



## Wellness Counselling Centre | Client Suicide and Self-harm Policy and Procedure

### 1. Purpose and Scope

This policy provides guidance for Wellness Counselling Centre staff in responding to observations, allegations and disclosures indicating potential client self-harm and/or suicide. This policy applies to all programs and services operated by Wellness Counselling Centre and all staff and volunteers involved in client support.

### 2. Definitions

- Risk factors – factors such as biological, physiological, social and cultural agents that are associated with suicide/suicide ideation and increase their probability
- Self-harm – deliberate damage to one's body without the intent to die (also referred to as self-injury)
- Suicide – the act of purposely ending one's life
- Suicide attempt - a potentially self-injurious act intended to end one's life but which does not result in death
- Suicidal behaviour - includes the spectrum of activities related to suicide and self-harm including suicidal thinking, self-harming behaviours not aimed at causing death, and suicide attempts
- Suicidal ideation – thoughts about attempting or completing suicide
- Suicide prevention – actions or initiatives to reduce the risk of suicide among populations or specific target groups

### 3. Principles

Wellness Counselling Centre is committed to good practice in the prevention of suicide and self-harm through the development, implementation and review of policies and procedures based on current evidence.

When responding to suicidal and self-harming behaviour, the physical and emotional safety of the client, staff, and volunteers is paramount. Wellness Counselling Centre ensures staff and volunteers receive a level of training and supervision appropriate to their role in responding to clients at risk of suicide and self-harm.



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### 4. Outcomes

Wellness Counselling Centre identifies and responds to clients at risk of suicide or self-harm, and clients with suicide behaviour or suicide attempts. All indications of suicide, suicide behaviour and self-harm are taken seriously.

Staff receive adequate training and supervision in responding to clients at risk of suicide or self-harm, and clients with suicide behaviour or suicide attempts. All staff are supported to recognise the limits of individual roles and competencies and actively facilitate links to further levels of care where necessary.

### 5. Policy Implementation

This policy is developed in consultation with all staff and endorsed by the Board of Directors.

This policy is part of all Wellness Counselling Centre staff and volunteer orientation processes and all are responsible for understanding and adhering to this policy.

### 6. Policy Detail

#### 6.1 Triggers and Precipitating Events

The different types of precipitating events and circumstances that are linked to the increased likelihood of suicidal behaviour are shown in *Table 1: Triggers and Precipitating Events* on page 7 of this document (they do not necessarily occur sequentially).

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### 6.2 Assessment

Staff members should be on the look-out for any for signs of potential self-harm such as cuts/scratches, burns, and bandages as well as for cognitive/behavioural indicators of crisis/risk such as marked depression, restlessness, lack of concentration, anxiety, unusual quietness, odd/unusual staring, evidence of tearfulness, withdrawal.

Clients presenting with any indicators of crisis, self-harm, or suicidal behaviours are assessed to determine the level and immediacy of suicide and/or self-harm risk.

Objective and subjective evidence is used to determine a client's risk of suicide and/or self-harm. A comprehensive assessment draws on all available information including: interviews with the client; observation; medical, psychiatric and personal history; feedback from other staff; and information from family and carers.

Assessment must involve direct questioning about any thoughts of self-harm/suicide. Examples of direct questions include, but are not limited to:

- I appreciate how difficult I am wondering if you have ever felt so bad that you have thought about hurting yourself?
- Some of my clients with similar issues have told me that they have thought about ending their life. I wonder if you have had similar thoughts?

Assessment must also explore:

- Risk factors, for example, does the client have any risk factors for self-harm/suicide such as social isolation, physical/mental illness, impulse control problems, family/relationship problems, recent loss, hopelessness, etc.)
- Previous history (e.g., Have you ever tried to harm yourself before?)
- Current thoughts (e.g., How often are you having thoughts of harming yourself/suicide?)
- Plans (e.g., Have you made any plans for suicide?; Do you have access to [preferred means]?; Have you prepared notes or goodbye letters?; Do you have plans for the disposal of your belongings?)
- Protective factors (e.g., Is there anything that is preventing you from acting on your thoughts?; Is there anyone you rely on for support?; Do you see any hope for the future?)

