

# Principles for developing organisational policies and protocols for responding to clients at risk of suicide and self-harm



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# Principles for developing organisational policies and protocols for responding to clients at risk of suicide and self-harm

## Table of contents

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<b>Introduction</b> .....	<b>1</b>
<b>The links between suicide and self-harm</b> .....	<b>2</b>
<b>Suggested process for developing policies and protocols</b> .....	<b>3</b>
<b>Issues for consideration</b> .....	<b>4</b>
Definitions .....	4
Overarching principles .....	4
Roles and responsibilities .....	5
Identification and assessment .....	6
Intervention .....	7
Referral .....	9
Confidentiality and duty of care .....	10
Responding to specific population groups .....	10
Identifying and responding to the risk of harm to others.....	11
Postvention and bereavement .....	11
Professional development and training .....	13
Professional supervision and support.....	13
Suicide and self-harm prevention in the workplace .....	14
Addressing suicide issues via the media and community education .....	14
Record keeping.....	15
Review and evaluation .....	15
<b>References</b> .....	<b>16</b>

# Introduction

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As part of its commitment to the *Queensland Government Suicide Prevention Strategy 2003–2008*, the Department of Communities has developed three online resources to assist organisations and service providers to identify and respond to people at risk of suicide.

These resources draw upon a range of Australian and international literature on suicide, and advice provided by the Queensland Government Suicide Prevention Strategy Advisory Committee comprised of suicide and self-harm prevention experts.

Other online resources in this series are:

- Responding to people at risk of suicide: How can you and your organisation help?
- Principles for providing postvention responses to individuals, families and communities following a suicide death.

## **Principles for developing organisational policies and protocols for responding to clients at risk of suicide and self-harm**

While having broad application to a range of agencies in the human services field, the principles are intended to specifically support those agencies funded by the Department of Communities to meet standard 6 of the Standards for Community Services in Queensland. This standard requires agencies to develop, implement and review policies and procedures for preventing harm (including suicide and self-harm), and to respond to potential or actual harm that may occur to clients.

The principles include an overview of a range of issues which should be considered in the development of written policies and protocols, good practice suggestions and additional resources and reference materials. More specifically, the principles are structured to assist agencies to consider:

- overarching principles and organisational roles
- practice issues in working with people at risk of suicide and self-harm, such as assessment, intervention, referral, confidentiality, needs of specific population groups and postvention and bereavement
- organisational practices which underpin effective responses to people at risk of suicide and self-harm, such as professional development and training, professional support and supervision, record keeping and review and evaluation

While the principles highlight a range of important matters, they do not provide an exhaustive list of issues for consideration in the development of policies and protocols or a comprehensive model for responding to clients at risk of suicide and self-harm.

Agencies are encouraged to give careful consideration to the development of individualised policies and protocols which are relevant to their organisational and local contexts, using the suggested process outlined on page 3.

## The links between suicide and self-harm

These principles have been prepared to assist agencies to develop policies and protocols related to both suicide and self-harm.

While the terms ‘suicidal behaviour’ and ‘self-harming behaviour’ are often used interchangeably, significant distinctions can also be drawn between suicidal and self-harming acts as follows:<sup>1</sup>

	Self-harming acts	Suicidal acts
<b>Intention of the act</b>	To relieve emotional distress; to live and feel better.	To end unbearable pain; to die.
<b>Method used</b>	Thought by the person to be non-lethal (for example, shallow cutting, burning).	Lethal or thought by the person to be lethal.
<b>Potential for act to be fatal</b>	Usually unlikely or perceived by the person as unlikely; however can inadvertently result in death.	Highly likely or perceived by the person as likely.

Despite these distinctions, there are compelling reasons for ensuring that suicide and self-harm are addressed as related issues in organisational policies and protocols, with a number of research studies demonstrating strong correlations between self-harming behaviour and suicide risk.

For example, a Scandinavian study found that suicide rates among those who self-harmed were 15 to 300 times greater than the wider population.<sup>2</sup> Other studies have indicated that approximately one out of every 100 people who attend hospital for self-harm will die by suicide within 12 months of the self-harming episode, representing a suicide risk approximately 100 times greater than that of the wider population.<sup>3</sup> Those who repeatedly engage in self-harming behaviour are thought to be at particular risk of suicide.<sup>4</sup>

These principles encourage agencies to address suicide and self-harm as related issues in the development of organisational policies and protocols.

