

CHCCS521A Assess and respond to individuals at risk of suicide

Release: 1



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Modification History

Not Applicable

Approved Page 2 of 15

Unit Descriptor

Descriptor

This unit describes basic competencies required by community service workers to provide sensitive and effective intervention where risk of self-harm or suicide has been identified

The focus is on identifying and managing immediate suicide risk in the context of a supportive helping relationship that seeks to work collaboratively with the person at risk to achieve safe outcomes

Safe outcomes in this context include a clear safety plan for addressing any immediate danger to the person at risk or others, mobilising access to emergency medical help when needed and facilitating links with further care

The unit relates to managing imminent risk in ways which provide opportunity for more comprehensive assessment and the provision of further help

Application of the Unit

Application

This unit may apply to people in formal helping roles in any community service context or where caregivers encounter persons at risk of suicide

The focus of this unit is to provide a comprehensive response to manage situations where risk of suicide may be indicated, noting that self-harm may itself result in death - intentional or unintentional

The skills and knowledge included here are to be applied to minimise risk in presenting situations and refer appropriately for *ongoing support* where required

Licensing/Regulatory Information

Not Applicable

Approved Page 3 of 15

Pre-Requisites

Not Applicable

Employability Skills Information

Employability SkillsThis unit contains Employability Skills

Elements and Performance Criteria Pre-Content

Elements define the essential outcomes of a unit of competency.

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

Approved Page 4 of 15

Elements and Performance Criteria

ELEMENT

PERFORMANCE CRITERIA

- 1. Identify and assess the person's current suicide risk
- 1.1 Recognise and respond to signs, (such as statements, reactions, thoughts, feelings or behaviours) indicating that a person may be considering suicide
- 1.2 Attend to any hunches, while listening as a helper, perhaps from indirect communications, that suggest the client may be considering suicide
- 1.3 Ask directly about thoughts of suicide whenever there are grounds for concern

If suicide thoughts are present:

- 1.4 Seek sufficient understanding of why the person is considering suicide, and what links them to life, to inform and facilitate the intervention
- 1.5 Assess current suicide risk guided by risk assessment considerations outlined in the Range Statement and by whether there is an imminent threat to the person's safety or the safety of others
- 1.6 Follow steps outlined in elements 2, 3 and 4.

If the person indicates s/he is not thinking of suicide and no suicidal intent, plans, or behaviour are evident:

- 1.7 Work collaboratively with the person to provide support and facilitate access to further care as needed guided by elements 3 and 4
- 1.8 Remain vigilant about any emerging indications of suicidality, prompting careful risk assessment and safe management as outlined in elements 1 and 2

Approved Page 5 of 15

ELEMENT

2. Work actively with the person to reduce the immediate risk of suicide and increase safety

PERFORMANCE CRITERIA

- 2.1 Build a collaborative empathic relationship with person at risk that acknowledges how thoughts of suicide and the pain behind them may affect their safety
- 2.2 Listen to what lies behind any thoughts of suicide while affirming and strengthening links to safety and living implicit in the helping relationship
- 2.3 Work with person at risk to develop and follow through on a safety plan that reduces immediate danger of self-harm, risk of suicidal behaviour and/or suicide and mobilises access to emergency medical help when needed
- 2.4 Manage intervention in ways that address and reduce any risk of harm to caregivers and others potentially at risk in the situation and remain mindful of circumstances where the police may need to be involved to address safety
- 2.5 Seek and act on advice from workplace supervisor to ensure action taken is lawful, complies with good suicide intervention practice and organisation policies consistent with that practice, ethical processes and duty of care obligations
- 2.6 Address occupational health and safety (OHS) obligations in relation to managing self and others
- 2.7 Refer to health professionals where appropriate
- 3. Facilitate and strengthen the individual's links to further care

Having worked with the person to take any steps needed to address immediate safety:

- 3.1 Encourage and enable capacity of person at risk and/or in crisis to make informed choices about further help that deals with their suicidality and associated needs for ongoing care
- 3.2 Acknowledge how the current helping relationship has provided foundations for further care
- 3.3 Explore and seek to understand and address any barriers to seeking or accepting help
- 3.4 Develop, with the individual, a plan and agreed first steps, to access and utilise informal supports and professional help

