



RAI-MH

Resident Assessment Instrument–
Mental Health (RAI-MH)
Mental Health Clinical
Assessment Protocols
Reference Guide



Canadian Institute
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Institut canadien
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For permission or information, please contact CIHI:

Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6
Phone: 613-241-7860
Fax: 613-241-8120

cihi.ca

copyright@cihi.ca

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Introduction

The Resident Assessment Instrument–Mental Health (RAI-MH ©), provided in the Ontario Mental Health Reporting System Resource Manual, is a comprehensive, standardized instrument that evaluates the needs, strengths and preferences of adults in inpatient mental health settings. The RAI-MH is designed to give a holistic view of a patient’s current life situation.

Mental Health Clinical Assessment Protocols (MH CAPs) are clinical applications embedded within the RAI-MH assessment. The MH CAPs trigger the identification of goals of care and appropriate treatment interventions based on information provided by the RAI-MH assessment. MH CAPs provide clinical information to identify potential areas of individual risk, strengths and areas that may benefit from additional support to prevent potential decline. MH CAPs reflect an individual’s current level of functioning and symptom severity, facilitating a collaborative approach to care planning. An individual’s preference and views are important aspects in recovery.

The MH CAPs encompass 5 domains including safety, social life, economic issues, autonomy and health promotion. Each domain represents a specific area of daily life that can be impacted by illness. There are 20 MH CAPs developed by interRAI for the inpatient mental health setting, based on reviews by interRAI’s international collaborative research, consultation with subject matter experts and analysis of interRAI mental health data holdings. The ways in which MH CAPs are calculated vary. MH CAPs are based on mental health outcome scale scores and/or algorithms that incorporate specific items in the completed RAI-MH assessment.

The interRAI Mental Health Clinical Assessment Protocols (CAPs) for Use With Community and Hospital-Based Mental Health Assessment Instruments (2011) is the main source for information on MH CAPs. The manual provides a comprehensive view of the MH CAPs, including an issue statement, goals of care and guidelines for care for each MH CAP. These guidelines use a variety of approaches for consideration in formulating the plan of care, along with a detailed list of resources used in developing the MH CAPs. This manual is available through interRAI at <https://catalog.interrai.org/>.

The Canadian Institute for Health Information (CIHI) provides stakeholders that submit to the Ontario Mental Health Reporting System (OMHRS) with secure online access to MH CAPs reports through CIHI’s Operational Reports. The reports provide the percentage of MH CAPs triggered at the facility and aggregate levels for peer groupings and the province. This information can be used for quality improvement initiatives, program planning and resource allocation.

This reference guide provides an overview of the specific RAI-MH items used in calculating the MH CAPs. It presents the following information:

- MH CAP domain and name;
- RAI-MH assessment items involved in triggering each MH CAP;
- Trigger levels described in narrative form; and
- An MH CAPs summary.

Safety CAPS

Safety: Harm to Others		
<p>Risk of Harm to Others (RHO) scale</p> <p>A5 Police Intervention</p> <p style="padding-left: 20px;">a. Violent behaviour</p> <p>B1 Mental state indicators</p> <p style="padding-left: 20px;">w. Delusions</p> <p style="padding-left: 20px;">gg. Sleep problems</p> <p>B2 Insight to mental health</p> <p>D2 Violence</p> <p style="padding-left: 20px;">a. Violence to others</p> <p style="padding-left: 20px;">b. Threatened violence</p> <p style="padding-left: 20px;">c. Violent ideation</p> <p>E2 Extreme Behavioural Disturbance</p>	<p>RHO includes Aggressive Behaviour Scale (ABS)</p> <p>E1 Behaviour symptoms</p> <p style="padding-left: 20px;">b. Verbal abuse</p> <p style="padding-left: 20px;">c. Physical abuse</p> <p style="padding-left: 20px;">d. Socially inappropriate behaviour</p> <p style="padding-left: 20px;">f. Resistance to care</p>	<p>RHO includes Positive Symptoms Scale (PSS) — long</p> <p>B1 Mental state indicators</p> <p style="padding-left: 20px;">h. Inflated self-worth</p> <p style="padding-left: 20px;">i. Hyperarousal</p> <p style="padding-left: 20px;">l. Pressured speech/racing thoughts</p> <p style="padding-left: 20px;">ee. Abnormal/unusual movements</p> <p style="padding-left: 20px;">u. Hallucinations</p> <p style="padding-left: 20px;">v. Command hallucinations</p> <p style="padding-left: 20px;">w. Delusions</p> <p style="padding-left: 20px;">x. Abnormal thought processes</p>
<p>Triggered due to high risk of harm to others</p> <ul style="list-style-type: none"> • Score of 5 or 6 RHO 	<p>Triggered due to moderate risk of harm to others</p> <ul style="list-style-type: none"> • Score of 3 or 4 RHO; OR • Have had violent thoughts, action or acts of intimidation in the last 7 days 	<p>Not triggered</p> <ul style="list-style-type: none"> • Score 0 to 2 RHO; and • No violent thoughts, actions or acts of intimidation in the last 7 days