## Suggested process for developing policies and protocols

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Agencies are encouraged to use the following process when developing policies and protocols for responding to clients at risk of suicide and self-harm:

1. Read these principles as a starting point for thinking about your organisation's policies and protocols.
2. Identify any other sources of information in addition to these principles which could be used to inform your policies and protocols.
3. Review existing policies and protocols in light of the issues raised in these principles and other sources of information. Identify strengths and gaps in existing policies and protocols.
4. Facilitate workshops with staff, volunteers and management committee members to review and/or develop policies and protocols which are relevant to your organisation's purpose, client base, resources and role in the local community. Ensure that your ideas, at this stage, are within the boundaries of your organisation's expertise.
5. Seek feedback about your draft policies and protocols from identified sources of expertise including local mental health professionals.
6. Incorporate any feedback into your draft policies and protocols and circulate to staff, volunteers and management committee members for final input.
7. Finalise your policies and protocols and distribute to all staff, volunteers and other stakeholders as appropriate.
8. Ensure your workforce is educated in the issues of self-harm, suicide and associated work practices. Check that organisational resources are in place to support the standards set out in your policies and protocols.
9. Ensure standards set out in your policies and protocols regarding suicide and self-harm prevention are reflected in other relevant organisational policies where appropriate.
10. Identify a date to review and update your policies and protocols.

1. Table adapted from: Ministerial Council for Suicide Prevention (2005) Self-harm (webpage). [www.mcsp.org.au/community/understand/harm.html](http://www.mcsp.org.au/community/understand/harm.html)
2. British Medical Journal. 1993 June 19; 306(6893): 1637–1641. High mortality by natural and unnatural causes: a 10 year follow up study of patients admitted to a poisoning treatment centre after suicide attempts. M Nordentoft, L Breum, L K Munck, A G Nordestgaard, A Hunding, and P A Laursen Bjaeldager
3. British Medical Journal, 1992 April 18; 304 (1000) By their own young hand. Hawton, K.
4. BMJ, 2002 November 16: 325(1155) Suicide rate 22 years after parasuicide: cohort study Gary R Jenkins, Robert Hale, Maria Papanastassiou et al
5. Example definitions were drawn from a range of sources including:
  - Commonwealth of Australia (2006) Reporting suicide and mental illness: A Mindframe resource for media Professionals. Australian Government Department of Health and Ageing, Australia. <http://www.mindframe-media.info/suicide/definitions.php>
  - Inspire Foundation (2006) Deliberate self-harm (webpage). <http://www.reachout.com.au/default.asp?ti=281>

## Issues for consideration

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Agencies are encouraged to consider the following issues, questions, examples and good practice suggestions in the development of organisational policies and protocols for responding to clients at risk of suicide and self-harm.

### Definitions

How will you define suicidal and self-harming behaviour in your policies and protocols?

*Example:*<sup>5</sup>

- Suicidal behaviour refers to the range of actions related to suicide including:
  - suicidal ideation — thoughts of engaging in suicidal behaviour, with or without a specific plan
  - suicide attempt — potentially self-injurious act intended to end one's life but which does not result in death
  - suicide — self-injurious act intended to end one's life which results in death.
- Self-harming behaviour refers to the direct, deliberate act of harming one's body without the conscious intention to die. Self-harm may result in death and is a risk factor for suicide.

*Resources:*

- The United Kingdom's Samaritans have developed Self-Harm and Suicide Resources which can be accessed at [http://www.samaritans.org/about\\_samaritans/facts\\_and\\_figures.aspx](http://www.samaritans.org/about_samaritans/facts_and_figures.aspx)

### Overarching principles

What overarching practice principles underpin your policies and protocols?

*Examples:*

- The organisation is committed to good practice in the prevention of suicide and self-harm through the development, implementation and review of policies and protocols based on current evidence.
- When responding to suicide and self-harm issues, the physical and emotional safety of the client, family, carers, staff and volunteers is paramount at all times.

- Every staff member and volunteer has a role in detecting risks of suicide and self-harm and ensuring that appropriate assessment and intervention is undertaken.
- All clients who demonstrate suicidal and self-harming behaviours will receive a timely and professional response.
- The organisation will ensure that its staff members and volunteers receive a level of training and supervision appropriate to their role in responding to clients at risk of suicide and self-harm.
- The organisation will promote and practice responsible reporting and discussion of suicide and self-harm issues in the broader community.

