Post-Attempt Followup and Regular Contact Interventions

Evidence Brief on Suicide Care

Mental Health Commission of Canada
mentalhealthcommission.ca
Acknowledgments

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Background

Every year, about 4,000 people in Canada die by suicide.1 Although suicidal behaviour is influenced by a combination of biological, psychosocial, social, cultural, spiritual, economic, and environmental factors, research suggests that a prior suicide attempt and self-harm behaviour are among the strongest predictors of a future suicide attempt or death by suicide.2 - 5 Because this risk is highest in the weeks and months after discharge from an emergency department or inpatient care, appropriate emergency treatment and followup care are crucial.6 - 9

Key Points

1. A previous suicide attempt is one of the strongest predictors of future suicidal behaviour.
2. The risk of suicidal behaviour or a repeat suicide attempt is highest in the weeks and months following discharge from an emergency department or inpatient care.
3. A post-discharge plan, including regular contact with the patient 24 to 72 hours after discharge, is recommended as a best practice.
4. Post-discharge plans should be prepared in collaboration with the patient and ideally include family and friends (consent may either be implied or required, depending on the situation).
5. Regular contact should be maintained for up to two years with frequency determined by the patient’s evolution.

Relevant Statistics

- In 2016, 3.1 per cent of people in Canada age 15 and over reported making a suicide attempt in their lifetime.10
- One third of the individuals who seek emergency department help for mental health reasons are discharged without followup.11
- Almost 25 per cent of deaths by suicide occur within a year of discharge from health services.12,13
- 10 to 15 per cent of the people seen in a hospital emergency department for a suicide attempt will repeat the attempt in the 12 months following their discharge.
- Suicide rates among patients discharged from psychiatric facilities has not changed in the last 50 years.14
- Up to 70 per cent of individuals who survive a suicide attempt do not attend their first outpatient appointment.15,16
Followup Care

A variety of followup and regular contact interventions (also called “caring” or “active” contacts) can help ensure continuity of care. While more research is needed to determine the impact of followups in decreasing suicidal behaviour and deaths by suicide, such contact shows promise for reducing self-harming behaviour and increasing adherence to treatment.

Best practice models support the importance of having a post-discharge followup plan for individuals with an elevated risk of suicide. For those previously admitted to inpatient care or referred by an emergency department to outpatient services, followup plans should include contacting the patient 24 to 72 hours after discharge. Regular contact (e.g., by phone, text message, letter or postcard, home visit, and/or email) can be initiated by a volunteer, a non-specialized health-care professional or by a specialized health-care professional through a followup appointment. According to the World Health Organization, regular contact should be maintained for up to two years, with the frequency based on the patient’s state (as determined by a health-care professional). For example, in keeping with the care plan, followup contact may occur daily or weekly for the first two months, then every two to four weeks for the remainder of the first year, and twice during the second year. But since frequency depends on the patient’s situation, each contact should include an assessment for suicidal thoughts (and a modification of the treatment plan, as needed). Certain organizations also recommend involving crisis centres in the followup care.

Researchers recommend negotiating post-discharge plans with the patient to help with their acceptance and adherence and to ensure their confidentiality over the followup period. With the patient’s consent, family and friends should also be involved in the intervention. As family and friends are often the main source of support (and can help ensure followup appointments are kept), they should be given relevant information (e.g., the increased risk of suicide after discharge, the local services and resources available, ways to support and create a safer environment for the person). The topic of self-care could also be addressed with the patient’s support network, since these people may carry a lot of responsibility, especially if the patient has had prior suicide-related behaviour. When it comes to consent, the Canadian Medical Protective Association considers a patient’s acceptance of a referral to an outpatient program implied consent to share information within that person’s circle of care.

For More Information

The Resource Centre for Suicide Prevention, Black Dog Institute, National Action Alliance for Suicide Prevention, and World Health Organization have all released best practice guides and frameworks supporting the need for post-discharge followup and regular contact. Appendix 1 contains a partial list of publicly available frameworks and models.
References


15 National Suicide Prevention Lifeline. (n.d.). Follow-up care supports the transition of individuals who are in suicidal crisis as they continue their journey towards recovery. Retrieved from https://followupmatters.suicidepreventionlifeline.org/follow-up-starts-here/

16 Knesper, D. J. (2011). Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from the emergency department or psychiatry inpatient unit.


Follow-up care supports the transition of individuals who are in suicidal crisis as they continue their journey towards recovery.


National Suicide Prevention Lifeline. (n.d.).

Suicide Prevention Resource Center. (2013).


Knesper, D. J. (2011).

National Suicide Prevention Lifeline. (n.d.).

Suicide Prevention Resource Center. (2013).

Black Dog Institute. (n.d.).


Suicide Prevention Resource Center. (2013).


Suicide Prevention Resource Center. (2013).

Black Dog Institute. (n.d.).


National Suicide Prevention Lifeline. (n.d.).

Suicide Prevention Resource Center. (2013).


Suicide Prevention Resource Center. (2013).


**Appendix 1. Post-Discharge Models, Frameworks, and Resources**

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<tr>
<th><strong>Follow-Up Matters — Supports the transition of individuals in suicidal crisis as they continue their journey toward recovery</strong></th>
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<th><strong>Continuity of Care for Suicide Prevention: The Role of Emergency Departments</strong></th>
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<th><strong>LifeSpan Integrated Suicide Prevention — Improving Emergency and Follow-Up Care</strong></th>
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<th><strong>Preventing Suicide: A Technical Package of Policy, Programs, and Practices</strong></th>
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<th><strong>Following Up with Individuals at High Risk for Suicide: Developing a Model for Crisis Hotline and Emergency Department Collaboration</strong></th>
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## Continuity of Care for Suicide Prevention and Research: Suicide Attempts and Suicide Deaths Subsequent to Discharge from an Emergency Department or an Inpatient Psychiatry Unit

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<th>Source</th>
<th>Suicide Prevention Resource Center (U.S.)</th>
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<td><strong>Description</strong></td>
<td>2010 report that assesses the literature and summarizes the evidence as the basis for recommendations for policy and practice. It also identifies crucial knowledge gaps and the offers direction on how to fill them.</td>
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## Guidelines for Integrated Suicide-Related Crisis and Follow-Up Care in Emergency Departments and Other Acute Settings

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<th>Source</th>
<th>Black Dog Institute (Australia)</th>
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<td>2017 guidelines designed to inform service planning and help staff work more effectively and compassionately with those at risk of suicide.</td>
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## Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe

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<td><strong>Description</strong></td>
<td>2018 guide designed to help organizations identify and support people at risk of suicide and help advocates working with hospitals and clinics make them safer. It also describes the health-care gaps that contribute to suicide deaths, summarizes recommended solutions, and provides information on resources for better care.</td>
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## mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: Mental health gap action programme (mhGAP) — Version 2.0.

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<td><strong>Description</strong></td>
<td>2016 guide that provides an overview and decision tree on assessment, management, and followup related to self-harm for specialized health-care professionals. (Self-harm is addressed on pp. 131-140.)</td>
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