PROVINCIAL AUDITOR
of Saskatchewan

NEWS RELEASE
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2019 Report–Volume 2: Provincial Auditor Examines Processes for Treating Patients at Risk of Suicide in Northwest Saskatchewan

REGINA, SK., December 5, 2019: In her *2019 Report – Volume 2*, Chapter 24, Provincial Auditor of Saskatchewan, Judy Ferguson, highlights eight areas for the Saskatchewan Health Authority to improve its processes to treat patients at risk of suicide in northwest Saskatchewan. The audit found the following.

Suicide is just behind accidents as the leading cause of death among children and young adults (10 to 29 years) in Canada. In 2018, the average suicide rate (per 100,000) suicides in northwest Saskatchewan exceeded the provincial average rate by almost 50%. Multiple factors influence individuals attempting suicide. Effective prevention requires comprehensive approaches to address suicide's complexity.

The Saskatchewan Health Authority utilizes the *Saskatchewan Suicide Framework* as guidance for its efforts in suicide prevention. It reflects good practice.

Patients at risk of suicide typically access health care services by going to an emergency department or mental health outpatient services. Emergency services, and mental health inpatient and outpatient services, available in northwest Saskatchewan are to identify and treat suicidal patients using protocols (e.g., patient screening, assessment and management) that align with the Framework; however, staff do not always follow them.

Average suicide rate per 100,000 people in 2018:
- **Northwest Saskatchewan** 27.9 suicides
- **Saskatchewan** 18.7 suicides—higher than average national rate of approximately 11 suicides

In **Canada**, on average:
- **10 deaths daily** due to suicide
- For every suicide: **25 to 30 suicide attempts**
- Men are three times more likely to commit suicide than women

Generally, about 45% of those who committed suicide saw a primary care physician in the 30 days before they died.

For three instances in 23 files tested, emergency department staff did not provide psychiatric consultation for patients with high suicide risk prior to their discharge, as per protocol. In addition, the Authority's follow-up protocols for patients accessing mental health services through an emergency department differ from those accessing outpatient services—emergency department staff do not refer patients to mental health outpatient services for follow-up. Proactive follow-up care promotes continuity of care and can reduce the number of patients who attempted suicide from re-attempting.

Health care staff in northwest Saskatchewan facilities do not receive sufficient training on caring for suicidal patients, and training varies significantly. For example, new emergency department nursing staff at Battlefords Union Hospital received online training related to mental health and suicide screening, whereas staff at other emergency departments our Office visited did not.

The Authority does not periodically inspect northwest Saskatchewan facilities providing services to patients at risk of suicide for staff sightline obstructions or physical structures potentially used in attempting suicide. While staff at facilities conducted quick, visual reviews every 12 hours of mental health inpatient rooms for safety risks, the scope of these reviews is narrower than the Framework expects.

Furthermore, the Authority has not formally assessed why patients poorly utilize psychiatric services provided via scheduled telehealth (e.g., videoconferencing). Missed telehealth appointment rates ranged close to 50% in certain years. Many suicidal patients from smaller communities in northwest Saskatchewan must access mental health services in larger centres. In 2018–19, 51% of patients treated at North Battleford's mental health inpatient services travelled from outside the Battlefords' area.

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Given the geographic spread and size of communities in northwest Saskatchewan, with most suicide prevention services available in larger centres, improved use of psychiatric services through the use of videoconferencing could effectively minimize travel time and costs, as well as increase service accessibility for patients at risk of suicide. Furthermore, the Authority performed limited analysis of key data about suicide rates and prevalence of suicide attempts to determine whether services for suicidal patients sufficiently address patient demand and accessibility.

"If the Authority analyzed key data to rationalize available services, as well as to identify barriers in using mental health services," said Ferguson, "It could better inform treatment program planning, placement, and implementation."

Additional recommendations include conducting risk-based file audits for patients at risk of suicide and implementing a single, provincially accessible electronic health file for mental health, addictions and suicidal patients.

The full Provincial Auditor's *2019 Report – Volume 2* available online at www.auditor.sk.ca.

The Provincial Auditor is an independent officer of the Legislative Assembly of Saskatchewan. The Office promotes accountability and better management by providing Legislators and the public with an independent assessment of the government's use of public resources.

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Additional issues highlighted in the Provincial Auditor's *2019 Report – Volume 2* include:

- Chapter 10: Provincial Capital Commission
- Chapter 21: Sustainable Fish Population Management
- Chapter 22: Co-ordinating the Appropriate Provision of Helicopter Ambulance Services
- Chapter 23: Providing Safe Drinking Water in Provincial Parks
- Topics from 44 other chapters

Accompanying news releases and backgrounder give further details regarding these key topics.

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