### **Roles and responsibilities**

What is your organisation's capability in responding in the safest way to clients at risk of suicide and self-harm?

*Examples:*

- The organisation identifies clients at risk of suicide and self-harm and actively refers them to specialist mental health and counselling services.
- The organisation works in collaboration with mental health and other specialist services to provide intensive case management for clients who are at risk of suicide and self-harm.

What role do individual staff and volunteers play in responding to suicide and self-harm issues?

*Examples:*

- Manager/Coordinator — monitor implementation and review of policies and protocols; provide support to supervisors, staff and volunteers as required; ensure staff and volunteers receive appropriate training, supervision and debriefing.
- Supervisors — provide professional support and supervision to staff and volunteers working with clients at risk of suicide and self-harm; work in consultation with counselling and support staff to develop case management plans for clients at risk of suicide and self-harm; regularly review case management plans in consultation with relevant staff.
- Counsellors/support staff — undertake initial assessment of clients identified as potentially being at risk of suicide and self-harm; notify supervisor of any clients identified as being at risk of suicide and self-harm; develop case management plans for clients in consultation with supervisor; implement case management plans; participate in review of case management plans in consultation with supervisor.



- Administration staff — immediately notify a counsellor or supervisor if a client directly or indirectly indicates any risk of suicide or self-harm.
- Volunteers — immediately notify a counsellor or supervisor if a client directly or indirectly indicates any risk of suicide or self-harm.
- All staff and volunteers must recognise the limits of their individual roles and competencies and actively facilitate links to further levels of care where necessary.

### **Identification and assessment**

What are your organisation's practice protocols regarding the identification and assessment of clients at risk of suicide and self-harm?

*Good practice suggestions:*

- The organisation will remain aware that clients may disclose suicide or self-harm risk through a range of avenues, including disclosure to staff, volunteers and/or other clients of the service.
- All indications of suicide and self-harm risk, including suicide threats, will be taken seriously.
- The organisation will have a first aid kit on hand in public areas and accessible for mobile staff and ensure all staff are trained in the emergency response to an act of suicide or self-harm.
- An assessment to determine the level and immediacy of suicide risk will be conducted whenever suicidal and self-harming thoughts and behaviours are identified. The literature outlines a range of risk and protective factors which may influence whether a person is assessed as being at low, moderate or high risk of suicide or self-harm. While it is not within the scope of these principles to detail the range of risk and protective factors that should be considered in the assessment process, the New South Wales Health framework referred to on page 7 offers a useful overview.
- Clients who are identified as being at risk of suicide and self-harm will be referred to an appropriate worker (internal or external) for a priority assessment.
- Assessment of suicide and self-harm risk will be undertaken by staff who are appropriately trained and qualified, using evidence based risk assessment tools.
- Staff will use objective and subjective evidence gained from mental state assessment and suicide risk assessment when determining the degree to which a client is at risk of suicide or self-harm.
- Comprehensive assessment draws on all available information including interviews with the client; observation; medical, psychiatric and personal history; feedback from other staff, volunteers and information from family and carers.

- If a staff member is unsure about a client's suicide or self-harm risk, they should ensure the client is physically safe and consult with their supervisor. Local mental health professionals will also be consulted as required.
- Staff members will maintain an awareness that standard assessment tools and frameworks do not reflect the diverse culture of Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.
- Staff members will consult with local organisations targeting Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds as necessary, to ensure cultural considerations are addressed as part of the assessment process.
- Assessment is not a one-off event and will be undertaken on an ongoing basis to monitor a client's risk status.

*Resources:*

New South Wales Health has developed a *Framework for Suicide Risk Assessment and Management for NSW Health Staff (2005)*, which provides an example of a suicide risk assessment tool. The framework can be accessed at [http://www.health.nsw.gov.au/pubs/2005/pdf/risk\\_assessment.pdf](http://www.health.nsw.gov.au/pubs/2005/pdf/risk_assessment.pdf).

## **Intervention**

What are your organisation's practice protocols regarding intervention with clients assessed as being at risk of suicide and self-harm?