Approved Page 6 of 15

ELEMENT

4. Provide further intervention support to resource the individual beyond immediate crisis

PERFORMANCE CRITERIA

When or if it is assessed that there is no imminent risk that needs to be immediately addressed:

- 4.1 Maintain open rapport with individual to encourage discussion of on-going concerns related to their situation generally and any suicide risk focusing on what most needs attention now
- 4.2 Affirm person's decision to seek and accept help to keep safe and address their concerns
- 4.3 Review how and with whom they might seek help in future to keep safe and/or get support
- 4.4 Support individual to develop coping strategies (both internal and external) which prepare them to safely manage any recurrence of suicidal thoughts
- 4.5 Identify mental health concerns or personal circumstances (such as depression, trauma, substance misuse or significant losses) that need addressing and facilitate access to appropriate help
- 4.6 Ensure supports and coping strategies developed are documented and communicated as necessary to other members of work team
- 4.7 Comply with all laws, relevant ethical guidelines and policy requirements that affect duty of care

Approved Page 7 of 15

Required Skills and Knowledge

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

These include knowledge of:

- Common indicators or signs of potential suicide risk, including risk of any type of self-harm
- Principles of crisis intervention, including relevant laws, ethical guidelines and policy requirements that support good care
- Policy around critical incidents and duty of care
- Principles and practices of suicide intervention including risk assessment, development of safety plans and facilitation of on-going support
- Procedures for obtaining assistance and making informed referrals to other agencies
- Procedures for facilitating emergency interventions
- Awareness of personal values, beliefs and attitudes which may facilitate or impede crisis care and suicide intervention
- Examination of common notions about suicide and sound suicide intervention practice in the light of available evidence
- Awareness of how other mental health issues may impact upon intervention
- Commitment to attend to the pain of the person at risk and work towards safe, life sustaining outcomes
- Principles of self care and support-seeking relevant to involvement in crisis and suicide intervention work

Essential skills:

It is critical that the candidate demonstrate the ability to:

- Demonstrate the capacity to work competently and independently according to the principles of effective practice and within general context of supervisory relationship
- Demonstrate accountability for own professional conduct and practice including:
 - carrying out assigned tasks

Approved Page 8 of 15

REQUIRED SKILLS AND KNOWLEDGE

- working effectively under the pressure of crisis situations
- maintaining the quality of services to clients
- strengthening links to life-sustaining options and supports in suicidal crises.
- demonstrating a commitment to attend to the pain of persons considering or affected by suicide and to work toward safe, life-affirming outcomes
- Facilitate links with higher levels of care and making referrals, including access to emergency medical help when needed
- Seek, integrate and apply learning from supervision and support

In addition, the candidate must be able to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

These include the ability to:

- Demonstrate application of skills in:
 - competent skills in communication, counselling and crisis intervention
 - competent suicide intervention, (including recognition, assessment and safe management of immediate suicide risk and facilitating links to further emergency help or general care as needed)
 - self-monitoring and self care
- Maintain documentation as required, including effective use of relevant information technology in line with OHS guidelines

Evidence Guide

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Critical aspects for assessment and evidence required to demonstrate this unit of competency: The individual being assessed must provide evidence of specified essential knowledge as well as skills

Approved Page 9 of 15

EVIDENCE GUIDE

Access and equity considerations: •

- All workers in community services should be aware of access, equity and human rights issues in relation to their own area of work
- All workers should develop their ability to work in a culturally diverse environment
- In recognition of particular issues facing Aboriginal and Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on Aboriginal and Torres Strait Islander people
- Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on Aboriginal and/or Torres Strait Islander clients and communities

Context of and specific resources for assessment:

- This unit can be delivered and assessed independently, however holistic assessment practice with other community services units of competency is encouraged
- Resource requirements for assessment include access to a workplace or similar environment over a number of occasions

Method of assessment may include:

- Simulations
- Case scenarios
- Report writing including developing safety plans

Approved Page 10 of 15

Range Statement

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

General context of suicide self/harm work: Mental health or community support worker in a community, respite, residential or hospital setting

Identifying potential suicide risk involves:

- Avoiding assumptions about who may be at risk and being alert to potential risk on an individual basis in any situation
- Recognising potential warning signs that invite help and prompt enquiry about suicide
- Asking directly about thoughts of suicide when there are any grounds for concern

Approved Page 11 of 15

RANGE STATEMENT

Informed suicide risk assessments • *involve*:

- Recognising that any suicide thoughts or acts of deliberate self-harm signal significant distress, pose potential risk of injury or death and should be taken seriously
- Assessing factors that indicate suicide risk which include, but are not limited to, the following:
 - concern is aroused by the presence of suicide thoughts and things often associated with these thoughts (such as a desire to escape pain that feels unbearable, a sense of hopelessness, current difficulty seeing alternatives to suicide and feeling alone)
 - immediate risk increases when someone has begun acting on their suicide thoughts or is preparing to do so (for example possible suicide in progress, presence of a suicide plan, available means) and / or has expressed suicidal intent
 - risk can be further exacerbated if the person is under the influence of excessive alcohol or other drug use
 - pertinent background factors, particularly prior suicidal behaviour and the presence of significant mental health problems, should be carefully assessed

A wide variety of contextual or personal considerations also help inform assessments and may include such things as significant loss, trauma, the impact of another person's suicide or a pattern of extreme agitation, anger / violent behaviour

- Identifying internal sources of safety and support (such as coping skills and beliefs) and those around them (such as family, friends and community services)
- Connections to life and living are usually present alongside thoughts of suicide and can provide foundations to build upon in increasing the safety of a person at risk

Safer outcomes include:

Recognising that:

- Vigilance about safety with all suicide related thoughts or behaviours is essential, even though the person may be influenced by a wide range of motives in considering or engaging in deliberate self-harm
- Risks to life and safety can often be greater than

Approved Page 12 of 15

RANGE STATEMENT

individuals recognise or intend, so safe outcomes are a primary focus, regardless of stated intentions

Developing or reactivating suicide safety plans tailored to meet the situation, but typically including the following processes and tasks:

- Affirm and build on the desire for help and safety implicit in the counselling relationship
- Work with the person at risk to identify and act on clear cooperative steps that reduce the immediate risk of self-harm / suicide over an agreed time period
- Focus specifically, in the first instance, on factors, plans and behaviours, including unsafe use of alcohol and other drugs that endanger the person at risk at this particular time and seek to engage them cooperatively in steps that safely manage and reduce these risks
- Explore ways of engaging others in the safety plan, such as in monitoring safe use of prescription medication/s
- Enable prompt, timely action that increases informal and professional support, mobilises access to emergency medical help when needed and reduces likelihood person will act on their suicidal thoughts
- Seek to create calm environment to promote safety for person at risk, caregiver and others involved in situation
- Access support and follow advice from organisation's supervisor/ coordinator that reflect lawful, good suicide intervention practice and follow crisis management and emergency procedures
- Attend to self and others in relation to OHS in the workplace

Approved Page 13 of 15

RANGE STATEMENT

Facilitate and strengthen the individual's links to further care includes:

- Affirming the first steps to further care already implicit the current crisis intervention relationship
- Encouraging further helping steps while acknowledging and addressing internal conflicts and external barriers to taking those steps
- Asking the person what assistance they would value most at this time
- Providing information and referral options to match the person's needs and specifically address their suicidality along with other concerns
- Exploring achievable steps to help the person strengthen their connections, relationships and formal / informal supports
- Supporting the person to determine how and when these supports and services can best be used

Ongoing support provision may include:

- Ongoing vigilance about identifying and managing suicide risk
- Use of effective communication skills to maintain rapport and morale
- Use of strengths-based approach to identify and encourage internal and external coping strategies and supports
- Debriefing to third parties potentially affected by the crisis
- Identifying underlying significant life issues and supporting the client to seek assistance around these issues e.g. feelings of remorse, guilt, sadness, anger, addiction, abuse, trauma, other mental health issues
- Supporting the client to access another service / agency / information
- Documenting work with person to ensure all plans and safeguards are communicated in work team
- Following policy relating to documentation, duty of care, confidentiality, and support planning

Approved Page 14 of 15

Unit Sector(s)

Not Applicable

Approved Page 15 of 15