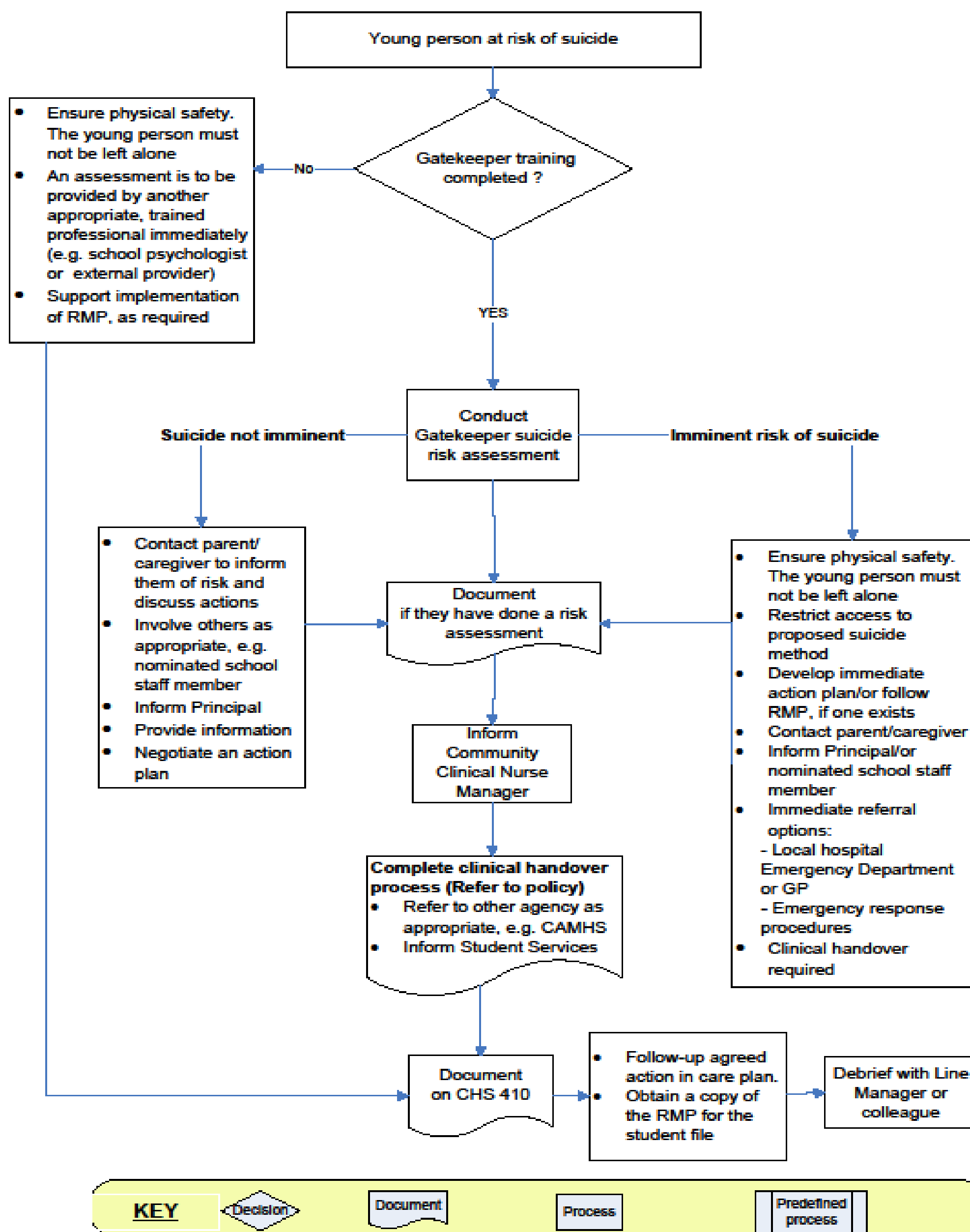
PROTOCOL	
Suicide risk response	
Scope (Staff):	School health
Scope (Area):	CACH, WACHS

This document should be read in conjunction with this DISCLAIMER

Suicide risk response protocol flowchart



Aim

To safeguard and promote the health and wellbeing of young people when responding to concerns about suicide risk.

