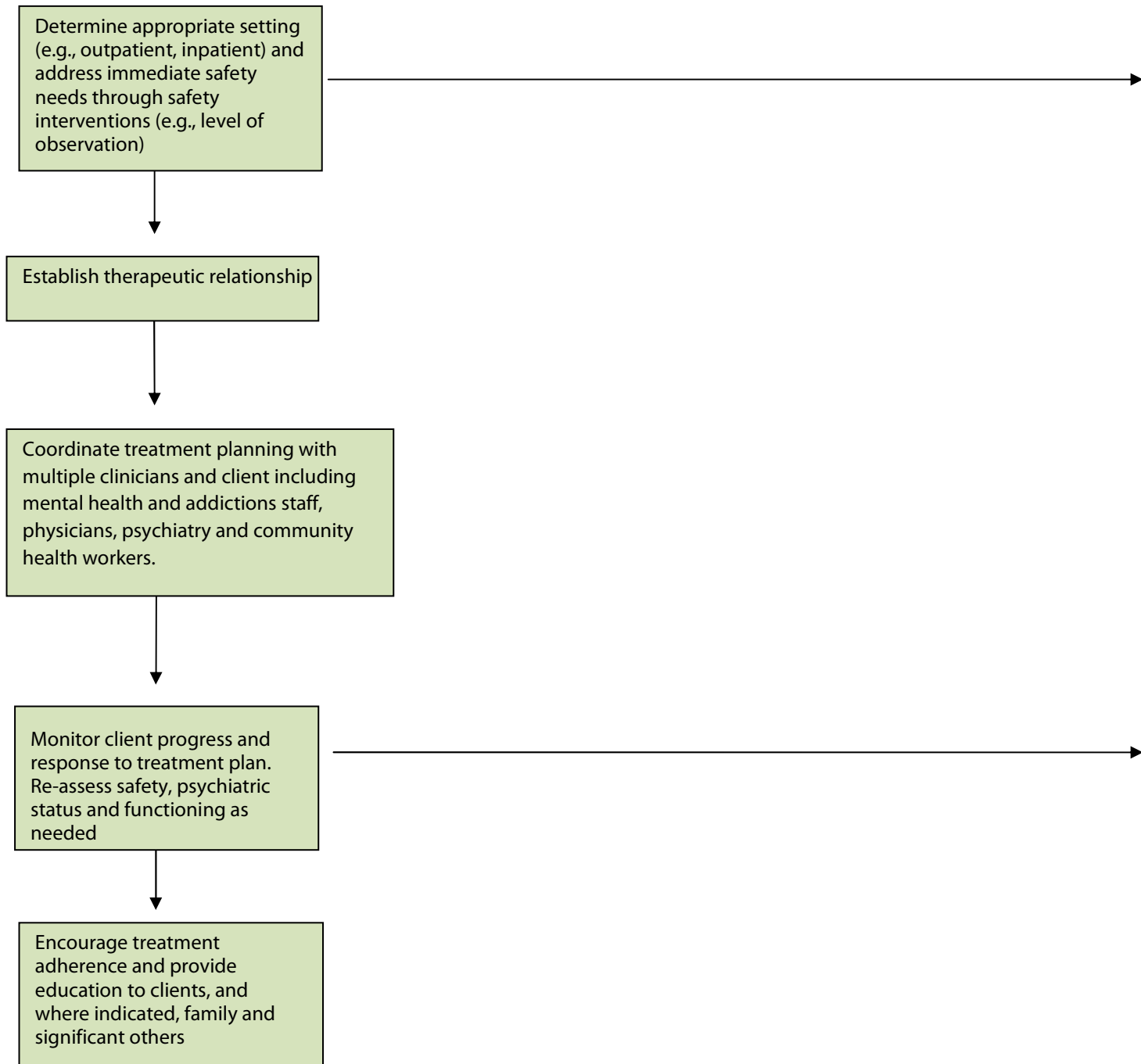
Use individual and family approaches, including psychoeducation programs to treat the underlying factors or disorder (e.g., depression education, including self-management information). Teaching the family what might trigger an event or how to identify risk is empowering for family members and increases their understanding and support of the client's difficulties. Ensure that the family is aware of the importance of restricting the client's access to lethal means.

- Nursing**
- Listen-Interpersonal Communication
 - Take Seriously
 - Safety/Safety factors
 - Observations
 - Mobilize Resources and Support
 - Cultural Safety
 - Education
 - Therapeutic Relationship
 - Supportive Therapy
 - Reduce Anxiety
 - Instill Hope
 - Mental Health Services
 - Collaborative Team
 - Treatment Modalities
 - Community/Family Services
 - Documentation
 - Monitor and Follow-up

Mental Health & Addictions Staff

Focus on improving problem-solving and social functioning using empirically validated treatment approaches such as cognitive behavioural treatment. Assisting the client to engage with supportive social groups in the community is an important part of a strategy for involving the client with a connected and caring environment.

The following chart provides a visual overview of the MONITORING process.