Assessment must be adapted to the individual client's situation and responses – assessment must not be conducted through rote questioning, but rather through a counselling conversation with the client. For example, if the client indicates that they have no plans for suicide then it would not be appropriate to question the client on the details of this (non-existent) plan.



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If a client is assessed as being at risk of suicide and/or self-harm, intervention strategies to decrease the risk are developed and implemented (see Table 2 on page 8 of this document for further details about appropriate interventions).

If staff are unsure about a client's suicide or self-harm risk, the staff member must ensure client physical safety before consulting with their supervisor or other nominated personnel. Local mental health professionals may also be consulted to assist in determining risk.

Client risk assessment is undertaken on an ongoing basis to monitor a risk status and to ensure the clients' support needs are met.

### 6.3 Risk Rating and Suggested Responses

The client suicide risk rating is categorised into five levels. Indicators of these levels and suggested staff responses are outlined in *Table 2: Risk Rating and Suggested Responses* on page 8 this document.

### 6.4 Referral

Wellness Counselling Centre maintains links and has established referral protocols with external services including:

- Hospital and community based mental health services
- Hospital emergency departments
- General practitioners
- Local police
- Organisations supporting specific diverse population groups
- Other relevant services and programs.

If clients could benefit from referral to an external service provider then staff should make appropriate referrals, actively assist the client to access support services, and follow-up referrals.

If risk of suicide or self-harm is assessed as being moderate or above, an immediate referral is made to a specialist mental health service for priority assessment and intervention. The client is to be accompanied to the mental health service and/or hospital by a staff member or other safe arrangements are made for the client to attend the specialist mental health service.



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### 6.5 Confidentiality

Wellness Counselling Centre has a duty of care to do everything reasonable to prevent a client's suicide or self-harm. The right of confidentiality is not absolute and is balanced against duty of care. Wellness Counselling Centre has a legal and professional responsibility to disclose information where not reporting might cause harm to a client or another person.

Clients are advised of the limits of confidentiality during intake, assessment, and if a suicide and/or self-harm situation arises. Reasonable steps are taken to obtain client agreement for information to be disclosed to a third party.

Confidential information is disclosed to those in a position to assist in client safety and the information provided is restricted to that which elicits assistance.

Privacy legislation requirements are considered in the disclosure of confidential information.

#### 6.5.1 Mandatory Reporting

Where immediate danger to a child or young person is evident the police and/or the Child Protection Helpline (phone 132 111) is contacted immediately. Refer to the Child Protection Policy for further detail.

### 6.6 Identifying and Responding to Risk of Harm to Others

Threats to harm others at the organisation are taken seriously and will be reported to the appropriate authorities. All staff and volunteers respond to identified potential harm to others arising from a client's suicidal or self-harming behaviour.

Staff and volunteers report the identified potential harm to their supervisor and/or other identified personnel who are then required to report to authorities as needed.

### 6.7 Professional Supervision and Support

Wellness Counselling Centre recognises that supporting clients who are at risk of suicide and/or self-harm can be challenging and demanding. The organisation is committed to monitoring and attending to the impact of client suicide and self-harm on staff and volunteers.



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### 6.7.1 Supervision

Staff and volunteers notify their supervisor or other nominated personnel once a client suicide or self-harm risk is identified to develop immediate and longer term case management planning.

Staff and volunteers are provided with internal supervision and debriefing to address the emotional impacts that may arise from working with clients in distress.

Staff are provided external professional supervision to review client cases and address the emotional impact of working with clients in distress.

### 6.7.2 Debriefing Support

Following an emergency incident involving a client who is suicidal or self-harming, staff and volunteers are offered access to immediate debriefing support.

Staff and volunteers are encouraged to remain aware of their own emotional reactions and seek support from their supervisor, colleagues and other avenues as required.