Risk

Young people identified as being at risk of suicide are not provided appropriate assessment, support and referral.

Background

Suicide is death caused by self-directed injurious behaviour with the intent being to take one's own life as a result of the behaviour.[1] This protocol focuses on responses to suicide risk, but recognises that while mental health concerns increase risk of suicidality, not all individuals who experience mental health concerns will be at risk of suicide.[2]

Suicide was the leading cause of death for Australian children between the ages of five and 17 years of age in 2016, a rate of 2.3 deaths per 100,000 people.[3] In young people aged 15 to 19 years, suicide accounts for 32.6% of deaths in females and 21.9% of deaths in males.[4] Higher rates of suicide can be seen in rural and remote locations, possibly associated with decreased access to services and increased stigma. Across all demographic regions of WA, the suicide rate for Aboriginal and Torres Strait Islander people (all groups) is almost three times higher than non-Aboriginal people.[4] Another at-risk population are lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ) people. Whilst reliable data on the suicide rate in this population is not available, it is known that there is a two to three times greater chance of experiencing anxiety and depression for this group.[4] While there is limited data on non-fatal suicides in Australia, evidence suggests that 370,000 Australians think about ending their life every year, 91,000 make a plan to suicide, and 65,000 suicide attempts occur each year.[5]

Key Points

- Nurses must work within their scope of practice.
- This document does not address when a suicide has occurred. In this instance the school has the responsibility for initiating postvention services.
- This document should be read in conjunction with the Department of Education (DoE) *School response to student suicidal behaviour and non- suicidal self-injury (NSSI)* and *School Risk Management Plan Guidelines: Student Suicidal Behaviour and Non-Suicidal Self –Injury*, however, nurses are bound by DoH policy (not DoE).
- **At no time can staff maintain absolute confidentiality with a young person who has disclosed suicidal behaviour or NSSI.** When a nurse forms a belief that a young person may be suicidal, the nurse must ask directly "Are you thinking of killing yourself?"
- Suicidal ideation is complex and changeable. Risk assessment is valid only at the point in time it is conducted. Feelings and behaviour are subject to frequent change. It is important to note that not all suicidal ideation is associated with suicidal behaviour.
- Nurses who have **not** undertaken Gatekeeper suicide prevention training should **not** conduct suicide risk assessments but refer to someone who can.

- The **DoE are responsible** for developing individual *Risk Management Plans* (RMP) following a young person disclosure of suicidal behaviour or non-suicidal self-injury (NSSI). RMPs should outline strategies to reduce the potential risk of harm for the young person while the young person is at school.
- Collaborate with Student Services Team to ensure an appropriate process for informing the nurse of known risks for individual young people.
- A risk assessment is a snapshot in time and nurses should be sensitive to the potential for suicidality to be accompanied by impulsive or dysregulated behaviour. This is of particular significance in regards to impulsivity.
- The use of HEADSS adolescent psychosocial risk assessment may result in a disclosure of suicidal ideation directly by a young person or as a concern for a friend or family member. Competence with this tool is required for nurses working with secondary school students.

Process

Steps	Additional information
1. Be aware of school processes • Ensure familiarity with DoE procedures for managing individuals at suicide risk including: ○ *School Risk Management Plan Guidelines: Student Suicidal Behaviour and Non-Suicidal Self-Injury* ○ *School Risk Management Plans (RMP)* ○ *Emergency and Critical Incident Management Plans (ECIMP).* • Identify school staff that have been trained in suicide risk assessment. • Identify local referral points and supportive resources. • If appropriate, identify the Aboriginal staff member as a support person.	• Suicide risk assessment is based on the Gatekeeper Suicide Prevention model. • See DoE policies at the end of this document in 'Useful external resources'. • In the event there are local /regional guidelines, such as the Kimberley region-specific *Deliberate Self-harm and Suicidal Behaviour* guideline, these should be used to guide clinicians in the assessment, management and referral for suicidal behaviour.
2. Consultation with young person in which suicidal ideation is disclosed • **If NOT** Gatekeeper trained go to **2a.** • If Gatekeeper trained go to **2b.**	
2a. If NOT Gatekeeper trained: • Ensure the young person is safe. They	• The young person should be supervised to keep them safe until appropriate care

