

Clinical Care of People Who May Be Suicidal (ImpG)

Policy Number 1.380

Policy Function Continuum of Care

Issue Date 22 November 2021

Summary This implementation guide provides direction for Justice Health & Forensic Mental Health Network (the Network) clinical staff (both adult and adolescent services) on the assessment of deliberate self-harm and suicide risk for patients in custody. This document provides specific Network guidance and processes in accordance with NSW Ministry of Health PD2016_007 *Clinical Care of People Who May Be Suicidal*.

Responsible Officer ED Clinical Operations

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Youth Justice Centres)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Policy 1.380 (Jan 2020, Oct 2018)

Change Summary

- Updated processes to be followed for Adult Custody, Youth Custody and Forensic Hospital areas
- Updated direction in relation to following CSNSW and YJNSW policies and procedures

HPRM Reference POLJH/1380

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

Around one quarter of all deaths in adult prisons are self-inflicted, the majority of which are by hanging.¹ Suicide of adults in custody remains approximately three to five times that of the general population and has increased from 0.03 per 100 inmates between 2005 to 2008, to 0.05 per 100 inmates in 2016/17.² However, the base rate of suicide is still low, which makes the assessment of suicide risk a difficult task.³

Adolescents who self-harm can have poorer health outcomes and shorter life spans than expected.⁴ Suicide is the leading cause of death among adolescents in Australia.⁵ Therefore, suicide and self-harm among young people is a significant health concern.

This implementation guide provides direction for Justice Health and Forensic Mental Health Network (the Network) clinical staff (both adult and adolescent services) on the assessment of deliberate self-harm and suicide risks for patients in custody. Network clinical staff have a key role in the identification, assessment and management of adult and adolescent patients with suicidal behaviour and ideation. This document provides specific Network guidance and processes in accordance with NSW Health [PD2016_007 Clinical Care of People Who May Be Suicidal](#), whilst taking into consideration the partnership with Corrective Services NSW (CSNSW) and Youth Justice NSW (YJNSW).

In this implementation guide, the term 'suicidal behaviour' includes the range of behaviours such as; suicidal and deliberate self-harm (DSH) thoughts, expressions of suicidal and DSH intent, attempted suicide and DSH and completed suicide and self-harm

2. Policy Content

2.1. Mandatory Requirements

2.1.1. Ministry of Health Policy and Guidelines

Network clinical staff must adhere to the guidance provided in Policy [PD2016_007 Clinical Care of People Who May Be Suicidal](#) and [Framework for Suicide Risk Assessment and Management for NSW Health Staff](#). Network clinical staff who are in contact with patients with possible suicidal behaviour should be proficient in the identification, assessment and management of patients with suicidal behaviour.

Nursing staff who work in youth detention centres or correctional centres must complete the

¹ Baker A and Cussen T, (2015) *AIC Reports Monitoring Reports 26 Deaths in custody in Australia: National Deaths in Custody Program 2011–12 and 2012–13*, at <www.aic.gov.au>

² Cannoni A and Bricknell S (2019) National Deaths in Custody program. Deaths in Custody in Australia 2016/17. ISSN: 2206-7930 >

³ O'Driscoll C, Samuels A and Zacka M, (2007) Suicide in New South Wales Prisons, 1995 – 2005: tow ards a better understanding. *Australian and New Zealand Journal of Psychiatry*, 41:519–524.

⁴ Hawton K, Saunders KE, O'Connor RC, (2012) Self-harm and suicide in adolescents. *The Lancet*, 379(9834):273–82.

⁵ Australian Bureau of Statistics.–Causes of Death, Australia, 2019, Released 23/10/2020

<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#intentional-self-harm-suicides-key-characteristics>

Suicide in Custody training (or equivalent), which is available on [My Health Learning](#).

Forensic Hospital clinicians must complete the following mandatory training, Clinical Care of People who may be suicidal: Education and training Initiative (COPSETI) through My Health Learning.

2.1.2. Corrective Services Policy and Procedures

CSNSW is responsible for the safe custody of patients in NSW correctional centres. In discharging these duties, CSNSW has developed policy and procedures for the identification, assessment and management of DSH and suicide risk.

