Deliberate Self Harm and Suicidal Behaviour

Rationale

The need for this Protocol was identified by the Kimberley Aboriginal Health Planning Forum (KAHPF) and was assigned to the Drug, Alcohol and Mental Health Subcommittee; (DAMH SC). It serves as a guide for local clinical staff to assist with identifying and helping people who have deliberate self-harm (DSH) or suicidal behaviours. The aim is to provide:

- Appropriate Screening &/or Assessment
- Effective follow-up, support & safety planning

Definitions

DSH is a direct and deliberate form of harm to the self. It is intentionally not life-threatening and is often repetitive in nature. It can include cutting, burning, or taking illicit substances, and is often the result of social and emotional wellbeing (SEWB) issues, particularly mental health (MH) concerns, combined with poor coping skills.

Suicidal Behaviour (SB) consists of thoughts, threats and actions with the intent to die.

Support for self

As a result of this type of work, staff can experience emotional trauma. Remember to talk to a supervisor, colleague or counsellor if you need extra support.

Background

In the Kimberley, apart from mental illness, there are a number of causes of suicide and DSH. These concerns include historical and current trauma (such as ongoing grief and loss), drug and alcohol issues, racism, child abuse and neglect, cultural breakdown, family and domestic violence (FDV),homelessness, poverty and sexual assault.

Relationship difficulties and family conflict/violence are amongst the most common factors reported to lead to DSH and SB. Characteristics particular to the Kimberley include:

- High rates of suicide & DSH
- Most of the attempted or actual deaths by suicide result from hanging
- Higher prevalence of mental illness in the area, compared to State & National averages
- Data suggests that most of the people concerned do not have a diagnosed mental illness
- Multiple SEWB & MH agencies funded for varying levels of acuity & need
- Limited uniformity of service delivery within & across different areas
- High levels of staff turnover within the sector
- Cultural diversity, requiring the need to meld cultural & therapeutic responses
- High levels of psychosocial & health disadvantage
- A need for service collaboration & integration

Screening for Deliberate Self-Harm or Suicide Risk

Anyone who talks about suicide needs to be taken seriously. People who die by suicide have often expressed suicidal thoughts or displayed warning signs to others. Always consider including family members or other support people at assessments. Where possible, provide a private, confidential setting and the most culturally appropriate person to ask questions. Establishing rapport helps with information sharing and may serve as a protective factor by encouraging a sense of hopefulness and connectedness.

Ensure basic screening questions are direct, yet sensitive e.g. Do you feel life is worth living? Do you have thoughts of hurting yourself? Do you have a plan about how you would do this? Haveyou thought about suicide before?

- Risk assessment is not an exact science – as such it is important to recognise people at high risk and be able to plan accordingly
- Risk can only be minimised not eradicated
- There are no absolute predictors of suicide
- Suicide risk can change over time i.e. an assessment is only valid at the time of completion

Support for Family and Significant Others

StandBy Kimberley and Thirrili (East Kimberley) offer support to individuals and families, bereaved or impacted by suicide, or a serious suicide attempt.

Cultural Security and Cultural Context:

Cultural Security is essential and enables workers to be responsive to local cultural views and beliefs. Cultural consultation is highly important and local Indigenous staff, elders and/or interpreters should be engaged accordingly.

What is considered a threat to one's life in one culture may not be in another e.g. 'sorry cuts' may be a customary practice in response to grief and loss, (within a contained time) and should not be considered as DSH.

CONFIDENTIALITY

Gaining informed consent to share information is best practice but where this is not possible and the person's life is considered to be at risk, information sharing can provide a safety net for the person. It also assists by enabling the person to not have to constantly repeat their story, can provide a more comprehensive assessment, and accessible, continuous care.

CURRENT POLICE PRACTICE

If police are concerned regarding DSH or suicide risk, they accompany the person to the local hospital or clinic for a Mental Health and Suicide Risk Assessment. They will also write a 'Detected Incident Report' that is sent to relevant services for further action. Effective follow-up is reliant on client consent to referral.