Steps	Additional information
should not be left alone. • Ask another appropriately trained professional (e.g. school psychologist or external provider such as the hospital) to conduct an assessment. • Support implementation of the RMP, as required. • If the above cannot occur before the end of the school day, inform the parent/caregiver to arrange alternative assessment outside the school through the General Practitioner (GP) or hospital Emergency Department. • If parent/caregiver cannot be contacted or does not engage appropriately, inform the principal or clinical nurse manager for further guidance. • Proceed to **Step 5.**	can be provided. • Information related to risk of suicide needs to be shared to keep the young person (and others) safe. Other information can remain confidential.[3] • If not Gatekeeper trained, nurses should ensure the care of the young person is transferred to a trained professional immediately. Always consult with a more experienced colleague. A clinical handover is required (CHS663). • NB: The Department of Education (DoE) *School response to student suicidal behaviour and non- suicidal self-injury (NSSI)* guideline has a specific section on *Limited parent/guardian support.*

2b. If Gatekeeper trained, conduct Gatekeeper suicide risk assessment
 	
• If the young person **is assessed as being at imminent risk of suicide**, continue with steps below:
  o Ensure physical safety of the young person, they must not be left alone.
  o Restrict access to proposed suicide method.
  o Develop an immediate action plan and / or follow RMP (if one exists).
  o Contact parent/caregiver to inform them of the suicide risk and give clear recommendations about plans for the actions required, e.g. take to hospital.
  o Inform the Principal or nominated school staff member.
  o Contact an emergency service if parent is not able to pick up the young person. **Go to Step 3a.**
 	
• If the young person is assessed as being
	• Discuss assessment findings with a colleague experienced in suicide risk assessment and formulate a plan of actions.

<table>
<tr><th>Steps</th><th>Additional information</th></tr>
<tr><td>NOT at imminent risk of suicide, continue with steps below:
o Contact parent/caregiver to inform them of the suicide risk and discuss actions. Seek verbal consent from the to contact the GP or other existing provider to advise the young person is coming in and provide the young person's details.
o Involve others as appropriate, e.g., nominated school staff member
o Inform the Principal.
o Determine agreed actions and follow-up. Go to Step 3b.</td><td></td></tr>
<tr><td>3. Referral
3a. Imminent risk
• Referral details are to be clearly communicated to the parent/caregiver, including details in writing. Contact details for local emergency services are to be clearly noted.
• Seek verbal consent from the parent/caregiver to contact local hospital/GP or other existing providers to advise a young person is coming in and provide the young person's details.
• Use the Clinical Handover/Referral Form (CHS 663) for referrals in accordance with the Clinical Handover procedure. See Related internal operational policies, resources and forms section for documents.
• Ensure appropriate school staff (Student Service Team manager, deputy/principal and parent aware of the situation).
• Parent (or parents nominated person) collect the young person immediately from school. NB: The young person should not leave the school alone and should be monitored until collection by parents.</td><td>3a. Immediate referral actions:
o Local hospital Emergency Department or GP
o Emergency response procedures or 000
• Other referral or support options available include:
o Child and Adolescent Mental Health Service (CAMHS) for 18 years and under (1800 048 636). Refer to current CAHMS process.
o Rurallink - 24 hour emergency – After hours mental health phone service for people in rural communities (1800 552 002).
o Consulting Psychologist – Suicide Prevention Statewide School Psychology Service (if school psychologist is not available) (09264 5645 or 0477 757 125).</td></tr>
</table>