Safety: Suicidality and Purposeful Self-Harm

Severity of Self-harm (SoS) scale

- D1 Self-injury
- b. Intent was to kill self
 - c. Considered self-injury
 - da. Family concern
 - db. Suicide plan

SoS includes Positive Symptoms Scale (PSS) — short

- B1 Mental state indicators
- u. Hallucinations
 - v. Command hallucinations
 - w. Delusions
 - x. Abnormal thought process/form

SoS includes Depressive Severity Index (DSI)

- B1 Mental state indicators
- a. Facial expression
 - d. Made negative statements
 - e. Self-deprecation
 - f. Guilt/shame
 - g. Hopelessness

SoS includes Cognitive Performance Scale (CPS)

- F1 Memory
- a. Short-term memory
- F2 Cognitive skills for daily decision-making
- G1 3-Day ADL self-performance
- e. Eating
- H3 Making self understood

Triggered due to high risk of harm to self

- Score of 5 or 6 on SoS

Triggered due to moderate risk of harm to self

- Score of 4 on SoS

Not triggered

- Score of 0 to 3 on SoS

Safety: Self-Care

Self-Care Index (SCI)

- B1 Mental state indicators
- c. Decreased energy
 - ff. Hygiene
 - x. Abnormal thought process/form
 - y. Anhedonia
- B2 Insight into mental health
- F2 Cognitive skills for decision-making
- H3 Making self understood

SCI includes Positive Symptoms Scale (PSS) — short

- B1 Mental state indicators
- u. Hallucinations
 - v. Command hallucinations
 - w. Delusions
 - x. Abnormal thought process/form

SCI includes Mania Scale

- B1 Mental state indicators
- h. Inflated self-worth
 - i. Hyperarousal
 - j. Irritability
 - k. Increased sociability/hypersexuality
 - l. Pressured speech
 - m. Labile affect

Triggered due to high risk of inability to care for self

- Score of 6 on SCI

Triggered due to moderate risk of inability to care for self

- Score of 2 to 5 on SCI

Not triggered

- Score of 0 to 1 on SCI

Social Life CAPS

Social Life: Social Relationships		
B1 Mental state indicators z. Loss of interest bb. Reduced interaction J1 Life events e. Conflict-laden relationship	O1 Family roles O2 Social relations and interpersonal conflict a. Reports having no confidant b. Family overwhelmed	O6 Social relationships a. Participation in social activities b. Visit by family members c. Other interactions with family/friends
Triggered to reduce social isolation and family dysfunction for individuals who are experiencing problems in family functioning, have no confidant and experiencing social isolation	Triggered to improve close friendships and family functioning	Not triggered
Social Life: Support Systems for Discharge		
CC4b Usual residence P1 Available social supports a. Help with childcare	b. Supervision for personal safety c. Crisis support d. ADL/IADL support	P2 Discharge Readiness b. Has a support person P5 Discharged to
Triggered for those <ul style="list-style-type: none"> • Who do not have a family member or friend willing to help with activities/instrumental activities of daily living (ADLs/IADLs), child care, crisis support or supervision for personal safety after discharge; OR • Whose living arrangement (permanent or initial) upon discharge is homeless; OR • Who do not have a support person who is positive toward the person's discharge to the community 		Not triggered

