


Work Health And Safety: Safe Work Practice: Support

Suicide prevention

|  Risks | Risk rating ** | Risk Controls |
|--|--|--|
| Self harm of client | Likelihood: E Consequence: 1 Rating = HIGH | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Client Risk Assessment to identify clients with higher likelihood of risk of self harm <input checked="" type="checkbox"/> Only staff who are competent are to assist clients with probable self harming/suicidal behaviour <input checked="" type="checkbox"/> Provide all staff with ready access to guidelines for the assessment, management and follow-up of people with suicidal ideation. <input checked="" type="checkbox"/> Staff have first aid kit and mobile phone to provide immediate assistance if they encounter a client who has self harmed |
| Distress to staff and others from client self harm | Likelihood: E Consequence: 2 Rating = HIGH | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Only staff/volunteers who are competent are to assist clients with probable suicidal thoughts <input checked="" type="checkbox"/> Staff provided with training in suicidal ideation response <input checked="" type="checkbox"/> Staff will be provided with debriefing and follow up support <input checked="" type="checkbox"/> Staff able to confidentially access Employee Assistance Program (EAP) for free and professional counselling |
| <p>** These ratings are based on the assumption that the person has a relatively stable psychiatric condition – the rating would be higher for those whose condition is more erratic or severe</p> | | |

Equipment required:

| <i>Mercy Services equipment</i> | <i>Others equipment</i> |
|---|-------------------------|
| Personal Protective Equipment required: mobile phone, first aid kit | |

| Activity | Worker behaviour | Client/other’s behaviour |
|------------------------------------|---|---------------------------------|
| 1. Be attentive to warning signs | a. Recognise warning signs refer Appendix A b. If the environment is crowded or noisy offer to talk with the client in a safe, less busy location c. Briefly listen to their concerns and respond with empathy (acknowledge their feelings and your concern for them) d. Engage the client in sharing their thoughts, feelings and actions e. Clarify the limitations of your role and time | |
| 2. Assess the client’s suicidality | a. Complete Assessment form refer to Appendix A | |

| Activity | Worker behaviour | Client/other's behaviour |
|--|--|--------------------------|
| 3. Ensure the client has the immediate help s/he requires | a. Refer client to appropriate support services/network b. Contact agency to make referral. c. Provide client with the 24hour Lifeline 13 11 14 support services telephone number d. Secure verbal agreement / commitment with client not to harm her/himself | |
| 4. Ensure acute response or involuntary help is engaged if appropriate | a. Where the client states s/he will harm self or others call: <ol style="list-style-type: none"> 1. Police (000) or 2. Psychiatric Emergency Centre (1800 655 085) <i>If caller refuses to disclose their location there is no quick and practical way for us to trace the location of the caller.</i> | |
| 5. Follow-up | a. Report details of client situation to Coordinator as soon as possible b. Debrief with Coordinator, or if s/he is unavailable with another appropriate staff person c. Document the incident d. Be prepared for post trauma reactions. These reactions are entirely normal and usually diminish over time, and do not be afraid or embarrassed to ask for debriefing. EAP or other counselling if reactions are difficult or persistent | |

As at 27 September 2016 this Safe Work Practice is authorised for use in:

| <i>Service</i> | <i>Position</i> |
|----------------------|------------------------------|
| McAuley Outreach | Counsellors |
| Support Coordination | Case Manager and Coordinator |

Date for review of safe work practice: September 2019 (or if injury or changes require)

COMPETENCY ASSESSMENT

Suicide Prevention

Employee _____

Assessor _____

Date _____

Desired Outcome:

For staff to assess and respond to a suicidal client without causing injury or distress to self or client

Knowledge required:

Accredited training in counselling

| Performance Criteria | Competence demonstrated | Comment |
|---|-------------------------|---------|
| 1. Be attentive to warning signs | | |
| a. Recognise warning signs : refer Appendix A | | |
| b. If the environment is crowded or noisy offer to talk with the client in a safe, less busy location | | |
| c. Briefly listen to their concerns and respond with empathy (acknowledge their feelings and your concern for them) | | |
| d. Engage the client in sharing their thoughts, feelings and actions | | |
| 2. Assess the client's suicidality | | |
| a. Complete Assessment form refer to Appendix A | | |
| 3. Ensure the client has the immediate help s/he requires | | |
| a. Refer client to appropriate support services/ network | | |
| b. Contact agency to make referral. | | |
| c. Provide client with the 24hour Lifeline 13 11 14 support services telephone number | | |
| d. Secure verbal agreement / commitment with client not to harm her/himself | | |
| 4. Ensure acute response or involuntary help is engaged if appropriate | | |