*Good practice suggestions:*

- If a client is assessed as being at risk of suicide or self-harm, the staff member will notify their supervisor and jointly develop a plan for any further assessment and intervention.
- Immediate safety concerns will be addressed before developing a longer term case management plan.
- Priority will be given to ensuring clients who present with self-harm injuries receive necessary medical attention.
- If the risk of suicide or self-harm is assessed as being high, the client will not be left on their own.
- If the risk of suicide or self-harm is assessed as being moderate or high, an immediate referral will be made to a specialist mental health service for assessment and emergency intervention.
- Wherever possible, clients will be actively involved in decision making processes about how to protect their safety and prevent suicide or self-harm.
- Decisions to contact police or other professionals against the client's wishes will be made in consultation with the manager.

- When the immediate crisis has passed, clients will be assisted to develop a safety plan which identifies a particular course of action they can follow when they are at risk of engaging in suicidal or self-harming behaviour. The safety plan will detail who the client can contact for support, including family, friends, carers and service providers.
- Longer term case management plans will detail the types of support to be provided, how improvement or deterioration will be monitored and who will be involved in providing care.
- Families, carers and support persons of the client will be involved in the case management plan wherever possible and appropriate.
- Careful consideration will be given to using 'no suicide/safety contracts' in which clients make a written or verbal agreement not to engage in suicidal or self-harming behaviour. A contract depends on an established worker-client relationship and a capacity for a client to provide informed consent. It may not represent a genuine commitment not to commit suicide and does not eliminate suicide risk.
- Should a client who is assessed as being at risk of suicide or self-harm not attend their next scheduled appointment, staff will actively follow up with the client wherever possible regarding their safety.
- Consideration will be given to the support needs of family members and carers in the development of case management plans. Family members and carers will be assisted to access available supports as appropriate.
- All relevant staff members and volunteers will be informed of specific client arrangements where necessary (for example, administrative staff will be instructed if a particular client's calls are to be given priority status).
- Case management plans will be reviewed on a regular basis and updated to include new assessment findings and intervention strategies.
- Staff members will consult with local organisations targeting Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds, to ensure cultural considerations are addressed as part of the case management planning process.
- In supported accommodation settings, additional intervention strategies will be considered including removing access to the means of suicide (for example, eliminating hanging points).

## Referral

What are your organisation's practice protocols regarding referral for clients assessed as being at risk of suicide and self-harm?

*Good practice suggestions:*

- If the risk of suicide or self-harm is assessed as being moderate or high, an immediate referral will be made to a specialist mental health service for priority assessment and intervention.
- If the risk of suicide or self-harm is assessed as being moderate or high, the client will be accompanied to the mental health service and/or hospital by a staff member or carer. The staff member will also seek information from the mental health service or hospital about what action has been taken.
- Clients will be actively assisted to follow up referrals to external organisations, through initial telephone or written contact by staff with the external provider and/or assistance to attend a first appointment.
- The organisation will maintain links and establish referral protocols with key external services such as:
  - hospital and community-based mental health services
  - hospital emergency departments
  - general practitioners
  - Queensland Police Service
  - local counselling services such as Lifeline and Community Health Centres
  - school support systems, including Guidance Officers, School Based Youth Health Nurses and Youth Support Coordinators
  - organisations supporting specific population groups including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, young people, lesbian, gay, bisexual and transgender people
  - other relevant local services and programs, including debriefing practitioners.
- The organisation will maintain an up-to-date database and resource manual containing a list of emergency and longer term support services available for clients who are at risk of suicide or self-harm, and debriefing services for staff and volunteers.

## Confidentiality and duty of care

What are your organisation's practice protocols regarding disclosure of confidential information when assisting clients who are at risk of suicide or self-harm?

*Good practice suggestions:*

- The organisation has a duty of care to do everything reasonable to prevent a client's suicide or self-harm.
- The right of confidentiality is not absolute and should be balanced against duty of care. The organisation has a legal and professional responsibility to disclose information where not reporting might cause harm to a client or another person.
- Clients will be advised about the limits of confidentiality.
- Wherever possible, reasonable steps will be taken to obtain a client's agreement for information to be disclosed to a third party.
- When a client is assessed as being at risk of suicide or self-harm, their safety is the paramount priority. This may involve breaching confidentiality and disclosing information to a third party against the client's wishes.
- Staff members will only disclose confidential information without a client's consent after careful consideration in consultation with the manager, which results in a decision that disclosure is necessary to promote client safety.
- Confidential information will only be disclosed to those in a position to help and will be restricted to information necessary to elicit help.
- The requirements of privacy legislation will be considered in the disclosure of confidential information.
- Clients will be informed of the disclosure of confidential information wherever possible and appropriate.

