PROTOCOL

Suicide Risk and Non-Suicidal Self-Injury (NSSI) Response

Scope (Staff):	Community health
Scope (Area):	CACH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

Aim

To safeguard young people, including children, when responding to concerns about suicide risk and non-suicidal self-injury.

Risk

Young people identified as being at risk of suicide and/or who have engaged in non-suicidal self-injury, are not provided appropriate assessment, support and referral.

Background

Suicidal behaviour and Non-Suicidal Self-Injury (NSSI) are significant health concerns for young people and children,[1] occurring in a complex context that includes but is not limited to: intense emotional and neurological development;[2] still-developing cognitive and coping skills;[2] and current global trends, including cyberbullying and exposure to self-harm behaviour via social media[3-5] and uncertainties about the future.[6-8]

Since 2013, suicide has been the leading cause of death for Australian children between the ages of five and 17.[9] Anyone can be at risk of suicide, and risk cannot be 'calculated' by a checklist of individual or population characteristics.[10] While mental health concerns increase risk of suicidality, not all individuals who experience mental health concerns will be at risk of suicide, and not all individuals at risk of suicide will have mental health concerns.[11] Some suicides can occur impulsively in moments of crisis for a variety of reasons.[1] It is essential to approach each disclosure of suicidal intent with individualised attention and care. The primary purpose of assessing and

discussing suicide risk is to understand the needs of the individual and to plan and promote their safety.[10, 12]

A survey of young people aged 12 to 17 years in Australia in 2014 found that about one in 10 reported ever having engaged in NSSI.[13] Self-injury includes any deliberate action to hurt or injure oneself, regardless of the mechanism or severity of injury.[12] The main reasons people may self-injure include: managing feelings of distress i.e. as a coping mechanism; to avoid suicide; as a form of 'self-punishment'; and/or to communicate distress to others.[14] While suicide is not the intention of NSSI, people who engage in NSSI are at high risk of death by suicide, with increasing risk associated with increased frequency of self-injury, a history of more than one method for self-injury used by the individual, and use of self-injury as a way to avoid suicide.[15] Low-lethality suicide attempts may also be misinterpreted as NSSI.[10]

Acknowledging the higher rates of suicidal behaviour and NSSI in certain populations is important for guiding broader prevention efforts and understanding the disproportionate impact on different communities across WA, including:

- Aboriginal* people[16];
- people who live in rural and remote locations[17];
- lesbian, gay, bisexual, transgender and gender diverse, queer/questioning, intersex, and asexual (LGBTQIA) people[18];
- people who used disability services (this is a proxy measure for people with a disability)[19];
- people with mental health concerns[17]; and
- people with a history of traumatic experiences[1]

The Fifth National Mental Health and Suicide Prevention Plan and the Western Australian Suicide Prevention Framework 2021-2025 provide the policy context for suicide and NSSI prevention in Western Australia. They set the direction for CACH and WACHS policies and procedures to support crisis intervention for young people and children.

Definitions

Suicidal Behaviours: engaging in actions that could result in suicide,[17] including ideations (e.g. thoughts, planning), communications (e.g. threats), and attempts.[20]

Suicide: a death resulting from an act of self-harm intended to end one's own life. [17]

Imminent Risk: refers to a suicide crisis or urgent situation which requires constant supervision and immediate action.[20]

*OD 0435/13 – Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community

Non-suicidal self-injury (NSSI): engaging in intentional behaviours to harm or injure oneself as a maladaptive coping mechanism without the intent to die.

Department of Education (DoE) Risk management plan (RMP): developed by the school. In this context, the RMP identifies circumstances where a student may be at risk of suicidal behaviour and/or NSSI and outlines strategies to manage this risk at school.[20]

Nominated staff member: refers to school-based staff member/s identified in the RMP who must be notified when there is a concern about suicide risk or NSSI. This can vary between schools but may include the principal, deputy principal, student services or other support staff.[20] A community health nurse may be a nominated staff member but should never be the sole nominated staff member.

