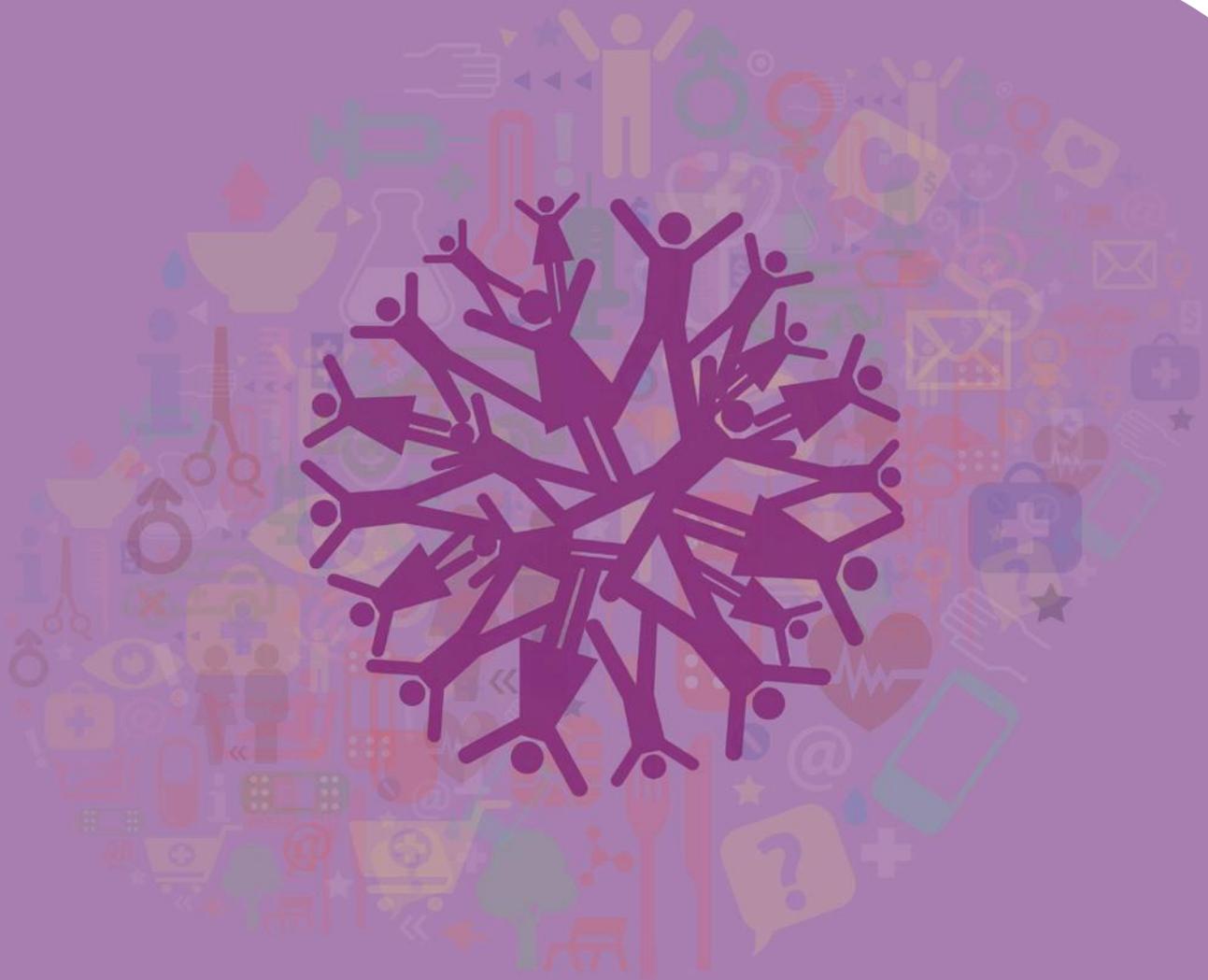


CHCCCS003

Increase the safety of individuals at risk of suicide

Release 1



Learner guide

CHCCCS003

Increase the safety of individuals at risk of suicide

Release 1

Learner guide

Aspire Version 1.2



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Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	February 2019	Minor corrections as part of our continuous improvement program

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CHCCCS003 Increase the safety of individuals at risk of suicide Release 1

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Before you begin

This learner guide is based on the unit of competency *CHCCCS003 Increase the safety of individuals at risk of suicide*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	<ul style="list-style-type: none"> ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help <div data-bbox="1163 1328 1353 1608" style="text-align: right;">   <p style="font-size: 8px; margin-top: 2px;">V1234</p> </div>
Summary	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Identify and assess the person's current suicide risk	1A Recognise and respond to signs that a person may be considering suicide	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Explore any indications that the person may be considering suicide	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Ask specifically about thoughts of suicide when there are concerns	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Inform and facilitate the intervention by seeking understanding	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Collaborate to increase immediate safety	2A Build a collaborative empathetic relationship that acknowledges thoughts of suicide and the pain behind them	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Listen to what lies behind any thoughts of suicide while affirming and strengthening life connections and safety support	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Work with the person to develop and implement a safety plan that reduces immediate danger to the person and others	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Mobilise access to emergency services when needed	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Comply with all laws, ethical guidelines and policy requirements that affect duty of care and seek advice from supervisor	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 3 Facilitate links to further support	3A Empower the person at risk to make informed choices about further help	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Maintain rapport to encourage discussion of ongoing concerns	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Help the person identify coping strategies to manage recurrence of suicidal thoughts	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Determine whether mental health concerns or personal circumstances are present and facilitate appropriate help	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3E Explore possible barriers to seeking or accepting help and develop responses	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3F Explore what has helped the person survive any previous suicide attempts	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3G Develop a plan that includes agreed first steps to access and use informal supports and professional help	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3H Refer to appropriate professionals as required	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Review and report on support provided	4A Document suicide safety plan and follow up action according to evidence informed standards of care and organisation requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Communicate relevant information to work colleagues and other people working with the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Reflect on own role in providing support and use learning to enhance future practice	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4D Identify and respond to the need for own supervision and debriefing	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn how to:

- 1A** Recognise and respond to signs that a person may be considering suicide

- 1B** Explore any indications that the person may be considering suicide

- 1C** Ask specifically about thoughts of suicide when there are concerns

- 1D** Inform and facilitate the intervention by seeking understanding

Identify and assess the person's current suicide risk

All community services workers must have an understanding of how to identify and provide effective help for people at risk of suicide. Workers must be able to recognise the warning signs that someone may be considering suicide. It is also important that workers do not make assumptions and that they take all statements people make about suicide seriously. These steps can help save someone's life.

1A Recognise and respond to signs that a person may be considering suicide

No matter what area of community services you work in, you may encounter people who are at risk of suicide. It is important that you know the signs that indicate an individual may be considering suicide or self-harm.

One of the most important things you can do is to take a person seriously if they say they are thinking about suicide. This applies if the person mentions it only once in vague terms or has said it many times before. When a person talks about suicide or wanting to die, they are indicating that they are feeling confused, hopeless and depressed and are in need of help. You can help by listening, showing concern, asking questions and assisting the person to get the help they need.



Avoid assumptions about suicide

You should never assume that you know who is most likely to be at risk of suicide. Everyone is different and suicide affects people of all ages and gender in all socio-economic groups. For example, people who are usually bright and jovial may be concealing feelings of despair and depression, whereas someone who is quiet and withdrawn who you suspect is depressed may have never considered suicide.

In the same way, when responding to a person who is experiencing suicidal thoughts, do not make assumptions about what will make them safe or unsafe. For example, suggesting the person moves in with a friend to keep them safe may not change their mind about considering suicide without other interventions in place.

Assumptions are based on speculation and supposition and not based on proof or evidence. It is important to hear and listen to the person themselves and take into account their particular circumstances that have led them to this state of mind and thinking. Here is how to avoid assumptions.

Develop familiarity

Get to know the people you work with and be alert to changes in behaviour or the statements they make. Always be prepared to ask a person about their state of mind and show a willingness to listen. Don't assume people are being dramatic if they talk about wanting to end their lives. There are many instances of individuals who have attempted to end their life, or ended their life, because they have been ignored.

Be aware of circumstances

You should be aware that some people may decide to suicide quite suddenly without long periods of planning. This can happen when people experience the loss of someone close, the loss of a job, or a traumatic event such as being raped or being involved in an accident. It is important to look at all the circumstances that may be influencing an individual's state of mind at any given time.

Indicators of risk

Any mention of suicide should be viewed as a request for help. A range of other signs also indicate that a person might be considering suicide, including suicidal ideation, changes in behaviour, thoughts and feelings, and reactions to events or personal crises. Below are some of the common warning signs of suicide or self-harm.

Statements/thoughts

- ▶ Talking or writing about death
- ▶ Talking or writing about suicide
- ▶ Using statements such as wanting to 'end it all'
- ▶ Expressing the idea that life is pointless and meaningless
- ▶ Saying goodbye to friends and family
- ▶ Thinking there is no way out of a situation
- ▶ Thinking there is no hope for the future
- ▶ Inability to concentrate on anything

Feelings and reactions

- ▶ Hopelessness and helplessness
- ▶ Depression
- ▶ Rage
- ▶ Excessive guilt or shame
- ▶ Feeling trapped
- ▶ Low self-esteem and self-hatred
- ▶ Reactions to recent events, including extreme grief, hopelessness, self-hatred, humiliation and fear of losing control or going mad

Behaviours

- ▶ Appearing depressed or sad most of the time
- ▶ Withdrawing from family and friends
- ▶ Abusing drugs or alcohol
- ▶ Dramatic mood changes and/or personality changes
- ▶ Being impulsive and reckless
- ▶ Losing interest in activities previously enjoyed
- ▶ Changes in sleeping habits and/or eating habits
- ▶ Giving away possessions and making a will
- ▶ Prior suicide attempts
- ▶ Inability to tolerate frustration
- ▶ Neglecting personal appearance
- ▶ Careless or accident-prone
- ▶ Poor performance at work or at home
- ▶ Self-harming

Indicators of self-harm

Self-harm is most commonly understood as people causing injury to themselves without necessarily wanting to die. Self-harm does not always lead to suicide. Self-harming activity may be associated with increased suicide risk but is not always so. People often self-harm as a way of releasing pent-up feelings or dulling emotional pain. Self-harm may result in accidental suicide when a person causes lethal damage to themselves unintentionally; for example, they overdose on drugs as a way to block out emotional pain or stress.

Indicators of self-harming behaviour can begin after a crisis or recent difficult life event; for example, the death of a loved one, relationship breakdown, difficulties at home or school, recent abuse or violence. It may start as a result of depression, anxiety or another mental health concern or as a result of a trauma or abuse in childhood. Some people are known to begin self-harming as a result of a physical illness or disability.

Common forms of self-harm include:

- ▶ making cuts to the body
- ▶ burning oneself
- ▶ overdosing on medication or drugs
- ▶ inhaling harmful substances
- ▶ hitting the body with fists or another object
- ▶ punching walls or other objects
- ▶ scratching or picking the skin, resulting in bleeding or welts or pulling out hairs.

Respond to signs

You can help someone who indicates that they are thinking about suicide by following these suggestions.

How to respond to signs of suicide

- ▶ Listen non-judgmentally and encourage them to talk about how they are feeling.
- ▶ Acknowledge whatever feelings they express by saying; for example, 'You seem really sad and despairing'.
- ▶ Ask them directly if they are considering suicide.
- ▶ Avoid giving advice such as, 'You're just feeling a bit down, cheer up and everything will be okay', or 'You just need to pull yourself together'.
- ▶ Make sure that the person is not left alone; call family or friends if necessary to organise support for the person.
- ▶ Be reassuring and tell them about the type of help available.
- ▶ Ensure the person at risk does not have access to a means of suicide such as lethal weapons or medications.
- ▶ Avoid showing frustration, panic, anger or fear.

Example

Recognise and respond to signs that a person may be considering suicide

Jacinta is a new community services worker who has just started work for a non-government organisation providing services for people with diagnosed mental health disorders. One of Jacinta's first clients is John, who she is helping to find a job and to re-establish social links within the community. John has a diagnosis of depression but he presents as such a cheerful person that Jacinta is taken completely by surprise when he tells her out of the blue one day that he just wants to end it all. Jacinta laughs and says, 'Come on John, things can't be that bad'. John doesn't say anything more. Three days later, Jacinta finds out that John has taken an overdose of prescription drugs and died.

Jacinta feels overwhelmed with guilt and grief. She tells her supervisor that she just never thought that John would do such a thing. Her supervisor is kind and says that it is possible that John would have done what he planned to do anyway, but that in future Jacinta must not make assumptions. She must act on and take seriously every mention of suicide.



Practice task 1

1. What is the single most important thing a worker can do when someone says they are considering suicide?

2. Why is it dangerous to make assumptions about who is likely to be at risk of suicide?

3. Give two examples of behaviours that may indicate risk of suicide.

4. Give two examples of ways to respond to a person at risk of suicide.

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Click to complete Practice task 1

1B Explore any indications that the person may be considering suicide

Our hunches and intuition can sometimes act as a useful guide to someone else's mental state. It is important not to ignore any indication either direct or indirect, that a person may be considering suicide. Don't ever think people will consider you silly or overdramatic if you voice your concerns. Consider the following.

Lack of warning signs

Most people who are planning suicide show at least some warning signs. However, others show none, and many of those nearest them are taken completely by surprise when their friend or relative ends their own life. Community services workers need to be vigilant in detecting the signs that all is not well with the people they are caring for. Sometimes this involves working on hunches or intuition, and taking action where there are grounds for concern.

Look for differences

You may realise in conversation with a person that they do not seem themselves. They may be quieter than usual or convey a sense of frustration or hopelessness. Or they may have started not turning up to appointments where before they were always punctual. You may not have any specific reason to feel that something is wrong, but you have a sense of uneasiness. Alternatively, you may hear indirectly through a person's family, friend or neighbour that the person does not seem well. A family member or neighbour may remark, for example, 'Jock hasn't been himself lately'.

Consider additional factors

You should be especially concerned if the person has:

- ▶ a diagnosed mental health condition and/or substance abuse disorder
- ▶ a family history of mental health or alcohol and other drug (AOD) problems
- ▶ a family history of suicide or self-harm
- ▶ relationship problems, including family violence or abuse
- ▶ previously attempted to end their life.

Be aware of change

Some warning signs are hard to pick; for example, sometimes when a person has been unhappy and depressed for a long period, they have a sudden change of mood and appear to be light-hearted and happy, as though a great weight has lifted off them. You need to be alert as this may be a sign that they have made a decision to suicide and are feeling happy that they now know what they are going to do.

Explore indications

You can attend to your intuition or hunch by asking the person directly what they are feeling and whether they have thought about suicide. A person who is feeling depressed and starting to think about suicide may not realise that they need help or what kind of help is available. People in this condition are often not thinking clearly.

Having someone ask them what they are feeling or whether they have thought about suicide often helps them to realise the seriousness of their condition and clarify their thoughts.

The individual can access help by:

- ▶ speaking to their doctor
- ▶ making an appointment to see a counsellor
- ▶ making sure they have telephone counselling and crisis line numbers available
- ▶ joining an appropriate self-help group
- ▶ becoming informed about depression and suicide through reading material and websites such as beyondblue.

Example

Explore any indications that the person may be considering suicide

Catrina works for a community services organisation in the alcohol and other drugs (AOD) field. One of her clients, Sofi, has been struggling lately to stay clean of drugs, calling Catrina on a regular basis for support. When Sofi does not ring for a few days Catrina is concerned. She knows that Sofi has previously made attempts to end her life, and has a hunch that all is not well with her. She goes to Sofi's address but there is no answer when she knocks on the door. Sofi's neighbour tells Catrina that Sofi has been acting strangely and seems very depressed lately. Catrina calls the police to gain access to the unit. They find Sofi collapsed on the floor but still alive. She has lost a lot of blood from having slashed her wrists.



Practice task 2

1. Explain how there may be a lack of warning signs for suicide risk.

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2. What additional factors should be considered when exploring suicide risk?

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3. Give two examples of ways individuals can access help.