Social Life: Interpersonal Conflict		
B1 Mental state indicators dd. Anger	O2 Social relations c. Hostile/critical of family or friends	O2 Social relations/interpersonal conflict d. Hostile/critical with others or staff f. Frustration by staff
Triggered to reduce widespread conflict	Triggered to reduce conflict within specific relationships	Not triggered
Social Life: Traumatic Life Events		
J1 Life events a. Serious accident/physical impairment c. Death of a family member or friend j. Lived in a war zone k. Witnessed severe accident	l. Victim of crime m. Victim of sexual assault n. Victim of physical assault o. Victim of emotional abuse	J2 Intense fear J3 Other indicators a. Family history of abuse b. Fearful of family member/friend/staff
Triggered to address immediate safety concerns	Triggered to reduce the impact of prior traumatic life events	Not triggered
Social Life: Criminal Activity		
A5 Police intervention a. Violent b. Non-violent	A3b Inpatient status (admission) CC2 Reasons for admission	CC4a Admitted from CC4b Usual residence Q5 Current patient type
Triggered to reduce the risk of violent or non-violent criminal behaviour • Experienced police interventions for any history of violent crime or non-violent crime within the past year OR admitted from a correctional facility or have been identified as a forensic admission		Not triggered

Economic Issues CAPS

Economic Issues: Personal Finances		
A4 Capacity/competency b. Capacity to manage property	G2 IADL capacity d. Managing finances	O5 Trade-offs J1 Life events g. Loss of income
Triggered due to economic hardship, poverty or having made trade-offs because of limited funds	Triggered due to inability to manage finances (incapacity) OR requires assistance to manage finances	Not triggered
Economic Issues: Education and Employment		
Includes Positive Symptoms Scale (PSS) — long B1 Mental state indicators h. Inflated self-worth i. Hyperarousal l. Pressured speech/racing thoughts u. Hallucinations v. Command hallucinations w. Delusions x. Abnormal thought process/form ee. Unusual/abnormal movements B2 Insight into mental health Age	Includes Aggressive Behaviour Scale (ABS) E1 Behaviour symptoms b. Verbal abuse c. Physical abuse d. Socially inappropriate behaviour f. Resistance to care Includes ADL Hierarchy G1 3-Day ADL self-performance a. Personal hygiene b. Walking c. Wheeling d. Toilet use e. Eating	Includes Cognitive Performance Scale (CPS) F1 Memory a. Short-term memory F2 Cognitive skills for daily decision-making G1 ADL Self-performance e. Eating H3 Making self understood J1 Life events f. Failed education program O3 Employment status O4 Risk of unemployment a. Increase in absenteeism b. Poor productivity c. Expresses intent to quit d. Persistent unemployment
Triggered to reduce the risk of unemployment or dropping out of school	Triggered to support employment or educational participation	Not triggered

Autonomy CAPS

Autonomy: Control Interventions

Includes Positive Symptoms Scale (PSS) — long

- B1 Mental state indicators
 - h. Inflated self-worth
 - i. Hyperarousal
 - l. Pressured speech/racing thoughts
 - u. Hallucinations
 - v. Command hallucinations
 - w. Delusions
 - x. Abnormal thought process/form
 - ee. Unusual/abnormal movements

D1 Self-injurious ideation/attempt

- a. Most recent attempt
- b. Attempt was to kill self

D2 Violence

- a. Violent to others

Includes Aggressive Behaviour Scale (ABS)

E1 Behaviour symptoms

- b. Verbal abuse
- c. Physical abuse
- d. Socially inappropriate behaviour
- f. Resistance to care

E2 Extreme behaviour disturbance

K5 Acute control medications

M1 Control interventions

- a. Mechanical restraint
- b. Chair prevents rising
- c. Restraint by staff
- f. Seclusion room

Triggered to eliminate the need for control interventions for persons in a psychiatric emergency situation

Triggered to eliminate control interventions for persons not in a psychiatric emergency situation (history of restraint use)

Not triggered

Autonomy: Medication Management and Adherence

- B1gg. Sleep problems
- F3 Periodic delirium/disordered thinking
 - a. Easily distracted
 - c. Disorganized speech
 - f. Mental function varies over day
- G2 IADL capacity
 - b. Capacity to manage medication
- I1 Problem frequency
 - b. Dizziness
 - f. Dry mouth
 - g. Appetite change
 - i. Nausea
 - j. Vomiting
 - k. Constipation
 - l. Diarrhea
 - m. Daytime drowsiness

- I1 Problem frequency (continued)
 - n. Fatigue/weakness
 - o. Impaired balance/ataxia
 - p. Emergent conditions
- I2 Extrapyramidal symptoms
 - a. Akathisia
 - b. Dyskinesia
 - c. Tremor
 - d. Rigidity
 - e. Slow, shuffling gait
 - f. Bradykinesia
 - g. Dystonia
- I3 Sexual functioning
- I4 Self-reported health
- K1 History of medication adherence
- K2 Medication refusal
- K3 Stopped psychotropic medication