### 6.8 Record Keeping

Wellness Counselling Centre maintains comprehensive and accurate documentation of client assessments, case plans, interventions, referrals and outcomes. In situations of self-harm and suicide staff must clearly document all indicators of risk, details of the risk assessment that was completed, any consultation that was engaged in, and the interventions that were implemented. Staff should also record any notifications or reports made to authorities.

## 7. Policy and Practice Review and Evaluation

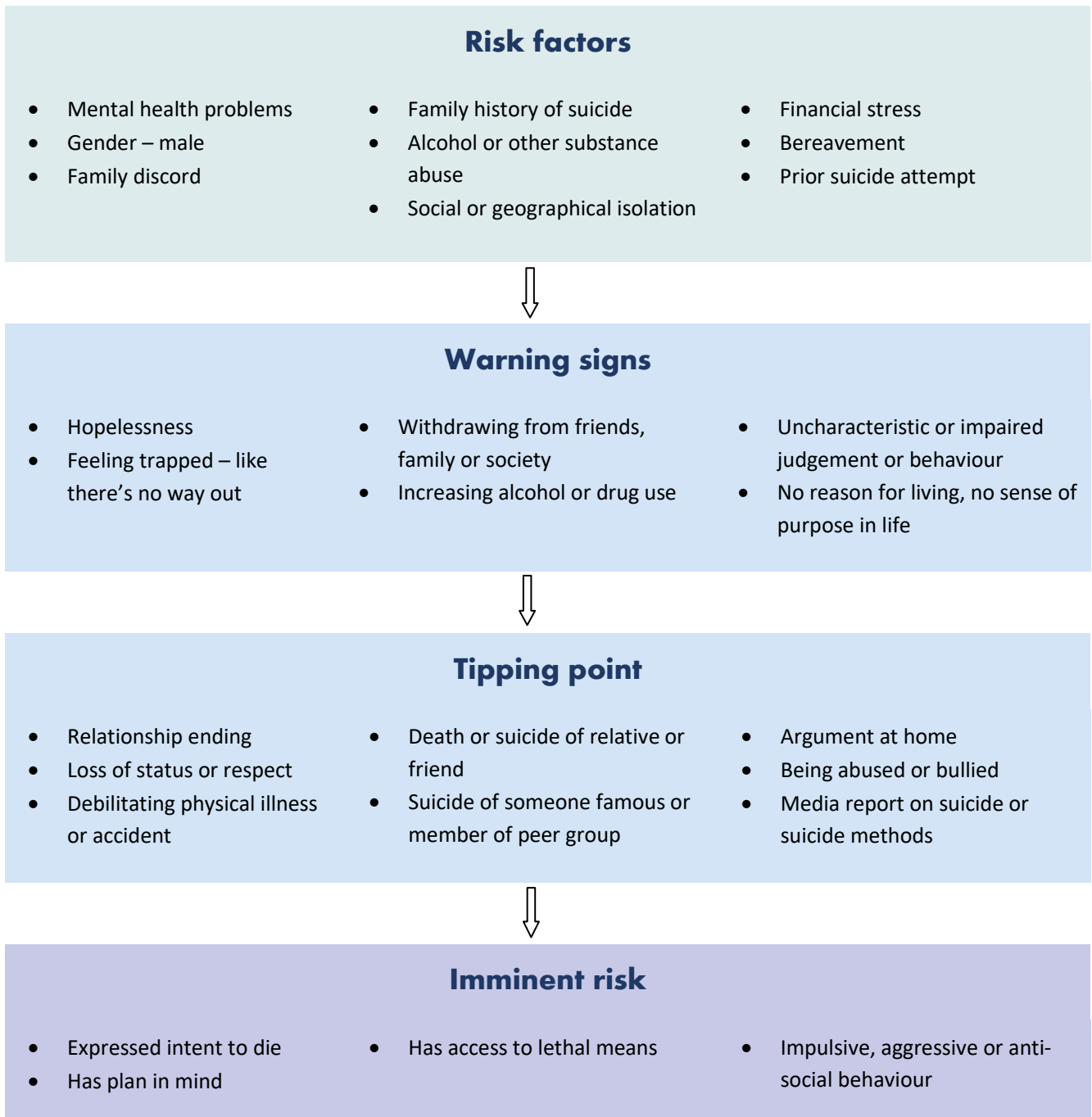
Wellness Counselling Centre reviews its policies, procedures and practice based on feedback from staff and volunteers, as well as results of service evaluations and new or emerging evidence in suicide and self-harm prevention and management.