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Click to complete Practice task 2

1C Ask specifically about thoughts of suicide when there are concerns

When working with someone who may be at risk of suicide it is important to ask direct questions about their intentions. If workers have any concerns about a person's safety they must act on these concerns.

Cause for concern may include the person presenting with a number of warning signs. Any indication that a person is thinking of suicide or acts of self-harm should be taken seriously.

People may fall into a higher risk category of suicide if they:

- ▶ are in physical pain or have health concerns
- ▶ are socially isolated
- ▶ have a drug or alcohol problem
- ▶ live in an isolated rural area
- ▶ are male
- ▶ have financial or legal problems
- ▶ have marriage or family problems
- ▶ have lost their job or experienced some other major loss or traumatic event.

Ask direct and further questions

Direct questions you may ask include, 'Are you thinking of killing yourself?' and 'Are you planning to harm yourself?' If the person indicates that they are thinking about ending their own life, you must ask some further questions. The two most important risk factors associated with suicide are whether the individual has a current plan and whether they have made previous attempts to end their life.

You need to find out:

- ▶ if the person has a plan about how they will suicide
- ▶ if they have the means to carry out their plan; for example, if they plan to shoot themselves, do they have a gun?
- ▶ if the plan or means are lethal; for example, if they plan to shoot or hang themselves they most likely will die
- ▶ if they have attempted to end their life before, and how they attempted it
- ▶ if the plans are immediate or for some time in the future.

Take suicidal ideation seriously

If a person suggests in any way that they have thought about suicide, engaged in deliberate self-harm or have made a plan to carry out suicide that appears to be dangerous or lethal, they must be believed and assisted to obtain help. All of these actions indicate that the person is in severe emotional distress and cannot see a way out of their predicament.

You need to talk about the situation openly with the person, assess the level of risk they are experiencing and discuss with them ways they can obtain help. People who are at risk of suicide should not be left alone or told that they will be okay tomorrow.

Awareness of personal values, beliefs and attitudes

You must be aware of your own values, beliefs and attitudes regarding people who are at risk of suicide, as these could affect the way you carry out your work. Workers who are critical may make people feel worse about themselves and even more determined to end their lives. Consider the following points.

Values, beliefs and attitudes

- ▶ Our values represent our personal standards and our ideas about what we think are important. Our beliefs are what we accept to be true. Sometimes beliefs are not based on fact and need to be challenged or carefully examined. Our attitudes are our usual ways of thinking that influence our behaviour.

Avoid making assumptions

- ▶ If you believe that people who talk about wanting to die are seeking attention or being melodramatic, you may not be able to respond to them as appropriately as someone who recognises that they are in deep distress and need help.

Avoid being judgmental

- ▶ It is important that you adopt a non-judgmental attitude and try to be as empathetic as possible. This means trying to put yourself in the person's frame of reference and seeing things from their perspective. People may seem to you to be showing signs of one-sided or distorted thinking, but you should not be critical or tell them to 'snap out of it'.

Avoid making the person feel guilty

- ▶ It is essential that you do not make the individual feel ashamed or guilty, or that they are being a burden. No matter what your personal values, beliefs or attitudes are about suicide, you must focus on letting the person know that you care about them and that you are not there to judge them.

Common notions about suicide

You should be wary about believing many of the common myths about suicide that are outlined here.

Myth 1

Myth: People who frequently threaten suicide rarely carry out their threats.

Truth: People who talk about suicide are often making a plea for help, and being ignored may push them over the edge.

Myth 2

Myth: All people who think about suicide are unstable or mentally ill.

Truth: It is estimated that up to 90 per cent of people who consider suicide or end their own life experience depression or other mental health disorder, but it is important to remember that many people are suicidal for other reasons.

Myth 3

Myth: A person serious about suicide cannot be stopped.

Truth: Most suicides can be prevented if people receive the right help early enough.

Myth 4

Myth: Asking 'Are you planning suicide?' puts the idea of suicide into people's heads.

Truth: By asking this question directly you are showing your concern and encouraging the person to be open and direct with you.

Myth 5

Myth: You should not breach the confidence of someone who tells you they are thinking about taking their own lives.

Truth: If a person is a risk to themselves or others you have a responsibility to disclose this information.

Myth 6

Myth: All deaths from suicide can be prevented.

Truth: Sadly this is not true. Some people find a way to take their own life.

Example**Ask specifically about thoughts of suicide when there are concerns**

No matter what your own personal views about suicide are, you need to put these aside and focus on the person who is at risk. This means listening attentively, asking direct questions about their intentions and discussing ways for them to obtain help.

The following questions are different examples of the type of questions you could ask a person who you think might be at risk of suicide. When you ask such questions, you should use those that can be most easily introduced into the conversation and that seem most appropriate in the circumstances.

Examples of different direct questions:

- ▶ Have you ever felt that life is not worth living?
- ▶ Did you ever wish you could go to sleep and just not wake up?
- ▶ Do you think about dying?
- ▶ Do you wish you were dead?
- ▶ Do you ever imagine that others would be better off without you?
- ▶ Are you having thoughts about ending your life? When did these thoughts begin? How frequent are they? How persistent are they?
- ▶ What was going on with you when these thoughts started? Can you stop the thoughts?
- ▶ Do you know someone who ended his or her own life?
- ▶ Do you know someone who tried to end their own life?
- ▶ Have you thought seriously about ending your own life? When was the first time you had those thoughts? When was the most recent time?
- ▶ What was going on with you or in your life that made you think about ending your own life? How often did you think about it?
- ▶ How close have you come to acting on those thoughts, doing something to end your life? What did you do? When was that?

Practice task 3

1. What are examples of high risk category of suicide?

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2. What information is it vital to find out from a person with suicide ideation?

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3. What are values, beliefs and attitudes?

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4. What is the truth behind the myth that asking 'Are you planning suicide?' puts the idea of suicide into people's heads?

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Click to complete Practice task 3

1D Inform and facilitate the intervention by seeking understanding

It is important to try to understand why someone might want to end their life, and also to have them explore all the reasons they have for living. People who are thinking of suicide may not actually want to die but may find themselves in a situation where they cannot think of any other options. They are most likely confused and overwhelmed by the situation they are in and can't think clearly about reasons for living, as outlined in the following.

Consider the factors

Many people have the potential for suicidal behaviour if they are in situations they find distressing or intolerable. What may push one person to consider suicide where another person may not depends on a range of factors, including their mental health, personality, family background, emotional resilience, current personal circumstances and degree of social support.

Talk to the person

The most important thing you can do is talk to the person in an open, honest and caring way. Find out all the reasons why they think they should end their lives, and discuss them. Make sure you are not dismissive about anything the person says. Look for their strengths and any reasons why they may be ambivalent about suicide. These are starting points for an intervention based on identifying reasons for living and building coping strategies.

Seek to understand

An important practice in informing and facilitating the suicide intervention is to seek to understand why the person is considering suicide. A vital principle in the assessment of the situation is to explore with the person why they want to end their life. The responses given to these questions will assist you to identify the suicide risk and provide the direction for future actions based on the person's risk.

This assessment will involve listening and asking questions in a caring and sensitive way. Try to find out the person's own understanding of their predicament; for example, they may be feeling unbearable sadness or emotional pain that they think they can never overcome. They may be experiencing intolerable physical pain due to illness or injury that is not being alleviated by the medication they are on. Or they may be feeling a sense of guilt or failure that has left them feeling humiliated and worthless. Consider the following information.

Identify possible reasons for living

- ▶ When you gain an understanding of why the person is thinking about suicide you can begin to ask questions about the circumstances that might make it possible for them to believe that they could go on living. For example, you might ask: 'What would need to change for you to want to stay alive?'

Foster hope and provide encouragement

- ▶ Always try to foster hope in an individual. Let them know that even though they are feeling desperate and unable to see a way out of the situation they are in, help is available to assist them in dealing with their problems and feeling better in the future.

Risk and protective factors

Everyone who considers suicide has both a combination of risk and protective factors that may influence their decision to take their own life or not. These considerations are vital to clarify when identifying and assessing a person's risk of suicide.

Risk factors

Risk factors increase the likelihood of suicidal behaviour. They include:

- ▶ mental health problems
- ▶ isolation, either social or geographical
- ▶ family violence or abuse
- ▶ financial problems
- ▶ male gender
- ▶ family history of suicide
- ▶ alcohol or other substance abuse
- ▶ bereavement
- ▶ previous suicide attempts.

Protective factors

Protective factors reduce the likelihood of suicidal behaviour and help to improve a person's ability to cope with difficult circumstances. Protective factors include:

- ▶ good physical and mental health
- ▶ strong religious/spiritual faith or sense of meaning and purpose in life
- ▶ emotional resilience
- ▶ problem-solving skills
- ▶ a sense of social and community connection
- ▶ early diagnosis of and treatment of mental disorders
- ▶ lack of means to suicide or self-harm
- ▶ responsibility for children, pets or others
- ▶ having at least one strong personal relationship or significant other.

Explore links to life

When assessing suicide risk a worker needs to explore with the person what links them to life and focus on the individual's protective factors. For example, a person may have children who need support, or they may have excellent problem-solving skills in other areas of their life. Such responsibilities and skills link them to life, although they may be unable to see this when they are in crisis.

Sometimes people in crisis need to be reminded about how their death might impact others. Emphasising links to life and protective factors is a strengths-based approach that helps to re-establish the person's confidence in overcoming their problems. It is also a way of moving forward that can inform and facilitate further intervention.



Risk factors, actions and considerations

Below is a summary of the risk factors, actions and considerations that community services workers should be able to apply when doing an assessment and providing support to a person who is considering suicide. These may serve as a useful guide.

Suicidal thoughts

If you suspect a person is considering suicide you need to ask them directly about the presence of suicidal thoughts. If they answer yes to a question such as, 'Are you thinking of suicide?', you need to find out:

- ▶ why the person is considering suicide
- ▶ the extent of the person's distress
- ▶ the main source of the distress.

People considering suicide will usually express:

- ▶ feelings of deep hopelessness, despair and loneliness
- ▶ a desire to escape pain and distress that seems intolerable
- ▶ a feeling of being trapped that prevents them from seeing alternatives to suicide.

You can explore a person's degree of hopelessness by asking them how they feel about their future.

Suicide plan

The level of immediate risk for suicide increases if the person has expressed a strong suicidal intent, has a current suicide plan and the means to carry out the plan.

You will need to ask questions such as:

- ▶ 'Have you thought about how you might end your life?'
- ▶ 'Do you have a specific time and place you plan to do this?'

You need to find out how developed their plan is; for example, do they have access to the suggested means and how lethal is it likely to be?

Questions you might ask include:

- ▶ 'Do you have access to a gun (or other lethal means)?'
- ▶ 'How can you be sure you will end your life?'

Intent to suicide is often indicated by the person finalising personal affairs and giving away possessions.

Drugs and alcohol

Is the person under the influence of alcohol or other drugs?

Consider the following:

- ▶ People may use drugs or alcohol to give them courage to carry out their plan.
- ▶ If a person has a specific plan and either abuses or is under the influence of drugs or alcohol, they are at high risk.

You will need to find out about a person's history of AOD use and their current use. Ask them what substance they have used and when they last used it.

Background factors

A history of previous suicide attempts increases a person's risk of carrying out a completed suicide.

Questions to ask include:

- ▶ 'Have you attempted suicide before?'
- ▶ 'What were the circumstances of your last attempt?'

It is estimated that a high percentage of people (up to 90 per cent) who consider suicide or end their own life have a mental health condition such as depression. A high suicide risk is indicated by:

- ▶ untreated depression and feelings of futility and hopelessness
- ▶ severe anger or hostility
- ▶ hallucinations or delusions about dying
- ▶ feelings of worthlessness.

Other mental health conditions associated with suicide include schizophrenia, bipolar disorder, borderline personality disorder and drug-induced psychosis.

Personal factors

Individual factors that may need to be taken into account include:

- ▶ relationship or family problems
- ▶ the suicide of a significant other
- ▶ personal crisis, especially one involving rejection or humiliation
- ▶ major loss or traumatic event
- ▶ unemployment
- ▶ financial difficulties
- ▶ legal problems
- ▶ custody issues
- ▶ cultural or religious conflicts
- ▶ lack of social support
- ▶ an 'at risk' mental state that may include depression, hopelessness and patterns of extreme agitation, anger and violent behaviour.

Internal and safety sources

Most individuals have coping skills and beliefs that can be drawn on to help prevent them suiciding. These may include:

- ▶ strong religious/spiritual faith or sense of meaning and purpose in life
- ▶ emotional resilience
- ▶ problem-solving skills
- ▶ a caring family
- ▶ a sense of social and community connection.

Questions to ask include:

- ▶ 'What have you always thought of as your strengths in life?'
- ▶ 'How have you solved problems in the past?'
- ▶ 'What has meaning to you in life?'

Sources of safety and support also include family, friends, pets and community services.

Connections

What are their connections to life and living?

Most people who think about suicide are ambivalent about wanting to die. Workers need to explore their connections to life and living. These may involve:

- ▶ family responsibilities such as children
- ▶ personal interests and activities
- ▶ work
- ▶ friends
- ▶ other protective factors such as good physical health.

Example

Inform and facilitate the intervention by seeking understanding

Bill is a war veteran who has lived with severe pain for many years due to injuries received during the war and other illnesses. He has seen a number of doctors but none of them seem to be able to provide the level of pain control he requires. He has become increasingly isolated over the years due to his chronic pain. Vera, a community services worker, is concerned about Bill and has started visiting him on a regular basis. Here is how Vera helps Bill to explore his reasons for wanting to suicide, and what would need to change for him to want to live.

Identifying reasons

At first he is reluctant to talk but gradually he opens up. He tells Vera he has had it and just wants to end it all and knows how he can do it. When she asks why, he says that he just can't stand the pain anymore and that he is just a miserable old coot that no-one cares about anyway. Vera asks what would make his life worth living. He says he supposes he might like to hang around a few more years if he could get the pain to stop and if he could see some of his old war buddies again.

Exploring ideas

Vera says they will find a doctor who can help him, and if this doesn't work perhaps Bill might be willing to try other methods such as acupuncture. Bill is a bit reluctant but says he will give it a go. With Bill's help Vera starts to track down some of his old mates. Two of them live in the same city and are delighted to hear from Bill again. Vera finds a doctor who says he thinks he can help relieve Bill's pain with both traditional and non-traditional methods. Bill starts to find life worth living again.

Practice task 4

1. Why is it important to understand why a person is considering suicide?

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2. Identify three risk factors that may increase the likelihood for suicide risk.

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3. Identify three protective factors that may decrease the likelihood for suicide risk.

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Click to complete Practice task 4

Summary

1. No matter what area of community services you work in, you may encounter people who are at risk of suicide. It is important that you know the signs that indicate an individual may be considering suicide or self-harm.
2. One of the most important things you can do is to take a person seriously if they say they are thinking about suicide. Never disregard or dismiss anything a person says, and any mention of suicide should be viewed as a request for help.
3. Most people who are planning suicide show at least some warning signs; others show none and many of those nearest them are taken completely by surprise when their friend or relative takes their own life. Community services workers need to be vigilant in detecting the signs; sometimes this involves working on hunches or intuition.
4. When working with someone who may be at risk of suicide it is important to ask direct questions about their intentions.
5. As a worker, you can assist people who are thinking of suicide by encouraging them to reflect upon all the reasons they have to live and the links they have to life, which may include family, friends, pets, personal desires and interests.
6. It is important to explore with the individual why they want to end their life. This will involve listening and asking questions in a caring and sensitive way. Try to find out the person's own understanding of their predicament.

Learning checkpoint 1

Identify and assess the person's current suicide risk

This learning checkpoint allows you to review your skills and knowledge in identifying and assessing the person's current suicide risk.

Part A

1. Why is it important not to make assumptions about who may be at risk and what is required to keep someone safe?

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2. Why is it critical to seek an understanding of why the person is considering suicide and what links them to life during an assessment for suicide risk?

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3. Provide examples of two common notions about suicide and present the facts.

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Part B

Read the case study, then answer the questions that follow.