Gatekeeper Assessment: suicide risk assessment conducted according to Gatekeeper training, using Gatekeeper framework

Preferred language to use when talking about suicide:[22]

Certain language can be problematic when discussing suicide by sensationalising it or presenting it as a desired outcome. The terminology below, developed by Mindframe, aims to minimise risk and avoid perpetuating negative stereotypes.

Preferred language	Avoid using
'non-fatal' or 'made an attempt on their life'	'unsuccessful or failed suicide'
'took their life' or 'ended their own life'	'successful suicide'
'died by suicide' or 'death by suicide'	'committed' or 'commit suicide'
'concerning rates of suicide' or 'number of deaths'	'suicide epidemic'
'person who has died by suicide' or 'person who has experienced a suicide attempt'	'suicide victim' or 'suicide attempter'

Key points

- Nurses must work within their scope of practice.
- This document should be read in conjunction with the Department of Education (DoE) School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury and the Memorandum of Understanding (MOU) between the Department of Education, Child and Adolescent Health Service and WA Country Health Services for the delivery of school health services for students attending public schools (2022-2024)
- This document does not address actions following a suspected suicide. In this instance the school has the responsibility for initiating postvention initiatives. The DoE School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury provides more detail regarding postvention.

- **At no time can staff maintain absolute confidentiality when a young person has disclosed suicidal behaviour or NSSI**.[23, 24]
- If a young person presents with any suicidal behaviour, the nurse must use direct unambiguous screening question to establish their intent. The recommended wording is “Are you thinking of killing yourself?”
- Asking about suicide risk does not increase risk[25]
- Within CACH/WACHS, suicide risk assessments can only be undertaken by a staff member with Gatekeeper training.
- Suicide risk is dynamic in nature and can change over very short timeframes.[10]
- Not all suicidal thoughts are associated with suicide attempts. A risk assessment is essential to ascertain what action is required[17]
- DoE staff develop individual Risk Management Plans (RMPs) following a young person’s disclosure of suicidal behaviour or NSSI. DoE are responsible for communicating and updating RMPs as per the DoE School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury.
- As per the MOU, the nurse is not the school’s designated first aid officer, however as part of their duty of care and within the scope of their skills, knowledge and availability, the nurse may be called as a secondary consultation where there is a concern about an injury or in a medical emergency at school if they are present at the time of the incident
- All nurses will refer to the Nursing and Midwifery Board AHPRA Decision-making framework in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses require appropriate knowledge and skills that are specific to their nursing role. Refer to CACH and WACHS *Practice/Learning Frameworks* for further details.

Process

The following process tables describe the steps a nurse must take when a young person presents with self-injury or suicidal behaviour (see Appendix 1 for a flowchart of these processes).

Working with the student services team

These steps outline the community health nurse responsibility for establishing their relationship with the student services team prior to a young person presenting with self-injury or suicidal behaviour.

Steps	Additional information
1. Be aware of school processes	
• Identify school processes for responding to disclosures of suicidal behaviour and NSSI • Identify school staff that have recency of appropriate training in suicide risk assessment ○ Identify where the RMP is stored at the school	• Appropriate training in suicide risk assessment includes Gatekeeper Suicide Prevention or equivalent. Staff working in DoE schools who may have received appropriate training include nurses, school psychologists, student services staff, deputy, or chaplains • Be aware of staff member/s (Aboriginal or non-Aboriginal) who have an established relationship with the young person to support Aboriginal young people at the school, including if necessary an Aboriginal and Islander Education Officer (AIEO), other Aboriginal staff, or family member
2. Communication with student services	
• For disclosure of self-harm and suicide ideation, nurses are to involve the student services team and/or school leadership as soon as appropriate and safe, including in decision making around assessments and care planning. • Nurses are encouraged to attend student services meetings to identify young people at risk (including those with identified suicide/NSSI risk), or request to be informed of outcomes of these meetings, as per the School-aged health services – secondary guideline.	

