Chapter 15
Saskatchewan Health Authority—Treating Patients at Risk of Suicide in Northwest Saskatchewan

1.0 Main Points

In Saskatchewan, over 200 people die by suicide each year.[1] In the Saskatchewan Health Authority's Northwest service area, Indigenous people accounted for about 70% of all completed suicides.[2]

Between April 2024 and February 2025, there were 18 suicides (2018: 28 suicides) in northwest Saskatchewan.[3]

By February 2025, the Authority implemented the six remaining recommendations we originally made in 2019 about treating patients at risk of suicide in northwest Saskatchewan. We found the Authority:

- Analyzed key data about suicide rates and prevalence of suicide attempts to identify communities with the highest need for services. As a result of its analysis, it added key positions to two communities (i.e., North Battleford and Meadow Lake) to increase services to patients at risk of suicide. The Authority also analyzed barriers to patients attending scheduled appointments (virtual and in-person) and took steps to address the barriers (e.g., provided transportation options to patients).

- Conducted suicide screenings and psychiatric consultations, when required, for patients accessing emergency departments who were at risk of suicide. It also followed up with patients discharged from emergency departments to encourage further treatment, where needed.

- Required staff to complete mandatory training and began tracking training completed by staff to determine and address gaps.

Having effective processes to treat patients at risk of suicide in the Northwest service area help patients receive needed support and treatment.

2.0 Introduction

2.1 Background

Under *The Provincial Health Authority Act*, the Saskatchewan Health Authority is responsible for the planning, organization, delivery, and evaluation of the health services that it provides, including treating patients at risk of suicide.

[1] The average number of suicides between 2019 and 2023. www.suicideinfo.ca/local_resource/suicide-stats-canada-provinces/ (5 March 2025).
[2] Saskatchewan Health Authority data on completed suicides in northwest Saskatchewan communities from 2015–23.
[3] Saskatchewan Coroners Service, *Suicide Deaths in Specific Northern Communities, April 1, 2024 – February 25, 2025*.

In 2020, the Government of Saskatchewan released *Pillars for Life: The Saskatchewan Suicide Prevention Plan* to help reduce risk factors related to suicide, while increasing protective factors for individuals, families, and communities.[4] The Plan notes that in northern Saskatchewan, suicide is the leading cause of death for people aged 10 to 49.[5]

The Authority's Northwest integrated service area is one of its six service areas and encompasses those healthcare facilities serving communities in northwest Saskatchewan (e.g., North Battleford, Lloydminster, Meadow Lake) and far northwest (e.g., Buffalo Narrows, La Loche, Île-à-la-Crosse).[6] These facilities serve a population of about 115,000.[7]

Patients at risk of suicide typically access healthcare services by going to an emergency department or outpatient services. The Authority offers mental health supports through outpatient services (direct clinical and counselling) and inpatient services (provided in a hospital outside of an emergency department).

2.2 Focus of Follow-Up Audit

This chapter describes our second follow-up audit of management's actions on the recommendations we first made in 2019.

We concluded, for the 12–month period ended August 31, 2019, the Saskatchewan Health Authority had effective processes, other than the areas identified in our eight recommendations, to treat patients at risk of suicide in northwest Saskatchewan.[8] By November 2022, the Authority implemented two recommendations and partially implemented six recommendations.[9]

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Authority's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Authority management agreed with the criteria in the original audit.

To carry out our follow-up audit, we interviewed key Authority staff responsible for providing services to people at risk of suicide in northwest Saskatchewan. We examined the Authority's centralized mental health and addictions IT system and assessed relevant work standards as well as training provided to staff. We also tested a sample of files of patients at risk of suicide.

3.0 Status of Recommendations

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at February 28, 2025, and the Saskatchewan Health Authority's actions up to that date.

[4] www.saskatchewan.ca/government/health-care-administration-and-provider-resources/saskatchewan-health-initiatives/suicide-prevention-plan (5 March 2025).
[5] *Pillars for Life: Saskatchewan Suicide Prevention Plan*, p. 2.
[6] Prior to creation of the Saskatchewan Health Authority in 2017, the former Keewatin Yatthé Health Region served communities in the far northwest and the former Prairie North Health Region served communities in the northwest.
[7] Information provided by Saskatchewan Health Authority.
[8] *2019 Report – Volume 2*, Chapter 24, pp. 197–222.
[9] *2023 Report – Volume 1*, Chapter 20, pp. 191–202.

3.1 Key Data Analyzed to Rationalize Additional Services Needed

We recommended the Saskatchewan Health Authority work with others (e.g., Ministry of Health) to analyze key data about rates and prevalence of suicide attempts to rationalize services made available to patients at risk of suicide. (*2019 Report – Volume 2,* p. 207, Recommendation 1; Public Accounts Committee agreement March 1, 2022)

Status—Implemented

The Saskatchewan Health Authority analyzed key data about suicide rates and prevalence of suicide attempts and used the results to rationalize services in the Northwest service area.