Case study

Sarah aged 14, has reported to a community services worker with low self-esteem and made several comments indicating self-loathing. She recently had a relationship breakdown with her boyfriend and along with difficulties at home or school; these appear to have contributed to her low mood. The community worker Sally notices what appears to be burn marks on the inside of her arms. Sally asks Sarah directly if she has been self-harming and causing the damage to her skin on her arms. Sally explores this further by asking Sarah if she is contemplating suicide.

1. Why is it important that Sally asks Sarah a direct question about her belief that she is self-harming?

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2. Why must Sally put aside her own values, beliefs and attitudes when working with Sarah?

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3. What indicators does Sally recognise in Sarah that she may be self-harming or a suicide risk?

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Topic 2

In this topic you will learn how to:

- 2A Build a collaborative empathetic relationship that acknowledges thoughts of suicide and the pain behind them**

- 2B Listen to what lies behind any thoughts of suicide while affirming and strengthening life connections and safety support**

- 2C Work with the person to develop and implement a safety plan that reduces immediate danger to the person and others**

- 2D Mobilise access to emergency services when needed**

- 2E Comply with all laws, ethical guidelines and policy requirements that affect duty of care and seek advice from supervisor**

Collaborate to increase immediate safety

In order to help a person at risk of suicide, you must be able to establish rapport with them, listen to their concerns and work with them to ensure their immediate safety. Your intervention should focus on reducing the immediate risk the person faces and ensuring that others are safe. You should also make sure that you adhere to organisational practices, legal and ethical guidelines and duty-of-care principles relevant to suicide intervention practice.

2A Build a collaborative empathetic relationship that acknowledges thoughts of suicide and the pain behind them

In order to work effectively with a person at risk of suicide, you should encourage collaboration by establishing rapport, listening to their concerns, seeking to understand the situation from their perspective and helping them become aware of how their thoughts may affect their safety. Consider the following.

Own anxiety

One of the biggest problems a worker faces in dealing with someone who is thinking about suicide is their own anxiety. Inexperienced workers are often anxious and unsure how to proceed, so they avoid talking about suicide rather than asking direct questions and encouraging the person to talk about their problems. Avoiding direct and open discussion of a person's thoughts about suicide may increase the likelihood of a suicide attempt.

Focus on the person

Workers should allow themselves to experience their own feelings of fear, anxiety and inadequacy, and try to overcome them by remembering that their main focus should be on the person. They can focus by asking questions, listening, being supportive and avoiding critical or judgmental thoughts. Sometimes it may help to reduce your own tension as well as build rapport and empathy with the person by openly expressing your own feelings; for example, saying 'I feel really scared that you are going to try to hurt yourself or end your life. I want to help you because I think you must be really scared too'.

Be realistic

Always remember that you will not be able to help everyone. You can only do your best. It is important to have realistic expectations and not to take on all the responsibility for saving the person or think that you must be able to change their mind. The most that you can do is help them explore the issues that have caused them to think about suicide and take appropriate actions to ensure that the person is safe and receives ongoing support. Ultimately, each individual has responsibility for their own actions and all you can do is to try to alleviate the current danger they are in.

Being empathetic and collaborative

Being empathetic and collaborative means trying to understand the situation from the person's perspective and not imposing your own view of what is happening or why the individual is considering suicide. Empathy helps create a trusting environment so the person feels that they can talk openly about their feelings. Workers who are not empathetic and understanding may increase a person's sense of guilt and shame, which may cause them to shut down and avoid talking about their situation. Here is some further guidance.

Demonstrate empathy

Show empathy by:

- ▶ listening attentively to the person
- ▶ trying to see things from the person's perspective
- ▶ avoiding being critical or judgmental
- ▶ avoiding imposing your own viewpoint or values on the person
- ▶ asking appropriate questions to ensure you understand their meaning
- ▶ fostering hope.

Work collaboratively

Being collaborative requires that you show a willingness to work with and support the person to overcome their present situation of anguish and distress. It means that you show respect for each individual and trust in their ability to participate in taking action to help themselves. The degree to which a person can actively collaborate in considering options to ensure their own safety will depend on their level of distress and level of suicide risk. However, it is important that workers don't simply impose a course of action on a person. Individuals who do collaborate in developing a plan for their safety are more likely to use that plan than if they are told what to do by someone else.

Acknowledge thoughts and risk to safety

You will need to explore with the person the source of their emotional pain and why this has led to thoughts of suicide and possible risk to their safety. Once they acknowledge that they are at risk, you can begin to work together to develop a safety plan or reactivate a previous plan that the person can use to keep them safe. Here is how to build on the desire for help and safety.

Build on the individual's desire for help and safety

- ▶ Be empathetic and collaborative
- ▶ Encourage the person to acknowledge they are at risk of harming themselves
- ▶ Focus on hope and encourage them to think about the reasons they have for living
- ▶ Encourage the person to affirm they wish to continue living and are prepared to take steps to ensure their safety
- ▶ Have the person participate in the development of their own safety plan

Encourage the person to take responsibility for their own actions

- ▶ The safety plan should include a written list of coping strategies and ways the person can obtain immediate support if their thoughts of suicide become overwhelming. Individuals should contribute to the development of the plan because its success will depend on their awareness of their own vulnerability and on their ability to recognise suicide warning signs and take action.

Example**Build a collaborative empathetic relationship that acknowledges thoughts of suicide and the pain behind them**

Delia is a community services worker who mainly works with young people. One day Delia receives a phone call from an anxious mother. She says her daughter Gian, 15, is refusing to go to school, seems very depressed and says she is sick of living. Here is how Delia helps Gian and her mother.

Identify feelings

Delia goes to visit Gian and her mother. At first Gian is reluctant to talk, but when Delia asks if she is considering harming herself Gian tells Delia that she hates herself and wants to die. Delia gently asks Gian questions such as how long has she been feeling like this and what has caused her to feel this way. Gian says she has been feeling like this for about a month because she has been picked on and bullied by other girls at school. They tell her she is stupid and ugly, and that no-one likes her. Gian says the only way she can get back at them is if she dies and makes them feel really bad.

Acknowledge concern

Delia tells Gian that she is concerned about her safety because her thoughts may lead her to take actions that will cause her harm or even her death. Delia asks Gian if she is willing to make a plan to protect herself, and to receive ongoing support to prevent her acting on thoughts about suicide. Gian says yes and that she hadn't realised her thoughts may have led her to suicide. She also says she appreciates being able to talk to someone who has really listened to her. She thought if she told anyone what she was thinking they would just think that she was being melodramatic and stupid.

Practice task 5

1. Why is it important to be realistic when working with a person with a suicide risk?

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2. What are some ways to demonstrate empathy?

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3. Why should a person be encouraged to take responsibilities for their own actions in a suicide plan?

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Click to complete Practice task 5

2B Listen to what lies behind any thoughts of suicide while affirming and strengthening life connections and safety support

Workers must explore the reasons why a person might be considering suicide and what reasons they may have for continuing to live. When a person has fully expressed their feelings for both living and dying they can begin to focus clearly on the need to develop a plan to stay safe. Consider the following.

Encourage discussion

- ▶ Once a person has admitted that they have had thoughts of ending their own life and a degree of risk is established, workers should encourage the individual to talk about their sources of pain and thoughts of suicide. The process of talking through these issues and having someone listen often helps to restore a sense of rationality and equilibrium to the person's thinking.

Talk about the pain

- ▶ You can help someone to talk about their pain by:
 - showing concern for the person's wellbeing and listening attentively
 - encouraging the person to talk by offering encouragers such as 'I see', 'Go on' and asking for clarification when you are not sure what they mean; for example, by saying, 'Do you mean ...'
 - being non-judgmental and avoiding giving advice.

Convey acceptance and care

- ▶ Throughout the intervention, convey to the person that you accept, value and genuinely care about them. Someone considering suicide often feels very alone and feels that no-one cares whether they live or die. Having another person listen attentively to them and acknowledge their feelings of despair and hopelessness can help them see that they are not alone and that there is hope.

Affirm and strengthen links and safety support

In order to start working towards safe outcomes, you should begin to explore the person's links to life. These are their reasons for living and may include family, children, pets, or forgotten abilities or interests. Here are several strategies for helping the person affirm and strengthen links.

Identify links

Most people who are considering suicide are likely to be ambivalent about dying. Being ambivalent means that they are not really sure that they want to die and still have some reasons for wanting to live. It is important that they talk about why they would like to live and that they begin to look at the possibilities and benefits of remaining alive.

Avoid pressuring

It is best to avoid pressuring a person about the need to stay alive. People thinking about suicide need to reach this conclusion by themselves and in their own time. If they are pressured before they are ready to accept the idea, they may become defensive and resistant. They will also feel that the worker has not really listened to them and shown genuine concern for their feelings. It is better to gently encourage the person to explore all their reasons for wanting to die, as well as their reasons for wanting to live.

Ask questions

You can explore a person's ambivalence about dying by asking open questions such as:

- ▶ 'What things make you sad about the idea of not continuing to live?'
- ▶ 'What would need to change for you to decide that you want to continue to live?'
- ▶ 'Who would your death affect most of all?'

Emphasise links

Without pressuring the person, workers should emphasise all the reasons the person has for living. These might include:

- ▶ connections to family and friends
- ▶ the sense of lifelong loss that these significant others would feel
- ▶ positive characteristics such as their health, abilities and hopes
- ▶ their strengths such as an ability to support others and other achievements.

Identify help

It is important to make sure the person understands that help is available to assist them to feel better about themselves and their life. This help might come from supportive friends and family who are willing to take a phone call at any hour of the night or day to listen, provide support and foster hope. It may also come from professional workers who can provide information and expertise.

Get help

If a person is at high risk of self-harm or suicide they should be assessed by a doctor or mental health professional, or taken to hospital. For those who can stay in their own environment, workers will need to develop a safety plan in collaboration with the person and significant others.

Example**Listen to what lies behind any thoughts of suicide while affirming and strengthening life connections and safety support**

Prasan is a young Indian man who feels he has brought shame on his family by failing his medical degree in Australia. He explains that his family have spent a fortune on his education and made sacrifices. He feels that the only honourable option left open to him now is for him to take his own life. Mario, a worker at the multicultural community centre Prasan has come to, asks Prasan if he really wants to die. Here is how Mario and Prasan explore ambivalence and identify links to life.

Explore ambivalence

Prasan says no, that he has so many hopes and dreams for himself, but that he can't see how he can possibly pursue these now. Mario listens attentively as Prasan tells him about how he really wants to be a musician, but his family felt it more respectable and lucrative for him to be a doctor. Prasan agreed to their wishes but could never get interested in medicine. He says that now his family will see him as a failure without a means to make a decent living or to help them.

Explore links to life

Mario begins to explore with Prasan all the reasons he might have for living. Prasan has many friends, a passion for traditional Indian music and can play a number of instruments. His face lights up as he talks about music and how he often plays at the Indian clubs and restaurants. Mario listens in an accepting and non-judgmental way. Prasan begins to understand that his plan to be a musician may not be so outlandish, and that there may be ways he can live and not dishonour his family.

Practice task 6

1. Give an example of a strategy for encouraging a person to talk about their pain.

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2. Give an example of a reason a person may have for living.

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3. How can identifying links be a helpful strategy when working with a person with a suicide risk?

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Click to complete Practice task 6

2C Work with the person to develop and implement a safety plan that reduces immediate danger to the person and others

Developing a safety plan to help keep a person safe is an essential part of the suicide intervention process. After a worker has carried out an assessment of an individual's level of risk and the person has acknowledged the risk, the worker and the person should collaborate to develop a safety plan.

A safety plan is a course of action for employing suicide safety for the person at risk. The person can follow it to keep themselves safe, by reducing the immediate danger of self-harm and suicidal behaviour, and mobilising access to emergency medical help when needed.



Work with the person

Suicide safety involves safety planning and this needs to be a collaborative process so the person can feel a sense of ownership over the final plan. It is important that they feel comfortable about the plan and are prepared to take responsibility for carrying out the strategies they helped devise. The plan should be in writing, and include the names and numbers of informal support people as well as emergency support services.

Safe actions to consider when implementing a safety plan

- ▶ Tailor it to meet the individual's needs
- ▶ Use a collaborative effort and include input by the person at risk, the worker and other support people
- ▶ Focus on preventing any future suicidal crisis
- ▶ Engage the person's natural social supports
- ▶ Cover a specific period of time and have a review date
- ▶ Include contact details for around-the-clock support, such as mobile crisis teams and crisis hotlines

Develop a safety plan

Collaboration is an important principle in intervention because it will help to ensure that the person feels comfortable with the safety plan and shows a willingness to use

the strategies outlined in the plan. This is the most important aspect of the safety plan where the person identifies safety actions they can employ by implementing their safety plan.

The following illustrates how workers can collaborate with the person to develop a safety plan.

Safety plan development

- 1 Confirm the person's willingness to cooperate**

You need to confirm the person's willingness to cooperate with a safety plan.

Explain the purpose of a safety plan to the person and ask them directly if they are willing to help develop and adhere to such a plan.
- 2 Collaborate with the person to develop a safety plan**

The person is more likely to adhere to a plan they have contributed to. Encourage the individual to outline clear steps they can take to ensure their safety; for example, 'I will ring a suicide crisis line if I find my thoughts of suicide are becoming intrusive and overwhelming'.

Make sure the person has the phone numbers of suicide crisis lines and other emergency services readily accessible. The plan should last for a specified period of time and be reviewed on a regular basis.
- 3 Focus on managing behaviours that put the person 'at risk'**

The plan should include specific strategies for managing behaviours that may increase the person's risk; for example, they should devise strategies that help them eliminate the risk associated with drug and/or alcohol use.

The person at risk may include in their safety plan statements such as 'I recognise that drinking too much alcohol makes me feel depressed and think more about suicide. I will take steps to stop drinking such as going to AA meetings twice a week'.
- 4 Engage others in the safety plan**

Where possible people at risk should try to have other people involved in helping them carry out their safety plan. These people may include family members, friends and crisis support lines.

People engaged in a support role, such as a friend or family member, can make sure they have emergency phone numbers handy and monitor the person's safe use of prescription medications.
- 5 Ensure prompt access to professional support and emergency help**

Workers must ensure that both the person at risk and the people who are supporting them understand what to do if the person experiences a crisis that puts them at risk of suicide. Strategies should include that the person (and support person) has access to:

 - ▶ telephone crisis or suicide support lines such as Lifeline
 - ▶ mobile mental health crisis teams
 - ▶ hospital emergency departments or a doctor.



Create a calm environment

Workers should ensure they conduct interventions in a calm environment to promote safety for the person at risk and any others involved in the situation. They should try to alleviate stress and tension, and ensure that the individual is in a quiet, low-stimulation environment.

People at risk should also ensure they have somewhere they can go to that has a calming effect and where they feel safe. This might be a room in their house or somewhere they can go where they feel supported and safe.

Example

Work with the person to develop and implement a safety plan that reduces immediate danger to the person and others

The following is an example of a simple support plan written in collaboration with a person at risk.

Support plan

I will take the following steps when I am feeling depressed or start thinking about suicide:

- ▶ Try to do things that I enjoy for at least 30 minutes such as listening to music, drawing or going for a walk.
- ▶ Write down my feelings so I can express what I am feeling, so that I have a record of how often and under what circumstances I have suicidal thoughts.
- ▶ Talk to someone who knows about my situation; if none of my friends or support people are available I will ring a crisis line such as Lifeline.

If I still feel overwhelmed by my thoughts and feel out of control, I will go to the nearest hospital emergency department.

Name:

Signature:

Date:

Practice task 7

1. What is a suicide safety plan?

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2. What are some safety actions to consider when developing a safety plan with a person?

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3. What other people might be included on the safety plan?

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Click to complete Practice task 7

2D Mobilise access to emergency services when needed

Workers must ensure that both the person and the people who are supporting them understand what to do if the person experiences a crisis that puts them at risk of suicide. Strategies should include that the person (and support person) has access to telephone crisis or suicide support lines such as Lifeline, a mobile mental health crisis team and a hospital emergency department or a doctor.



