



PROTOCOL

Suicide Risk Response

Scope (Staff):	Community health
Scope (Area):	CAHS-CH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To safeguard 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 the leading cause of death for Australian children between the ages of five and 17 years of age.¹ 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.² Other at-risk populations are those who live in rural and remote locations, lesbian, gay, bisexual, transgender and gender diverse, intersex and questioning (LGBTIQ) people.

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.³ Many suicides happen impulsively in moments of crisis due to dyscopia with life stressors.⁴

Definitions

Imminent Risk: suggests a crisis or urgency which requires constant supervision and immediate action.⁵

Nominated person: is used in this document to refer to school-based staff member/s who need to be informed when there is a concern. This will vary from school to school but could include, for example, the principal, deputy principal, student services or other support staff.⁵

Non-suicidal self-injury (NSSI): engaging in a deliberate act to harm or self-injure oneself without the intent to die, although suicide is not the intention of NSSI, there is an independent association between NSSI and increased suicide risk.²

Postvention: Activities or interventions which occur after a death by suicide, aimed to support and assist those bereaved or affected to recover from trauma, cope with additional stressors and to manage the experience of loss and grief.²

Protective Factors: are those which reduce the likelihood for suicidal behaviour.

Risk factors: are defined in the context of suicide as variables that are associated with an increased likelihood that a suicide will occur.⁶

Department of Education (DoE) Risk management plan: identifies foreseeable circumstances where a student may be at risk of harm and outlines strategies to reduce this risk.⁵

Risk to others: includes harassment; stalking or predatory intent; violence and aggression; property damage; and public nuisance and reckless behaviour that endangers others.⁷

Risk to self: includes self-harm, suicide and attempted suicide, repetitive self-injury; self-neglect.⁷

Suicidal Behaviours: engaging in actions that have the potential to lead to suicide.² Encompasses ideations (e.g. thoughts), communications (e.g. threats and/or plans), behaviours (e.g. potentially injurious actions).⁶

Suicide: A death resulting from an act of self-harm with the intention of ending one's own life. ²

Safe language to use when talking about suicide:²

- 'non-fatal' or 'made an attempt on his/her life' (avoid using 'unsuccessful or failed suicide')
- 'took their life' or 'ended their own life' (avoid using 'successful suicide')
- 'died by suicide', 'suicided' or 'death by suicide' (avoid using 'committed' or 'commit suicide')
- 'concerning rates of suicide' or 'number of deaths' (avoid 'suicide epidemic')
- 'person who has died by suicide' or 'person who has experienced a suicide attempt' (avoid 'suicide victim' or 'suicide attempter')

Key points

- Nurses must work within their scope of practice.
- This document should be read in conjunction with the Department of Education (DoE) [School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury](#).
- This document does not address actions following a suspected suicide. In this instance the school has the responsibility for initiating postvention initiatives. The DoE [School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury](#) provides more detail regarding postvention.
- **At no time can staff maintain absolute confidentiality when a young person has disclosed suicidal behaviour or NSSI.** Specific information may be shared between agencies to ensure the young person's safety and wellbeing and to avert the risk.^{8,9} 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. Nurses must consider that risk is fluid and can change over very short timeframes.¹⁰ It is important to note that not all suicidal ideation is associated with suicidal behaviour but is a risk factor for future suicidal behaviour.²
- Whilst some risk factors are long-term or stable and give an indication of an individual's capacity to self-harm, other risk factors may be short-term or dynamic.¹¹
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- For young people experiencing acute deterioration in mental state who require immediate attention, phone 000 for emergency assistance.
- The steps of the Suicide Risk Response protocol are outlined in the flowchart in [Appendix A](#).
- DoE staff develop individual *Risk Management Plans* (RMPs) following a young person's disclosure of suicidal behaviour or non-suicidal self-injury (NSSI). RMPs outline strategies to reduce the potential risk of harm for the young person while the young person is at school. DoE are responsible for communicating and updating RMPs as per the DoE [School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury](#).
- Nurses should attend student services meetings to identify adolescents at risk (including those with identified suicide/NSSI risk), or request to be informed of outcomes of these meetings, as per the School-aged health services – secondary guideline.

- Nurses require appropriate knowledge and skills that are specific to their nursing role. Refer to CAHS-CH and WACHS *Practice/Learning Frameworks* for further details.

