Example of Standard Guideline for Managing Suicide Risk

Appendix E

I. Policy: It is the policy of XXX to set minimum standards of practice across all clinical programs to assure that clients are being assessed at critical points in care for presence of suicidal ideation or intent and to establish consistency of practice when intervening with clients who may be at risk of committing suicide. This policy also establishes guidelines for training staff who are not clinically trained to assist them in identifying clients who may be at risk of suicide and assisting clients in accepting needed services.

II. Purpose: The purpose of this policy is to create a culture at XXX that proactively attempts to reduce risk of suicide in clients receiving services and in the community.

III. Scope: This policy applies to all XXX staff.

IV. Definition: N/A

V. Procedures

Staff Training:

1. All non-clinical staff receives training on XXX method of identifying and assisting clients who are at risk of suicide as part of the XXX orientation process.
2. All clinical staff receives training of XXX method of suicide risk assessment and intervention as part of XXX orientation. Clinical staff to demonstrate competence in use of assessment tool with Supervisor as part of program orientation prior to initiation of clinical practice at XXX. Staff to pass certification on XXX within first three-months of employment.
3. Staff completes annual update training on XXX as part of XXX continued learning.

Suicide Risk Assessment:

1. All clients are assessed at initial point of contact (e.g. telephone triage) using standard suicide risk assessment tool.
2. All clients are assessed at comprehensive intake (if different from initial point of contact).
3. As appropriate, based on assessment client may be referred to screening if present as imminent danger to self or others.
4. All clients presenting with an identified risk of suicide or history of suicidal ideation or attempts are to have suicide risk identified as a need/problem area on the treatment plan.
5. All clients with an identified problem related to substance use are to have substance use identified as a need/problem area on the treatment plan.
6. Clients with active suicidal ideation are not to receive medication only services.
7. Clients with active substance abuse or dependence are not to receive medication only services.

8. The standard assessment of suicide risk is to be completed at all the following points of care:
   - First visit after discharge from hospital or screening
   - First visit after transfer to a new therapist in same level of care
   - First visit after transfer from one level of care to another
   - At any point in treatment where client reports suicidal ideation
   - As clinically indicated based on client risk factors (losses, life changes, impending loss of freedom, financial crises, humiliating events, etc.)
9. Clients with persistent suicidal ideation or parasuicidal ideation are to have a crisis plan developed in conjunction with their care manager. A client's use of this crisis plan is to be monitored at individual contacts, documented in progress notes and summarized as part of treatment plan review process.
10. Suicide risk is to remain on treatment plan and monitored at all individual sessions and progress summarized on treatment plan reviews until documented as resolved as part of a treatment plan review.
11. If at any point in care a client is assessed to be at risk of suicide, the treatment plan is to be revised by the care manager to add a problem area related to suicide risk. All members of the treatment team are to be informed of changes to plan and signatures of attending prescriber and other team members are obtained on the new plan. The first person who identifies risk of suicide is responsible for alerting care manager immediately.

Additional Intervention/Communication:

1. In the event a clinician is not confident that a client may be safe, the clinician must seek consultation from their supervisor. If no supervisor is available then staff should seek consultation from a masters or more advanced level clinical staff or screener prior to client leaving facility. Staff are to document this consultation in a progress note.
2. When medical staff are treating consumers with overdose histories or histories of suicide attempt, these staff should adjust their prescription practices to address risk of future lethal attempts and upon obtaining appropriate release from consumer communicate with community prescribers to alert them of risk.
3. In the event that a consumer admitted to services at XXX who is assessed to be at-risk of suicide fails to show up for an appointment, the staff member scheduled to see the client will call client to assess for safety and document the attempt to contact client in a progress note. If the outreach attempt is not successful, staff will notify the care manager of the client to provide additional outreach attempts.
4. At the time of referral for all ancillary services, the care manager will indicate risk of suicide on the referral form.

Crisis Plan

Client Name: _____Date:_____

Crisis Behavior: (List behaviors you are concerned about preventing— e.g. attempts to harm self, running away from residential facility, aggression toward others)

1. _____

2. _____

Warning Signs: List and define your personal warning signs of relapse into behaviors of concern (e.g. keeping to myself, thinking of death, short tempered, crying frequently).

1. _____

2. _____

3. _____

Risks/Triggers: List events that may put you at greater risk for crisis behavior (e.g. seeing my biological father, feeling rejected by someone I care about, stop taking my medication).

1. _____

2. _____

3. _____

Coping Techniques: List at least three things that you will do to cope with warning signs when they are present instead of choosing behavior of concern:

1. _____

2. _____

3. _____

Community Supports: List at least three people (other than professional health care staff) you can call or ask for assistance (include phone numbers) if you need support in a crisis situation:

Name	Relationship to you	Phone number

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Professional Supports: List at least three professional supports you can use (include phone numbers) if you need help in a crisis situation: (e.g. therapist, psychiatrist, primary physician).

Name	Relationship to you	Phone number

Crisis Screening Center Number: List the number for your local crisis center. If you are not able to manage the crisis on your own after trying above strategies and using above supports it is important for you to call this number and speak with someone instead of choosing crisis behavior.

Screening Center Name	Location/Address	Phone

Expectations for help from Professionals: List what you would like professional staff to do to help you during a crisis situation.

Signatures:

Client Name	Date
Name	Date
Name	Date
Name	Date

Source: Besen, M., Area Director/CEO, Onslow Carteret Behavioral Healthcare Services. Written communication. May 9, 2012.