Assess immediate risk of suicide

An individual's level of immediate suicide risk is usually assigned to one of three broad risk categories after a risk assessment. These categories are low risk, medium risk and high risk. The following illustrates broad indicators and actions for each category.

Low risk

The person has no current thoughts of hurting or harming themselves and there are no other major risk factors.

- ▶ Work collaboratively with the person to provide support and facilitate access to further care as needed.
- ▶ Remain vigilant about any emerging indications of suicide.
- ▶ Ensure comprehensive risk assessments are carried out.
- ▶ Safely manage the person's care.

Medium risk

The person is having current thoughts of ending their life or harming themselves, but they do not have a plan, they have not made previous attempts and there are no other major risk factors.

- ▶ Monitor the person and assess suicide risk during regular visits.
- ▶ Make sure that the person has others around them who are willing and able to offer support.
- ▶ Refer to a mental health specialist for an urgent mental health assessment.

High risk

The person has current thoughts of ending their life or harming themselves, has a plan and the means to carry out the plan, the plan has high lethality, the person is impulsive or has low self-control; for example, may have been drinking or using drugs, and other risk factors and warning signs are present.

- ▶ Call the police or ambulance.
- ▶ Arrange for safe transport to the nearest hospital or treatment facility.

Facilitate emergency interventions

It is critical that the suicide plan clearly outlines how the person can obtain emergency help when they need it. Workers should discuss with the individual and their support person when they should use these services, such as when they start to find their thoughts of suicide overwhelming.

If a person is showing signs of mental illness and/or is at high risk of harming themselves or others, but is unwilling to receive emergency treatment or medical attention, workers may have to call the police to take the person to a hospital on an involuntary basis.

The plan should contain contact numbers for emergency help including:

- ▶ ambulance services
- ▶ police
- ▶ doctors
- ▶ crisis and mental health outreach services
- ▶ the nearest hospital emergency department
- ▶ suicide and crisis hotlines.

Obtain emergency help

In cases where a person requires emergency intervention keep them safe, the worker must arrange for them to be taken to a hospital emergency department or to have a mental health or crisis team come to the person. If the individual appears mentally unstable, is aggressive or threatening to harm themselves or others, and will not consent to assessment or treatment, workers should call the police to have the person taken to hospital.

In less threatening situations where the person still clearly requires emergency help, workers should ring an ambulance or crisis team, or establish if family members or friends are available who can safely escort the person to hospital. It is important in these circumstances that the person at risk receives immediate mental health assessment and care to reduce their risk of harm.

Seek police intervention

If it is apparent that the person at risk is mentally ill and has made threats of harming themselves or others, workers should call the police to protect both the person and the other people involved.

Each state and territory in Australia has its own Mental Health Act. In most cases these Acts allow the police to take a person involuntarily for treatment if they are deemed to be mentally ill and at risk of harming themselves or someone else. In cases where a person is not obviously mentally ill and is considering suicide but has not actually attempted suicide, the role of the police is less clear.



Procedures for emergency interventions

Community services workers have a duty of care to take reasonable steps to ensure the safety of the people they are working with, and others, where there is a risk of harm present. Community services organisations will have a set of policies and procedures to follow in case of suicide risk which outlines the steps to be taken to ensure the safety of everyone.

If there is a risk to the person or other people, including workers and the general public, workers should take the following steps to alleviate the situation and then mobilise emergency services as required.

Procedures for emergency interventions

- ▶ Try to calm and restore emotional equilibrium to all people present
- ▶ Avoid placing any person in danger
- ▶ Ensure any weapons or lethal means of suicide are removed or secured
- ▶ Make sure any highly stressed individuals are in a quiet, low-stimulus environment
- ▶ Call in backup and support to help manage the situation if necessary (this may be emergency services such as ambulance and/or police depending on the circumstances, or your supervisor may also be required to attend)
- ▶ Ensure the person at risk is not left alone if there is a risk of suicide
- ▶ Provide information to the person to reassure them about ongoing care
- ▶ Ask other people to leave a situation where their safety is at risk
- ▶ Call the police immediately if a person or persons are at risk of harm or are being threatened or harmed in any way

Example

Mobilise access to emergency services when needed

Tim receives a call from a woman who is the parent of a young man you have been working with stating that her son has been threatening to commit suicide and has been physically aggressive towards her. When he arrives Tim finds that the son, a man in his early twenties, is showing signs of mental illness. He is in a highly agitated state, delusional and seems unable to comprehend any information he is given. Tim follows organisational procedures for these situations and calls the police to have the person taken to hospital. In the meantime he tries to calm and restore emotional equilibrium to all people present and make sure the young man is in a quiet, low-stimulus environment. He continues to talk reassuringly to the young man and asks the mother to wait in another part of the house. He calls his supervisor to let them know what is happening.



Practice task 8

1. What might be the behaviours characteristic of a person described as having a low suicide risk?

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2. List examples of emergency contact numbers that should be on a suicide safety plan.

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3. When should the police be called to a suicide intervention?

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Click to complete Practice task 8

2E Comply with all laws, ethical guidelines and policy requirements that affect duty of care and seek advice from supervisor

Workers need to be mindful that they must comply with relevant laws, organisational policies, ethical practices and duty-of-care obligations. All community services work is based on practices that reflect relevant legislation and common law principles, industry standards, codes of ethics and organisational policies. For new workers this may seem a daunting amount of material to memorise. If ever you are in doubt about what to do and need advice, always remember to consult your supervisor or manager.



Relevant legislation

Workers should have an understanding of the legislation that governs their work. Workers dealing with people at risk of suicide should be aware of the most important laws, which are outlined below.

Mental health legislation

Each state and territory has different mental health laws. Most of these Acts make provision for the involuntary treatment of people who are mentally ill and who are at risk of harming themselves or others.

This means that workers who are confronted with a person who appears to be mentally ill and is planning suicide or threatening to harm others can call the police for help in obtaining emergency treatment for the person.

Child protection and mandatory legislation

Each state and territory has different requirements regarding mandatory reporting of harm to children. These requirements are laid out in the relevant state or territory child protection legislation. Workers who witness a child being harmed or suspect that it has occurred should immediately report the matter to their supervisor, the relevant authority or the police.

You need to be aware of child protection legislation because some potential suicides are the result of divorce and custody battles, and may involve risk to children.

Privacy and confidentiality principles

A person's right to privacy and confidentiality is both a legal requirement and ethical principle. The *Privacy Act 1988* (Cth) and state and territory equivalents outline how personal information is collected, used and stored.

Workers must not disclose personal information to anyone unless the person has given permission to do so. However, a worker may be obliged to disclose information about an individual when a court order directs them to; for example, they have threatened suicide or harm to others, and there is a duty to protect the public.

You can read more about privacy, confidentiality and disclosure at the following sites:

- ▶ <http://aspirelr.link/aacqa-privacy-policy>
- ▶ <http://aspirelr.link/law-handbook-privacy-confidentiality>

Duty of care

All community services workers have a duty of care to everyone they work with. In broad terms, a duty of care involves your responsibility to take care and not be careless or negligent in your actions, particularly where your actions may cause harm to another person. A worker who is providing a service to another person has a clear duty of care to make sure they don't harm that person by their actions or inactions. Consider the following obligations.

Safety and help

If a person is at risk of suicide, a worker's duty of care overrides confidentiality, as they may be required to disclose information to ensure the person receives appropriate help. Workers must first seek the consent of the person but if the person refuses to cooperate, the worker should contact someone who can help to ensure the person's safety. This may include a family member, a crisis service, a doctor, ambulance or the police.

Critical incidents

Your organisation should provide you with clear guidelines about what your duty of care responsibilities are when faced with critical incidents involving people who access your service, such as when someone is thinking about suicide or has plans to cause harm to others. You should use your professional judgment or contact your supervisor for advice when making decisions about the most reasonable action to take regarding critical incidents, such as risk of suicide.

Factors to consider

Factors you must consider are:

- ▶ the safety of the person at risk
- ▶ the safety of others
- ▶ the precautions that should be taken
- ▶ the legal and ethical principles regarding the situation
- ▶ the policies and procedures of the organisation.

Duty-of-care obligations

The standard of care expected of you is the standard a reasonable person would provide when working in the community services sector.

To fulfil your duty of care, you should:

- ▶ adhere to all reasonable directions given by your employer
- ▶ act in a way that a 'reasonable' person in your position would be expected to act
- ▶ avoid misusing equipment or substances
- ▶ manage safety risks within the service
- ▶ adhere to your duties as outlined in your job description
- ▶ write up all necessary records and documentation promptly and accurately
- ▶ be aware of the rights of the people accessing the service and make sure they also know their rights
- ▶ use your common sense
- ▶ seek advice from your supervisor if you are unsure of what to do in a particular situation.

Obligations and negligence

In cases where workers fail to take reasonable steps to ensure the safety of the person or others, they may face charges of negligence. Usually it is the organisation they work for that will have to accept the main responsibility for any negligent action on behalf of the employee, but employees may still have to take some responsibility. For example, if a worker fails to assess the level of risk a person faces, or fails to ensure that they have restricted access to the suicide means they have chosen – such as strong prescription medications – they may be charged with negligence.



In order to protect themselves, workers should check with their supervisors that they have done everything possible in a given situation to secure the safety of the individual and others.

Define boundaries

You have a duty of care to the person you are working with as well as your employer to work safely and ensure your work does not harm anyone. Make sure you understand the limitations of your role and your level of authority. If you do not have the skills, knowledge, qualifications and authorisation to conduct your work, you are in breach of your duty of care. It is your responsibility and duty of care to take quick and appropriate action to ensure on-going safety and care for the person. You are likely to be required to identify and assess immediate risks during the course of the service being provided. Here are some strategies that will help clearly define your professional boundaries.

Maintain professional boundaries

- ▶ Maintaining professional boundaries in your work role means keeping to the specifications of your job role and organisational policies and procedures. It also means making sure that you maintain adequate personal boundaries in your professional relations with people you support.

Know what not to do

- ▶ Community services workers should not attempt to carry out work that:
 - is not specified in their job description
 - cannot be performed safely due to lack of training or practical experience
 - is unethical, illegal or outside the policies and procedures of the organisation.

Do not blur the distinction

- ▶ Workers must make sure they do not blur the distinction between being a professional and a friend when dealing with people and their families. This is often difficult for new workers, who may at times feel overwhelmed by the problems faced by the people they support and feel that they need to take on the role of rescuer. This is definitely not the role of a community services worker.

Act as a facilitator

- ▶ The goal of all effective community services workers should be to act as a facilitator rather than rescuer. In this way, the worker helps people to learn skills to help themselves. Workers may find it a difficult balancing act to provide the right amount of support while fostering the person's sense of empowerment and independence.

Not being a friend

- ▶ When workers allow people to think of them as a friend, they confuse the people that they provide support to and risk losing their respect. People with support needs who consider themselves a personal friend of a worker may develop unrealistic expectations about what the worker can do for them and may become disappointed and disillusioned with the service when this does not happen.

Ethical practices

Most organisations will have a statement of ethical principles or a code of conduct that you are expected to adhere to in all your work. The following ethical principles may be included.

Ethical principles

- ▶ Respect the dignity of the individual
- ▶ Protect the rights of the individual
- ▶ Adhere to disclosure and confidentiality guidelines

- ▶ Provide services to people in a safe manner
- ▶ Provide people with relevant information and, where possible, encourage them to make informed decisions about their options
- ▶ Respect the individual's religious and cultural identity

Organisational policies and procedures

It is important that you take the time to learn your organisation's policies, as these will help guide and protect you in your work. If you are not sure what your organisation's policy is in relation to a particular activity you should check with your supervisor; for example, you may be unsure if it is okay for you to transport someone who is mentally ill or at risk of suicide to the hospital emergency department. When you check with your supervisor you could find that there is a policy regarding this issue and it clearly states that a single worker should not attempt to transport a person who is showing signs of instability or is at risk. The policy states that workers must call an ambulance or, if risk appears low, find friends or family members who can take the person to hospital.



Address WHS obligations when managing yourself and others

The *Work Health and Safety Act 2011* (Cth) is the law that covers how to keep workplaces safe. This Act outlines the responsibilities of the employer and the rights and responsibilities of the employee. Work health and safety legislation states that workers have a general duty of care to ensure that they work in a manner that is not harmful to their own health and safety, and the health and safety of others.

Follow practices to make your working environment safer, including:

- ▶ taking reasonable care of your own health and safety at work
- ▶ telling your supervisor about potential workplace hazards or personal physical problems
- ▶ following any safety guidelines as per training and instructions
- ▶ taking reasonable care not to affect the health and safety of others by your acts or omissions
- ▶ working with your employer to make work practices safer
- ▶ reporting any injury or crisis situations immediately to a supervisor
- ▶ avoiding putting at risk the health and safety of others.

Example

Comply with all laws, ethical guidelines and policy requirements that affect duty of care and seek advice from supervisor

A case worker calls in at the home of a client and finds him in his car with a hose attached to the exhaust leading to the car window. He approaches the man as he is writing a note. They talk for a long time before the man agrees to come away from the car. He admits that he had been making an attempt to end his life but assures the worker that he is now okay and will go to see his doctor that day.



The worker knows that the man has no history of diagnosed mental health. If he did he could call the police who, under Section 10 of the *Mental Health Act 1986 (Vic)*, could require the man go to hospital for treatment if he appeared to be mentally ill and was at risk of harming himself or others. He decides that is not necessary in this case.

Later that day the man is found dead by suicide. The courts find that the worker did not owe a duty of care under the Mental Health Act because the man did not have a mental illness and he was not in the act of attempting suicide at the time the worker left him.

Practice task 9

1. Give an example of legislation that underpins work in community services for people at risk of suicide.

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2. What are two examples of your duty of care responsibilities during the course of your work?

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3. Why is it important to keep the work role boundaries clear with the person you are working with?

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Click to complete Practice task 9

Summary

1. Workers must show a willingness to collaborate with the person by listening to their concerns, seeking to understand the situation from their perspective and helping them understand how their thoughts may affect their safety.
2. It is only when a person has fully expressed their feelings for both living and dying that they can begin to focus clearly on the need to develop a plan to stay safe.
3. The collaborative development of a safety plan helps keep a person safe and is an essential part of the suicide intervention process.
4. The most important aspect of the safety plan is that the person at risk feels comfortable with it and shows a willingness to use the strategies outlined in the plan.
5. Workers need to be mindful that they must comply with relevant laws, organisational policies, ethical practices and duty-of-care obligations.
6. Work health and safety legislation aims to keep workers and others safe in the workplace and in the working environment.

Learning checkpoint 2

Collaborate to increase immediate safety

This learning checkpoint allows you to review your skills and knowledge in collaborating to increase immediate safety.

Part A

1. How can a worker build on the person's desire for help and safety?

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2. What factors need to be considered when applying duty of care responsibilities in an organisation and in individual practice?

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3. When is it appropriate to seek advice and clarification from a supervisor regarding work role boundaries and responsibilities and limitations?

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Part B

Read the case study, then answer the questions that follow.

Case study

SuicideLine is funded by the Victorian Department of Health and provides the following example of what a suicide safety plan should include.

Your suicide safety plan should include:

1. Information about when to use the plan. List the kinds of situations, thoughts, feelings or other warning signs that may lead to you feeling suicidal.
2. A list of things that you can do that help you feel calm and comforted. Think of soothing, calming activities that you can employ when you're feeling suicidal.
3. A list of all your reasons for living. It can be helpful to refer to this list when you're feeling suicidal, as you can lose focus on the positive aspects of your life and concentrate only on the pain you're experiencing. Your list can remind you of these positives you may have forgotten.
4. People you can talk to when you're feeling suicidal. Include their names and contact details, and make sure you have backups.
5. Professionals who you can talk to if you need to, again including their names and up-to-date contact details.
6. A plan of how you can make your environment safe. Think about items you might be likely to use to hurt yourself, and detail how you can remove or secure them. Your plan may also include avoiding things you know make you feel worse.
7. Emergency contact details that you can use if you are still feeling unsafe. List the name and address of your nearest emergency department or crisis helpline.
8. Make a commitment to your safety plan. This means promising yourself that you will implement your plan if you need to. The commitment could also involve promising (out loud) to a family member, friend or professional that you will follow your plan.

