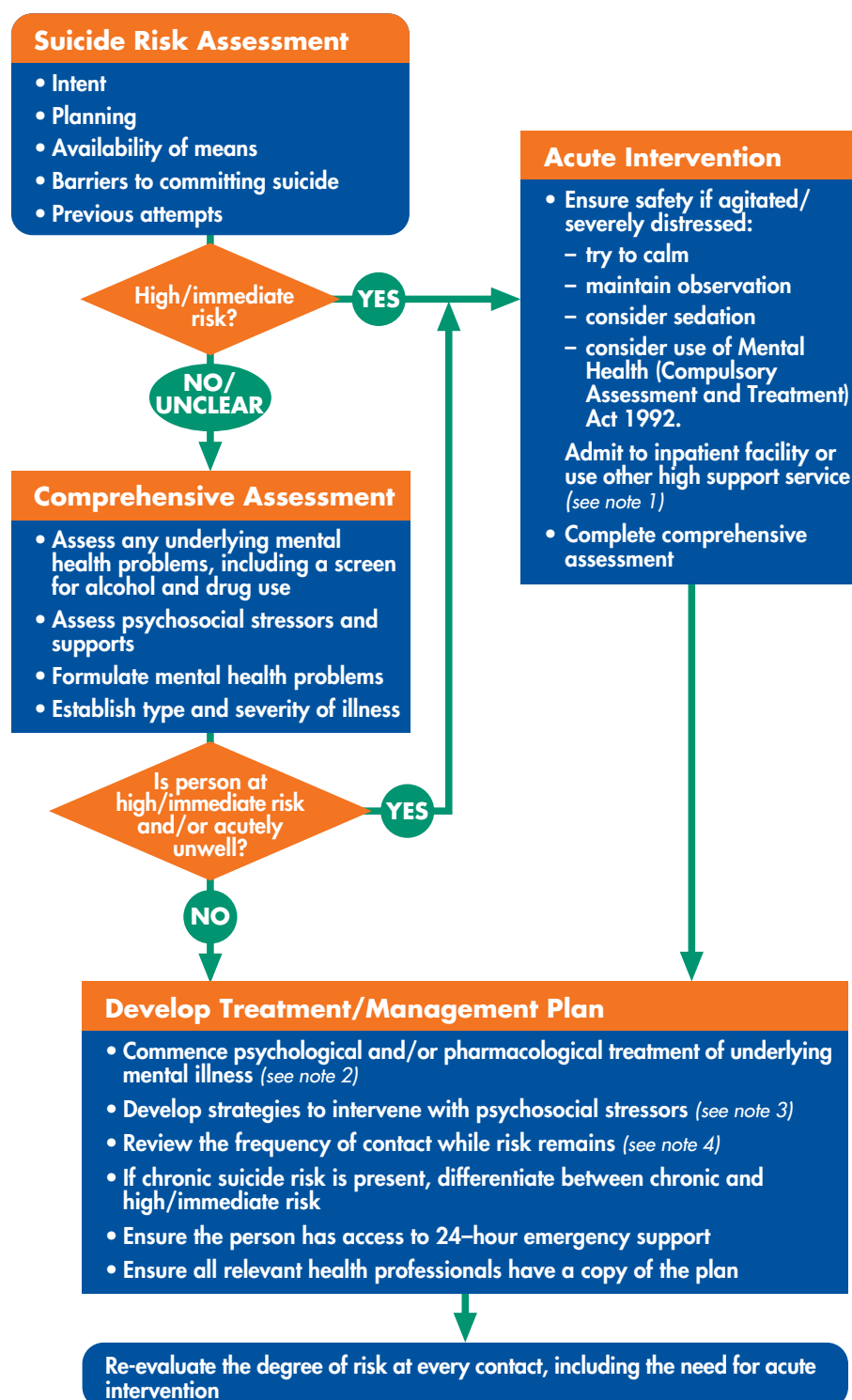


MENTAL HEALTH SERVICE ACUTE ASSESSMENT SETTINGS



NOTES:

1. Admission

- Admit if high/immediate suicide risk.
- Consider Admission or High Support Services if:
 - intensive psychiatric management is required
 - psychosocial support is absent
 - medical management is required
 - 'specialling' is required
 - crisis respite is needed.

2. Treatment of Mental Illness

- Consider referral to appropriate division of the mental health service
- If not eligible for community mental health services, consider referral to other mental health agencies/counselling services
- Involve general practitioner in ongoing monitoring
- Ensure continuing support and monitoring whilst the person is waiting to be picked up by the service.

3. Psychosocial Interventions

- Consider safety issues in home environment (eg, guns, ropes, medications, chemicals) and ensure family are aware of risks
- Consider referral to appropriate services (eg, Womens' Refuge, grief counselling)
- Consider problem-solving to resolve stresses.

4. Frequency of Contact

- Increase follow-up post discharge from inpatient unit, particularly in the first few days
- If a person does not attend their follow-up appointment and is believed to be at risk, make efforts to contact that person immediately and assess for risk
- In outpatient follow-up increase frequency of contact (eg, visits, telephone).

Key Tasks Throughout the Assessment and Management Process

Establish rapport and work to develop a therapeutic relationship.

Involve whānau/family/support people in assessment and treatment planning (if appropriate and available).
Ensure whānau/family/support people have access to 24-hour emergency contact numbers.

Consider the person's cultural, spiritual and religious values and beliefs. Offer relevant available services to the suicidal person.

Consult with colleagues or multidisciplinary team. Involve them whenever reviewing changes to risk and in management planning.