Process

Steps	Additional Information
<p>1. Be aware of school processes</p> <ul style="list-style-type: none"> • Identify school processes for responding to disclosures of suicidal behaviour and NSSI. • Identify school staff that have recency of appropriate training in suicide risk assessment. • Identify local referral options and resources. • If appropriate, identify staff member/s who may be able to provide cultural consultation or support to Aboriginal young people at the school. 	<ul style="list-style-type: none"> • Appropriate training in suicide risk assessment includes Gatekeeper Suicide Prevention or equivalent. Staff working in DoE schools who may have received appropriate training include nurses, school psychologists, student services staff, deputy or chaplains. • See DoE policies at the end of this document in <i>Useful external resources</i>. • Refer to local/regional guidelines as relevant to guide the assessment, management and referral for suicidal behaviour.
<p>2. Consultation with young person in which suicidal ideation is disclosed</p> <ul style="list-style-type: none"> • Ensure adult supervision of the young person, they must not be left alone. • Restrict access to any suicide method. • Inform the school (Principal or nominated staff member) you are with a student who has expressed suicidal ideation. • Advise the Principal or nominated staff member that a risk assessment by someone with appropriate training needs to be immediately considered. <ul style="list-style-type: none"> ○ If a Gatekeeper trained professional is not available onsite, request an external provider (e.g. CAMHS Emergency Telehealth Service) be contacted to provide assessment. ○ If the assessment cannot occur 	<ul style="list-style-type: none"> • In collaboration with DoE staff, ensure the young person is supervised and keep them safe until appropriate care can be provided. • Information related to risk of suicide needs to be shared to keep young people safe. Other information, not relevant to risk, may remain confidential.⁹ • If the nurse has received Gatekeeper training and conducts the suicide risk assessment, they should discuss assessment findings with a colleague/line manager and/or DoE staff trained in Gatekeeper and formulate a plan of actions. • If not Gatekeeper trained, nurses should ensure the care of the young person is transferred to an appropriately trained professional immediately. A clinical handover is required (CHS663).

Steps	Additional Information
<p>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.</p> <ul style="list-style-type: none"> • Support implementation of any existing RMP, as required. • Involve others as appropriate, e.g. nominated school staff member as outlined in an existing RMP. • Following disclosure, nurse or DoE staff to contact parent/caregiver to inform them of the suicide risk and discuss actions and referral options. <ul style="list-style-type: none"> ○ If parent/caregiver cannot be contacted or does not engage, advise the principal or their delegate and clinical nurse manager to seek further guidance. 	
<p>3. Referral</p> <p>Imminent risk</p> <ul style="list-style-type: none"> • Immediate referral is required. Referral details are to be clearly communicated to the parent/caregiver, including, where possible, a written clinical handover. Contact details for local emergency services are to be clearly noted. <ul style="list-style-type: none"> ○ Adherence to CAHS-CH and WACHS clinical handover processes are required when handing over, or referring a young person within, or outside of, the health service. • Where appropriate (and time allows), contact local hospital/GP or client's existing provider of health care to advise a young person is coming in and provide the young person's details. 	<p>Immediate referral options:</p> <p>CAHS-CH:</p> <ul style="list-style-type: none"> • Emergency response procedures or 000 • Child and Adolescent Mental Health Service - CAMHS Crisis Connect for 18 years and under (1800 048 636). 24hrs 7 days a week. • Youth Inpatient unit Fiona Stanley Hospital provides statewide support for 16-24 with acute mental health concerns referral made through local community health or hospital services. • East Metropolitan Youth Unit provides services for young people aged 16-24 years of age with complex and acute mental health concerns. • Local hospital Emergency Department or