You can read more about SuicideLine and a suicide safety plan at the following site:
<https://aspirelr.link/suicide-safety-plan>

1. Why is it important that the person be recommended to 'List the kinds of situations, thoughts, feelings or other warning signs that may lead to you feeling suicidal?'

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2. What is the purpose of a suicide safety plan?

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3. What examples of emergency contact details might be included in the suicide safety plan?

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Topic 3

In this topic you will learn how to:

- 3A Empower the person at risk to make informed choices about further help**
- 3B Maintain rapport to encourage discussion of ongoing concerns**
- 3C Help the person identify coping strategies to manage recurrence of suicidal thoughts**
- 3D Determine whether mental health concerns or personal circumstances are present and facilitate appropriate help**
- 3E Explore possible barriers to seeking or accepting help and develop responses**
- 3F Explore what has helped the person survive any previous suicide attempts**
- 3G Develop a plan that includes agreed first steps to access and use informal supports and professional help**
- 3H Refer to appropriate professionals as required**

Facilitate links to further support

A suicide intervention involves not only ensuring a person's immediate safety but exploring options for ongoing care. Workers should give the person information about further care options and encourage them to make the choices that best suit them. The purpose of further care and ongoing support is to help the person at risk deal with problems, learn coping skills and strengthen their links to life and living.

3A Empower the person at risk to make informed choices about further help

People who are having thoughts of self-harm or suicide are at risk of taking actions that will end their lives. Workers need to ensure that the person recognises the risk their thoughts pose, and understand the need for ongoing support to help them manage this risk and learn coping strategies.



It is important that workers encourage people to collaborate when considering what options for further support may be appropriate. As part of the crisis intervention process the worker should provide information about the different sources of support available, and encourage the person to consider options and make choices about the help they need to secure their safety.

Informed choice

All community services consumers have the right to receive information about available services and make a choice about what best suits their needs. This is known as informed choice.

Workers must also be aware that a person at risk of suicide may not be able to make a rational decision in the circumstances, while other individuals may not want to have to make choices. The ability of the individual to make decisions may be affected by the following factors.

Mental health status

- ▶ Someone who has symptoms of acute mental illness will have difficulty making rational decisions and should receive emergency treatment or be hospitalised until their symptoms subside.

Level of risk

- ▶ The level of risk is a critical factor. If a person is having strong persistent thoughts of self-harm and suicide they may require a period of hospitalisation before they can start to make decisions about their future.

Use of alcohol and other drugs

- ▶ If a person is currently under the influence of drugs and/or alcohol, or persistently abuses alcohol or other drugs, they may need to sober up and/or undertake a period of detoxification and rehabilitation before they can engage in decision-making about their future.

Willingness to cooperate

- ▶ If a person is unwilling to cooperate in developing plans to ensure their ongoing support, workers should consult with their supervisor about the appropriate course of action, and with family members and others who may be able to suggest appropriate strategies.

Empowerment to further help

During an intervention a worker should encourage the person to acknowledge the risk they are in and affirm that they are willing to take steps to work towards their own wellbeing and health in the longer term. Empowerment means that a person will choose to take control of their own life. The role of the support worker is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives. The worker can then ask the person what assistance they would most value at this time. Consider the following in affirming steps to further care.

Type of support

The type of support that a person may mention will vary according to their individual needs. It is important that people are comfortable enough to reveal their concerns, and that they are not embarrassed to say, for example, that they're afraid to be left on their own at night, or that they'd like to talk to someone on a regular basis who understands what they're going through.

Professional support

If a person mentions that they would like formal or professional support, possible services and sources of support include:

- ▶ GPs, counsellors and psychologists
- ▶ telephone counselling, mental health and community support services
- ▶ alcohol and other drugs services.

Informal support

Workers should encourage the person to consider informal support options, such as trusted family and friends, and self-help groups. Family and friends who are prepared to listen to the person and let them know how much they care about them are an invaluable source of support.

Self-help groups

Self-help groups are another useful source of informal and mutual support for people who have been through a similar experience. These groups often encourage buddy systems, where members might spend time together or provide support to each other through periods of crisis.

Holistic approach

The ideal situation is where family, friends, health professionals and community support organisations can work together to help a person at risk learn better coping strategies, improve their ability to manage difficult circumstances and reach out for help when required.

Build capacity to make informed choices

Workers should take a strengths-based approach to encourage and enable an individual to make decisions about their future care. This means looking to an individual's personal resources and developing their confidence to make choices by asking them about situations they have managed well in the past.

Focus on a person's abilities and strengths rather than their failure or loss. This will help them to see that they do have the potential to achieve goals and take control of their lives.



Example

Empower the person at risk to make informed choices about further help

Con is an elderly Greek man who lost his wife Toula to cancer six months ago. Since Toula's death Con has gradually become more isolated and is having persistent thoughts of suicide. One of Con's neighbours rings the local neighbourhood centre to say that she is very worried about Con because she rarely sees him. Michael, a community services worker, goes to visit Con. Michael and Con talk about Con's grief and loss of desire to live, and when Michael asks Con if he has thoughts of suicide Con says yes. They spend some time exploring Con's feelings. Here is how Michael helps Con to make an informed choice.

Identify support options

Michael comes to understand that Con's thoughts of suicide stem from his unresolved grief and isolation. He discusses with Con the various types of services that could help him, including GPs, counsellors, bereavement support groups, mental health services and services for people from culturally and linguistically diverse (CALD) backgrounds.

Michael asks Con what type of assistance would most help him. Con says he would most value support from people from his own culture who understand traditional ways of grieving. Michael contacts organisations from CALD backgrounds. They are able to suggest how to contact Greek community services and link Con with other Greek people willing to help him.

Make an informed choice

Michael discusses these options for support with Con and asks if he is willing to proceed. Con says yes. One of the organisations is able to send around one of their own Greek community volunteers. Georgio and Con establish an immediate rapport. Georgio tells Michael that he knows many people in the Greek community who would be willing to support Con and help him come to terms with his wife's death, and look after him as one of their own family.

Con says he realises that he needs to start taking an interest in life again in order to ensure his own safety. He is very happy to have met Georgio and tells Michael that he will start visiting his doctor again, and may also go to a support group Michael mentioned.

3B Maintain rapport to encourage discussion of ongoing concerns

When people show a willingness to help themselves and actively collaborate in planning to ensure their safety, workers should acknowledge their efforts and provide positive feedback. This helps validate the person, boosts their confidence and encourages them to continue their efforts towards life-sustaining outcomes.



An important part of the intervention process is for the worker to establish a relationship with the individual based on rapport and collaboration. This helps the person feel safe and trust that the worker has their best interests in mind. When a person trusts a worker they are more likely to want to collaborate with them and pursue further care options. It is important that workers have an understanding of basic communication and counselling skills in order to conduct effective interventions. These skills are based on establishing rapport, using active listening skills and asking appropriate questions.

Develop rapport

The ability to develop rapport with a person and communicate in a way that focuses on their needs is enhanced by several core attitudes that workers bring to the intervention. When the worker is able to convey these attitudes they establish the conditions necessary to develop rapport with the person. Rapport means that the worker is able to develop a close bond and working relationship with an individual based on mutual respect and trust. Good communication skills underpin these actions. These attitudes are explained below.

Core attitudes

Empathy

The worker must be able to place themselves in the person's frame of reference and understand the situation from their perspective.

Unconditional positive regard

The worker accepts and values the person as they are without being judgmental or critical.

Congruence

The worker is sincere and genuine in their concern for the person and in the desire to achieve the best outcomes for them.

Communication skills

The following outlines some core counselling and communication skills that may be used in crisis and suicide interventions.

Active listening

Active listening involves listening with full attention and focusing on understanding what the person is saying, meaning and experiencing.

Encouragers

Encouragers are brief words or nonverbal cues such as nods that encourage a person to keep talking without interruption. Verbal encouragers are words such as, 'Go on', and 'I see'.

Open questions

Open questions require the person to give more than a yes or no answer; for example, 'When was the last time you were having thoughts of suicide and how were you feeling at that time?' Open questions are useful for gathering information.

Closed questions

Closed questions can be answered with a yes or no; for example, 'Have you thought about suicide before?' Closed questions are useful for obtaining a brief, direct answer that can lead to further questions.

Paraphrasing

Paraphrasing involves restating what the speaker has said in order to confirm that you understand what they mean. Paraphrasing can also be used to draw attention to a particular concern; for example, 'So you are saying that you only think about suicide when you are alone late at night'.

Reflection of feelings

Reflecting a person's feelings helps them to get in touch with how they feel and examine their feelings; for example, 'You seem both sad and angry at the moment'.

Summarising

Summarising involves focusing on the main points of what a person has said over a period of time in order to draw attention to these points and check understanding. It is a longer version of paraphrasing.

Nonverbal communication

Workers must ensure that their body language is consistent with their verbal communication, as a person may be confused by mixed messages. Workers must be aware of their facial expressions, how their body is positioned, their proximity to the person, their hand and arm movements, and eye contact.

Discuss ongoing concerns

As a worker, you must ask questions, use active listening skills and maintain rapport with the person in order to encourage them to discuss their ongoing concerns. It is important that you establish what the person most needs help with now, so you can work with them to establish priorities for dealing with the concerns that pose the most risk. It is crucial that the person participates in prioritising concerns and appropriate coping strategies so they can take ownership of the plan and suggested actions. Consider the following.

Immediate issues

The worker should ask the person directly about what issue they have the most difficulty dealing with. If they say that they are okay except when they can't sleep late at night, as they start to have suicidal thoughts and there is no-one around to talk to, the worker should discuss ways to deal with this situation. This may include:

- ▶ seeing a doctor to discuss suitable medication or other strategies for getting to sleep
- ▶ using a range of coping strategies such as having a warm bath, accessing an internet counselling site, or putting on some favourite music
- ▶ ringing a friend or relative who is willing to support the person at any hour
- ▶ ringing a 24-hour crisis or suicide hotline.

Other concerns

Other concerns may be less pressing. For example, the person may find it difficult to stop helping themselves to a parent's drug cabinet, but they only visit once a month and the cabinet usually only contains a few sedative pills. The person and the worker should discuss how important it is to deal with this situation. The person may decide it is not a high priority or they may decide that they need to discuss the issue with the parent next time they see them. Prioritising concerns helps the person establish a clear hierarchy of thoughts and behaviours that pose a risk to them. This information should be written down in an ongoing management plan that includes actions for dealing with risk situations.

Example

Maintain rapport to encourage discussion of ongoing concerns

Nina is a woman in her 60s who has a history of suicide in her family. Her grandfather and a cousin died by suicide. All her life Nina has been taught that suicide is a shameful act of weakness and thinking about suicide is the sign of poor character. Nina is ashamed that sometimes she gets so depressed she really does not want to go on living.

Build rapport

Pearl, a community services worker, spends time with Nina to help her see that seeking help is a sign of strength not weakness. Pearl encourages Nina and uses her communication skills to develop a trusting relationship built on respect and understanding of Nina's family history. Nina admits she has depression but has kept it quiet from her family.

Encourage discussion

Nina and Pearl work out a plan for Nina to access help. It requires Nina to see a doctor and a psychologist about her depression. Pearl asks Nina if she will accept this help. Nina agrees to make appointments to receive ongoing care for her depression and Pearl continues to work with Nina to assist her with on-going support.

Practice task 11

1. What is the definition of good rapport with a person and what core values underline this relationship?

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2. List some key communication skills.

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3. Why is it important to prioritise the concerns of the person?

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Click to complete Practice task 11

3C Help the person identify coping strategies to manage recurrence of suicidal thoughts

Workers have a responsibility to help people at risk of suicide to develop a range of appropriate coping strategies by providing them with information about what they can do to help themselves and to access appropriate sources of support and services.

The strategies will help them overcome, or manage, thoughts of suicide and sustain them when they are feeling vulnerable. These strategies draw on strengths-based approaches that encourage the individual to recognise their own resources, both internal and external, to deal with problem situations associated with thoughts of suicide.



Strengths-based approaches

A strengths-based approach means that workers explore the strengths and resources for managing problems that the person already has. The purpose is to engage the person's own problem-solving abilities to deal with thoughts and behaviour that may place them at risk. Here is how to use a strengths-based approach.

Begin by identifying strengths

- ▶ Begin by asking the person what they consider their strengths are. If the person is not sure how to answer the question, ask other questions to unearth strengths, such as what things have they done in their life that they are most proud of, or how have they coped with problem situations in the past.

Help to identify strengths

- ▶ Many people have strengths and resources that they do not recognise. These may include good physical health, a desire to help others, an ability to solve work problems, and many friends. A worker needs to help individuals recognise and draw on their strengths and abilities to develop coping strategies that will help them manage suicidal behaviour.

Provide information about coping strategies

- ▶ Coping strategies may be internal, which include how the person manages their own thoughts and behaviours, or external, when the person seeks help from external sources and supports. It is important that workers provide information about different coping skills to guide people in developing strategies that most suit their personality and individual needs.

Internal coping strategies

Internal coping strategies include all the things people can do to help themselves deal with recurring thoughts of suicide. A useful approach is to brainstorm a range of activities that they enjoy, which they can do when negative or suicidal thoughts start to take hold.

Examples of activities include:

- ▶ going for a walk
- ▶ writing in a journal
- ▶ arts and crafts
- ▶ listening to an uplifting relaxation tape
- ▶ seeing a funny movie
- ▶ having a hot bath
- ▶ going out to a cafe
- ▶ browsing the web.

Encourage the development of problem-solving skills

Individuals should also be encouraged to develop their own problem-solving abilities. Very often when people start to feel suicidal they are overwhelmed with a sense of hopelessness. A problem-solving approach helps them realise that they can choose to think about things differently.

The point of problem-solving is to encourage the individual to generate options and alternatives for themselves. It encourages them to think in more expansive ways and challenge negative thoughts, rather than getting stuck in a particular pattern of negativity that can become overwhelming if they don't take steps to manage it.

The problem-solving process

Here are some basic steps in problem-solving.

Steps to resolve problems

Define and explore the problem; for example, feelings of hopelessness.

Identify a desired outcome or goal; for example, not to feel hopeless.

Brainstorm a range of solutions to how they could stop feeling hopeless. For example, helping others, calling friends, listing strengths and achievements.

Choose a particular strategy and carry it out.

Evaluate how the strategy worked.

External coping strategies

External coping strategies are those strategies that people can use to seek support from others. They are particularly useful if their own efforts and internal methods don't seem to be working.

External coping strategies include:

- ▶ talking to someone supportive – this can be a friend, family member, community services or mental health worker, or a suicide or counselling hotline
- ▶ going somewhere safe; for example, visiting a friend or family member, community health centre or anywhere the person feels comfortable and supported

- ▶ staying away from negative or harmful situations – the person should ensure they are neither in stressful situations, nor have access to the means to harm themselves
- ▶ attending a self-help group – these groups provide mutual support, and many people find that talking to others who have been or are going through the same thing very helpful
- ▶ putting procedures in place for obtaining emergency help – if someone is unable to control their suicidal thoughts, they must know how to obtain emergency help.

Support the person to develop appropriate strategies

The coping strategies and supports that an individual develops must be clearly documented in their support plan and case notes. The person themselves should also have a copy they keep somewhere that is readily accessible to them. Workers should provide the person with information about looking after their health and more general services where there is a need; for example, accessing income support, charitable organisations and housing services.

Provide information about looking after their own general health such as:

- ▶ getting enough sleep
- ▶ eating well and making sure they don't skip meals
- ▶ spending time with friends and family
- ▶ doing activities that they enjoy
- ▶ exercising
- ▶ enjoying nature and the outdoors
- ▶ avoiding alcohol and other drugs
- ▶ trying to have more positive thoughts about themselves and life in general.

Example

Help the person identify coping strategies to manage recurrence of suicidal thoughts

Georgia and Tang are discussing and deciding on some coping strategies Tang can employ to manage his reoccurrence of suicidal thoughts. Tang decides that he would like to talk to some of his supportive friends and he also found that a counselling hotline has helped him in the past. As a backup or in times of need, he has also listed going to a friend's house where he feels comfortable and knows he will be supported.



