



Clinical Care of People Who May Be Suicidal Policy

1. Purpose

The purpose of this Policy is to guide Western Australian providers of mental health care in the development of procedures to support the provision of evidence-informed clinical care for people at risk of suicide, aimed at maximising their safety and supporting their recovery. It signals a shift in policy from an emphasis on risk to one of safety and recovery.

This Policy is a mandatory requirement under the *Mental Health Policy Framework*.

2. Applicability

This Policy is applicable to all Health Service Providers that provide public mental health care and Contracted Health Entities to the extent that this Policy forms part of the contract.

3. Policy requirements

Relevant Health Service Providers and Contracted Health Entities must develop a local policy regarding the clinical care of people who may be suicidal that aligns to the *Principles and Best Practice for the Clinical Care of People Who May Be Suicidal* (refer to section 6 Supporting Information) and include:

- reference to the values underpinning care to people who may be suicidal
- assessment of people who may be suicidal
- development of a Safety Plan for each consumer who has a suicide risk
- adoption of clear protocols for post-incident management
- sharing of documentation and information
- collaboration between mental health services and the Emergency Department (ED) to align local protocols for people who are at risk of suicide presenting to ED
- procedures for making direct contact as soon as possible with a person discharged from a psychiatric inpatient unit
- procedures to routinely review individual suicide / attempted suicide incidents to enhance the knowledge and skills of clinicians and clinical teams and promote learning from the process
- procedures to review all suicide / attempted suicide incidents for each twelve month period to identify common factors or trends
- processes to proactively ensure all clinicians who are likely to encounter suicidal consumers are competent in suicide safety assessment and management

4. Compliance, monitoring and evaluation

Relevant Health Service Providers and Contracted Health Entities are responsible for ensuring compliance with this Policy and are required to provide the System Manager with a copy of their local policy that aligns to this Policy and the Supporting Information within six months of the date of publication of this Policy.

Before referencing this mandatory policy please ensure you have the latest version from the [Policy Frameworks website](#).

5. Related documents

The following documents are required to give effect to this Policy (i.e. the documents included are mandatory):

- N/A

6. Supporting information

The following documents inform this Policy (i.e. documents that are not mandatory to the implementation of this policy but may support the implementation of the policy):

- [Principles and Best Practice for the Clinical Care of People Who May Be Suicidal.](#)

7. Definitions

The following definitions are relevant to this policy.

Term	Definition
Safety Plan	A structured plan developed collaboratively between clinicians, the mental health consumer and their family and carers that can be worked through when the consumer is experiencing suicidal thoughts or feelings, distress or crisis. It describes strategies to reduce risk and enhance safety, as well as the actions to be taken, when and by whom, in the event of a crisis.

8. Policy owner

Assistant Director General Clinical Services and Research

Enquiries relating to this policy may be directed to:

Title: Program Manager, Mental Health Unit

Division: Clinical Excellence

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9. Review

This mandatory policy will be reviewed and evaluated as required to ensure relevance and recency. At a minimum it will be reviewed within 3 years after first issue and at least every 3 years thereafter.

Version	Effective from	Effective to	Amendment(s)
MP0074/17	13 December 2017	13 December 2020	Original version

The review table indicates previous versions of the mandatory policy and any significant changes.

10. Approval

This mandatory policy has been approved and issued by the Director General of the Department of Health.

Approval by	Dr David Russell-Weisz, Director General, Department of Health
Approval date	4, December, 2017
Published date	13, December, 2017
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