[Insert organisation name/logo]

# SUICIDE AND SELF-HARM PREVENTION POLICY

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|  |  |  |  |  |

***Note\****

*This policy template has been developed to meet the needs of a diverse range of services and includes items for consideration in policy and procedure.* ***Not all content will be relevant to your service.******Organisations are encouraged to edit, add and delete content to ensure relevancy.***

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*All notes (like this one) should be considered and deleted before finalising the policy, and the table of contents should be updated as changes are made and when content is finalised.*

*\*Please delete note before finalising this policy.*

***Note\****

*To update the table of contents when all content has been finalised, right click on the table of contents and select ‘update field’, an option box will appear, select ‘Update entire table’ and ‘Ok’.*

*To use the table of contents to skip to relevant text, use* ***Ctrl and click*** *to select the relevant page number.*

*\*Please delete note before finalising this policy.*

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## SECTION 1: SUICIDE AND SELF-HARM PREVENTION FRAMEWORK

### 1.1 Policy statement

**[Organisation name]** is committed to good practice in prevention of suicide and self-harm through the development, implementation and review of procedures based on current evidence.

### 1.2 Purpose and scope

The purpose of this policy is to provide guidance for **[organisation name]** in responding to disclosures indicating potential self-harm and/or suicide risk.

This policy should be read in conjunction with the Suicide and self-harm prevention procedure.

For guidance on Client clinical management, including intake and assessment, service approaches, and client discharge, see the Client clinical management policy.

### 1.3 Framework used

**[Organisation name]** draws on the **[insert name of framework/approach here]** framework to guide its response to suicide and self-harm amongst clients.

***Note\****

*You are encouraged to adopt the framework that best suits your clients and organisational needs.   
Given each framework has distinct approaches and procedures when it comes to suicide prevention, your Suicide and self-harm prevention policy will need to be edited to ensure consistency with the approach you choose.*

*\*Please delete note before finalising this policy.*

## section 2: responsibilities

### 2.1 Suicide and self-harm prevention principles

* All indications of suicide, suicidal behaviour and self-harming are taken seriously and acted upon in a timely and professional manner.
* All workers receive training and supervision appropriate to their role in responding to clients at risk of self-harm and suicide.
* When responding to issues relating to suicide and self-harming behaviour, the physical and emotional safety of the client, their family and workers are always considered.
* All staff members have a role in detecting acute suicide risk, identifying background risk factors and ensuring appropriate assessments and interventions are undertaken.
* Where appropriate, **[organisation name]** liaises with and shares information with other professionals to respond to client suicidality and self-harming behaviour.

### 2.2 Confidentiality and duty of care

**[Organisation name]** has a duty of care to do everything reasonably practicable to prevent a client’s self-harm, suicide attempts or suicide. Staff have a duty of care to clients and will take appropriate steps to ensure clients do not come to foreseeable harm by the action or inaction of staff.

Staff members understand that confidentiality is not absolute and must be balanced against duty of care where harm to the client or others is suspected. The organisation has a legal and professional responsibility to disclose information, where not reporting might otherwise cause harm to a client or another person.

Clients are clearly informed about the limits of confidentiality and consent to disclose information in documentation provided to them at intake.

Disclosure of confidential information remains nevertheless restricted to only those services or external clinicians directly assisting the client – with any information disclosed restricted only to that which is necessary for services to be rendered. Clients are informed of any disclosure of confidential information.

**2.2.1 Child protection [remove if not relevant to your organisation]**

As part of the duty of care, all staff of **[insert organisation name]** who deliver services, wholly or partly, to children are considered ‘mandatory reporters’. This includes staff who are allied health professionals, nurses, psychologists, social workers, caseworkers, youth workers, counsellors, childcare or refuge workers and peer workers.

Mandatory reporters are required to report a suspected risk of *significant harm* to a child or young person to DCJ.

Staff should refer to the [ChildStory Reporter Community](https://reporter.childstory.nsw.gov.au/s/) and mandatory reporting guidelines [MRG](https://reporter.childstory.nsw.gov.au/s/mrg) for more details about the requirements for mandatory reporting. Where immediate danger to a child or young person is evident, the police and/or the Child Protection Helpline (phone **132 111**) is contacted immediately. For more details, refer to the Child protection and reporting policy.

### 2.3 Professional development, supervision and support

**[Organisation name]** recognises that suicide risk assessment and interventions are core skills for staff with direct client contact, thus knowledge and practice are reviewed and updated regularly. All current and new staff are familiar with this policy and receive mandatory training in the recommended procedures as required, or every **[insert time frame, e.g. 24 months].**

It is recognised that supporting clients who are at risk of suicide is challenging and emotionally draining, and as a result, the organisation is committed to providing supportive networks and resources for staff. Staff are encouraged to remain aware of their own emotional reactions and seek support from their supervisor, colleagues or EAP as required.

Following an emergency incident involving a client who is suicidal or self-harming, staff are offered access to immediate debriefing support.

For more information refer to the Clinical supervision policy and Work health and safety policy.

## SECTION 3: REFERENCES

### 3.1 Supporting documents

* + Suicide risk screener
  + Client safety plan
  + Commitment to treatment form

### 3.2 Related policies

* + Client clinical management policy
  + Child protection and reporting policy
  + Work, health and safety policy
  + Clinical supervision policy
  + Service and program operations policy and procedure

### 3.3 Resources

* + [Towards Zero Suicides resources for health professionals](https://www.health.nsw.gov.au/towardszerosuicides/Pages/workforce-development-training-support.aspx)
  + [NSW Health suicide prevention training options](https://www.heti.nsw.gov.au/__data/assets/pdf_file/0005/958658/NSW-Health-Suicide-Prevention-Training-flyer.pdf)
  + [Suicide Assessment Kit](https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Suicide%20Assessment%20Kit%20updated.pdf)
  + [13 Yarn](https://www.13yarn.org.au/factsheets)
  + [Australian Indigenous Health](https://healthinfonet.ecu.edu.au/learn/health-topics/social-and-emotional-wellbeing/self-harm-and-suicide/resources/38645)*[InfoNet](https://healthinfonet.ecu.edu.au/learn/health-topics/social-and-emotional-wellbeing/self-harm-and-suicide/resources/38645)*
  + [Beyond Blue](https://www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning)
  + [National Centre for Education and Training on Addiction (NCETA](http://www.nceta.flinders.edu.au))
  + [National Drug and Alcohol Research Centre (NDARC)](http://www.ndarc.med.unsw.edu.au)
  + [National Drug Research Institute (NDRI)](http://www.ndri.curtin.edu.au)

### 3.4 Legislation

* + [*The Health Records and Information Privacy Act 2002* (NSW)](https://legislation.nsw.gov.au/view/html/inforce/current/act-2002-071)
  + [*Children and Young Persons (Care and Protection Act 1998* (NSW)](https://legislation.nsw.gov.au/view/html/inforce/current/act-1998-157)
  + [*Ombudsman Act 1974* (NSW)](https://legislation.nsw.gov.au/view/whole/html/inforce/current/act-1974-068)
  + [*Privacy Act 1988* (Cth)](https://www.legislation.gov.au/C2004A03712/2019-08-13/text)
  + [*Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)*](https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bId=r4813)
  + [*Public Health Act 1991* (NSW)](https://legislation.nsw.gov.au/view/whole/html/inforce/2008-01-01/act-1991-010)