For staff working in correctional centres and Police cells, this implementation guide must be read in conjunction with the following Corrective Services NSW (CSNSW) documents, which are available on the Network Intranet:

Custodial Operations Policy and Procedures (COPP) [3.7 Management of inmates at risk of self-harm or suicide](#)

[Mandatory Notification of inmates at risk of suicide or self-harm:](#)

- [Part 1 Mandatory notification](#)
- [Part 2 Immediate Support Plan](#)
- [Part 3 Risk Intervention Team Management Plan](#)
- [Part 4 Risk Intervention Team Discharge Plan](#)

[Suicide and self-harm: Risk factors for consideration - reference Guide](#)

[Suicide and self-harm: Inmate interview questions to further evaluate risk](#)

2.1.3. Youth Justice Policy and Procedures

Youth Justice NSW (YJNSW) is responsible for the safe custody of patients in NSW Youth Justice Centres. In discharging these duties, YJNSW has developed policy and procedures for the identification, assessment and management of DSH and suicide risk.

For staff working in Youth Justice Centres, this implementation guide must be read in conjunction with the following YJNSW document:

- [Self-Harm and Attempted Suicide Policy](#)

2.1.4 Forensic Hospital Policy and Procedures

For staff working in the Forensic Hospital, this implementation guide must read in conjunction with Network Policy [1.078 Care Coordination, Risk Assessment, Planning & Review – Forensic Hospital](#) and Forensic Hospital Procedure [Clinical Risk Assessment & Management](#) (CRAM).

2.1.5 Incident Management System (IMS+) Report

Where a patient has engaged in suicidal or deliberate self-harming behaviour, the clinician who was involved in the assessment and/or management of the patient must log an incident via the Incident Management System (IMS+) using the clinical form, and selecting Concerning Behaviour.

2.2. Implementation – Roles and Responsibilities

2.2.1. Managers

Managers are responsible for ensuring all clinical staff adhere with education requirements regarding the management of patients who may be suicidal via My Health Learning and relevant Network, YJNSW and CSNSW policies and procedures.

2.2.2. Network Clinical Staff

Network clinical staff may be responsible for:

- assessing a person's risk of DSH or suicide and must comply with the guidance in this policy and relevant Network and CSNSW/YJNSW policies or procedures, and
- completing any mandatory training/education requirements.

3. Procedure Content

3.1. Suicide and Deliberate Self-Harm Assessment

3.1.1 Assessment Principles

The assessment of a patient's risk of suicidal behaviours is dependent upon a well-documented evaluation of the complete clinical picture. The evaluation should include a thorough assessment of the patient's presentation, history, static and dynamic risk factors and current mental state. An important element of suicide and DSH risk assessment is the identification of risk and protective factors associated with DSH and suicide. The presence of a major mental illness, that is, a psychotic illness or mood disorder, personality disorder, substance use and history of DSH have been linked to suicidal behaviours in custody². Other factors associated with an increased risk of suicidal behaviours include but are not limited to:

- 'at risk mental state' – depression, hopelessness, despair, agitation, shame, guilt, anger, psychosis, elevated/irritable mood,
- recent interpersonal crisis,
- recent DSH or incomplete suicide attempt,
- recent loss,
- trauma,
- family or community exposure to suicide,
- exposure to known stressors,
- drug or alcohol intoxication or withdrawal,
- lack of social supports,
- first custodial experience and
- impending legal prosecution/ remand status

Risk factors identified in the literature specifically for young people include:

- family breakdown,
- exposure to trauma,
- history of substance misuse,
- mental illness,
- impulsivity,
- peer ostracism and bullying,
- victimization,
- disruption to education, and
- adverse life events

Potential higher risk times may include:

- following incarceration (noting that 74 per cent of prison suicides occur within six months of incarceration, and that 32 per cent occur in the first week of incarceration),
- following conviction,
- following sentencing, and
- key anniversaries.

The Ministry Policies [PD2016_007](#) *Clinical Care of People Who May Be Suicidal* and [PD2012_053](#) *Mental Health Triage* provide further guidance on the assessment of risk.