**Note:** This policy and procedure has been adapted from the template provided by the Network of Alcohol and Other Drugs Agencies. Available from: [www.nada.org.au/media/15450/clientsuicideselfharmpolicy.doc](http://www.nada.org.au/media/15450/clientsuicideselfharmpolicy.doc)

## Triggers and Precipitating Events

The different types of precipitating events and circumstances that are linked to the increased likelihood of suicidal behaviour are shown in the following table (they do not necessarily occur sequentially).

Table 3: Triggers and Precipitating Events



## Risk Rating and Suggested Responses

The client suicide risk rating is categorised into five levels.

Indicators of these levels and suggested staff responses are outlined in the following table.

*Table 4: Risk Rating and Suggested Responses*

Risk level	Characterised by	Suggested response
<b>Non existent</b>	<ul style="list-style-type: none"> <li>• No identifiable suicidal thoughts, plans or intent</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor risk periodically or when indicated.</li> </ul>
<b>Mild/low</b>	<ul style="list-style-type: none"> <li>• Suicidal thoughts of limited frequency, intensity and duration</li> <li>• No plans or intent</li> <li>• Mild dysphoria</li> <li>• No prior attempts</li> <li>• Good self-control (subjective or objective)</li> <li>• Few risk factors, identifiable protective factors</li> </ul>	<ul style="list-style-type: none"> <li>• Review regularly.</li> <li>• Support client to identify potential supports and facilitate contact with supports.</li> <li>• Contract with client to seek immediate assistance if fleeting thoughts become more serious or depression deepens.</li> </ul>
<b>Moderate</b>	<ul style="list-style-type: none"> <li>• Frequent suicidal thoughts, limited intensity and duration</li> <li>• Some plans - no intent; or some intent, no plans</li> <li>• Limited dysphoria</li> <li>• Some risk factors present, but also some protective factors</li> </ul>	<ul style="list-style-type: none"> <li>• Notify supervisor or other nominated personnel to jointly develop a plan for further assessment and intervention.</li> <li>• Request client permission to organise a specialist mental health status assessment as soon as possible.</li> <li>• Continue contract as above.</li> <li>• Review frequently.</li> </ul>
<b>Severe/high</b>	<ul style="list-style-type: none"> <li>• Frequent, intense and enduring suicidal thoughts</li> <li>• Specific plans, some intent</li> <li>• Method is available/accessible, some limited</li> <li>• Preparatory behaviour</li> <li>• Evidence of impaired self-control</li> <li>• Severe dysphoria</li> <li>• Multiple risk factors present, few (if any) protective factors</li> <li>• Previous attempts</li> </ul>	<ul style="list-style-type: none"> <li>• If risk is high and the client has an immediate intention to act contact the mental health crisis team immediately and ensure that the client is not left alone.</li> <li>• Call an ambulance/police if the client will not accept a specialist assessment, or the crisis team is not available.</li> <li>• Consult with a colleague or supervisor for guidance and support.</li> </ul>
<b>Extreme/very high</b>	<ul style="list-style-type: none"> <li>• Frequent, intense, enduring suicidal thoughts</li> <li>• Clear intent</li> <li>• Specific/well thought out plans</li> <li>• Access/available method</li> <li>• Denies social support and sees no hope for future, impaired self-control, severe dysphoria</li> <li>• Previous attempts</li> <li>• Many risk factors, and no protective factors</li> </ul>	<ul style="list-style-type: none"> <li>• If risk is high and the client has an immediate intention to act contact the mental health crisis team immediately and ensure that the client is not left alone.</li> <li>• Call an ambulance/police if the client will not accept a specialist assessment, or the crisis team is not available.</li> <li>• Consult with a colleague or supervisor for guidance and support.</li> </ul>