12.
SAAP Suicide Intervention Guidelines

A Supplement to the Case Management Resource Kit for SAAP Services

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INTRODUCTION

The Supported Accommodation Assistance Program (SAAP) is a national program providing funding for services to people who are homeless, or at risk of homelessness, around Australia. SAAP services are provided to a number of target groups including young people, families, women escaping domestic violence, single women and single men.

As the main provider of services to homeless people, SAAP agencies support clients with complex and challenging needs including people at risk of suicide.

This document was developed in response to the need of SAAP agencies to have clear guidelines for responding to incidents of suicide within their services. The guidelines were developed under the National Youth Suicide Prevention Strategy by the Centacare Youth Suicide Intervention Program, a service of Centacare Adelaide, and informed by consultations with a number of SAAP agencies in South Australia.

The focus of the guidelines is to inform and assist agencies to understand and respond to clients who are at risk of suicide, have attempted or completed suicide, and the impact of this upon their service, staff and other clients. Agencies may build upon these guidelines by incorporating specific policies and practices from their own organisations.

To enhance the usefulness of the guidelines, accompanying training in suicide risk assessment for all staff and management would be beneficial and is recommended.

1. PREAMBLE

Youth suicide in Australia is a serious issue. All clients who present as suicidal either in their behaviour, conversation or with self-harming behaviour are in need of attention, support, and appropriate assessment. The intervention of outside agencies is often required to ensure that clients receive the necessary attention and assessment.

Dealing with suicidal or self harming clients is very challenging and energy consuming, and therefore agencies require policies and procedures to ensure staff are supported in managing clients who are at risk. This will ensure that service provision to clients is respectful and understanding of their needs. The following suicide management guidelines are intended to support the provision of best practice in assisting young people at risk of suicide.

2. PURPOSE

These guidelines have been produced in recognition of the important role SAAP agencies have to play in the identification and provision of appropriate support for clients at risk of suicide. Use of these guidelines should ensure that:

- SAAP agencies can provide better quality services to suicidal and self-harming clients;
- clients receive appropriate and timely responses from staff, with client safety as the priority; and
- SAAP agencies develop policies and procedures to support staff in their work with clients at risk of suicide (eg. Occupational Health and Safety).

3. DUTY OF CARE ISSUES RELATED TO SUICIDE

If a client makes a direct suicide threat or is demonstrating suicidal ideation it is critical that the worker consult with their senior/manager to determine how to proceed. This approach will ensure that both the client and the worker's safety are given the highest priority.

Professional conduct reduces issues of liability:

> ... a negligence theory of liability in a suicide case is not generally a claim that one caused a suicide, but rather that one did not take reasonable steps to prevent that suicide.
> *(Henegar, 1986)*

Professional conduct needs to incorporate consideration of duty of care issues in supporting clients at risk of suicide:

> Legal duty of care is the knowledge the agency has—or can reasonably be expected to have—about a clients (suicidal) condition and the nature of services reasonably expected from the agency and its employees.

> Breach of duty of care usually centres upon whether adequate inquiry was made to recognise the problem (in this case suicidal risk) and whether reasonable treatment was provided.
> *(SPA Manual, 1995, 10.4.2 p.1)*

To ensure best practice SAAP agencies have a responsibility to provide staff with access to information, education and training about suicide risk assessment and intervention.

Agencies are encouraged to develop a resource file of relevant local services that can assist them in supporting clients at risk of suicide.

4. SUICIDE RISK ASSESSMENT

All suicide threats must be taken seriously. A suicide threat is an emergency, and is not attention seeking behaviour. The client needs attention through mental health services or hospital or both.

SAAP agencies have key relationships with clients and are best placed to become aware of a client at risk and therefore are in the best position to act in relation to suicide risk assessment.

When making an assessment of risk, indicators of suicidal risk need to be considered by a staff member trained in suicide risk assessment. If a worker is unsure of the risk factors associated with their client, the worker must seek professional assistance either through their local mental health service or hospital psychiatric department.

It is critical that workers always consult with their Supervisor/Manager when they believe a client is at risk of suicide. It may also be useful to consult with local mental health professionals concerning assessment and available interventions.

5. DOCUMENTATION

Having complete documentation in the client files not only helps protect the worker and the agency from liability, but also improves communication among staff about the client and provides a sound basis for an effective case management plan.

6. MANAGING A SUICIDE ATTEMPT

6.1 Practice Issues

Try to ensure the client stays where they are, if possible, and stay with them until help arrives. It is important that visual contact is maintained at all times.

> Do not agree to keep a suicidal client's suicidal intentions a secret. You have a legal and professional responsibility not to honour confidentiality in any situation where not reporting might cause harm to a client.
> *(SPA Manual, 1995, 10.4.2 p.6)*

Advise the client about the limits of confidentiality. Inform them you must act on the information they have given you and you will inform others. Advise the client of whom you have called, if appropriate.