Immediate Safety Needs

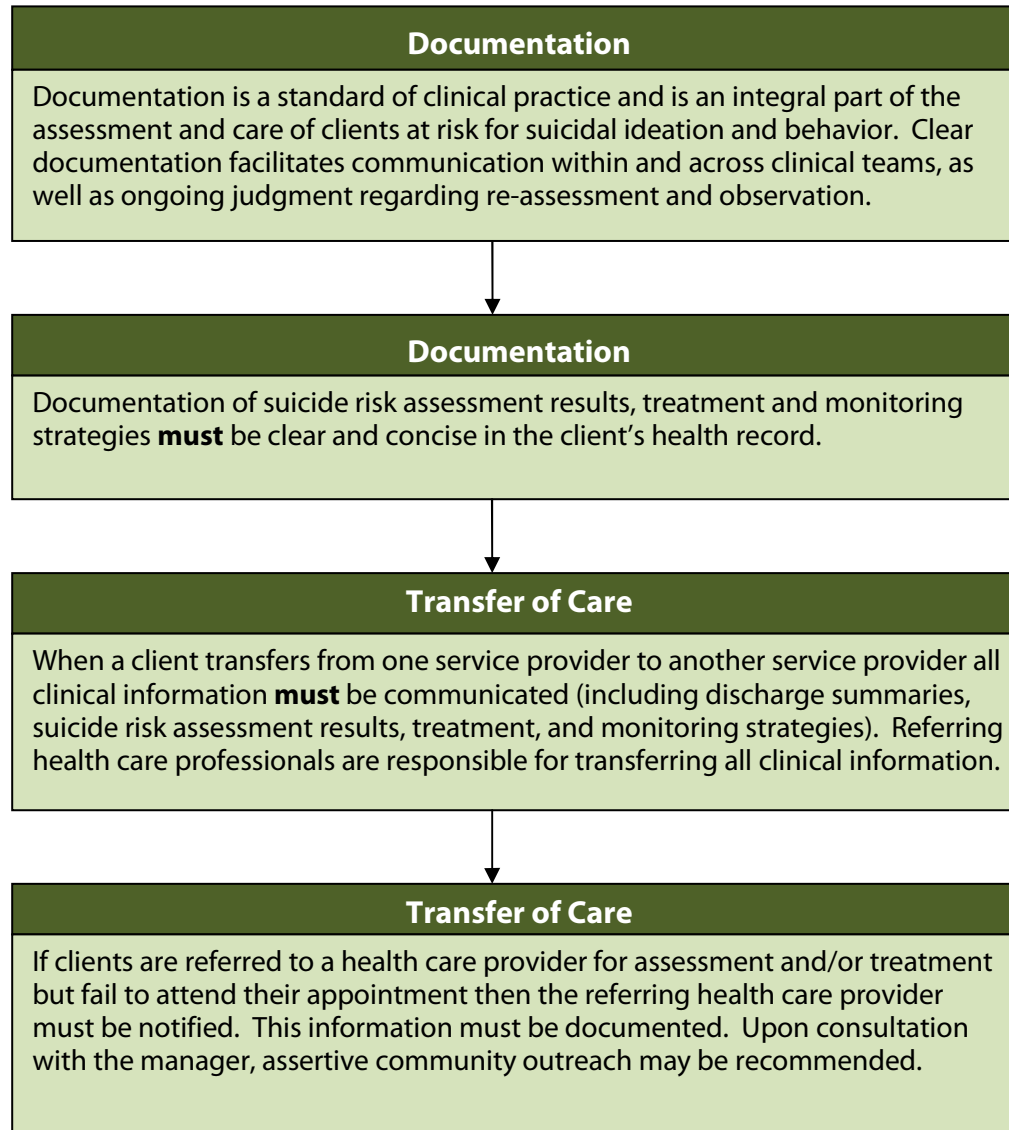
1. Consider hospitalization - Environmental Safeguards. See policies:
 - ↳ Examination of Belongings – High Risk Clients
 - ↳ Constant Observation
 - ↳ Seclusion Protocol
2. Consult with family/significant others
3. Referral for further assessment (Physician/Psychiatry)
4. Referral to Child, Youth & Family Services
5. Clients should be reevaluated at regular intervals or as needs change.
6. Establish plan for follow up
7. Provide information to emergency/crisis services
8. Provide education for family
9. Plan to increase supervision
10. Problem solve

Follow-up Contact, Assessment & Re-assessment:

- Any health care provider seeing a client who is suicidal is to follow up within **24 hours** (or sooner if required).
- Clients should be assessed **upon return** from an authorized leave from inpatient services.
- Clients should be assessed or reassessed **24-48 hours** before discharge from inpatient services for those with a history of suicidal behavior.
- In-person follow-up within **7 days** (or sooner if required) of discharge from inpatient services for those with recent suicidal behavior.
- Clients should be assessed and carefully monitored **within the first 30 days** following discharge from inpatient services.

Continuity and Transfer of Care

The following chart provides a visual overview of the transfer of care process.



DOCUMENTATION AND COMMUNICATION IS KEY!!!