Steps	Additional Information
<ul style="list-style-type: none"> Advise parent/caregiver (or parents preferred contact) to collect the young person immediately from school or of the arrangement of emergency care, as relevant. NB: The young person should not leave the school alone and should be monitored until handover to parent/caregiver has occurred. <p>Non imminent risk</p> <ul style="list-style-type: none"> If risk not imminent, contact parent/caregiver to discuss referral for further assessment. As risk is dynamic and changeable, provide parent/caregiver with contact details of support services available after hours. Refer to resources section for suggested services. 	<p>GP</p> <p>WACHS:</p> <ul style="list-style-type: none"> Rurallink - 24-hour emergency – After hours mental health phone service for people in rural, regional and remote communities (1800 552 002). WA Country Health Service (WACHS) Mental Health Emergency Telehealth Service (MH ETS). Accepts Emergency Department referrals for all age groups. Local hospital Emergency Department or GP <p>Statewide support options available include:</p> <ul style="list-style-type: none"> Consulting Psychologist – Suicide Prevention Statewide School Psychology Service (if school psychologist is not available) (9402 6433 or 0477 757 125). <p>Referral options</p> <ul style="list-style-type: none"> GP – Provision of a Mental Health Treatment Care Plan which allows for free visits to a clinical psychologist Headspace Youth Focus CAMHS
<p>Risk Management Plan (RMP)</p> <ul style="list-style-type: none"> The development and completion of a RMP is the responsibility of the school. If a RMP is not in place, nurses may advise the principal or student services manager of this. 	<ul style="list-style-type: none"> As a member of the student services team, the nurse can contribute to the actions and outcomes outlined in the RMP.
<p>4. Follow-up</p> <ul style="list-style-type: none"> Ongoing care planning and follow-up is the responsibility of the school, with 	<ul style="list-style-type: none"> If appropriate, the nurse may be at a meeting reviewing the RMP with the family and DoE staff.

Steps	Additional Information
<p>involvement from the nurse, as appropriate.</p> <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> If appropriate, the nurse, plus DoE staff, may be one of the contact persons, on the RMP. If the nurse is involved in the ongoing care of a young person, and have access to a copy of the RMP, they must ensure it is the most up to date version of the document.
<p>5. Professional Support</p> <ul style="list-style-type: none"> Following consultation with a young person at risk of suicide, seek to debrief, as required. 	<ul style="list-style-type: none"> Following working with a young person at risk of suicide, staff should discuss the availability of professional support and debriefing strategies with their line manager. For crisis situations seek debriefing as soon as possible after the event. Employees may seek assistance directly from the Employee Assistance Program provider.

Training

Recommended training to support this protocol is:

- Youth Mental Health First Aid
- Gatekeeper

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

References

- Australian Bureau of Statistics. Causes of Death in Australia Canberra, Australia 2017.
- Mental Health Commission. Western Australian Suicide Prevention Framework 2021-2025. In: Commission MH, editor. Perth: Government of Western Australia; 2020.
- National LGBTI Health Alliance. National lesbian, gay, bisexual, transgender and intersex mental health & suicide prevention strategy In: Department of Health, editor. Australia 2016.
- World Health Organisation. Suicide 2019. Available from: <https://www.who.int/news-room/fact-sheets/detail/suicide>.
- Department of Education WA. School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury. Perth Western Australia: Government of Western Australia; 2020.

6. Mental Health Commission. Gatekeeper Suicide Prevention Training Participant Workbook. Western Australia: Government of Western Australia; 2018.
7. Chief Psychiatrist of Western Australia. Clinician's Practice Guide to the Mental Health Act 2014. Perth, Western Australia: Government of Western Australia; 2015.
8. WA Department of Health and WA Department of Education. Memorandum of Understanding between Department of Education and Child and Adolescent Health Service and WA Country Health Service for the delivery of School Health Services for students attending public schools 2020-2021. 2020.
9. Government of Western Australia. Patient Confidentiality Policy MP0010/16. In: (HDWA) HDoWA, editor. Perth, Western Australia: Government of Western Australia; 2016.
10. Department of Health. Principles and Best Practice for the Care of People Who May Be Suicidal. Perth: Government of Western Australia; 2017.
11. Government of Western Australia. Clinical Care of People Who May Be Suicidal. In: Department of Health, editor. Perth, Western Australia: Government of Western Australia; 2017.

Related internal policies, procedures and guidelines

The following documents can be accessed in the Community Health Manual:
[HealthPoint link](#) or [Internet link](#)

Clinical Handover - Nursing

HEADSS Adolescent Psychosocial Assessment

Mental health in adolescence

School-aged health services guideline

School-aged health services – primary guideline

School-aged health services – secondary guideline

Related internal resources and forms

The following policies, resources and forms can be accessed from the [HealthPoint CAHS-CH Intranet](#) link

[Clinical handover form \(CHS663\)](#)

[HEADSS Assessment: Handbook for nurses working in secondary schools](#)

[Health Promoting Schools Framework Toolkit – Secondary School](#) (various topics)

[Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning \(young people\)](#)

[Medicare for young people](#)- Department of Human Services, Government of Western