Steps	Additional information
3b. Non imminent risk • If risk **not imminent**, there are external referral options for further assessment and possible counselling listed in the right hand column.	**3b. Referral options** • GP – Provision of a Mental Health Treatment Care Plan which allows for 6 free visits to a clinical psychologist • Headspace • Youth Focus • Community mental health services
4. Risk Management Plan • If a RMP is not in place, the development of the RMP is the responsibility of the school.	The nurse can contribute to the RMP as a member of the Student Services Team but is not responsible for completing it.
5. Documentation • Nurses must record all relevant findings in the High School Health Record (CHS 410) and relevant electronic data systems according to local protocols. • Ensure client records are current, complete, accurate and objective. • Where used, the *HEADSS Psychosocial Assessment forms* (CHS 421- A and 421-B) should be completed and attached to the CHS 410.	• Once notes are completed consider asking a peer or clinical nurse manager to review the notes, especially, if a suicide has occurred. • If the young person is in crisis, a HEADSS may not be appropriate due to situation.
6. Follow-up • Ongoing care planning and follow-up is the responsibility of the school. • Nurses should follow up all actions agreed with the parent, young person and school. The rest of the follow-up is the school's responsibility.	• The nurse's role is to be at a meeting reviewing the RMP with the family and DOE staff. • The nurse may also be one of the contact persons, plus DOE staff, on the RMP (if appropriate). • The RMP needs to be easily accessible for future reference, if required.
7. Debriefing • Inform clinical nurse manager to reflect on processes. • Arrange debriefing with line manager or colleague. • Request a copy of the updated RMP. Attach RMP to CHS 410.	• For crisis situations seek debriefing as soon as possible after the event. • It is strongly recommended that nurses seek support and debriefing with a supervisor, colleague, mentor or clinical psychologist (through the Employee Assistance Program), following working with a young person at risk of suicide.

Related internal policies, procedures and guidelines
The following documents can be accessed in the Community Health Manual: HealthPoint link or Internet link
Confidentiality and adolescents
HEADSS Adolescent Psychosocial Assessment
Mental health in adolescence
Self-injury (Non-suicidal self-injury)

Related internal operational policies, resources and forms
The following policies, resources and forms can be accessed from the HealthPoint CACH Intranet link
Clinical handover form (CHS663)
Clinical handover – Operational policy manual
HEADSS Assessment: Handbook for nurses working in secondary schools
Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning (young people)
Medicare for young people- Department of Human Services, Government of Western Australia
Mental health and resilience – Health Promotion in Schools resource
Relationships and sexuality – Health Promotion in Schools resource
Transporting students – Operational policy manual
Working with Youth– A legal resource for community-based health workers. Perth: Department of Health Western Australia; 2007. (Revised 2013.)

Additional Department of Health, Government of Western Australia resources or policies
Australian Health Practitioner Regulation Agency (AHPRA) – scope of practice
Critical and Clinical Event Debrief
Guidelines for Protecting Children 2015 Department of Health, Government of Western Australia
WA Aboriginal Health and Wellbeing Framework 2015 - 2030 - Department of Health 2015

Useful external resources
Department of Education and Training Policies: Child Protection Duty of Care for Students Emergency and Critical Incident Management Mandatory Gatekeeper training School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury Student behaviour and well-being – access to school psychology services
Every mind is a suicide and self-harm prevention organisation which delivers evidence-based resources and programs.
Suicide prevention Australia supports communities and organisations throughout Australia, and promotes collaboration and partnerships in suicide and self-harm prevention, intervention and postvention.

Useful resources
For Community Health Staff
Aboriginal mental health – Working Together Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. 2010, Anxiety and Aboriginal and Torres Strait islander Young People, 2010 (Purdie N, Dudgeon P, Walker R, Adermann J, Campbell MA).
Beyondblue mental health in education program - National Mental Health in Education program with support from headspace and Early Childhood Australia which builds on initiatives such as MindMatters and KidsMatter.
Black Dog institute provide a range of clinical resources including fact sheets, a psychological toolkit and mental health podcasts and webinars.
Gatekeepers Suicide Prevention training – Ministerial Council for Suicide Prevention. The Gatekeeper risk assessment tool is useful.
headspace – Research, statistics, information and guidelines about risk factors, burden, onset for common mental health issues such as; anxiety, depression and self-injury
headspace - Clinical Toolkit - Supports with recognising and treating common mental health issues in young people: Engagement, Anxiety, Depression, Borderline personality disorder, psychosis

