Assessing support for clients at risk

When dealing with a suicidal client, it is important to complete a risk assessment to determine the level of suicidal intent, plans and availability of means. There are no definite criteria to help a clinician choose between inpatient and outpatient care of a suicidal patient, however a patient with a plan, access to lethal means and a timeframe is considered to be at high risk and hospitalisation should be considered.

Many tools used by health professionals to assess suicide risk rely heavily upon verbal information from patients, despite the majority of interpersonal communication being of a non verbal nature. To facilitate a more thorough risk assessment, both verbal and non verbal cues must be assessed.

Some examples of non verbal cues may include:
- Downcast eyes
- Less attention to appearance
- Psychomotor retardation of speech or movement

Verbal cues may include comments like:
- “Everyone would be better off without me.”
- “I don’t think I can take this much longer.”

Asking some probing questions may help you begin assessing the risk of suicide. Some examples:
- “Other people with similar problems sometimes lose hope. Have you?”
- “With this much stress, have you thought about hurting yourself?”
- “Have you ever thought about killing yourself?”

Once the assessment is complete and you have sufficient input from the client on what they think will be helpful to them, you can then determine the next steps in helping the client.

Some reflective questions to consider for next steps:
- What can I do to increase this person’s safety?
- Does this patient need to be hospitalised?
- Who else does this person see as being helpful and trustworthy?
- Who else can I involve in the ‘helping’ team for this person?
- For occasions where I am unavailable, what support is available?
- What does this person think will be helpful for them?

Services available for referrals

In an emergency
If you believe your patient is in immediate danger, here are some options available:
- Call 000 (or 112 from a mobile) and request an ambulance. Stay on the line and be ready to answer the operator’s questions;
- Attend the local hospital’s emergency department;
- Call your local Public Emergency Mental Health Service (see our list of services by area here: suicideline.org.au/Emergency-contact-information.html)

Each of these emergency services teams are specially trained to support people in crisis, including people feeling suicidal, and will be able to keep your patient safe.
Police welfare check
If you are in contact with a client who is not physically with you, but you are concerned for their immediate safety, you can contact the police and report your concern for your client. A police welfare check occurs when a report is made about an individual who is in some sort of peril. The welfare check involves police officers going to the person’s residence to determine the safety of the individual.

Individual requiring urgent assessment or treatment
CATT – Crisis Assessment and Treatment Team
The CAT Team provides 24 hour, seven days a week urgent assessment and short-term treatment services for people experiencing a serious mental health crisis and for whom there are safety concerns. CATT provides crisis contact for GPs, mental health professionals and other community services.

Often they will come out to you and many are contactable 24 hours a day by telephone. They can arrange assessment and professional counselling with a psychiatrist, psychologist, social worker or mental health trained nurse.

The CATT service also provides treatment and support for people whose acute mental illness can be managed in the community as an alternative to hospitalisation.

Psychiatric triage
Psychiatric triage provides phone consultation, advice, assessment and referral for people experiencing mental health issues. The service is also provided to health professionals and carers who are concerned for somebody with mental health issues.

The service is staffed by a team of experienced senior mental health clinicians who provide advice, consultation, assessment and referral.

Individuals requiring immediate support
SuicideLine
SuicideLine counsellors provide specialist telephone counselling and information to anyone affected by suicide. This service is for anyone thinking about suicide, carers of someone who is suicidal and those bereaved by suicide. Available 24 hours a day, seven days a week, you can provide this number to clients to ensure they can access professional counselling and support. Phone 1300 651 251.

Help them to help themselves
Provide educational materials, self-help materials, and other resources, such as web sites, where patients can learn about how to help themselves.

Suicide risk: General considerations
- Use clear definitions to identify, document and discuss suicidal behaviours.
- Understand personal beliefs, stigma and myths about suicide.
- Involve families and friends in the management of a suicidal client.
- Recognise that the relationship between clinician and client is an important factor in the management and treatment of suicidality.
- Advise clients that exceptions to confidentiality include circumstances where a client is judged to be at imminent risk of harm.

Professional self-care
It is important when you are managing suicidal clients to take care of yourself to avoid burnout.
- Obtain professional supervision
- Debrief
- Seek colleague support
- Self-reflect

Personal self-care
- Get enough sleep
- Develop a hobby
- Listen to music
- Take time to relax
- Exercise
- Eat well