## Responding to specific population groups

What are your organisation's practice protocols for ensuring appropriate and inclusive responses for specific population groups at risk of suicide and self-harm?

*Good practice suggestions:*

- The organisation will remain aware of current research and trends regarding particular population groups known to be at higher risk of suicide and self-harm, for example, Aboriginal and Torres Strait Islander people, young people, lesbian, gay, bisexual and transgender people, older people, people with a mental illness, people in custody, people from culturally and linguistically diverse backgrounds, and people from rural and remote communities.

- When working with clients from particular population groups, staff members will remain aware of the additional factors which may contribute to suicidal and self-harming behaviour such as the impact of colonisation, migration and refugee experiences, homophobia, geographical isolation and challenges associated with ageing.
- Staff members will maintain an awareness that standard assessment tools and frameworks do not reflect the diverse culture of Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.
- Staff members will consult and liaise with organisations targeting specific population groups to ensure assessments and interventions are appropriate, effective and inclusive.

### **Identifying and responding to the risk of harm to others**

What are your organisation's practice protocols for addressing potential harm to others arising from a client's suicidal or self-harming behaviour?

*Good practice suggestions:*

- Staff and volunteers will act on any identified potential harm to others arising from a client's suicidal or self-harming behaviour.
- Staff and volunteers will report to their supervisor any threats made by clients to harm others.
- The organisation will treat any threats to harm others seriously and report them to the appropriate authorities.
- In a supported accommodation environment, consideration will be given to potential risks to the safety of other clients when determining whether to house a client who is suicidal or self-harming in shared accommodation.

### **Postvention and bereavement**

What are your organisation's practice protocols for supporting staff, volunteers, clients, families and communities when a client suicides?

*Good practice suggestions:*

- The organisation recognises that a client's suicide impacts on other clients, staff, volunteers, the client's family and friends and the wider community.
- The organisation will implement postvention responses with the aim of supporting those bereaved by suicide and preventing further suicide events.
- The organisation will seek expert advice as required about appropriate and safe postvention responses from mental health workers and any local suicide prevention networks.
- In the first instance, the manager will provide staff and volunteers with a factual briefing concerning the circumstances of the death.

- The manager will arrange professional group and/or individual debriefing for staff and volunteers. Participation in debriefing will be voluntary.
- Staff will be encouraged to independently contact an employee assistance program or other relevant support service as needed.
- Where appropriate, the manager and/or identified staff member will provide other clients with relevant information about the death. Announcements regarding the death will be made to individuals or small groups of clients rather than large assemblies. The emphasis will be on understanding without condemning or glorifying the suicidal event or client who suicided.
- The manager will arrange a professional group debriefing session for clients. Participation in debriefing will be voluntary.
- Clients will also be provided with opportunities for individual debriefing and support as required.
- The organisation recognises that some staff members may not feel comfortable discussing the suicide with clients. This decision will be respected and an alternative source of support arranged for clients.
- Staff, volunteers and clients will be provided with written information and resources about suicide bereavement where appropriate.
- The organisation will identify other individuals who may be at increased risk of suicide and assist them to access appropriate support.
- Permanent memorials to the deceased client (for example, tree plantings, plaques) will not be permitted on organisational premises and will be discouraged in the community, to prevent suicide being promoted as a way of attracting positive attention.

*Resources:*

The Department of Communities has developed Principles for providing post-intervention responses to Individuals, families and communities following a suicide death. The principles can be accessed at [http://www.communities.qld.gov.au/community/suicide\\_prevention/resources/index.html](http://www.communities.qld.gov.au/community/suicide_prevention/resources/index.html).

## Professional development and training

How does your organisation support the professional development of staff and volunteers to ensure high quality service provision for clients who are at risk of suicide and self-harm?

