


# Mental Health Follow Up After Attempted Suicide Policy

## MHAS/8600

<b>Approved by:</b>	General Manager – Mental Health & Addictions	<b>First Issued:</b>	April 2015	
<b>Signature:</b>		<b>Review Date:</b>	September 2021	
		<b>Next Review:</b>	September 2024	

## Purpose

To describe the appropriate follow up actions to be taken after significant suicide attempts.

This document is to be used in conjunction with MH&APPM/8953 – [Mental Health Service Policy](#) which outlines the shared vision and expectations for the direction, values, principles, attitudes and ways of working to deliver a values based service.

## Scope

This procedure applies to all Hawke’s Bay District Health Board (HBDHB) Mental Health Services (Adult, EMHS, Addictions, Child Adolescent and Family (CAFS), Older Persons Mental Health (OPMH) and Springhill Services) and partner Clinical Mental Health Services (Oranga Hinengaro o Te Matua a Maui and Te Poutama Tautoko).

## Definitions

Term/Abbreviation	Meaning
Significant suicide attempt	Either:  An attempt made where the person carrying out the act had a clear intention to die, regardless of the method used, harm sustained or the persons later regrets regarding their actions; or;  An attempt where significant harm has been sustained (inpatient medical or surgical intervention required) regardless of the person’s intention to die at the time of the act

## Roles and Responsibilities

Role	Responsibility
Associate Clinical Nurse Manager/Manager (or equivalent)	Leads response in appropriate team and ensures appropriate registered health professional(s) provides follow up.
Registered Health Professional	Provides assessment and co-ordination of care to the person and specialist treatment dependent on scope of practice

## HBDHB Procedure

- 1 Anyone who has been brought to the attention of Mental Health Services who has made a significant suicide attempt should be assessed by a mental health registered health practitioner.
- 2 Further face to face should occur within 48 hours following initial assessment. This should be done via Emergency Mental Health Service (EMHS), if out-of-hours, or by the person's key worker during normal working business hours, and follow up needs to continue until a safe discharge to GP can be managed well or transfer to Community Mental Health (CMH) is made.
- 3 Clear and concise communication and assessment (where applicable) is essential, documented in ECA/ hard copy notes where applicable and relayed to persons General practitioner (GP).
- 4 All people who are assessed after a significant suicide attempt are identified within ECA as a suicide attempt.
- 5 A collaboratively developed risk management plan must be completed with the person and relevant others within five (5) working days of the initial assessment in the community.
- 6 Assertive efforts must be made to ensure follow up occurs.
- 7 The persons' family/whanau, support network, LRT team and any other health care or social agencies involved must be communicated with and involved as appropriate.
- 8 Where risk of suicide remains high the registered health professional is to submit name to the Mental Health Services Local Response Team member for discussion at the next meeting (note meetings are held fortnightly).
- 9 If the person declines follow up, despite assertive efforts, and the Mental Health (Compulsory Assessment and Treatment) Act 1992 is not thought to apply, then an alternative means of monitoring the persons progress must be made and documented (e.g. through keeping contact with a close family member, reporting to General Practitioner (GP) as able).

## Measurable Outcomes

Identification and audit of the care of all people relevant to this policy on a monthly basis will be undertaken by the Clinical Nurse Manager (CNM) audit process.

## Related Documents

MHAS/8046 - [Health Record Standards for the Mental Health Service](#)

MHAS/8100 – [Mental Health & Addiction Services Admin Documentation Standards](#)

## References

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## Key Words

Mental Health  
Suicide

***For further information please contact the Clinical Manager – Emergency Mental Health Services***