

Assessment of suicidal risk

It is vital that any suicide attempt is taken seriously. Suicidal thoughts and behaviour are closely associated with mental illness. Therefore the evaluation of such symptoms should always include a full psychiatric assessment. In general, this should be carried out by an appropriately trained team of mental health professionals. A multi-disciplinary team offers a greater range of skills to meet the differing needs of patients and can also provide supervision and support to its members in a particularly demanding aspect of mental health care. However in some situations, such as after hours or in private practice, it will not be possible for a multi-disciplinary team to provide an initial assessment of a person. In all circumstances there must be clear lines of clinical responsibility for each client or patient.

By the end of the assessment, there must be a clearly documented treatment plan that specifically includes the level of assessed risk to the person and steps to be taken to ensure their safety. This should be developed in partnership and collaboration with the person as soon as possible. (The clinician must consider whether the person's judgement is impaired due to mental illness. Where involuntary treatment is being considered, this can only proceed under the provisions of the Mental Health (Compulsory Assessment and Treatment) Act 1992).

Family members and whanau can, and often wish to, provide important input into such assessments. Where the person gives their permission for such contact, this assistance should, in general, be actively sought. In a small number of cases, this may not be appropriate if the family is a contributing factor to the person's risk of suicide. Difficulties can arise if the person refuses permission for the assessing person to speak to their relatives, particularly when the person is an adolescent under 17 years.

The legislation related to seeking information about the person, as opposed to giving out information about the person, is not straightforward. The principles of confidentiality and respect for the person's wishes and rights must be adhered to. However, there will be situations where a comprehensive assessment cannot be completed without additional information from the family. This is particularly likely to be the case if the person is from Maori or Pacific Island cultures, or where a person is assessed for the first time and is reluctant to provide information. In these cases decisions must be made in the interest of the person's safety.

In an emergency, information should be sought if it is "necessary to save the person's life, to prevent serious damage to the health of the person or to prevent the person from causing serious injury to himself or herself or others" (S.62 Mental Health (Compulsory Assessment and Treatment) Amendment Act, 1992). This may be the case where information is sought on the medication that a person has used to overdose or about possible access to firearms, etc.

The person should always be informed of the steps which need to be taken for their safety. A decision to contact their family should also take into account the likely impact on the person's current and future relationships. When a person is unwilling for their therapist to contact their relatives, it may be appropriate for another member of the therapeutic team to be available to the family to try and assist with issues of concern to them, while preserving confidentiality about information relating to the person.

Possible conflicts about confidentiality issues need to be resolved early in the assessment and the limits of confidentiality established in each situation.

The influence of cultural factors must always be considered. The assessing professional may need to contact the person's family, appropriate community resources, church, or alternative health providers to gain an understanding of the person's difficulties. Again, issues of confidentiality and the rights of the individual need to be carefully considered. There may be conflict between the presumed right of the family to know about their ill member, to contribute to decision making and to be involved in treatment, and the wishes of the person, particularly among second generation Pacific Islands people. The use of cultural experts can be valuable in resolving such conflict.

²⁷ From the Guidelines on the management of suicidal patients, Mental Health Services, Ministry of Health, Wellington NZ, July 1993.

The points listed below are of particular relevance to the assessment of the degree of suicidal risk.

Information required for the assessment of suicidal risk

- Mental health status - depressed, psychotic, intoxicated
 - History of previous attempts, previous suicidal ideation
 - Family history of impulsive/destructive behaviour or other mental illness
 - Supports or contacts
 - If a suicide attempt has been made, the person's understanding of what they did and what they expected to happen
 - Recent events contributing to the decision to attempt suicide
 - The person's degree of 'future orientation' and hope of improvement or degree of hopelessness (assessing both direct and indirect evidence)
 - The interviewer's clinical judgement about the quality of the person's responses
 - Whether there is any risk to others associated with the person's suicidal plans
 - The person's current suicidal ideation, plan/action, and the means available
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Another factor that should be taken into account in the assessment of suicidal risk is whether the person has been sexually or physically abused. A recent New Zealand study of people who had attempted suicide showed that over one third had been sexually abused (Romans et al, 1995; Mullen et al, 1993). This is a sensitive issue and the assessing person must decide the most appropriate stage to explore this area with the person.

The use of specialised risk scales, such as the Beck Hopelessness Scale may be a useful supplement to clinical judgement but should not replace a thorough psychiatric and psychological evaluation.

It must also be recognised that suicidal ideation in particular, and mental state in general, can fluctuate considerably over relatively short periods of time. It is therefore necessary to assess their stability in any individual person and to determine the need for reassessment over the next few hours, days and weeks.

Mental Health (Compulsory Assessment and Treatment) Act 1992

This is a resource available for the management of mentally ill patients who are suicidal or seriously incapacitated in their self care, if their mental disorder falls within the definition of mental disorder in the Mental Health (Compulsory Assessment and Treatment) Act 1992. Duly Authorised Officers (DAOs) are available to provide information and assistance to patients and their families where compulsory assessment or treatment under the Act is being considered. If the patient is voluntary, whether in the community or in hospital, application can be made under section 8. If the resulting examination under section 10 of the Act finds that the patient should undergo compulsory treatment, then treatment can take place even if the patient cannot or will not consent, subject to the provisions of the Act. If the person is in the community, the Duly Authorised Officer may seek police assistance if necessary (section 41). Similarly, if the police are called to a situation where a person "is acting in a manner which gives rise to reasonable belief that he or she may be mentally disordered", the police may take the person to a hospital, police station or surgery for the purpose of a psychiatric assessment. This may lead to a section 8 application under the Act.

The purpose of the Duly Authorised Officer is to allow a more easily accessed "door" into the compulsory treatment provisions of the Mental Health Act. The DAOs are experienced mental health professionals who act as the front line operators of the Mental Health Act. Their role is to provide advice and assistance with assessments of whether compulsory treatment is required, to receive applications and to facilitate assessment, and they may provide assistance with transport to hospital. DAOs can be contacted by phoning the local mental health team.