If attending to a client at home, the worker may need to leave the client's home and call the police from outside. This may be required to ensure worker safety as well as client safety. The client may become aggressive and may leave their home when facing the prospect of involuntary admission to hospital. The worker must use professional judgement and consult with their Supervisor/Manager as soon as possible.

6.2 Client Safety

If the client has overdosed, find out what drug(s) were taken and try to locate the bottle, needle, etc.

Do **not** transport the client to a hospital; wait for an ambulance or the police.

If possible, accompany the client to the hospital. Any details of relevant medical or psychiatric information must be passed on to the hospital staff. The worker should take the agency case file with them if readily accessible.

If the worker cannot attend hospital, it is important to call the hospital to determine what action has been taken.

Inform other staff of the incident and action taken on a need to know basis.

6.3 Follow-Up Care

When a person who has attempted suicide returns to the agency, it is important to ensure that the incident is discussed with the client. To ensure a client receives the appropriate services, a case plan must be developed in consultation with the relevant medical and psychiatric services.

It is important to ensure appropriate debriefing is available for any staff involved or aware of the incident. Also be aware of the impact of a suicide attempt on the client's peers, friends and family. It may be necessary to make debriefing available to them.

7. FOLLOWING A SUICIDE

If a client of the agency has died, this will impact upon other clients, staff, the client's family and friends, and possibly the wider community. This impact initially takes the form of shock and grief. This may result in behaviours from either staff or other clients that appears to be inappropriate, for example, anger or violent reactions to the news.

7.1 Coordination of Information

The Manager will need to have contact with both police and the Coroner's office during the investigation of the circumstances of the death. Staff may be required to give statements to the police. The Coroner's office will liaise with the Manager throughout the investigation, and they will determine whether an inquest is held. If an inquest is held, staff may be required to give evidence. The Manager must ensure staff members are appropriately supported throughout this process, which may include legal assistance.

To reduce confusion following the incident it is appropriate that one person is designated as the primary contact. In most agencies this will be the Manager of the service. The agency may wish to nominate a second contact person as a back up to the Manager.

The Manager will probably be contacted by friends and family of the client, and possibly by the media. The Manager should discuss with the client's family what information about the circumstances of the death may be released.

Any requests for information regarding the circumstances of the death should always be directed to the Manager. No other agency staff members are to provide any information response to outside requests for information without the permission of the Manager. The Manager should inform all staff of the procedure should they receive requests for any information regarding the death.

7.2 Staff Debriefing

Following a death, agency staff members are left with many questions and concerns. Initially, a factual briefing concerning the circumstances of the death should be provided by the Manager to all staff members.

Following this, staff may need group or individual debriefing from a professional debriefer. Agencies should make available information about the Employee Assistance Program which staff can contact independently of the agency for assistance.

7.3 Client Debriefing

Following a death, other clients of the service may develop suicidal feelings or become depressed. It will be important for staff to be particularly aware of heightened risk at this point, given that research indicates copy cat suicides can occur after a death.

Where appropriate, other clients should be given relevant information about the death as soon as possible by the Manager. Allow time for clients to discuss their feelings in regard to the events surrounding the death. Provide clients with information concerning both group and individual debriefing. The agency should organise a debriefing session, which clients can attend if they wish.

Staff may feel uncomfortable in discussing the suicide with clients. In this event, these feelings should be acknowledged and respected, with the agency organising alternative support for the clients.

7.4 The Funeral

In situations where the client has no relatives, the agency may need to contact the local welfare office or State/Territory community services department to organise the funeral. This is the responsibility of the Manager.

If the client's family is organising the funeral, staff and other clients may want to attend. This should be supported by the agency. However, the family may organise a private funeral and such arrangements must be respected by the agency. In situations of death from suicide, private funerals are often chosen.

In the event of a private funeral, the agency should still commemorate the occasion, by organising a memorial service. This service would be for staff and clients of the agency to allow them the opportunity to 'say goodbye'.

REFERENCES

Podneiks, M. & Howard, J., 1995, *Suicide Prevention – Training and Awareness: Train the Trainer Manual,* Suicide Prevention Australia, Haymarket.

According to the *Resource Guide on Education and Training in Youth Suicide Prevention* (University of Wollongong, 1999) http://www.ysp.medeserv.com.au/, the above manual includes exercises and teaching strategies to use in running a workshop. Also includes clear explanations of techniques such as re-framing. The manual provides good examples of protocols and has an excellent section on inter-agency collaboration and referral.

The manual is concerned with suicide generally not specifically youth suicide.