In 2023, the Authority analyzed the Saskatchewan Coroners Service suicide data (i.e., year of death, location/community, age, gender, and race of individuals who completed suicide), as well as the number of patients presenting to emergency rooms with self-harm or suicide attempts in the Northwest service area between 2015 and 2023. The Authority used its analysis to identify communities with high prevalence of suicide and suicide attempts.

The Authority's analysis of the 2015–23 data highlighted two communities as having the highest need for services:

- North Battleford had the highest number of suicides (22% of all cases in the Northwest service area) and emergency room visits for self-harm or suicide attempts (824 visits).

  In response, in the Authority filled two new Psychiatric Liaison Nurse positions at the Battlefords Union Hospital emergency room in August 2023. The primary focus for these positions is to work closely with emergency room physicians to develop and deliver high-quality services for individuals presenting to emergency rooms with mental health and addictions concerns.

- Meadow Lake had the second highest number of suicides (10.2% of all cases in the Northwest service area) and emergency room visits for self-harm or suicide attempts (558 visits).

  In response, the Authority filled two new Assessor Coordinator positions associated with inpatient and outpatient mental health and addictions services at the Meadow Lake Hospital in December 2023 and January 2024. These positions provide a range of services to patients at risk of suicide, including counselling, programming, screening, assessment, treatment, and case coordination.

Authority management indicated it plans to analyze suicide data annually. It expected to analyze the 2024 data by June 2025 to identify additional areas with high prevalence of suicide and suicide attempts and take any necessary actions.

Reviewing trends and analyzing key data allows the Authority to identify areas with a higher prevalence of suicide in the Northwest service area. This informs the Authority's decisions regarding resource allocation to help ensure individuals at risk of suicide have adequate access to suicide prevention programs and services.

3.2 Required Training Established and Tracking Started

We recommended the Saskatchewan Health Authority give suitable training to staff located in northwest Saskatchewan caring for patients at risk of suicide. (*2019 Report – Volume 2,* p. 211, Recommendation 2; Public Accounts Committee agreement March 1, 2022)

Status—Implemented

The Saskatchewan Health Authority determined mandatory training requirements for staff (e.g., addiction counsellors, nurses) working with patients at risk of suicide in northwest Saskatchewan and began tracking training completed by staff. It expects to provide staff with any missed training in 2025–26.

In June 2021, the Authority implemented a work standard outlining the minimum mandatory training requirements for staff caring for patients at risk of suicide (e.g., training on identifying suicide risks, and completing assessment forms and safety plans). We reviewed the required training courses during our 2022 follow-up audit and found the training requirements reasonable.

In 2023, the Authority began requiring managers to track training completed by staff within their unit using manual training logs. Managers track whether each employee completed mandatory training (e.g., suicide protocol), when it was completed, and when the training expires.

We reviewed five training logs for units within inpatient and outpatient facilities located in the Northwest region and found:

- Three training logs were up to date with all staff having completed relevant training
- One training log had two staff who were missing one of the required training courses
- One training log had almost all staff missing required training, or their training was past its expiration date

Authority management indicated that due to staff turnover, multiple training courses lost their designated trainer. The Authority was currently exploring options (e.g., external training) to provide required training to staff in 2025–26.

Tracking whether staff obtain required training decreases the risk that staff may not follow the practices the Authority expects.

3.3 Suicide Screening and Psychiatric Consultations Completed

We recommended the Saskatchewan Health Authority follow its established protocols to provide psychiatric consultations to patients accessing emergency departments in northwest Saskatchewan who are at high risk of suicide. (*2019 Report – Volume 2,* p. 214, Recommendation 3; Public Accounts Committee agreement March 1, 2022)

Status—Implemented

The Saskatchewan Health Authority followed its established protocols to screen patients for risk of suicide and to provide psychiatric consultations to patients accessing emergency departments who are at high risk of suicide.

In June 2023, the Authority developed two work standards to provide guidance to staff on when psychiatric consultation is required and how to contact psychiatry. The Authority first requires staff to medically stabilize patients. Once the patient is stable, staff are to screen patients for risk of suicide when they exhibit signs and/or symptoms of suicidal behaviour or suicidal ideation. The attending emergency department physician further assesses risk and determines the need for psychiatric and/or mental health consultation (required when there is a higher risk of suicide).

We tested 25 files of patients admitted to emergency departments for suicide ideation, self-harm, or attempted suicide. We found the Authority adequately documented the risk of suicide for each patient and appropriately provided psychiatric consultation to 17 patients when it was required. In one case, emergency department staff assessed the patient as high risk of suicide. We found the Authority immediately requested psychiatric consultation and admitted the patient to inpatient mental health services.

Assessing patients' suicide risk and consulting with psychiatrists decreases the risk of those patients not receiving needed support and treatment.