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The Presenting Problem

If the person presents with risk factors or warning signs of DSH or Suicidal Behaviour, screening and assessment should occur. Often, people will present to services with issues aside from DSH or suicide such as concerns with physical health, finance or housing, or for help with traumas such as Family Domestic Violence (FDV).

People who present whilst intoxicated, should be provided with a safe environment until they are sober. Assessment should focus on their immediate risk and steps taken to minimise risk. Ongoing risk cannot be determined until the person is sober.

Risk Factors /Warning Signs can include:

- current suicidal thoughts &/or a specific plan
- Previous self-harm or suicide attempts
- Isolation / limited family or other support
- Relationship breakdown
- Sense of hopelessness
- Sleep disturbance
- Changes in appetite
- Impulsive behaviour / poor coping skills
- Previous, repeated or ongoing trauma e.g. abuse, grief & loss, FDV, neglect, bullying
- Drug &/or alcohol use
- Poor engagement in activities e.g. school or work
- Family history of suicide or serious mental illness
- Repeated attendance at health services
- Unexplained injury
- Concealed arms/legs (covering injuries)
- High levels of distress

Assessment – Complete the Suicide Risk Assessment & Safety Plan (MR 46 or service template)

Assessment helps the worker to ensure the person and significant others, are heard and there is an accurate account of any issues and the person is:

- Safe
- Assessed for their level of risk determined
- Encouraged to seek help & change their behaviour
- Given an appropriate referral to gain support

At times the person may be assessed as having a 'mild' or 'low' risk of suicide, but they may still benefit with further practical assistance or other interventions e.g. counselling, mentoring or rehabilitation. If after screening and assessment you have serious concerns or you are unsure of what is best practice, consult with your lead clinician.

In addition to areas covered on the Suicide Risk Assessment and Safety Plan, explore and record the following:

- When, where, how, why, why now?
- The sequence of events, feelings & thoughts; before, during & after the incident
- Cultural considerations
- Response from others e.g. family, friends etc
- Protective factors i.e. what keeps the person strong or safe? (people, beliefs, particular agencies)
- Consider if there are others that are affected by the situation e.g. children, family.

Questions for Carer/Significant Other if Available

- Is there any personal or family history of suicide or DSH?
- Is there any personal family history of mental illness?
- Have there been any major stressors lately?
- Have you noticed any unexplained injuries?
- Are you worried…is going to hurt themselves? Why?
- Does …. use too many drugs/alcohol?
- Do you know how to access help if needed?

Management

If after Screening and Assessment for DSH and Suicide, you are concerned the person is at:

Moderate to High Risk:

- Refer to the Accident & Emergency Department at the local hospital or to the local clinic (A/H) or to the Triage Officer at the local KMHDS (8.30am-4pm). (If possible, phone first to provide relevant information. 9194 2222)
- Go with the person to the hospital or clinic or ensure a suitable support person is available to accompany them
- If the person leaves the service & concerns are held about risk to self or others, notify the police
- It may be necessary to use the Mental Health Act if there is a risk of suicide & the person is not willing to accept help. If so, contact the On-call Psychiatrist (via Broome Hospital).

Mild Risk

- Find out the motivation for the person to receive help
- Refer to local support agencies
- Encourage the person to return if they feel their level of distress increases.
- Provide numbers for phone supports
- Reassess if there is evidence of increasing suicidal behaviour or emotional issues.
- Do NOT let the scores override your impression or concerns,particularly If there is a suicide plan or intent.

Deliberate Self Harm and Suicidal Behaviour

PLANNING for SAFETY

Safety plans are a written document that can help to clarify the situation for a person if they are in crises and want to hurt themselves. They also help to highlight the options and protective factors available to the individual. Use the appropriate Suicide Risk Assessment and Safety Plan resources in line with best practice.

If you are concerned re a child's welfare contact the Duty Officer at DCPFS. They can also provide the details to refer to the local Children or Youth 'at-risk' meeting.