*Good practice suggestions:*

- All staff and volunteers will receive training in suicide risk identification, assessment and intervention appropriate to their role in supporting clients who are suicidal or self-harming. Administrative staff and volunteers will receive mandatory introductory training to assist them in identifying warning signs and referring clients to appropriate staff members for support. Counsellors and support workers will receive mandatory introductory and advanced level training in suicide risk assessment and intervention.
- The manager will ensure staff and volunteers attend training programs which are delivered by providers with an appropriate level of expertise.
- The organisation recognises that suicide risk assessment and intervention are core clinical skills that should be reviewed and updated regularly. Staff will attend refresher training as necessary.
- As a component of the organisation's induction program, the manager will ensure all staff and volunteers are trained in specific organisational policies and protocols regarding management of clients who are at risk of suicide and self-harm.

*Resources:*

The Department of Communities has developed an online resource for workers and community members wishing to attend suicide and self-harm prevention training. The resource, Suicide and self-harm prevention training and professional development opportunities in Queensland (2005), can be accessed at [http://www.communities.qld.gov.au/community/suicide\\_prevention/resources/index.html](http://www.communities.qld.gov.au/community/suicide_prevention/resources/index.html).

## Professional supervision and support

How does your organisation support staff and volunteers who are working with clients who are at risk of suicide or self-harm?

*Good practice suggestions:*

- The organisation recognises that supporting clients who are at risk of suicide or self-harm is challenging and demanding work and is committed to consistently monitoring and attending to the impact on staff and volunteers.
- Staff and volunteers will notify their supervisor when they become aware that a client is at risk of suicide or self-harm. The staff member will work in consultation with their supervisor to develop an immediate and longer term case management plan.
- Volunteers will be provided with internal supervision and debriefing support to address the emotional impact of working with clients in distress.



- Staff will be provided with internal and external professional supervision to review client cases and address the emotional impact of working with clients in distress.
- Following an emergency incident involving a client who is suicidal or self-harming, staff and volunteers will be offered access to immediate debriefing support.
- Staff and volunteers are encouraged to remain aware of their own emotional reactions and seek support from their supervisor and colleagues as required.
- Staff will participate in case meetings where case management plans for clients who are at risk of suicide or self-harm are reviewed and discussed.

### **Suicide and self-harm prevention in the workplace**

How does your organisation support staff members or volunteers who are identified as being at risk of suicide or self-harm?

*Good practice suggestions:*

- The organisation's commitment to suicide and self-harm prevention includes a commitment to supporting any staff or volunteers who are experiencing suicidal or self-harming behaviour or suicide bereavement.
- Staff members or volunteers who have concerns about the safety of another member of the organisation are encouraged to raise the matter directly with the person concerned and/or speak with their manager or supervisor as appropriate.
- The manager and/or supervisor will raise any concerns with the person identified as being at risk and will discuss options for support including assistance to access mental health specialist services, referral to an employee assistance program and exploration of flexible work arrangements.

### **Addressing suicide issues via the media and community education**

What are your organisation's practice protocols for addressing suicide issues via the media and community education?

*Good practice suggestions:*

- Any media enquiries will be referred to the manager.
- Any public or media discussion will avoid glorifying, sensationalising or normalising suicidal and self-harming behaviours, and will not increase community knowledge regarding the means of suicide and self-harm.
- Media representatives will be encouraged to report suicide issues responsibly in accordance with the Mindframe media guidelines (see link on page 15).
- The organisation will not deliver community education to groups of young people about issues of suicide or self-harm directly, but instead will focus on promoting positive mental health and wellbeing, life skills and help-seeking behaviours.

### *Resources:*

The Mindframe media guidelines provide a code of practice for the reporting and portrayal of suicide and mental illness. The guidelines can be accessed at <http://www.mindframe-media.info/index.php>.

### **Record keeping**

What are your organisation's practice protocols regarding record keeping about clients who are at risk of suicide or self-harm?

#### *Good practice suggestions:*

- Staff members will keep comprehensive and accurate documentation of assessment, management and referral case plans and interventions.
- In keeping records, staff members will give consideration to the potential need for record sharing and potential freedom of information claims.

### **Review and evaluation**

What are your organisation's processes for reviewing its practice protocols regarding clients who are at risk of suicide or self-harm?

#### *Good practice suggestions:*

- On an annual basis, the organisation will review its policies and protocols based on feedback from staff and volunteers, results of any service evaluations and new or emerging evidence in the suicide and self-harm prevention field.

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