NSW GOVERNMENT

HETI HEALTH EDUCATION & TRAINING

SafeSide and NSW Health's approach to suicide prevention are underpinned by the Zero Suicide Framework.

Zero Suicide Framework [1]	SafeSide Framework for Recovery-Oriented Suicide Prevention [2]	NSW Health Suicide Care Pathway Framework and Policy Directive PD2022_043 [3,4]
Identify	**Connect** • Asking directly about suicide • Collaborating around safety and recovery • Committing to stick with the person on behalf of yourself and your team	**Engage and Identify** • Ask clearly, skilfully and directly about suicide in a way that conveys a willingness to listen • Engage with family and the support networks • Establish a therapeutic relationship, with a commitment to provide care
Engage	**Assess** Organising what is known about the person and their struggles around 8 categories: • Strengths and protective factors • Long-term risk factors • Impulsivity/self-control (including substance use) • Past suicidal behaviour • Recent/present suicide ideation and behaviour and means • Stressors/precipitants • Symptoms, suffering and recent changes • Engagement and alliance **Prevention-oriented Risk Formulation** Describe risk status and risk state, identify foreseeable changes and available resources to develop person-centred plans.	**Assessment** • Consider addressing the drivers/stressors behind the suicidality that are unique to the person • Comprehensive mental health assessment based on a biopsychosocial understanding of the whole person • Focused assessment of current and past suicidal thoughts and behaviours including ideation, intent, preparations, plans, access to means, and foreseeable changes in a person's life which might worsen their distress • Combine a person's self-report with collateral information from supporters and carers and other health professionals **Suicide Prevention Formulation** Suicide prevention formulation considers static and dynamic risk, protective factors (strengths and available resources) and change factors to inform an immediate action plan and person-centred comprehensive care plan.

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SafeSide PREVENTION

Treat	Respond	Brief Interventions + Treatment
	• Using or referring for suicide-specific treatment and using "mini-interventions" for immediate therapeutic responses • Creating contingency plans for foreseeable changes and broader safety plans, including enhancing lethal means safety • If indicated, increasing contact and/ or observation frequency in the least restrictive environment possible • Consulting with your team and making referrals for unmet needs	Brief interventions are often part of an immediate action plan: • Counselling, utilising valid techniques to reduce access to lethal means • Safety plans, contingency plans (for foreseeable changes) and review, involving their family, carers and key supports • Rapid follow up • Information provision to a person, family, carer Treatment is part of a comprehensive care plan: • Address biopsychosocial modifiable risk factors e.g., psychosocial factors, mental health conditions, pain and physical conditions • Enhance and build on protective factors including social and cultural support networks • Treatments for suicidality (CBT-SP [5], CAMS [6], DBT [7])
Transition	**Extend**	**Transition of care**
	• Warm handovers for needed services • Proactively reaching out with structured follow-up assessments and support including use of crisis services • Caring contacts to extend care and support, can be employed individually or systematically • Developing plans with clear roles for family, other supports and providers • Establishing a consistent approach across systems and communities	• Warm (verbal) handover with use of ISBAR • Assertive follow-up during transition and discharge • Engage holistic supports (e.g., employment, housing, peer-led and social networks) • Review and update assessments and care plans at points of significant transitions of care • Continued engagement with family, friends and carers, with guidance on how to access advice and help in the future, should concerns arise again • Implementation of local suicide care pathways to ensure a consistent approach to care

[1] Turner, K., Sveticic, J., Almeida-Crasto, A., Gaee-Atefi, T., Green, V., Grice, D., Kelly, P., Krishnaiah, R., Lindsay, L., Mayahle, B., Patist, C., Van Engelen, H., Walker, S., Welch, M., Woerwag-Mehta, S., & Stapelberg, Nicolas, J. C. (2021). Implementing a systems approach to suicide prevention in a mental health service using the Zero Suicide Framework. *Australian & New Zealand Journal of Psychiatry,* 55(3), 241-253. https://doi.org/10.1177/00048674209716

[2] Pisani, A. R., Murrie, D. C., Silverman, M., & Turner, K. (2022). Prevention-oriented risk formulation: Update and expansion. In M. Pompili (Ed.), *Suicide risk assessment and prevention* (pp. 119-149). Springer. https://doi.org/10.1007/978-3-030-42003-1_13

[3] NSW Health. (2022). *Clinical Care of People who may be Suicidal*. PD2022_043.

[4] Agency for Clinical Innovation (2022). *NSW Health Suicide Care Pathway Framework*. NSW Health.

[5] Stanley, B., Brown, G., Brent, D., Wells, K., Poling, K., Curry, J., Kennard, B. D., Wagner, A., Cwik, M., Klomek, A. B., Goldstein, T., Vitiello, B., Barnett, S., Daniel, S., & Hughes, J. (2009).Cognitive-behavioral therapy for suicide prevention (CBT-SP): Treatment model, feasibility, and acceptability. *Journal of the American Academy of Child & Adolescent Psychiatry,* 48(10), 1005-1013. https://doi.org/10.1097/CHI.0b013e3181b5dbfe

[6] Jobes, D. A. (2023). *Managing suicidal risk: A collaborative approach* (3rd ed.). The Guilford Press.

[7] DeCou, C. R., Comtois, K. A., & Landes, S. J. (2019). Dialectical behavior therapy is effective for the treatment of suicidal behavior: A meta-analysis. *Behavior Therapy*, 50(1), 60-72. https://doi.org/10.1016/j.beth.2018.03.009

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