Consultation with client in which self-injury is disclosed

Steps	Additional information
1. Initial consultation	
• Discuss limits of confidentiality • Acknowledge client's feelings and ensure the client understands that the nurse is there to support them • Assess if the injury requires first aid; further assessment and management for infection or loss of function; referral; or an emergency response • Check if there is a current RMP and follow as appropriate • Involve others including student services team and/or school leadership as appropriate	• Avoid reinforcing the behaviour by showing excessive interest in the injury[12] • Support client to take care of injury if appropriate
2. Establish whether there is suicidal intent	

• Ask client directly "Are you thinking of killing yourself?"
  ○ If 'yes', proceed to **Consultation with client in which suicidal behaviour is disclosed**
  ○ If 'no', gather more information, using sections of HEEADSSS Assessment as appropriate
• If there are still concerns of suicide risk, ask client directly, "Are you thinking of killing yourself?"
  ○ If 'yes', proceed to **Consultation with client in which suicidal behaviour is disclosed**
  ○ If 'no', proceed to **Step 3. NSSI: Care Planning**
	• If client presents frequently, conducting HEEADSSS Assessment at each contact may not be appropriate, but intent must always be established
	• If client is using self-harm as a strategy for avoiding suicide, this constitutes a suicide risk

3. NSSI: Care Planning	

• Support client to identify, as relevant:
  ○ warning signs and personal triggering events;
  ○ strategies for coping, e.g. relaxation techniques and distractors;
  ○ appropriate resources and supports, including a trusted support adult, names and contact details of mental health services, and other helpful information such as 24-hour help lines and websites
	• The Beyond Now app or online tool may be used by the client to create a record of these supports, or follow the template to create a paper-based record[21]

4. NSSI: Communication and referral	

• Contact parent/caregiver to inform them of concern, unless otherwise indicated
  ○ Discuss actions, referral options for further assessment, and support services available for both young person and families
  ○ Refer to Resources section for suggested services.
• If parent/caregiver cannot be contacted, does not engage, or there is concern about contacting home, advise the principal or their delegate and clinical nurse manager to seek further guidance.
• Complete clinical handover if referral within or outside of health service occurs
• Inform student services team and/or school leadership of consultation
	• Parent/caregiver may be finding out about NSSI for the first time, which can be a key opportunity to provide accurate resources about NSSI and encourage professional help-seeking[26]
	• A support adult, someone trusted by client who they can contact at any time, must be involved for safeguarding outside of school.
	• If the nurse believes that there are safety concerns about contacting parents, they should document their rationale in their relevant records and notify the relevant line manager.
	• Contribute to development or update of RMP as appropriate

5. NSSI: Documentation	
• Document summary of the following as relevant	• Use CDIS/CHIS for documentation • Documentation must include:

○ HEEADSSS Assessment ○ Next steps and actions, noting any care planning ○ Communication with family and DoE staff including resources provided ○ Verbal or written consent for disclosing client information, as applicable, ○ Existence of RMP, ○ Communication with referral agencies, line manager or Department of Communities as relevant, and ○ Other relevant information	○ Communication of risk to DoE staff ○ Communication with family or support person if family not to be contacted

Consultation with client in which suicidal behaviour is disclosed

Steps	Additional information
1. Initial consultation	
• Discuss limits of confidentiality • Acknowledge client's feelings and ensure the client understands that the nurse is there to support them • Ensure adult supervision of the client, they must not be left alone. • Check if there is a current RMP and follow as appropriate • Involve student services team and/or school leadership as soon as practicable and safe • Nurses to be aware of Working with the Student Services Team process	
2. Responding to client's needs	
• Identify appropriate trained professional within nurse and student services team to conduct Gatekeeper suicide risk assessment	• The primary purpose of assessing suicide risk is to understand the needs of the client and to plan and promote their safety.[10, 12] • A trained professional must also be someone the client feels safe with • The Gatekeeper assessment should only be used by nurses who have been trained in its use