A worker can assist the person to develop a Safety plan to:

- Identify signs that show when the person is 'at risk'
- Identify supports to make sure the person isn't left alone when 'at risk'
- Help the person to identify & build on strengths, coping strategies (eg self-talk, relaxation, friends) meaningful activities & supports

The plan should:

- Involve family members, personal or agency supports that can help (including contact details)
- Assist the person to develop a list of contacts that can support them e.g. relative, counsellor
- Encourage the use of community resources
- Reduce access to means i.e. remove ropes, cords, chemicals,medication, weapons etc
- Refer to appropriate services

Questions can include:

- When things get really hard, what can you do? E.g. talk to family/friends, make a doctor's appointment, phone a 24-hour support service. The plan should outline who to contact or what to do.
- How will you know if you can't cope anymore and need emergency help? What would you do or say? Provide details e.g. emergency numbers, hospital details

Referral to Support Agencies can help the person to:

- Work on identifying triggers & reducing stressors, particularly during high risk situations
- Find ways of improving coping skills to respond to emotional distress without self-harming
- Engage in counselling/therapy/rehabilitation to deal with past trauma & other issues
- Make a plan to manage the situation if it happens again
- Receive a Mental Health Assessment &/or intervention

HELPFUL PHONE CONTACTS FOR PEOPLE IN DISTRESS

(Those in italics are local to the Kimberley)

	Hospital:	KMHDS: (8.30am-4pm)
Broome	9194 2222	9194 2640
Derby	9193 3333	9193 3605
Fitzroy Crossing	9166 1777	9194 2867
Halls Creek	9168 9222	9166 4688
Kununurra	9166 4222	9166 4350
Wyndham	9161 0222	9166 4350

Beyond Blue (24 hr) www.beyondblue.org.au	1300 224 636
Dept of Communities (CPFS)	
East Kimberley	9161 3500
West Kimberley	9193 8400
Crisis Care (24hr)	**1800 199 008**
Here for you (alcohol, drug, mental health support/counselling) 7am-10pm	**1800 437 348**
Kids help Line (5-25 years) (24 hr)	**1800 551 800**
Lifeline crisis support (24 hr) www.lifeline.org.au	**131 114**
Men's helpline Australia (24hr)	**1300 789 978**
Poisons information (24 hr)	**131 126**
Police/Ambulance	**000**
RuralLink (After Hours) Mental Health Service	**1800 522 002**
Sexual Assault Resource Centre (24hr) 13yrs +	**1800 199 888**
Kimberley Postvention Services (After Suicide Support)	
StandBy Kimberley	1300 727 247
Thirrili (East Kimberley)	1800 805 801
Suicide Callback Service (16yrs +) www.suicidecallbackservice.org.au	**1300 659 467**
Women's Domestic Violence Helpline (24 hr)	1800 007 339

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Deliberate Self-Harm and/or Suicidal Behaviour

Person presents to service

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Prioritise presenting problem vs risk factors eg wound management

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Ask Basic Screening Questions

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If concerned re DSH or SB:

- Conduct full screening
- Complete Suicide Risk Assessment and Safety Plan & Rate
- Ascertain willingness for consent to exchange information and referral

If Immediate Risk – stay with the person

- Contact Police
- Contact Ambulance
- Arrange to escort person to local Hospital A&E or Health Clinic

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A&E Staff can discuss any concerns with KMHDS Triage during business hours or, after hours, with the on-call Psychiatrist at Broome Hospital Ph: 9194 2222

For Moderate to High Risk

- Arrange to escort person to local Hospital A&E or Health Clinic
- Provide as much information as possible. Discuss with local KMHDS Triage Officer

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If MH support is refused or not indicated, consider referral to other relevant support services (including online) and document details and any concerns on file; Consider a follow-up appointment

For Mild to Moderate Risk

Consider the need and suitability for psychological or other support services

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For moderate risk consider referral to local KMHDS Triage Officer

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For Psychological Mental Health Intervention refer to GP for review and possible MH care plan

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Other Support Services could include: Anglicare, local AMS Social and Emotional Wellbeing teams or Kimberley Community Alcohol & Drug Service

For 0-18 yr olds considered at risk where appropriate follow-up is not possible, due lack of a supportive, responsible adult, refer to the Local CPFS Duty Officer

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