ORDER OF EXCELLENCE

CANADA AWARDS FOR EXCELLENCE / PRIX CANADA POUR L'EXCELLENCE 2017

MENTAL HEALTH AT WORK® RECIPIENT

Mental Health Commission of Canada / Commission de la santé mentale du Canada

Post-Attempt Followup and Regular Contact Interventions

Evidence Brief on Suicide Care

Mental Health Commission of Canada
mentalhealthcommission.ca

Acknowledgments

This document was prepared by the Mental Health Commission of Canada. The commission wishes to thank Dr. Cécile Bardon, Université du Québec à Montréal; Dr. Paul Links, McMaster University; and Dr. Brian Mishara, Université du Québec à Montréal for their review and contributions to this document.

Health Canada Santé Canada

The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this material is made possible through a financial contribution from Health Canada.

Mental Health Commission of Canada | Commission de la santé mentale du Canada

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.

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 psychiatric hospital, appropriate emergency treatment and followup care are crucial.[6-9]

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.[17] 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.[18]

Best practice models support the importance of having a post-discharge followup plan for individuals with an elevated risk of suicide.[19-23] 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.[24-28] 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.[29-32] 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).[33] Certain organizations also recommend involving crisis centres in the followup care.[34,35]

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.[36-39] With the patient's consent, family and friends should also be involved in the intervention.[40-43] 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).[44-47] 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.[48]

For More Information

The Resource Centre for Suicide Prevention, Black Dog Institute, National Action Alliance for Suicide Prevention, and World Health Organization[14] 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

[1] Public Health Agency of Canada. (2019). *Suicide in Canada: Key statistics (infographic).* Retrieved November 26, 2019, from https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-key-statistics-infographic.html

[2] Public Health Agency of Canada. (2016). *Working together to prevent suicide in Canada: The federal framework for suicide prevention*. Retrieved from https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-prevention-framework.html

[3] Inagaki, M., Kawashima, Y., Kawanishi, C., Yonemoto, N., Sugimoto, T., Furuno, T., . . . Yamada, M. (2015). Interventions to prevent repeat suicidal behavior in patients admitted to an emergency department for a suicide attempt: A meta-analysis. *Journal of Affective Disorders, 175*, 66-78. doi:10.1016/j.jad.2014.12.048

[4] Inagaki, M., Kawashima, Y., Yonemoto, N., & Yamada, M. (2019). Active contact and follow-up interventions to prevent repeat suicide attempts during high-risk periods among patients admitted to emergency departments for suicidal behavior: A systematic review and meta-analysis. *BMC Psychiatry, 19*(1), Article 44. doi:10.1186/s12888-019-2017-7

[5] World Health Organization. (2014). *Preventing suicide: A global imperative*. Retrieved from https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/

[6] Inagaki, M., Kawashima, Y., Yonemoto, N., & Yamada, M. (2019). Active contact and follow-up interventions to prevent repeat suicide attempts during high-risk periods among patients admitted to emergency departments for suicidal behavior.

[7] Christiansen, E. & Jensen, B. F. (2007). Risk of repetition of suicide attempt, suicide or all deaths after an episode of attempted suicide: A register-based survival analysis. *Australian and New Zealand Journal of Psychiatry, 41*, 257-265. https://doi.org/10.1080/00048670601172749

[8] Chung, D. T., Ryan, C. J., Hadzi-Pavlovic, D., Singh, S. P., Stanton, C., & Large, M. M. (2017). Suicide rates after discharge from psychiatric facilities: A systematic review and meta-analysis. *JAMA Psychiatry, 74*, 694-702. doi:10.1001/jamapsychiatry.2017.1044

[9] Large, M., Sharma, S., Cannon, E., Ryan, C., & Nielssen, O. (2011). Risk factors for suicide within a year of discharge from psychiatric hospital: A systematic meta-analysis. *Australian and New Zealand Journal of Psychiatry, 45*, 619-628. doi:10.3109/00048674.2011.590465

[10] Public Health Agency of Canada. (2019). *Suicide in Canada: Key statistics (infographic).*

[11] Mental Health Commission of Canada. (2018). *Research on suicide and its prevention: What the current evidence reveals and topics for future research*. Retrieved from https://www.mentalhealthcommission.ca/English/what-we-do/suicide-prevention

[12] Mental Health Commission of Canada. (2018). *Research on suicide and its prevention.*

[13] 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.* Retrieved from the Suicide Prevention Resource Center website: http://www.sprc.org/sites/default/files/migrate/library/continuityofcare.pdf

[14] Chung, D. T., Ryan, C. J., Hadzi-Pavlovic, D., Singh, S. P., Stanton, C., & Large, M. M. (2017). Suicide rates after discharge from psychiatric facilities: A systematic review and meta-analysis.

[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.*

[17] Suicide Prevention Resource Center. (2013). *Continuity of care for suicide prevention: The role of emergency departments*. Retrieved from http://www.sprc.org/sites/default/files/migrate/library/ContinuityCare_Suicide_Prevention_ED.pdf

[18] Inagaki, M., Kawashima, Y., Yonemoto, N., & Yamada, M. (2019).

