

CLINICAL CARE OF PEOPLE WHO MAY BE SUICIDAL: EDUCATION AND TRAINING INITIATIVE

The Clinical Care of People who may be Suicidal PD2016_007 reflects the changing landscape of mental health services since the previous policy release in 2005, and provides clear pathways to related NSW Health policy directives.

This fact sheet is the first in a series of three. It provides a snapshot of the 2016 Policy Directive, its focus, directives, and associated NSW Health policies that support these directives. Information on this sheet is covered in detail in COPSETI Online Module 1.

Specialisation and application focus

Local and state-wide protocols must be in place at all entry points to health care in all settings to support care of people who may be suicidal.

Comprehensive mental health assessment

It is the role of mental health clinicians to undertake a comprehensive mental health assessment:

- > inclusive of psychiatric, psychosocial and risk assessments
- > in collaboration with the person at risk, their family, carers and other relevant people connected to the presenting situation
- > that is recovery-oriented and trauma-informed.

Risk measurement checklists or tools should not be used in isolation to determine treatment decisions.

Clinical supervision and support

The judgement of the mental health clinician is central to the assessment and care of a person at risk of suicide.

Mental health clinicians must have access to appropriate supervision, consultation or advice from a senior clinician at all times.

Clinical documentation

Electronic medical records (eMR) now integrate risk into various forms.

Locally developed eMRs, ward monitoring and other systems should avoid risk assessment checklists or forms as the sole predictive or decision-making tools.

If the person is known to have access to a firearm, and there is an assessed level of risk to self or others, the NSW Police and Firearms Registry Form must be completed and submitted.

Nomination of Designated Carer Forms and/or Identification of Principle Care Provider Forms should be completed, consulted and updated as required to identify key family and carer contacts.

ASSOCIATED POLICIES

Mental Health Clinical Documentation Policy Directive PD2010_018
Mental Health Clinical Documentation Guidelines GL2014_002

Clinical care of the person

Clinical care includes:

- > a team approach
- > recovery and consideration of the person's views
- > consideration of a parent, designated carer, guardian or principal care provider's views
- > the person's expressed wishes and consent to treatment
- > collaboration and consultation with family and principal carers.

ASSOCIATED POLICIES

Mental Health Act 2007 & Amendments to the Mental Health Act 2007
IB2015_040

Responding to people with ongoing suicidality

Care and treatment of people:

- > includes an active response to all co-existing conditions
- > Includes ongoing discussions with designated carers and or principle-care providers, as well as key stakeholders
- > considers the person's preferences and capacity to consent to treatment
- > supports development of self-management and problem-solving skills.

ASSOCIATED POLICIES

Mental Health Act 2007 & Amendments to the Mental Health Act 2007
IB2015_040

Transfer of care and discharge

Transfer of care includes planning from admission, with in-reach provided by services involved in ongoing care.

Safe transfer of care into the community requires planning and early engagement with all stakeholders.



All inpatient leave and discharge decisions are to be considered by a multidisciplinary team before approval by the relevant authorised medical officer.

ASSOCIATED POLICIES
Mental Health Act 2007 & Amendments to the Mental Health Act 2007
IB2015_040
Transfer of Care from Mental Health Inpatient Services PD2016_056.

Environmental hazards

Standard practices must be in place in all settings to improve patient safety, eliminate hazards and reduce the likelihood of adverse incidents.

Mental health services and clinicians have an obligation to manage hazards and risks within inpatient facilities.

Education and training

All mental health professionals have an obligation to:

- > Recognise differing presentations of possible suicidal behaviour in different age groups and diagnostic categories to respond effectively and efficiently
- > Respond respectfully and in a non-stigmatising manner
- > Integrate current clinical and legal responsibilities in the delivery of mental healthcare.

Management following a suspected death by suicide

ASSOCIATED POLICIES
Incident Management Policy Directive PD2014_004
The Open Disclosure Policy Directive PD2014_028

Mandatory training requirements

	COPSETI for Mental Health Medical Officers Learning Pathway	COPSETI for Mental Health Clinicians Learning Pathway
Targeted Mental Health Clinicians	MEDICAL OFFICERS employed by NSW Public Mental Health Services. <i>E.g. Registrars, Career Medical Officers, Consultant Psychiatrists and Visiting Medical Officers.</i>	ALL OTHER HEALTH PROFESSIONALS employed as mental health clinicians by NSW Public Mental Health Services <i>E.g. MH Nurses, Psychologists, Clinical Nurse Consultants, Nurses, Allied Health Professionals.</i>
Mandatory Training	ONLINE LEARNING MODULE 1: An Overview: Clinical care of people who may be suicidal PD2016_007 > Introduction and overview of Policy Directives > Identification of changes from previous policy > Case studies Resources References	ONLINE MODULE 1: An Overview: Clinical care of people who may be suicidal PD2016_007 > Introduction and overview of Policy Directives > Identification of changes from previous policy > Case studies Resources References
Mandatory Training	nil	ONLINE MODULE 2: Initial assessment and Clinical care of people who may be suicidal > Policy directives applicable to initial assessment and management formulation > Case studies Resources References
Mandatory Training	nil	ONLINE MODULE 3: Ongoing assessment and Clinical care of people who may be suicidal > Policy directives relevant to ongoing care > Case studies Resources References
Participation Strongly Encouraged	WORKSHOP 1: A team-based approach to the Clinical care of people who may be suicidal > A review of requirements for policy application at LHD / SN level. > (Local) Case studies Peer collaboration Resources	
Participation Strongly Encouraged	WORKSHOP 2: A reflection on local implementation of the Clinical care of people who may be suicidal > A reflection on implementation of the policy application at LHD / SN level. > Peer collaboration Resources	
Participation Strongly Encouraged	PODCASTS: Five podcasts featuring mental health clinical specialists providing an insight into clinical best practice. > Aboriginal and Torres Strait Islander people > Children and adolescents > Older people > People within the Justice Health & Forensic Mental Health Network > People with an intellectual disability	