Includes Positive Symptoms Scale (PSS) — long

- B1 Mental state indicators
 - h. Inflated self-worth
 - i. Hyperarousal
 - l. Pressured speech/racing thoughts
 - u. Hallucinations
 - v. Command hallucinations
 - w. Delusions
 - x. Abnormal thought process/form
 - ee. Unusual/abnormal physical movements

Includes Cognitive Performance Scale (CPS)

- F1 Memory
 - a. Short-term memory
- F2 Cognitive skills for daily decision-making
- G1 3-Day ADL self-performance
 - e. Eating
- H3 Making self understood

<p>Triggered for problems with medication management and adherence related to cognitive deficits OR positive symptoms AND not taking/refusing medications</p>	<p>Triggered for previously stopping medication due to side effects</p>	<p>Not triggered</p>
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Autonomy: Rehospitalization		
<p>Includes Positive Symptoms Scale (PSS) — short</p> <p>B1 Mental state indicators</p> <ul style="list-style-type: none"> u. Hallucinations v. Command hallucinations w. Delusions x. Abnormal thought process/form 	<p>B2 Insight into mental health</p> <p>CC3 Who lived with at admission</p> <p>DD1 Number of psychiatric admissions in last 2 years</p>	<p>Includes Cognitive Performance Scale (CPS)</p> <p>F1 Memory</p> <ul style="list-style-type: none"> a. Short-term memory <p>F2 Cognitive skills for decision-making</p> <p>G1 3-Day ADL self-performance</p> <ul style="list-style-type: none"> e. Eating <p>H3 Making self understood</p>
Triggered due to high risk of rehospitalization	Triggered due to moderate risk of rehospitalization	Not triggered

Health Promotion CAPS

Health Promotion: Smoking		
C5 Smoking		
Triggered to manage withdrawal symptoms for daily smokers and tobacco users who have not used tobacco in the last 3 days.	Triggered to encourage smoking cessation or reduction for daily smokers who have smoked within the last 3 days.	Not triggered
Health Promotion: Substance Use		
C1 Alcohol C2 Substance use a. Inhalants b. Hallucinogens c. Cocaine or crack	C2 Substance use (continued) d. Stimulants e. Opiates f. Cannabis K4 Intentional misuse of medications	C4 Patterns of drinking or other substance use a. Told to cut down b. Bothered by criticism c. Guilt about use d. Needs “eye opener”
Triggered due to current problematic substance use <ul style="list-style-type: none"> • Illicit drug use in last 30 days; OR • Consumption of 5+ alcoholic beverages; OR • Intentional misuse of medication(s) in last 90 days 	Triggered due to prior history of problematic substance use <ul style="list-style-type: none"> • Person has history of substance use, has not used in the last 90 days but has the potential to relapse 	Not triggered
Health Promotion: Weight Management		
N1a Height N1b Weight	N2 Nutritional problems a. Weight loss b. Weight gain d. Decrease in food consumed	N3 Potential signs eating disorders a. Binge eating/purging/bulimia b. Fear of weight gain c. Fasting/restrictive diet
Triggered for body composition <ul style="list-style-type: none"> • Body Mass Index (BMI) 30+ or below 18.5; OR • A low BMI and experiencing rapid weight loss 	Triggered for problematic eating behaviours <ul style="list-style-type: none"> • Fasting OR binge eating OR unrealistic fear of weight gain 	Not triggered

Health Promotion: Exercise		
<p>G3 Stamina I7a Falls I1 Signs and symptoms b. Dizziness d. Chest pain/pressure j. Vomiting p. Emergent conditions q. Edema</p>	<p>I2 Extrapyramidal signs and symptoms b. Dyskinesia d. Rigidity e. Slow shuffling gait f. Bradykinesia</p> <p>Includes ADL Hierarchy G1 3-Day ADL self-performance a. Personal hygiene b. Walking c. Wheeling d. Toilet use e. Eating</p>	<p>Includes Cognitive Performance Scale (CPS) F1 Memory a. Short-term memory F2 Cognitive skills for daily decision-making G1 3-Day ADL self-performance e. Eating H3 Making self understood</p>
Triggered to increase physical activity among persons who are capable of being physically active	Triggered to increase physical activity but requires additional consideration due to a health condition	Not triggered
Health Promotion: Sleep Disturbance		
<p>B1 Mental state indicators gg. Sleep problems</p>	<p>Includes Cognitive Performance Scale (CPS) F1 Memory a. Short-term memory F2 Cognitive skills for daily decision-making</p>	<p>Includes Cognitive Performance Scale (CPS) (continued) G1 3-Day ADL self-performance e. Eating H3 Making self understood</p>
Triggered due to a current sleep disturbance and severe cognitive impairment	Triggered due to current sleep disturbance and no worse than moderate cognitive impairment	Not triggered