Practice task 12

1. What is the purpose of using a strengths-based approach as a coping strategy?

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2. Provide two examples of activities that can be used as strategies when suicidal thoughts take hold.

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3. What is the point of problem solving as a strategy for coping?

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Click to complete Practice task 12

3D Determine whether mental health concerns or personal circumstances are present and facilitate appropriate help

People at risk of suicide may have a range of issues that they require help with; for example, mental health concerns or other personal difficulties. These factors place people in a higher risk category for suicide and workers need to be aware that such factors may influence a person's decision to take their own lives. Workers can identify these concerns and issues by asking direct questions, actively listening and encouraging the person to talk about their circumstances and concerns. Workers need to collaborate with the individual to identify appropriate sources of help and support.



Personal circumstances

Once a worker is aware of the personal difficulties impacting on a person's life they can provide them with information regarding appropriate services and sources of support; for example, someone with domestic violence problems may require information about emergency shelters, refuges, support groups and domestic violence counsellors.

Personal difficulties may include:

- ▶ loss and grief
- ▶ feelings of guilt, remorse, sadness and anger
- ▶ addiction
- ▶ abuse or domestic violence
- ▶ trauma
- ▶ homelessness
- ▶ unemployment.

Mental illness

Mental illness is a significant factor in many suicides, particularly youth suicide. It is estimated that a large percentage of people who die by suicide suffer from depression or bipolar disorder. Other mental illnesses that are often associated with suicide include schizophrenia, personality disorders and substance abuse disorders. Community services workers are not required to diagnose mental illness but they should be familiar with symptoms that may indicate a person has a mental illness.

For more information about mental health and illness visit the SANE Australia website at: <http://aspirelr.link/sane>

Signs of mental illness

The recognition and treatment of mental illness is an important strategy in preventing suicide. Suicide risk is highest in people who have mental health problems but are not receiving any or appropriate treatment. It is important that workers provide information about appropriate sources of help regarding any symptoms a person may have. In the first instance, this may be a GP for a general health check-up or community health centre.

Workers need to look for signs of possible mental illness when dealing with people at risk. Some of these are outlined below.

Emotion

- ▶ When a person presents as emotionally flat and has blunted emotions it can be a sign of depression or of schizophrenia.
- ▶ Mood swings such as a highly elevated mood followed by deep depression may be a sign of bipolar disorder.

Perception

- ▶ Someone with schizophrenia may have disorganised thoughts, be delusional and have auditory or visual hallucinations. They may show signs of paranoia.
- ▶ People with anxiety disorders may have generalised high-level anxiety or show signs of phobias and compulsions.

Behaviour

- ▶ A person with schizophrenia may suddenly start giggling uncontrollably or having a conversation with imaginary people.
- ▶ Some people with depression may appear to be in a stupor-like state.
- ▶ Someone experiencing acute mental illness may be highly agitated, restless, delusional and aggressive.
- ▶ People with mental disorders generally tend to withdraw from social contact.

Appearance

- ▶ People with mental illness may neglect themselves.
- ▶ Some people may appear unkempt.
- ▶ Some people with mental illness may seem distracted and preoccupied

Mental health concerns and the impact on interventions

Mental health concerns may influence the type of intervention and the role of the support worker as well as the referral options that are available and appropriate. Workers must note any signs that suggest a person may be experiencing a mental illness. If it is clear that there are mental health concerns and the person is having problems making informed and rational decisions, the worker should refer them to a doctor, community mental health service or other mental health professional for a mental health assessment. In cases where a person is agitated or aggressive, the worker should act to protect themselves and others.

Here is how to maintain safety.

Initial actions

- ▶ Try to calm the individual by speaking quietly and in a non-threatening way.
- ▶ Move the person into a quiet, low-stimulation room.
- ▶ Ensure other people in the immediate environment are safe.
- ▶ Avoid arguing with the person.
- ▶ Listen to and reassure the person that you are there to help them.

Explain options

When the person is calmer, explain the various options for help such as going to hospital, having a mental health team visit, or going to a doctor or mental health professional as soon as possible. It is important that the worker treat the person respectfully and discuss options with them even if they are having trouble making decisions.

Obtain assistance

In some cases, such as when an individual poses a threat to themselves or others, or is unable to cooperate because of acute symptoms of mental illness, the worker may need to call the police to intervene and have the person taken involuntarily to hospital for treatment. This is a provision within in all state and territory mental health legislation and is designed to protect an individual who may be at risk of harming themselves or others.

Sources of support

The following illustrates some of the services and supports that workers may need to discuss with people who have specific issues.

Mental health

- ▶ Community mental health services
- ▶ GPs
- ▶ Mental health professionals such as psychologists and counsellors, relevant support and self-help groups

Addiction/substance abuse

- ▶ AOD services
- ▶ GPs
- ▶ Community health centres, relevant support and self-help groups

Trauma

- ▶ Community mental health services
- ▶ Psychologists and counsellors specialising in trauma, post-traumatic stress, loss and grief
- ▶ GPs
- ▶ Relevant support and self-help group

Loss and grief

- ▶ Counsellors and psychologists specialising in loss and grief
- ▶ Bereavement support and self-help groups

Domestic violence

- ▶ Specialised counselling services
- ▶ Refuges and shelters

Homelessness

- ▶ Government and non-government housing services
- ▶ Refuges and shelters

Unemployment

- ▶ Employment services
- ▶ Training organisations
- ▶ Volunteering services

Example

Determine whether mental health concerns or personal circumstances are present and facilitate appropriate help

Jacqui is 45 years old and lost her job over a year ago. She has not been able to find other work and is being treated for depression. She finds herself regularly thinking about committing suicide by overdosing on prescription drugs. Sue works with Jacqui to help her find work. When Jacqui admits to Sue that she is thinking about suicide, Sue conducts an intervention.



Jacqui's sense of hopelessness over not being able to find a job has resulted in her losing confidence in her ability to make decisions that affect her life. Sue works with Jacqui to explore options for further care. Sue encourages Jacqui to start making small decisions that she can easily achieve, such as attending a support group once a fortnight for people at risk of suicide, making sure she has regular contact with friends, ensuring she has one or two friends who understand her situation and will be there if she needs to talk, and making sure she visits her doctor for regular appointments.

Sue congratulates Jacqui on making such positive decisions. Jacqui thanks Sue for listening and helping her make some constructive decisions that she knows will help her overcome her own problems such as signing up for some volunteer work which she hopes will take her mind of her own problems.

Practice task 13

1. Provide three examples of personal issues that may impact on a person's life.

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2. Should community services workers diagnose mental health issues?

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3. What are some examples of behavioural indications of a mental illness?

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Click to complete Practice task 13

3E Explore possible barriers to seeking or accepting help and develop responses

People who have contemplated suicide may experience a number of barriers when it comes to seeking and accepting help. It is important to help people address these barriers and encourage them to develop coping skills.

Internal barriers or conflicts include the person's own psychological attitudes such as a sense of shame, guilt or embarrassment. External barriers relate to the attitude of others, including not taking the person at risk seriously, the social stigma and making incorrect assessments of the level of risk the individual faces. It is important for workers to assess the likelihood that individuals will seek further help as agreed and to identify whether there are any barriers that may prevent them from doing so. Workers should ask them directly if they are prepared to seek help if necessary.



Internal conflicts

If it is apparent that an individual is ambivalent or reluctant to seek or accept further help, the worker should try to understand and identify the reasons for this and help them resolve the potential obstacles and difficulties they face. Here is how to work to overcome internal conflict.

Identify barriers

Ask, 'What might stop you from accessing and using sources of help?' For any barriers the person identifies, discuss ways of dealing with the problem; for example, some people may be embarrassed about admitting they are having thoughts of suicide and be reluctant to ask for help. Explore with the person why they feel this way and what they can do to overcome their feelings. Some people may be more comfortable seeking help from anonymous sources, such as ringing telephone counselling services, or getting a trusted family member or friend to ring their doctor.

Promote rights

It is important that the worker promotes the person's right to receive help and that the person collaborates in identifying the steps they would need to take in dealing with barriers. A person's ongoing management plan may include 'Plan A' and 'Plan B' options, in order to encourage them to consider a range of strategies for obtaining the help they need. Workers should ensure that the person has the capacity to use the safety plan; for example, a person with a serious mental illness or cognitive impairment may be put off or overwhelmed by a plan that is too lengthy and complex. Plans should be designed to meet the needs of the individual and be readily accessible and easy to use.

External barriers

Sometimes people may face external barriers in obtaining help. Some of these barriers are outlined below.

Service perception

External barriers occur when service providers or others do not take the person's request for help seriously, or do not believe they are at risk. A person must insist on their right to receive a service or immediately request help from another provider. Safety plans should include contact numbers for a range of sources for help. They should also be encouraged to ask a family member or friend to support them to obtain the service they need.

Social stigma

Social stigma may also make some individuals wary about accessing help. Many people who have never considered suicide do not understand why anyone would want to take their own life. For these people, suicide is associated with weakness. Workers should explain that there will always be people who think like this and that personal experience, education and information about suicide can help these people to overcome their prejudice.

Service access

Other barriers may include geographical isolation and lack of access to services. Fortunately there are now free telephone counselling and crisis lines, and internet counselling services, so people in isolated areas can obtain support. It may be your responsibility to ensure that everyone knows about these services and that they're easily accessed.

Overcome barriers

One of the reasons that people at risk need to obtain further care and support is to help them learn to be more resilient and develop coping strategies they can use when dealing with suicidal thoughts. These same strategies, outlined below, can also assist people to overcome barriers to obtaining ongoing support, by helping them realise they have a right to such care.

Increase resilience and develop coping skills

- ▶ Strategies to increase resilience and develop coping skills usually involve behavioural interventions that teach people to change the way they think about themselves and the kind of self-talk they engage in. They encourage people to move from a position of helplessness to one of actively considering options and developing problem-solving strategies.

Focus on strengths and achievements

- ▶ Workers conducting an intervention with individuals at risk should encourage them to overcome barriers and seek further care. They should also focus on the person's strengths and achievements, and have them consider how they overcame barriers in the past. In this way, individuals can begin to draw on their range of skills to find solutions to their own problems.

Example

Explore possible barriers to seeking or accepting help and develop responses

Jan is a community services worker whose client, Mika, is a young Samoan man who plays football in Australia. Because Mika is a large strong man and a football player, he is afraid he will be laughed at if he asks for help because he thinks about suicide a lot. Jan helps Mika realise that there is no shame attached to asking for help. She discusses with him difficult things that he has done in the past and how he has met challenges. Jan explains that seeking ongoing help is just another challenge, and a way to solve a particular problem.

Together they explore options and devise a plan for accessing help. The plan includes a number of counselling services, including a men’s helpline, who Mika says he would be comfortable talking to because they understand men’s issues. Jan has also found community organisations that cater to the needs of Polynesian people in Australia, and that include a number of Samoan workers on their staff. Mika is pleased that he will be able to speak in his own language to these workers and that they will know how to support him in a culturally appropriate way. Mika also has two close friends among his teammates who he knows he can count on if he needs support to access or continue receiving further care.

Practice task 14

1. What can a worker say and do to assist a person to overcome barriers?

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2. Explain how social stigma may be a barrier to seeking help.

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3. Explain how resilience can help overcome barriers to seeking help.

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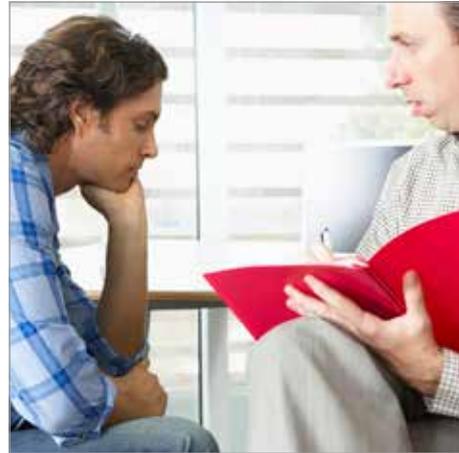
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Click to complete Practice task 14

3F Explore what has helped the person survive any previous suicide attempts

Exploring what has assisted the person's survival from suicide attempts in past experiences can be a useful way of reviewing past interventions. It is a way of getting the person to reflect and consider what needs to be different in the current approach. Questions that a worker can ask people to motivate them to take action include:

- ▶ 'What have you done in the past that has helped when you have had thoughts of suicide?'
- ▶ 'What services and sources of support have helped you to carry on with your life?'



Revise and review

Past safety and support plans should be reviewed and discussed to reflect on past successes and identify actions that need to be done differently. The needs at the time may have been different dependant on the circumstances and the time lapse between suicide attempts. The resources used at the time may no longer be available or may be improved or more accessible. The following presents further guidance to review past support and safety plans.

Encourage discussion of past and current needs

- ▶ If the worker who developed the original plan is not available, the person should be encouraged to explain their situation and the experiences of past suicide attempts. The worker can explore what has changed and review what was successful and helpful in the past.

Review and revise crisis and ongoing support

- ▶ If the person has ongoing needs for help in managing their suicidal behaviour they might still be using resources that were useful in previous situations. Crisis and ongoing support needs can be revised using the previous information as a discussion and starting point for discussion.

Acknowledge what has been achieved

Suicide crisis interventions are short-term interventions that may include a range of strategies to stabilise the person, the development of safety plans and the consideration of options for future care. It is important that the person affirms what was successful in assisting their survival from past suicide attempts. The worker can assist the person to acknowledge that they were willing to take steps to help themselves. By doing so, they reaffirm their commitment to live and take action to obtain further care on this occasion.

Workers should acknowledge the individual’s survival as a result of the previous intervention.

Acknowledging the individual’s role:

- ▶ validates the person
- ▶ shows respect for the person and acknowledges their dignity as a self-determining individual
- ▶ recognises the person’s strengths and initiative in the decision-making process
- ▶ acknowledges the soundness of the decisions made
- ▶ promotes the person’s sense of control over their lives
- ▶ encourages the person to take active steps to help themselves
- ▶ fosters ongoing links to other options for support and care
- ▶ establishes a basis for ongoing care based on self-determination and resilience.

Example

Explore what has helped the person survive any previous suicide attempts

Tina and Joy have developed several plans for Tina to access help over a period of years of learning to cope with managing suicidal behaviour such as thoughts about wanting to die. She is also in a difficult and abusive relationship and has some drug and alcohol problems.

Joy and Tina review a list of services that Tina can obtain information and help from should she need it at any time in the future. They include a relationship counselling service, a domestic violence service, AOD services, a community mental health service, medical centres, crisis and suicide hotlines, emergency shelters and the emergency department of the local hospital. Joy makes sure Tina keeps the contact list handy.

Practice task 15

1. What questions can a worker ask a person about their past successes for survival?

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2. How can acknowledging what was achieved since the last suicide attempt help a person?

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Click to complete Practice task 15

3G Develop a plan that includes agreed first steps to access and use informal supports and professional help

The worker and person at risk must collaborate to develop a plan to keep that person safe in the long term as well as the short term. This involves the individual considering the supports and services they may need to access for both ongoing informal support and professional help. The role of the worker is to provide information about the type of services available to, and most suitable for, a person at risk of suicide. Here is how to provide appropriate information and referral.

Meet needs

Workers should consider the person's individual needs when providing information; for example, a person who has substance abuse issues but is not receiving any treatment may need to consider a range of options for managing this part of their life. They should be given information about AOD services available in their area, and be made aware that other health professionals, such as doctors and counsellors, may be able to help them address both their suicidal behaviour and substance abuse problem.

Appropriate services

Services that may be able to provide further support include:

- ▶ community health centres and mental health services
- ▶ non-government community services
- ▶ counsellors and psychologists working on a private basis
- ▶ doctors
- ▶ self-help groups for people at risk of suicide or with mental health problems.

Provide information

People should be provided with enough information to make an informed choice about what type of service or professional would best suit their needs. Once the person has made a decision to use a particular service, the worker should help them plan how and when they will use the service. All details should be recorded in the person's safety management plan.