headspace – Suicide postvention toolkit and support for schools
Interviewing Adolescents – A training DVD which covers generic concepts relevant for any health professional working with adolescents.
ReachOut for Health Professionals –A range of information and support, for example: Teaching and learning resources and ideas, professional development strategies to heap you, self-care for health professionals
For Adolescents
Australian Medical Association - Details of medical practitioners who have undertaken specific Youth Friendly Doctor training
beyondblue –Information on a range of mental health issues for all ages and different cultural backgrounds. *Beyond Now* is a smartphone **app** to help young people use their own skills and strengths to stay safe.
headspace - The National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. Centres are located across metropolitan, regional and rural areas of Australia. headspace also offers GP services in some centres, though they may not be available in all areas.
Kids Helpline – Phone support 24 hours, every day of the year – 1800 551 800
ReachOut –Online mental health organisation for young people
Yarn Safe – Online resources for young Aboriginal people (12-25 years) experiencing mental health difficulties
For Parents
Beyondblue seeking support for families
Help/Information Lines • Mental Health Emergency Response Line – 24hr 1300 555 788 (Metro); 1800 676 822 (Peel) • Rurallink – 1800 552 002 8:30am -4.30pm Monday to Friday and 24 hours Saturday, Sunday and public holidays. During business hours callers will be connected to a local community mental health clinic.
Raising Children's Network – information, videos and resources for parents, examples include: • Alcohol and other drugs, binge drinking • Mental health and services • Stress in teenagers • Teenage mental health issues • Promoting happy teens

References

1. Center for Disease Control. Definitions: Self-directed violence 2017 [8 February, 2017]. Available from: https://www.cdc.gov/violenceprevention/suicide/definitions.html.

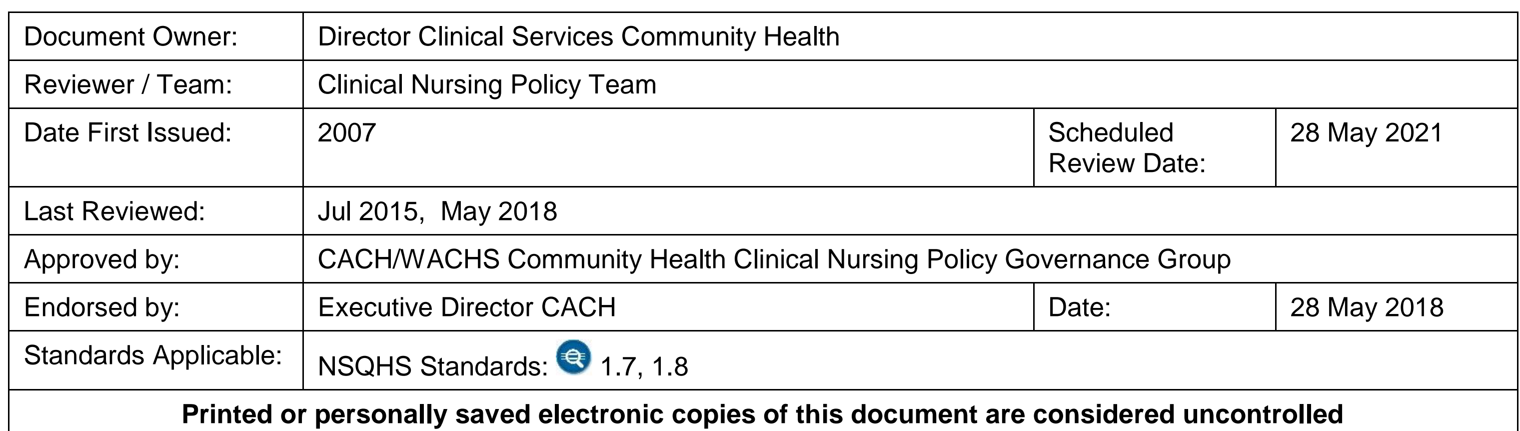
2. National LGBTI Health Alliance. National lesbian, gay, bisexual, transgender and intersex mental health & suicide prevention strategy In: Department of Health, editor. Australia, 2016.

3. Australian Bureau of Statistics. Causes of Death in Australia, 2016. Canberra, 2017.

4. Government of Western Australia. Suicide Prevention 2020. In: Mental Health Commission, editor. 2015.

5. National Coalition for Suicide Prevention. One world connected: An assessment of Australia's progress in suicide prevention. Sydney, NSW: Suicide Prevention Australia, 2014.

This document can be made available in alternative formats on request for a person with a disability.



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