| Performance Criteria | Competence demonstrated | Comment |
|--|-------------------------|---------|
| a. Where the client states s/he will harm self or others call: 1. Police (000) or 2. Psychiatric Emergency Centre (1800 655 085) | | |
| 5. Follow-up | | |
| a. Report details of client situation to Coordinator as soon as possible | | |
| b. Debrief with Coordinator, or if s/he is unavailable with another appropriate staff person | | |
| c. Document the incident | | |
| d. Be prepared for post trauma reactions. These reactions are entirely normal and usually diminish over time, and do not be afraid or embarrassed to ask for debriefing. EAP or other counselling if reactions are difficult or persistent | | |

Is the worker assessed as being competent? YES NO

Any required follow up action/training: _____

Signature of employee..... Date.....

Signature of assessor Date.....

Warning Signs of Suicidality

- Stating they are going to commit suicide
- Having a plan
- Giving away possessions
- Sense of helplessness/ hopelessness
- History of suicidal attempts
- Withdraw from family and friends
- Altered mind state
- Suicide of someone else
- Reckless behaviour - disregard for own safety
- Putting affairs in order (i.e. making/updating will)
- Isolation
- Talking about being better off out of the way

Assessing Suicidal Ideation

Client Name: Location:.....

Contact number: Time:

| Questions | Client response |
|--|-----------------|
| How often are you having thoughts of hurting yourself? <i>(Determine frequency and acute nature of thoughts)</i> | |
| Are you able to describe them to me? <i>(Assess current level of distress and willingness to disclose)</i> | |
| Have you ever had thoughts like this before? <i>(History of previous thoughts increases current risk)</i> | |
| What happened the last time you had these thoughts? <i>(Assess coping potential)</i> | |
| Does your partner know how bad you are feeling? If not, why not? <i>(Numerous factors contribute to failure to disclose, all pointing toward potential areas of vulnerability)</i> | |
| Who do you consider your most primary connection for emotional support? <i>(Explore all support options)</i> | |
| Does this person know how you are feeling? If not, why not? <i>(Try to determine their degree of withdrawal, level of shame, ability to reach out for help)</i> | |
| Does anyone in your family know how you are feeling? <i>(Engaging family member provides important link when their instinct is to isolate self)</i> | |
| Have you ever acted on suicidal thoughts before? <i>(Previous suicidal attempt increases current risk)</i> | |
| How do you feel about these thoughts you are having? <i>(Assess affective response and level of distress to confirm that the nature of thought is not usual for this client)</i> | |
| Do you have specific thoughts about what you would do to harm yourself? <i>(Assess intent and plan)</i> | |
| If you do have a plan, do you know what is keeping you from acting on it? <i>(Assess and increase her awareness of meaningful connections to reduce feelings of isolation and despair)</i> | |
| Are there weapons in your home? <i>(Never presume to know the answer to this. Weapons also serve to stimulate the overactive obsessional thought process with temptation too great to ignore. All weapons, whether locked or reported as inaccessible, should be removed from the home without delay)</i> | |
| Do you have access to medications that could be harmful to you? <i>(All medications they are taking or have access to be monitored by their partner until suicidal thoughts have responded to treatment, reducing risk of temptation)</i> | |
| Is there anything else you can think of that I can do right now to help you protect yourself from these thoughts? <i>(Gives them permission to reveal any unidentified methods or related worry)</i> | |
| Have you thought about what the implication would be for your child? <i>(Their connection to their child may provide a critical feeling)</i> | |
| Do you feel able to contact me if you feel you cannot stop yourself from acting on these thoughts? <i>(Establish a contract for safety, verbal or written)</i> | |

IMPORTANT POINTS TO KEEP IN MIND:

- Be clear about your ability to help them
- Determine whether a psychiatric assessment for hospitalisation is required
- Contact family members, if indicated, in their presence
- Follow up with any and all requests (ex: weapons out of the house)

- Determine level of follow up (ex: report in phone calls to /from patient to assure safety)
- Do not avoid questions that make you uncomfortable