3.4 Analyzing Missed Appointments and Addressing Barriers

We recommended the Saskatchewan Health Authority address barriers to using videoconferencing to provide psychiatric services to communities in northwest Saskatchewan. (*2019 Report – Volume 2,* p. 215, Recommendation 4; Public Accounts Committee agreement March 1, 2022)

Status—Implemented

We recommended the Saskatchewan Health Authority analyze reasons patients at risk of suicide miss appointments for mental health outpatient services to help address barriers. (*2019 Report – Volume 2,* p. 217, Recommendation 5; Public Accounts Committee agreement March 1, 2022)

Status—Implemented

The Saskatchewan Health Authority analyzes reasons patients miss in-person and videoconferencing appointments and takes action to address the barriers to mental health services.

The Authority continues to provide Telehealth clinics (i.e., videoconferencing) at all five communities in the far northwest region (Beauval, Buffalo Narrows, Île-à-la-Crosse, La Loche, and Patuanak) on a quarterly basis.

The Authority requires staff to follow up with patients who miss their scheduled in-person and virtual appointments on the day the appointment was to occur. If staff are unable to reach the patient, the Authority expects a second attempt to be made the next business day. Staff are to document, in a standard no-show form, the date and time when staff attempted to follow up with the patient and the patient's reasons for missing their scheduled appointment.

The Authority collects and compiles all the completed no-show forms each month to summarize the reasons patients miss their scheduled appointments (for both in-person and videoconferencing appointments). On average, about 97 patients miss their scheduled appointments each month. We reviewed the results of the Authority's analysis for September 2022 to June 2024—the Authority identified four main barriers as to why patients miss their scheduled appointments:

- 44.5% of patients who missed their scheduled appointments forgot about the appointment and/or had a scheduling conflict
- 12.1% of patients were sick, no longer required the service, slept in, or were not feeling up to coming to the appointment
- 3.6% missed their schedule appointment due to a miscommunication of the date/time of the appointment
- 3% of patients did not have available transportation

Additionally, for one-third of all no-shows, the Authority was unable to contact the patient and could not assess barriers as to why the patient missed the appointment.

The Authority evaluated the barriers identified and took steps to address these barriers. For example:

- Management worked with its IT department in 2023 to determine whether it could implement an automated process for sending text message reminders to patients. Due to limitations in the Authority's Mental Health and Addictions Information System (MHAIS), this process is not possible. The Authority should continue to pursue some sort of appointment reminder option given a high proportion of patients missing their appointments.
- Management encouraged staff to write the date/time of the appointment on the clinician's business card provided to patients
- In 2023, the Authority began offering local taxi services (where taxi services exist) for patients to get to their scheduled appointment. The Authority provides taxi vouchers to patients. The taxi company completes the voucher and submits it to the Authority for payment.
- The Authority has various employees (e.g., continuing care aides) who work in the field and drive to check in on patients at their home. These staff will provide transportation to patients when required. For example, they will drive patients to the grocery store, the pharmacy, or to scheduled appointments.

Analyzing why patients miss appointments allows the Authority to take action to address barriers to mental health services.

3.5 Following Up with Patients After Discharge

We recommended the Saskatchewan Health Authority follow up with patients (who attempted suicide) discharged from emergency departments in northwest Saskatchewan to encourage treatment, where needed. (*2019 Report – Volume 2,* p. 219, Recommendation 6; Public Accounts Committee agreement March 1, 2022)

Status—Implemented

The Saskatchewan Health Authority follows up with patients (who attempted suicide) discharged from emergency departments in northwest Saskatchewan to encourage treatment, where needed.

Upon discharge, emergency departments refer patients who attempted suicide to outpatient services (e.g., addictions counselling, psychiatric care) or inpatient services. The Authority expects mental health and addictions staff to follow up with patients needing outpatient services the next business day and determine further referrals or follow-up appointments.

The timeliness of follow-up appointments depends on the patient's assessed suicide risk at the time of discharge (i.e., patients assessed at moderate suicide risk have scheduled appointments to reassess suicide risk within five days; high-risk patients are reassessed within 24 hours).

We tested 25 patient files and found the Authority adequately documented referrals to outpatient services and scheduled timely follow-up appointments for 17 patients. The remaining eight patients did not have referrals to mental health outpatient services due to the following:

- Three patients refused additional services or refused to give their contact information.
- Three patients were already participating in outpatient services (i.e., addictions counselling). The Authority confirmed each patient had a scheduled appointment with their provider prior to discharge.
- Two patients were discharged without any referrals to outpatient services; however, both patients were assessed as having no risk of suicide at the time of discharge. The Authority provided them with the necessary resources to contact outpatient services if the patient felt they wanted additional mental health support. At the time of our follow-up audit, we found these patients did not access mental health and addictions services following discharge.

Following up with patients after discharge decreases the risk of patients not receiving the care they need. Proactive follow-up promotes continuity of care and continues the assessment and management of suicide risk.