3.1.2 Risk Management Plan

A risk assessment is not complete without the development and implementation of a documented risk management plan. Within each area, adult custody, YJ and the Forensic Hospital the risk management plan is documented on the applicable document outlined in the relevant policy or procedure.

3.1.3 Cultural Needs

The Australian Institute of Criminology found that Aboriginal and Torres Strait Islander persons made up 21% of all self-inflicted deaths in custody in 2016/17. In conducting an assessment and formulating the management of a patient at risk, the clinician must consider the cultural and spiritual needs of the patient. In the case of an Aboriginal or Torres Strait Islander patient, the clinician should refer the patient to a Network Aboriginal service provider, wherever possible. However, it is the responsibility of all Network staff to maintain Aboriginal cultural awareness, in line with the training framework mandated under [PD2011_069](#) *Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health* [PD2012_066](#) *NSW Aboriginal Health Plan 2013-2023* and [IB2021_002](#) *NSW Aboriginal Mental Health and Wellbeing Strategy*. The health status and health service needs of Aboriginal and Torres Strait Islander people, differ from those of the general population in many ways. Improving appreciation, understanding and knowledge of Aboriginal and Torres Strait Islander culture, customs, heritage and protocols is of paramount

importance in ensuring improved health outcomes for Aboriginal and Torres Strait Islander peoples.

[The 2019 best practice guidelines for psychosocial assessment of Aboriginal and Torres Strait Islander people](#) support non-Indigenous practitioners to increase their cultural responsiveness and to meet their responsibility to build genuine and respectful relationships with Aboriginal and Torres Strait Islander people and communities. The assessments aim to gather information about the risks, needs, and strengths of an individual to establish the most useful and timely, appropriate care and treatment for underlying mental health concerns. When done well, these assessments can foster hope and improve outcomes for Aboriginal and Torres Strait Islander people presenting with self-harm and suicidal thoughts.

3.2 Management of Patients at risk of Suicide and/or Deliberate Self-Harm

3.2.1 Management of Patients at Risk of Suicide/Deliberate Self-Harm in Adult Custody

Adult patients who are at risk of suicide or DSH in custody are managed jointly between CSNSW and the Network as per Custodial Operations Policy and Procedures (COPP) below and this policy:

[3.7 Management of inmates at risk of self-harm or suicide](#)

[RIT Protocol Part-1-Mandatory Notification](#)

[CSNSW RIT Protocol Part-2 Immediate Support Plan](#)

[CSNSW RIT Protocol Part-3 Risk Intervention Team Management Plan](#)

[CSNSW RIT Protocol Part-4-Risk Intervention Team Discharge Plan](#)

[CSNSW RIT Protocol Risk Factors for Consideration Reference Guide](#)

[CSNSW RIT Protocol RIT Assessment Interview Guidelines](#)

As per COPP [3.7 Management of inmates at risk of self-harm or suicide](#) the Risk Intervention Team (RIT) is responsible for:

- ongoing assessments of an inmate's risk of suicide or self-harm
- assessing an inmate's risk of harm to and from others
- developing and reviewing a RIT Management Plan to manage an inmate's risk of suicide or self-harm
- where appropriate, referring inmates to specialist assessment or treatment services to address immediate and ongoing needs
- providing a continuity of crisis and management interventions while an inmate is being managed by the RIT, and after the inmate is discharged from the RIT (Part 4: RIT Discharge plan) so that future risk factors for suicide or self-harm are appropriately managed.

The RIT must have three members, RIT Coordinator (Senior Correctional Officer rank or above), Network Clinician (Registered Nurse – Primary Health) and OS&P staff member.