Australia
Practice Framework Nursing working in School-aged health
Working with Youth– A legal resource for community-based health workers. (Revised 2020)

Related external legislation, policies, and guidelines
Australian Health Practitioner Regulation Agency (AHPRA) – scope of practice
Nursing and Midwifery Board AHPRA Decision-making framework and summary documents .
Guidelines for Protecting Children 2020
WA Aboriginal Health and Wellbeing Framework 2015 - 2030 - Department of Health 2015
Kimberley region-specific Deliberate Self-harm and Suicidal Behaviour guideline

Useful DoE policies
<p>Department of Education and Training Policies:</p> <p>Child Protection</p> <p>Duty of Care for Students</p> <p>Emergency and Critical Incident Management</p> <p>School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury</p> <p>Student behaviour and well-being – access to school psychology services</p>

Useful resources
For Community Health Staff
<p>Department of Education and Training Policies:</p> <p>Child Protection</p> <p>Duty of Care for Students</p> <p>Emergency and Critical Incident Management</p> <p>School response and planning guidelines for students with suicidal behaviour and non-</p>

<p>suicidal self-injury</p> <p>Student behaviour and well-being – access to school psychology services</p>
<p>BeYou – is the national mental health in education initiative supporting schools to develop a positive, inclusive and resilient learning community to enable schools and their communities to achieve their best possible mental health.</p>
<p>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.</p>
<p>Black Dog institute - provide a range of clinical resources including fact sheets, a psychological toolkit and mental health podcasts and webinars.</p>
<p>Gatekeepers Suicide Prevention training – Mental Health Commission. The Gatekeeper risk assessment tool is useful.</p>
<p>headspace - Clinical Toolkit - Supports with recognising and treating common mental health issues in young people: Engagement, Anxiety, Depression, Borderline personality disorder, psychosis</p>
<p>headspace Schools –support for schools</p>
<p>Qlife – resources for health professionals who may be working with LGBTI people and communities.</p>
<p>Every mind is a suicide and self-harm prevention organisation which delivers evidence- based resources and programs.</p>
<p>ReachOut–A range of information and support, for example: Teaching and learning resources and ideas, professional development strategies to help you, self-care for health professionals</p>
<p>Suicide prevention Australia supports communities and organisations throughout Australia and promotes collaboration and partnerships in suicide and self-harm prevention, intervention and postvention.</p>
<p>For Adolescents</p>
<p>Australian Medical Association - Details of medical practitioners who have undertaken specific Youth Friendly Doctor training</p>
<p>beyondblue and Beyond Now Suicide safety planning app-Information on a range of mental health issues for all ages and different cultural backgrounds. <i>Beyond Now</i> is a smartphone app to help young people use their own skills and strengths to stay safe.</p>
<p>Head to Health – information on digital mental health services from some of Australia’s most trusted mental health organisations.</p>

<p>headspace - The National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year old's. 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.</p>
<p>Kids Helpline – Phone support 24 hours, every day of the year – 1800 551 800</p>
<p>Lifeline – Confidential crisis support available via phone, SMS or online chat</p>
<p>Mensline – Phone and online counselling support for those aged 15 years and over.</p>
<p>ReachOut –Online mental health organisation for young people</p>
<p>Suicide Call Back Service – phone and online counselling for anyone who is struggling.</p>
<p>Yarn Safe – Online resources for young Aboriginal people (12-25 years) experiencing mental health difficulties</p>
<p>For Families</p>
<p>Beyondblue seeking support for families</p>
<p>Help/Information Lines</p> <ul style="list-style-type: none"> • Mental Health Emergency Response Line – 24hr 1300 555 788 (Metro); 1800 676 822 (Peel) • Rurallink – 1800 552 002 <p>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.</p>
<p>Qlife – provides free, Australia-wide anonymous LGBTI peer support and referral for people wanting to talk about a range of issues.</p>
<p>Raising Children's Network – information, videos and resources for parents, examples include:</p> <ul style="list-style-type: none"> • Alcohol and other drugs, binge drinking • Mental health and services • Stress in teenagers • Teenage mental health issues • Promoting happy teens

This document can be made available in alternative formats on request.

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Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

Appendix A: Suicide Risk Response flowchart

- For young people experiencing acute deterioration in mental state who require immediate attention, phone 000 for emergency assistance. This flowchart should not be referred to in this instance.
- This flowchart should be read in conjunction with the Suicide Risk Response protocol.