Meet high needs

A person with high needs for support may need to see a counsellor once a week to help them build their resilience and problem-solving abilities. They may also receive visits twice a week from a mental health or community services worker. In addition they may attend a self-help group for people at risk of suicide, once a month. Over time, as the person becomes more confident in their ability to manage their suicidal behaviour, they may decide to continue with only one of these services.

Lower levels of risk

Another person with lower levels of risk and support needs may opt to attend a self-help group once a month or when they feel the need for extra support. Such a person may choose to draw on their own informal support network rather than engaging with specific services. How and when someone decides to participate in formal services should be documented in their ongoing management plan.

Informal supports

Workers should encourage individuals to consider the informal supports who may be able to assist them in the longer term. This may include trusted family members, friends and perhaps community volunteers.

Informal supports are likely to form the first line of support when a person feels the need to talk about or distract themselves from thoughts of suicide. These people must understand the need to offer a supportive and non-judgmental presence when a person requires their help.

They should also know how to access emergency help if this is required. It is also a good idea to obtain consent to include the names and contact details of the person's main informal support people in the ongoing management plan.



First steps to access informal and professional help

In order for a person at risk to access and use both informal and professional help, they must first acknowledge that they need such help and be willing to establish a connection with suitable supports and professional help.

Establishing a connection with both informal supports and professional help will require the person to self-disclose and discuss their concerns. Some people may find this difficult at first, so it is important to encourage the person to focus on the long-term benefits of having this kind of help, as explained below.

Long-term benefits

- ▶ Learning new ways of coping with thoughts of suicide
- ▶ Becoming stronger and more able to help themselves
- ▶ Learning more about themselves
- ▶ Having someone to talk to about problems and concerns when they most need it
- ▶ Being able to help others in the same situation
- ▶ Developing better relationships

Provide follow-up

Workers will usually make a formal referral to a professional service and then leave it up to the person to make a first appointment. The worker will usually follow up with the person and the service provider to ensure that the person did contact the service and attend the appointment. If the person is not happy with the service being provided, the worker should discuss the matter with them and provide other options if necessary.

Help with requests

The person may find connecting with informal supports easier because these are usually people well known to them. In cases where the person is apprehensive about requesting help from a relative or friend, workers should discuss with the person ways they can best approach the matter. They should emphasise that having such supports will help protect themselves and strengthen personal relationships.

Example

Develop a plan that includes agreed first steps to access and use informal supports and professional help

Tony is a community services worker. Jeff doesn't want to ask any of his friends for support because they just wouldn't get it, and most of his family live in another state. Tony persists and asks Jeff to think of anyone he knows well who lives reasonably close to him.

Jeff finally mentions his grandfather, Bob. Jeff says he is close to Bob but he would not want to embarrass or shame him by telling him about his suicidal behaviour. Jeff tells Tony that Bob was wounded in the Vietnam War and hardly ever talks about it. Tony asks, 'Don't you think Bob would know more about living and dying than most?' Jeff agrees but says he doesn't know how to bring it up. Tony says that sometimes the best approach is the most direct and simple. He suggests that Jeff simply tell Bob about what he is going through and ask him if he would mind supporting him sometimes.

Jeff tells Bob and to his surprise Bob says that he too had a similar experience after the war. Bob tells Jeff that he has done the right thing to talk about it because he himself bottled it up and didn't get help. He says that he knows how hard it must have been for Jeff to ask him but that he is very pleased that he did, and that, of course, he will do everything to help him.



Practice task 16

1. Explain the type of support a person with high needs may require.

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2. Explain the long-term benefits of accessing and using supports and professional help.

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3. In order for a person at risk to access and use both informal and professional help, they must first acknowledge what?

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Click to complete Practice task 16

3H Refer to appropriate professionals as required

Workers must always be prepared to refer those at risk of suicide to health professionals and specialist services if the level of risk to the person appears to warrant it. Some people may need further health and/or mental health assessment and care. Your organisation should have a list of appropriate service providers. The following outlines the different health professionals and services that you may refer people at risk of suicide to.

Doctor

- ▶ GPs can provide assessment, appropriate medications and ongoing care to people at risk of suicide.

Psychiatrists

- ▶ Psychiatrists are mental health experts and can diagnose people who may have mental illness, prescribe medication and offer other appropriate interventions.

Psychologists

- ▶ Psychologists can conduct mental health and suicide risk assessments, and provide counselling and appropriate behavioural interventions.

Counsellors

- ▶ Counsellors help consumers work through problems and provide behaviour-change strategies.

Mental health workers

- ▶ Mental health workers may have different roles; for example, some mental health workers may provide crisis assessment and interventions, others may provide case management for people with mental health disorders.

Alcohol and other drugs (AOD) workers

- ▶ People at risk of suicide who appear to be abusing drugs or alcohol may need to be referred to an AOD service for support in managing substance abuse.

Hospitals and emergency departments

- ▶ People who are at high risk of suicide or who have already attempted self-harm may need to go to hospital for treatment and stabilisation of their condition.

When referrals should be made

Circumstances for making referrals are described below.

Mental health conditions

People at risk of suicide who appear to have a mental health condition such as depression, schizophrenia or bipolar disorder should be referred to a doctor or mental health service for assessment of their mental health status. These people, as well as those who have drug and alcohol problems, are often at higher risk of suicide than others. It is important to determine a person's willingness to cooperate with referrals and assess if they will need further support to attend appointments. Make sure they can either get to an appointment themselves or that they have support such as family members or friends who can help them to do so.

Emergency medical care

In cases where a person needs to receive emergency medical care, it may be necessary to request help from others. This includes mental health workers, family members or an ambulance, to have the person taken to a hospital emergency department. Some people may not consent to going to an emergency department. However, if it is clear that they are at high risk of suicide and may also pose a threat to others, it is necessary for them to receive treatment. Mental health legislation in most states or territories will have provisions for obtaining the assistance of the ambulance or police service to have the person taken to hospital on an involuntary basis.

Procedure to access referral services

The first step in making a referral involves obtaining the person's consent to make the referral. You should always ask if you can disclose a person's confidential information to another service provider, but if a person does not give you their consent, you will need to consider breaking their confidentiality. When a person is suicidal your duty-of-care obligations to prevent a possible suicide takes precedence over confidentiality.

Workers will usually make a formal referral to a professional service and then leave it up to the person to make a first appointment. In accordance with good practice, the worker will then usually follow up with the person and the service provider to ensure that the person did contact the service and attend the appointment. If the person is not happy with the service being provided, the worker should discuss the matter with them and provide other options if necessary.

Your organisation will have procedures outlining how and when to make referrals.

Upon seeking consent, you should then:

- ▶ collect information to make the referral
- ▶ decide on the appropriate referral agency
- ▶ contact the agency to discuss appropriateness of the referral
- ▶ make the referral
- ▶ make a note to follow up, to ensure that the referral appointment has taken place and that the person is willing to continue.

Example

Refer to appropriate professionals as required

Here are some important tips and considerations for making effective referrals.

Referral tips

Keep an up-to-date list or database of services and health professionals that you may be able to use for referrals.

Know the hours, eligibility criteria and basic services provided by the agencies and organisations you use on a regular basis.

Develop a relationship with people from services you use on a regular basis and make sure you are always courteous to agency personnel.

Follow up on all the referrals you make and check with the person that the referral is meeting their needs.

When making a referral, take into account how easy it is for the person to get to the agency.

Be prepared to offer another referral if the first one does not work out.

Never criticise other workers or the services they represent.

Keep accurate records about all the referrals and follow-up calls you make.

Seek permission from the person before making a referral and disclosing any information about them.

Practice task 17

1. Who can be asked to assist in case of emergency medical care?

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2. After seeking consent what happens next in a referral process?

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Click to complete Practice task 17

Summary

1. Workers need to ensure that the person recognises the risk their thoughts pose, and that they are prepared to consider what sources of ongoing support and care may assist them to manage this risk.
2. An important part of the intervention process is to establish a relationship with the person based on rapport and collaboration to help the person trust the worker and feel more willing to pursue further care options.
3. It is important to encourage people to discuss the internal and external barriers to seeking help and help them problem-solve to overcome them.
4. Workers must discuss options for further care with the person and encourage them to make the choices that best suit them.
5. Using a strengths-based approach, workers can help people at risk of suicide develop a range of coping strategies to help them overcome thoughts of suicide and sustain them when they are feeling vulnerable.
6. Workers need to be aware of personal and mental health issues and work with the person to identify appropriate sources of help and support.
7. Workers must always be prepared to refer people at risk of suicide to health professionals and specialist services.

Learning checkpoint 3

Facilitate links to further support

This learning checkpoint allows you to review your skills and knowledge in facilitating links to further support.

Part A

1. Why is it important to identify mental health issues or other personal circumstances when supporting a person?

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2. How might the presence of mental illness influence the helper's intervention role and inform referral options?

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3. What might be some barriers to seeking or accepting help? What is an example of a response to these?

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4. Why develop a plan with the individual that includes agreed first steps to access and use help?

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Part B

Read the case study, then answer the questions that follow.

Case study

Martin is a young man who has had a difficult life and a number of setbacks have resulted in him becoming very negative about himself. He often has thoughts of ending his own life because sometimes it just all seems too hard. Christos, a community services worker who visits Martin, helps him put together a list of coping strategies and supports. Christos uses his communication and counselling skills to develop rapport with Martin including being interested in Martin's passion to be an artist.

Martin talks about how difficult life as an artist is and how this makes him very sad and unhappy. Christos agrees that it must be difficult and then tells Martin that he is lucky he has such a big advantage. Martin is puzzled and asks Christos, 'What advantage?' Christos answers, 'You are a creative person. That means that you can think up so many more ways of doing things than the average person. You have a real advantage when it comes to meeting challenges and thinking up solutions'. After hearing this, Martin starts to look at his life as a series of challenges that he can master with his creativity and ability to brainstorm a wide range of solutions. He still has periods of gloom and hopelessness, but he now prides himself on his ability to manage these situations and get help when he needs it.

1. What assessment considerations does Christos need to make about Martin and his abilities to make informed choices and decisions?

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2. Why is it important that Christos develops rapport with Martin to develop a positive relationship?

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3. How does Christos use a strengths-based approach as a strategy to improve Martin's self-esteem?

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Topic 4

In this topic you will learn how to:

- 4A Document suicide safety plan and follow up action according to evidence informed standards of care and organisation requirements**

- 4B Communicate relevant information to work colleagues and relevant others**

- 4C Reflect on own role in providing support and use learning to enhance future practice**

- 4D Identify and respond to the need for own supervision and debriefing**

Review and report on support provided

Reviewing and reporting on support provided to people at risk of suicide is vital for recording and communicating important information to others. This ensures that the best practice care can be provided and adheres to legislative and organisational protocols. Having a safety plan and follow up actions documented means that others in the team can access the information as required particularly if there is a crisis situation and the person's care worker is not available.

To ensure high quality service is provided to people in the community services sector, you must continually reflect on your role and the support you provide to improve and enhance your skills and knowledge. It is also important for you to participate in debriefing due to the stressful and important role you play in the survival of those who are at risk of suicide.

4A Document suicide safety plan and follow up action according to evidence informed standards of care and organisation requirements

Workers have a responsibility to ensure that they accurately report and document the plans they have developed in collaboration with the people they are supporting. These plans include those related to ongoing safety, identified supports, coping strategies and follow up actions. Communicating this information helps ensure that all staff involved in a case are kept up to date and have an accurate record of what plans are in place. Information must be stored and maintained according to organisational requirements.



Write plans and reports

Plans and other reports should be written in a clear, factual and objective way that adheres to the organisation's documentation guidelines. Reports should be evidence based and workers must provide the facts rather than what they think or feel about a situation. If all of the facts about a situation are not clear, rather than inferring that you know more than you do, it is best to not include the information or state that the facts of what occurred and what was witnessed. You should never assume what happened, or make a guess. If you are reporting what someone else has said, use direct quotes as much as possible.

To complete documentation accurately, consider the following.

Be accurate and clear

Follow your organisation's policies and procedures about documenting information, as these may vary from organisation to organisation.

Write facts only about what you see, hear and do.

Make sure you write in a clear and concise way so it is easy for other workers to understand what you have reported.

Document information as soon as possible after working with an individual – this is to ensure that you don't forget important details and that your colleagues are kept up to date with the latest information on that person.

Check what you have written to make sure it is accurate.

The importance of accuracy

These are important because supervisors and other healthcare professionals can read the information and ensure that the person is receiving appropriate services. Management can use the information to improve services and check that all legal and policy requirements are being met, while members of a work team are kept up to date with a person's current situation. In certain circumstances such as cases of negligence, reports may be used in a court of law as evidence. In addition to formally prepared written reports, information can be verbally communicated to the work team at case conferences, staff meetings or specially convened sessions, where people have the opportunity to ask questions, confirm a situation or query a decision.

Documentation policies and procedures

All organisations will have their own policies and procedures relating to how information is documented. Here are some general principles to follow.

Follow policies and procedures

- ▶ To meet confidentiality and privacy requirements, only staff directly involved with the person should access the individual's information.
- ▶ If information needs to be shared with other professionals or service providers, workers should seek the person's consent first.
- ▶ Workers should ensure they do not neglect to report information that may affect an individual's care.
- ▶ It is important that all workers involved in a person's care have up-to-date and relevant information.
- ▶ Files and documents are permanent and legal documents, recognised as evidence in a court of law; be careful about the way you record information.
- ▶ Workers have a duty of care to write reports and any other documentation in a factual and unambiguous way, and avoid personal opinions.
- ▶ When writing confidential documents write clearly and legibly in black or blue pen.
- ▶ Don't use correction fluid; if you need to correct errors, draw a line through the error and initial it.
- ▶ Always double-check the name of the person you are writing about.
- ▶ Make sure completed documents are filed appropriately, such as in a locked filing cabinet or a password-protected file.

Organisational requirements

Laws, policies and ethical guidelines impact on how the community services sector operates. In order to work effectively and within the law, you must have a broad knowledge of the legal framework that operates within the community services sector, and how it affects work practices, including duty of care to document and report

evidence informed support and care. Workplace documentation procedures will be outlined by organisations and workers have a duty of care to write all reports, case notes and other written documentation in a timely, clear and factual way.

Duty of care is a common law principle that is particularly relevant to community services workers. In addition to keeping the people you work with safe, you also have a duty of care to ensure you are familiar with the requirements of your work and know the legislation, policies and ethical guidelines that govern your work.

Relevant legislation

Organisational requirements for reporting and documenting are reflected in legislative requirements. It is important that specific legislation is understood in regards to documenting and reporting of suicide safety plans and other reporting requirements. The following outlines some of the legislation and obligations relevant to community services work and documenting suicide risk case work.

Privacy and confidentiality

- ▶ Under the *Privacy Act 1988* (Cth) and other state- and territory-based privacy legislation, people have the legal right to access their own medical records. Each state and territory in Australia has laws and regulations regarding the collection, content, storage and availability of these records.
- ▶ You have a duty of care to protect a person's privacy and to ensure that their personal and health information will remain confidential and secure. Documentation must be collected and archived according to your workplace's policies and procedures, which are guided by legislation.

Access to files

- ▶ The *Freedom of Information Act 1982* (Cth) gives people the right to access government documents.
- ▶ When collecting or documenting information, keep in mind that everyone has the legal right to view all that has been written about them. You have a duty of care to provide clear, factual and accurate information.

Discrimination

- ▶ Anti-discrimination legislation includes the *Age Discrimination Act 2004* (Cth), *Racial Discrimination Act 1975* (Cth), *Sex Discrimination Act 1984* (Cth), *Equal Opportunity for Women in the Workplace Act 1999* (Cth), and *Disability Discrimination Act 1992* (Cth).
- ▶ You have a duty of care to ensure that people have equal access to services and are not discriminated against. You must provide all people with equal access to services and treat everyone with respect and courtesy. You should also respect a person's right to make informed choices and provide them with the necessary information to do so.

Work Health and Safety Act 2011 (Cth)

- ▶ Workplace health and safety legislation ensures a safe working environment. This legislation is designed to reduce work-related accidents and illness, and their related costs.
- ▶ Community services workers have a duty of care to ensure they adhere to safe work practices to avoid injury or harm to themselves or others.