Network clinicians must follow the processes outlined in COPP [3.7 Management of inmates at risk of self-harm or suicide](#), in addition the following processes must also be followed:

- Where the RIT members are unable to reach a unanimous decision in relation to the assessment or management of a patient at risk, they must document this in the health record, advise their line manager, and lodge an IMS+ report.
- As set out in Network Policy [1.231 Health Problem Notification Form \(Adults\) \(HPNF\)](#). Network staff must use the HPNF in the Patient Administration System (PAS) to advise CSNSW staff of any actual or potential 'at-risk' health problems and recommendations for management of a patient.
- A PAS alert must be placed by the Network clinician who was involved with the assessment and/or management of the patient. An entry must be made identifying which of the three categories (listed below) has occurred and the RIT review date:
 - report of a risk of self-harm/suicide,
 - threat of self-harm/suicide,
 - act of self-harm/suicide.
- After each RIT review the Network clinician must document the assessment/review in JHeHS and complete all PAS requirements.
- Where a patient is discharged by a RIT from Mandatory Notification, the Network clinician must indicate on PAS whether the patient was discharged to routine or more intensive (focused) case management and the Mandatory Notification alert must be end-dated.
- Where a patient has not been referred by a RIT to specialist care, a follow-up appointment with a Primary Health Nurse should be made for all patients discharged from a RIT within a period of time indicated by the patient's clinical condition, but not exceeding three months.

Referral

Where the RIT or a clinical staff member has conducted an assessment of a patient who is suspected to be at risk of suicide or DSH in conjunction with suspected mental health issues, or there has been a significant escalation of the patient's suicide/DSH behaviour (where surgical intervention has been required or an external hospital psychiatry team has made recommendations for ongoing monitoring of identified risks), the patient should be referred for specialist mental health assessment via a PAS Waitlist.

Please refer to Network Policy [1.443 Custodial Mental Health Referral and Case Management](#) in relation to referring to specialist mental health services.

Where a patient with suicidal behaviour has been assessed and found to have current substance use issues, which warrant clinical attention, the patient should be referred to Drug and Alcohol services via a PAS Waitlist and managed in compliance with the relevant Drug and Alcohol [Procedures](#).

Whether the patient has a medical issue. Where the RIT identifies a medical issue the Network staff member should refer the patient to a Primary Health Nurse or appropriate Medical Officer via a PAS Waitlist.

Adult Custodial Severe Self Harm Clinical Governance

There are a small number of adult patients in custody who engage in severe self-harm behaviour on a frequent basis. This group of patients are resource intensive, both financially and in terms of the impact they have on the emotional wellbeing of the staff working with this group. These patients have increased morbidity and mortality and despite best efforts of all involved may have adverse outcomes.

The Network chairs a joint Adult Custodial Severe Self Harm Clinical Governance Committee with CSNSW, this Committee provides high level oversight of this challenging group, support to the local team and develops strategies to strengthen relationships with key stakeholders.

3.2.2 Management of Patients at Risk of Suicide/Self-Harm in Youth Justice NSW

Young people who are at risk of suicide or self-harm in custody are managed as per YJNSW [Self-Harm and Attempted Suicide Policy](#)

YJ staff will engage with a Network mental health clinicians to collaborate in relation to a patient's safety plan. Where this occurs the Network clinician must document the assessment/review in JHeHS and complete all PAS requirements.

The *Health Problem Notification and Escort Form (HPNEF)* is a formal communication tool utilised by Adolescent Health to provide advice and recommendations regarding a young person's clinical status to partner agencies. For detailed guidance see [1.235 Health Problem Notification Escort Form \(Adolescents\)](#) where a patients HPNEF requires updating due to risk of suicide or DSH.

Where YJNSW or Network staff member conducts an assessment of a patient who is suspected to be at risk of suicide or self-harm in conjunction with a suspected mental health issue, or there has been a significant escalation of the patient's suicide/ self-harm behaviour, the patient should be referred for specialist mental health assessment via a PAS Waitlist.

3.2.3 Management of Patients at Risk of Suicide/Deliberate Self-Harm at the Forensic Hospital

The Policy must be read in conjunction with Network Policy [1.078 Care Coordination, Risk Assessment, Planning and Review Forensic Hospital](#) outlines the risk management and Forensic Hospital Procedure [Clinical Risk Assessment & Management](#) (CRAM).