Health Promotion: Pain		
Pain Scale items		
I8 Pain		
a. Frequency		
b. Intensity		
Triggered at high priority level	Triggered at medium priority level	Not triggered
Health Promotion: Falls		
I7a Falls		
Triggered due to high risk for future falls with multiple prior falls	Triggered due to medium risk for future falls with 1 previous fall	Not triggered

Source

Hirdes, JP et al. *interRAI Mental Health Clinical Assessment Protocols (CAPs) for Use With Community and Hospital-Based Mental Health Assessment Instruments, Version 9.1, Canadian Edition*. 2011.

Mental Health Clinical Assessment Protocols Summary

Safety	Trigger levels		
Harm to Others	Triggered due to high risk of harm to others	Triggered due to moderate risk of harm to others	Not triggered
Suicidality and Purposeful Self-Harm	Triggered due to high risk of harm to self	Triggered due to moderate risk of harm to self	Not triggered
Self-Care	Triggered due to high risk for inability to care for self	Triggered due to moderate risk for inability to care for self	Not triggered
Social Life	Trigger levels		
Social Relationships	Triggered to reduce social isolation and family dysfunction	Triggered to improve close friendships and family functioning	Not triggered
Support Systems for Discharge	Triggered to identify persons who may experience difficulties post-discharge as a result of lack of resources		Not triggered
Interpersonal Conflict	Triggered to reduce widespread conflict	Triggered to reduce conflict within specific relationships	Not triggered
Traumatic Life Events	Triggered to address immediate safety concerns	Triggered to reduce the impact of prior traumatic life events	Not triggered
Criminal Activity	Triggered to reduce the risk of violent or non-violent criminal behaviour		Not triggered
Economic Issues	Trigger levels		
Personal Finances	Triggered due to economic hardship	Triggered due to inability to manage finances	Not triggered
Education and Employment	Triggered to reduce the risk of unemployment or dropping out of school	Triggered to support employment or educational participation	Not triggered

Autonomy	Trigger levels		
Control Interventions	Triggered to eliminate the need for control interventions for persons in a psychiatric emergency situation	Triggered to eliminate control interventions for persons not in a psychiatric emergency situation	Not triggered
Medication Management and Adherence	Triggered for problems with medication management and adherence related to cognitive deficits and positive symptoms	Triggered for having previously stopped taking medication due to side effects	Not triggered
Rehospitalization	Triggered due to high risk of rehospitalization	Triggered due to moderate risk of rehospitalization	Not triggered
Health Promotion	Trigger levels		
Smoking	Triggered to manage withdrawal symptoms	Triggered to encourage smoking cessation or reduction	Not triggered
Substance Use	Triggered due to current problematic substance use	Triggered due to prior history of problematic substance use	Not triggered
Weight Management	Triggered for body composition	Triggered for problematic eating behaviours	Not triggered
Exercise	Triggered to increase physical activity among persons who are capable of being physically active	Triggered to increase physical activity but requires additional consideration due to a health condition	Not triggered
Sleep Disturbance	Triggered due to current sleep disturbance and severe cognitive impairment	Triggered due to current sleep disturbance and no worse than moderate cognitive impairment	Not triggered
Pain	Triggered at high priority level	Triggered at medium priority level	Not triggered
Falls	Triggered due to high risk of future falls	Triggered due to medium risk of future falls	Not triggered



CIHI Ottawa

495 Richmond Road
Suite 600
Ottawa, Ont.
K2A 4H6
613-241-7860

CIHI Toronto

4110 Yonge Street
Suite 300
Toronto, Ont.
M2P 2B7
416-481-2002

CIHI Victoria

880 Douglas Street
Suite 600
Victoria, B.C.
V8W 2B7
250-220-4100

CIHI Montréal

1010 Sherbrooke Street West
Suite 602
Montréal, Que.
H3A 2R7
514-842-2226