[19] 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.*

[20] Suicide Prevention Resource Center. (2013). *Continuity of care for suicide.*

[21] Black Dog Institute. (n.d.). *Improving emergency and follow-up care*. Retrieved from https://www.blackdoginstitute.org.au/docs/default-source/lifespan/lifespan-strategy-summaries-research-summaries/lifespan_emergency_and_followup_care_research_summary.pdf?sfvrsn=8

[22] Hill, N. T. M., Halliday, L., & Reavley, N. J. (2017). *Guidelines for integrated suicide-related crisis and follow-up care in emergency departments and other acute settings*. Retrieved from the Blackdog Institute website: https://www.blackdoginstitute.org.au/docs/default-source/lifespan/delphi-guidelines-clinical-summary_web.pdf?sfvrsn=0

[23] World Health Organization. (2016). mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: Mental health gap action programme (mhGAP) — Version 2.0. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/250239/9789241549790-eng.pdf?sequence=1

[24] National Suicide Prevention Lifeline. (n.d.).

[25] Suicide Prevention Resource Center. (2013).

[26] Black Dog Institute. (n.d.). Improving emergency and follow-up care.

[27] World Health Organization. (2016). mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings.

[28] Knesper, D. J. (2011).

[29] National Suicide Prevention Lifeline. (n.d.).

[30] Suicide Prevention Resource Center. (2013).

[31] Black Dog Institute. (n.d.).

[32] World Health Organization. (2016).

[33] World Health Organization. (2016).

[34] Suicide Prevention Resource Center. (2013).

[35] Murphy, G., Draper, J., & McKeon, R. (2010). *Following up with individuals at high risk for suicide: Developing a model for crisis hotline and emergency department collaboration*. Retrieved from https://suicidepreventionlifeline.org/wp-content/uploads/2016/09/Lifeline-Crisis-Center-ED-Paper-1.6.pdf

[36] Suicide Prevention Resource Center. (2013).

[37] Black Dog Institute. (n.d.).

[38] National Action Alliance for Suicide Prevention. (2018). *Recommended standard care for people with suicide risk: Making health care suicide safe*. Retrieved from https://theactionalliance.org/sites/default/files/action_alliance_recommended_standard_care_final.pdf

[39] Hill, N. T. M., Halliday, L., & Reavley, N. J. (2017). *Guidelines for integrated suicide-related crisis and follow-up care in emergency departments and other acute settings*.

[40] National Suicide Prevention Lifeline. (n.d.).

[41] Suicide Prevention Resource Center. (2013).

[42] National Action Alliance for Suicide Prevention. (2018). *Recommended standard care for people with suicide risk: Making health care suicide safe.*

[43] Hill, N. T. M., Halliday, L., & Reavley, N. J. (2017).

[44] Suicide Prevention Resource Center. (2013).

[45] Hill, N. T. M., Halliday, L., & Reavley, N. J. (2017).

[46] National Action Alliance for Suicide Prevention. (2018).

[47] Hill, N. T. M., Halliday, L., & Reavley, N. J. (2017).

[48] Canadian Medical Protective Association. (n.d.). *Privacy and confidentiality: Protecting patient information.* Retrieved from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Privacy_and_Confidentiality/circle_care-e.html

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

Follow-Up Matters — Supports the transition of individuals in suicidal crisis as they continue their journey toward recovery	
Source	National Suicide Prevention Lifeline (U.S.)
Description	Website that discusses the challenges of post-discharge, partnering with crisis hotlines, and the processes and types of followup.

Continuity of Care for Suicide Prevention: The Role of Emergency Departments	
Source	Suicide Prevention Resource Center (U.S.)
Description	2013 paper based on *Continuity of Care for Suicide Prevention and Research,* a 2011 report on the role of emergency departments in ensuring continuity of care. Recommendations address initial screening, discussing the patient's condition and treatment options, discharge planning, referring to followup services, followup after discharge, provider experience, and training.

LifeSpan Integrated Suicide Prevention — Improving Emergency and Follow-Up Care	
Source	Black Dog Institute (Australia)
Description	Document on emergency and followup care that discusses the evidence supporting recommended interventions, including brief contact, coordinated assertive aftercare, brief therapy combined with brief contact, and evidence-based treatments. It also updates and evaluates the LifeSpan trial sites in New South Wales.

Preventing Suicide: A Technical Package of Policy, Programs, and Practices	
Source	Centers for Disease Control and Prevention, Violence Prevention Division (U.S.)
Description	2017 report on suicide prevention policies, programs, and practices (see followup contact programs and evidence, pp.38-39).

Following Up with Individuals at High Risk for Suicide: Developing a Model for Crisis Hotline and Emergency Department Collaboration	
Source	National Suicide Prevention Lifeline (U.S.)
Description	2010 paper focusing on collaboration between emergency departments and crisis hotlines. Evidence on suicide risk post-discharge is discussed followed by potential barriers, liability concerns, and benefits of an emergency department-crisis centre collaboration model. Appendixes include example templates.

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	
Source	Suicide Prevention Resource Center (U.S.)
Description	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.

Guidelines for Integrated Suicide-Related Crisis and Follow-Up Care in Emergency Departments and Other Acute Settings	
Source	Black Dog Institute (Australia)
Description	2017 guidelines designed to inform service planning and help staff work more effectively and compassionately with those at risk of suicide.

Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe	
Source	National Action Alliance for Suicide Prevention (U.S.)
Description	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.

mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: Mental health gap action programme (mhGAP) — Version 2.0.	
Source	World Health Organization
Description	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.)

Mental Health Commission of Canada
Commission de la santé mentale du Canada

Mental Health Commission of Canada

Suite 1210, 350 Albert Street
Ottawa, ON K1R 1A4

Tel: 613.683.3755
Fax: 613.798.2989

mhccinfo@mentalhealthcommission.ca
www.mentalhealthcommission.ca

@MHCC_ /theMHCC /1MHCC @theMHCC
/Mental Health Commission of Canada