Care coordination, risk assessment, management, planning and review are pivotal aspects of mental health delivery that reflect, support and nurture the principles of person centred care and carer participation. The process involves identification of an individual patient's needs, implementing and monitoring progress towards meeting those needs in consultation with the patient, their carers and others as nominated by the patient. Risk assessment forms an integral part of care coordination and assessment improves the validity of decisions regarding risk management. There are a number of approaches to risk assessment, the Network has adopted the Structured Professional Judgement (SPJ) approach endorsed in the Clinical Risk Assessment and Management (CRAM) Framework.

The NSW Health Policy Directive [PD2017_025 Engagement and Observation in Mental Health Inpatient Units](#) replace previous guidance on mental health nursing observations within Suicide Risk Assessment and Management Protocols.

3.2.4 Assessment of harm to others

While this implementation guide is primarily concerned with the assessment and management of the risk of DSH and suicide risk, risk of harm to self and risk of harm to others are not mutually exclusive categories of risk. There have been rare instance of a person in a correctional centre engaging in violence, as part of a reported plan to commit suicide.¹¹ Conversely, risk factors associated with suicide have been correlated with the risk factor for violence.

Where a patient is considered to be a risk of harm to others, irrespective of whether the patient poses a risk to themselves, Network staff at correctional or detention centres must complete an updated HPNF/ HPNEF that specifies risk of harm to others and makes recommendation for placement alone/one out either in an assessment cell safe environment or in a normal cell, for staff to use caution, the recommendations for observation and access to amenities e.g. exercise alone, safe clothing/ blanket, 24 hour CCTV observation, 15 minute in person checks. Network staff are responsible for providing both written and verbal advice to YJNSW and CSNSW staff.

Within the Forensic Hospital, Network staff must follow the advice outlined in Network Policy [1.078 Care Coordination, Risk Assessment, Planning and Review Forensic Hospital](#) outlines the risk management and Forensic Hospital Procedure [Clinical Risk Assessment & Management](#) (CRAM).

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

Legislation	Health Records and Information Privacy Act 2002 Mental Health Act 2007 Mental Health and Cognitive Impairment Forensic Provisions Act 2020
Network Policies and Procedures	1.010 Access to Patients – Medical Emergencies 1.120 Management of a Death 1.225 Health Assessments in Male and Female Adult Correctional Centres and Police Cells 1.231 Health Problem Notification Form (Adults and Young people) 1.443 Custodial Mental Health Referral and Case Management Policy 2.030 Incident Management Implementation Guide – Ministry of Health PD2014_004

[2.155](#) *Enterprise Wide Risk Management Implementation Guide to NSW Ministry of Health Policy directive PD2015_043 Risk Management - Enterprise-Wide Policy and Framework*

[Adolescent Health Clinical Pathway – Mental Health](#)

[1.078](#) *Care Coordination, Risk Assessment, Planning and Review Forensic Hospital*

Forensic Hospital Procedure - [Clinical Risk Assessment and Management \(CRAM\)](#)

[1.319](#) *Patients Engagement and Observation – Forensic Hospital and Long Bay Hospital Mental Health Unit*

NSW Health Policy
Documents

[GL2014_002](#) *Mental Health Clinical Documentation Guidelines*

[PD2011_069](#) *Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health*

[PD2012_053](#) *Mental Health Triage Policy*

[PD2012_066](#) *NSW Aboriginal Health Plan 2013-2023*

[PD2020_047](#) *Incident Management Policy*

[PD2015_043](#) *Risk Management – Enterprise-Wide Policy and Framework – NSW Health*

[PD2016_007](#) *Clinical Care of People Who May Be Suicidal*

[PD2017_025](#) *Engagement and Observation in Mental Health Inpatient Units*

[PD2017_034](#) *Aboriginal Health Impact Statement*

[Framework for Suicide Risk Assessment and Management for NSW Health Staff](#)

[Suicide Risk Assessment and Management Protocols: Justice Health Long Bay Hospital](#)

Corrective Services NSW

Corrective Services NSW, *Custodial Operations Policy and Procedures 3.7 [Management of Inmates At Risk of Self-Harm or Suicide.](#)*

Youth Justice NSW

YJNSW [Self-Harm and Attempted Suicide Policy](#)