Mental health legislation

- ▶ Each state or territory has a Mental Health Act that is designed to protect the rights of people with mental illness and outline the circumstances in which a person may involuntarily be taken for treatment; that is, they pose a risk of harm to themselves or others.
- ▶ Workers have a duty of care to recognise the signs of acute mental illness and to act to protect the person and others in cases where the person may pose a threat to themselves or others.

Criminal laws

- ▶ Suicide is no longer a criminal act in any state or territory; however, it is a criminal offence for someone to assist a person to suicide.
- ▶ Workers should always act in the person's best interest, which may require reporting someone who is attempting to assist a person to suicide.

Maintain documentation

In order to comply with WHS guidelines, and other legislation and organisational requirements, you must ensure that you complete relevant case notes and follow up actions in a timely and accurate manner. It is also important that care is taken to ensure the security of both paper and computer-based records. This means locking paper-based files in filing cabinets and closing access to computer-based records after every use. Be familiar with and always follow organisational procedures for the safe storage and maintenance of personal information.

Example

Document suicide safety plan and follow up action according to evidence informed standards of care and organisation requirements

Julia has just started a new job with a role supporting people with mental health issues. As a part of her induction, she has been given a copy and shown the online location of the organisation's policies and procedures manual. She has been reading this to familiarise herself with the operations and protocols so when she begins working with people who access the service she will be able to implement the organisational procedures and the policies.



Practice task 18

1. Provide two examples of how to ensure report writing and documentation is always clear, accurate and precise to the facts.

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2. Provide two examples of general principles that guide how documentation is dealt with in an organisation.

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3. What needs to be considered when storing and maintaining documents that contain personal information?

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[Click to complete Practice task 18](#)

4B Communicate relevant information to work colleagues and relevant others

Communicating relevant information helps ensure that all staff involved in a case are kept up to date and have an accurate record of what plans are in place. When all the staff working with a particular individual knows what supports and coping strategies a person is using, they can more effectively support that person. It also helps to avoid confusion and conflicting advice if the strategies are clearly documented.



Shared information will assist all stakeholders involved in the care program to develop strategies that are most appropriate to the care needs and preferences of the person. All feedback should be documented on the progress notes in the care plan and all stakeholders informed of changes in circumstances. Personal information can also be presented verbally in team meetings or to other people working outside of the organisation including health professionals for referrals.

Multidisciplinary approach

Working cooperatively with colleagues, people from other services and health professionals can be a useful multidisciplinary or shared approach.

Individual service providers are not equipped to deal with every condition that a person may present with. It is necessary to work in conjunction with other service providers to monitor progress and ensure the best possible care and support for the person.

Taking a multidisciplinary approach may include:

- ▶ making note of information provided by other services such as doctors' reports or referral letters
- ▶ referring people to appropriate services or professionals for expert assessment
- ▶ providing professionals with information that you have collected about the person with your referral
- ▶ obtaining the person's consent to discuss information with other services.

Communicate with a presentation

Regardless of the type of communication that is used to pass on relevant information to others, for communication to be effective, the communicator needs to be clear and the receiver needs to understand the message. Here are some things to consider when conducting a presentation.

Ways to communicate effectively include:

- ▶ speaking clearly
- ▶ not speaking too fast or slow
- ▶ projecting your voice

- ▶ using appropriate body language and gestures
- ▶ facing the group you are speaking to
- ▶ writing clearly and legibly if using a whiteboard or smart board
- ▶ having a clear objective or outcome to your communication
- ▶ checking and setting up technology before the presentation and testing that it runs as required.

Example

Communicate relevant information to work colleagues and other people working with the person

Stephanie is a community services worker with a mental health service. She is just about to make her weekly visit to her client Gareth. When she knocks on the door there is no answer but she can hear eerie noises coming from inside. She realises something is wrong and rushes in. Gareth is on his knees in his bedroom rocking back and forward and wailing. He has a long kitchen knife in his hands pointed at his stomach.



Stephanie is unsure what to do but tells Gareth she has to make a phone call to her work to tell them she will be late to her next appointment. While keeping an eye on Gareth she is able to briefly tell her supervisor what is going on and that she is not sure what to do. The supervisor tells her to keep safe by staying near an exit but try to calm Gareth and keep him talking. The supervisor says she will contact the police so that Gareth can be taken to hospital for treatment. When the police arrive Gareth voluntarily agrees to go to hospital.

Back in the office at the team meeting, Stephanie explains to the group what occurred and as a team they make decisions about recommendations for the future care and support of Gareth. Stephanie takes notes and prepares a meeting with Gareth to discuss the plan for his future safety.

Practice task 19

1. Why is it important to share information with work colleagues and others who work with a person?

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2. Why is a multidisciplinary approach helpful for a person requiring support?

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Click to complete Practice task 19

4C Reflect on own role in providing support and use learning to enhance future practice

Every worker should be prepared to review and reflect on their role and modify their practices to improve their practice. Your supervisor or manager can support you to develop your skills. Seek their advice as required. A worker must never feel that they must know everything or that they are in some way inadequate because you need to ask for advice. For example as you get more experience involving suicide crisis intervention, it will become easier to know how to manage the situation in a competent way. Here are the reasons why you should seek advice and support from your work colleagues or supervisor.

Why you should seek advice and support

- ▶ It will help you provide a more effective intervention in line with legislative, ethical and organisational requirements in a stressful situation.
- ▶ It will help you to achieve better outcomes for the person and significant others.
- ▶ You will feel more confident knowing that someone else is supporting you.
- ▶ It will help you learn and gain experience.

Use learning to enhance practice

Workers should seek opportunities to review and develop their practice on a regular basis. All work activities need to be regularly reviewed and monitored to ensure that best practice approaches are being utilised. Seeking opportunities to improve your practice demonstrates your professionalism and expresses your commitment to supporting people to the best of your ability.

One way you can review your own practice is to write clearly and honestly in a practice journal. Over time, you will begin to see patterns in the way you work and identify your greatest strengths and weaknesses. A practice journal is also useful in supervision sessions to prompt discussion on different areas of practice.

Undertaking further training courses or participating in professional development workshops in the field allows a fresh approach to work practices and where new principles of effective practice can be introduced.

Here are some of the ways that you can continuously improve your professional practice.

To improve professional practice you can:

- ▶ engage in self-reflective practices such as keeping a journal and participating in peer groups for the purpose of professional development
- ▶ have regular professional supervision sessions; most workplaces provide community services workers with opportunities to discuss and review work practices with a mentor or supervisor

- ▶ read professional journals and texts to keep up-to-date with the latest developments in increasing the safety of people at risk of suicide
- ▶ sign-up to internet forums and email lists on the topic of suicide prevention and attend workshops and conferences to network with others in the field.

Example

Reflect on own role in providing support and use learning to enhance future practice

Ang is preparing for his regular supervisory meeting with Carol, which he finds a great opportunity to gain new perspective on his work practices. Before the meeting, he reviews his self-reflection journal and highlights a couple of instances on which he would like Carol's opinion. He makes a few notes for the meeting, making sure to de-identify any personal information, and brings along a pad and pen to make notes.



Ang chaired a community meeting the previous week where several people became frustrated and left. He has reflected on the meeting and realised that he could benefit from some more training on managing group dynamics, particularly in very large groups. He knows that one of the people who left was Maria, who was frustrated at her inability to communicate over several louder community members. Maria has communication issues and needs to use a communication aid.

Ang shares this information in his supervisory meeting with Carol, who advises him on how to deal with the situation. After the meeting, Ang follows Carol's advice and contacts Maria to hear her concerns and to invite her feedback. He finds an online training course for managing group dynamics and changes his work practices to ensure a more inclusive experience for all community members at the next meeting. He invites Maria to be the first speaker at the next meeting.

Practice task 20

1. What are some reasons to seek advice from a supervisor?

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2. What are some reasons to seek professional development to enhance learning at work?

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3. Provide an example of a way to enhance your professional development.

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Click to complete Practice task 20

4D Identify and respond to the need for own supervision and debriefing

People involved in crisis and suicide intervention work must take care to look after themselves in order to avoid stress-related health problems and burnout. This is an extremely challenging and stressful area of work, and organisations that provide these services must have procedures in place for workers to debrief after an incident and ways to offer ongoing support.

Supervisors provide valuable role as a support person and mentoring. One of the roles of a supervisor or manager is to mentor you and support you to develop your skills. Seek their advice when you come across situations where you are not sure what to do or want to discuss a situation. Consider the value of debriefing and the following self-care strategies.

Debriefing sessions

Debriefing allows a worker to discuss the events of an intervention and to air any concerns they may have about the role they played. Debriefing usually takes place with a supervisor or counsellor, and allows the worker to vent feelings that they may not be able to outside the work environment because of privacy and confidentiality issues. The process should be supportive to the worker and assist them to come to terms with events that they may have found emotionally challenging or taxing.

Self-care strategies

Ensure that you take steps to look after your own mental and physical health in order to carry out your work in an effective way. There are many types of self-care strategies and no one type will meet everyone's needs. It is important that you take the time to work out what works best for you. This might involve keeping interested in your own life and friends.

Review and debrief after an incident

After any serious incidents that have resulted in or could have resulted in injury or damage to property there must be a review as soon as possible. This is particularly the case when the incident occurred on the premises of a service provider. This would be part of the organisation's workplace health and safety requirements to ensure a safe work environment. A review may identify safety issues and crisis procedures that need to be improved within the organisation.

A review following an incident is not the same as a debriefing session. Reviews of suicide attempts are a part of the case management and the support person, along with other colleagues can review and reflect on what happened and why. Reviews also give everyone an opportunity to provide feedback about the incident and evaluate the impact on staff and those accessing the service.

All staff involved in the review should read the reports about the incident so they can discuss what happened and why it happened.

Reviewing an incident related to behaviours of concern allows staff to discuss what happened and plan how to manage any future incidents.

A review of behaviours of concern should include a discussion of:

- ▶ what happened
- ▶ how the situation developed
- ▶ whether the strategies used to stop the behaviour were effective or require improvement.

Self-care strategies

The principles of self-care strategies aim to teach you how to cope with stress, reduce the effects of stress and help you to regain control of how you respond to certain situations. As a general rule, self-care focuses on having a well-balanced life-style, being mindful of how you are feeling and responding to different stimuli and being able to identify when you should seek help. Not every care strategy will suit every person and the strategy needs to be meaningful to the person. You will need to find the strategies that work for you.

Here are some descriptions of techniques or activities you can use to manage stress.

Self-care practices



Get plenty of rest

You cannot function properly at work, or deal with issues that are causing you stress if you are tired. It is important to make sure you get enough sleep, and take your allocated breaks when at work. A rested mind and body will cope better with stressful situations.



Eat well

Eating a well-balanced diet keeps you healthy. Eating well provides you with energy. Being well and having energy will help you deal with stress. Make sure you take your meal and tea breaks when working. Have a healthy snack or meal at these times to maintain your energy levels.



Ask for a mentor

Having an experienced person to talk to about the way you handle your work and deal with stressful situations can be very helpful. You can talk through situations that have caused you stress and discuss ways in which you can handle situations better. This will help to address future stressors. Role playing or practising the ways in which you will talk to people at risk of suicide, will help you to think of ways you can communicate with them calmly and effectively. If you feel you need this kind of support, ask your supervisor to help you connect with a mentor.



Seek support

You may find that even though you know that certain parts of your role are causing you stress, it can be hard to look at the situation objectively and decide on strategies to manage your stress. Sometimes you may not be able to control the situations that are causing you stress. It is important to ask for help when you are unable to control stressors or manage your stress alone. You can ask your supervisor for help to manage stress and stressful situations. Your workplace will have an employee assistance program where workers have access to independent and confidential counselling and support to work through issues that are causing stress at work.

Professional practice strategies

Other strategies to respond to stressful situations at work can include undertaking professional development so that you have more information about the care of people at risk of suicide. Here are more care strategies for you to consider.

Learn more

Sometimes the best way to get control over a situation that is causing you stress is to learn more about the reasons it is happening or perhaps seeing how research is exploring new ways of understanding and decreasing the risk of suicide. It can help a person see improvements and give hope for the future. This provides optimism in a role that can be negative and stressful when you can see there are organisations devoted to the improvement of mental health and suicide risk in the population.

Reduce negative effects of stress

In some cases, the situation that is causing you stress cannot be changed. It may be necessary for you to remain in a stressful situation in order to fulfil your work role. If you are unable to reduce stressors or decrease the stress you are experiencing, it is important to find some way to reduce the negative effect that the stress has on you. Some techniques for this include: meditation, yoga, exercise, self-talk and relaxation training.

Supervision and debriefing

In practice a supervisor can perform many roles in an organisation. One of the key roles is to be available to provide advice and support to workers in their team. A supervisor should have experience in working with people at risk of suicide and will have a working understanding of an organisation's standards, regulations, policies and procedures and is responsible for managing the day-to-day tasks of workers.

A supervisor can offer support for workers in reviewing and reflecting on strategies used when working with people and offer an objective evaluation of strategies employed. This can provide an opportunity to debrief after an incident and self-care recommendations may be made. Their support can also enhance working relationships between various areas of an organisation and encourage teamwork and a collaborative approach in the workplace. In most organisations a scheduled time for supervision might be required such as weekly or fortnightly meetings or on a needs basis.

Example

Identify and respond to the need for own supervision and debriefing

Eric works in a community services environment and is a hardworking and supportive member of his team. Lately there have been a lot of people on Eric’s team who have been off work due to illness. Some days Eric finds himself feeling like he is the only one still working and as though he is doing the job of three people all at once.

Yesterday Eric had so much work to do that he didn’t even know how he could possibly get it all done. By lunch time he was so far behind that he felt overwhelmed. Unfortunately right about the same time a fellow support worker named Carla asked Eric if he could show her how to do something. It felt like the last straw for Eric and he yelled, ‘Am I the only person on this team with a brain? Can’t anyone else do anything for themselves around here?’

Carla burst out crying and said not to worry and that she would work it out herself.

Later that afternoon Eric felt terrible about his behaviour and spoke to his supervisor Elliot about what had happened and how he was feeling. Eric told Elliot that he hadn’t been sleeping very well and noticed that he was always worrying about work and no longer had the energy to spend time on the things he enjoyed. Elliot arranged for Eric to have a mentor at work to help him to find ways to cope with stress. He also recommended that Eric spend more time on things he enjoyed doing and as well as getting enough rest and eating a well-balanced diet.

Eric has noticed that since implementing these self-care strategies that he feels calm and in control at work even though the work environment has not changed.

Practice task 21

1. Describe what occurs in a debriefing session.

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2. What are the aims of self-care?

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3. What types of things would be discussed in a review of an incident?

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4. What are the aims of a self-care strategy?

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Click to complete Practice task 21

Summary

1. Workers have a responsibility to ensure that they accurately report and document the plans that they have developed in collaboration with the person they are helping.
2. Communicating this information to work colleagues and others helps ensure that all staff involved in a case are kept up to date and have an accurate record of what plans the person has in place.
3. In order to work effectively and within the law, you must have a broad knowledge of the legal framework that operates within the community services sector, and how it affects work practices, including documentation.
4. To enhance and improve on future practice it is important to reflect on your role and look for better ways of doing things.
5. Self-care practices teach you how to cope with stress, reduce the effects of stress and help you to regain control of how you respond to certain situations.
6. Debriefing allows a worker to discuss the events of an intervention and to air any concerns they may have about the role they played.

Learning checkpoint 4

Review and report on support provided

This learning checkpoint allows you to review your skills and knowledge in reviewing and reporting on support provided.

1. Why is it important to be accurate in reporting and documenting a person's case notes?

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2. Provide examples of three policies and procedures that an organisation might have relating to documentation.

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3. What is an example of legislation that affects documentation in a community services organisation?

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4. Outline the benefits of using a multidisciplinary approach and working collaboratively.

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5. What are some reasons for seeking advice and support?

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6. Identify three ways you can enhance your future practice.

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7. Explain the practice of debriefing.

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8. Provide two examples of self-care strategies.

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9. How can a supervisor provide practical assistance when support is required?

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