Steps	Additional information

• Results of the suicide risk assessment and further decision making to be discussed with another Gatekeeper-trained professional, and appropriate members of student services team and/or school leadership
  ○ Nurses are also to consult with another Gatekeeper trained colleague/line manager and/or appropriate DoE staff or CAMHS, Suicide Consultant DOE, or School Psychologist about assessment findings
• Follow communication and referral pathway in step 3 as per outcome of assessment
	• Suicide risk is dynamic and the suicide risk assessment is only valid at the time of assessment, as a tool for supporting the team to develop an individualised plan to meet the client's needs in the appointment.
	• Nurses are not responsible for completing DoE documentation, including RMP
	• Information related to risk of suicide needs to be shared to keep client safe. Other information, not relevant to risk, must remain confidential, including client documentation.[24]
	  ○ See Memorandum of Understanding, Information Security Policy (MP 0067/17) (statewide), and Confidentiality, Disclosure and Transmission of Health Information (CAHS)

• If the assessment cannot occur before the end of the school day, inform the parent/caregiver to arrange alternative assessment outside the school through the General Practitioner (GP) or hospital Emergency Department. • Inform the parent/caregiver to collect the young person from school, they should not leave unaccompanied or travel alone	• External providers for suicide risk assessments include CAMHS Emergency Telehealth Service in the metro area; WACHS Mental Health Emergency Telehealth Service • Ensure parent/caregiver has information required to arrange assessment, and understands the urgency
3. Communication, referral, and care planning	
• Communication and referral processes are relevant to all nurses, to be undertaken in partnership with the student services team and/or school leadership, prioritising the safety of the client and maintaining any relationship, as appropriate • All steps need to be taken at the appropriate time, but not necessarily in a sequential manner	
3a. Imminent Risk as determined by suicide risk assessment • Continue to ensure adult supervision of client	

Steps	Additional information
• Nurse or DoE staff to contact parent/caregiver to inform them of the suicide risk and discuss actions and referral options	• Contacting parent/caregiver should be done by the person who did the risk assessment if possible and appropriate • Nurse to check with school for restrictions on contacting parent/caregiver
• Immediate referral is required. Referral details are to be clearly communicated to the parent/caregiver, including, where possible, a written clinical handover to take with them. Contact details for local emergency services are to be clearly noted. • Adherence to CACH Clinical Handover Nursing and WACHS Child Health Clinical Handover of Vulnerable Children procedure are required when handing over, or referring a client within, or outside of, the health service. • Where appropriate (and time allows), contact local hospital or client's existing provider of health care to advise the client is coming in and provide the client's details. • Advise parent/caregiver (or parents' preferred contact) to collect the client immediately from school or of the arrangement of emergency care, as relevant. **The client must not leave the school alone and should be monitored until handover to parent/caregiver has occurred.**	**Immediate referral options:** **CACH:** • Child and Adolescent Mental Health Service - CAMHS Crisis Connect for *18 years and under* (1800 048 636). 24hrs 7 days a week. • Youth Inpatient unit Fiona Stanley Hospital provides statewide support for 16-24 with acute mental health concerns; referral made through local community health or hospital services. • Local hospital Emergency Department **WACHS:** • Emergency response procedures or 000 • Rurallink - 24-hour emergency – After hours mental health phone service for people in rural, regional and remote communities (1800 552 002). • WA Country Health Service (WACHS) Mental Health Emergency Telehealth Service (MH ETS). Accepts Emergency Department referrals for all age groups. • Local hospital Emergency Department or GP for urgent same day appointment
• If parent/caregiver cannot be contacted, does not engage, or there is concern about contacting home, advise the principal or their delegate or Child and Adolescent Mental Health Service - CAMHS Crisis Connect, and clinical	

Steps	Additional information
nurse manager to seek further guidance. • Inform line manager	
3b. Non-imminent risk, as determined by suicide risk assessment • Contact parent/caregiver to inform them of concern, and discuss actions, referral options for further assessment, and support services available • As suicide risk is dynamic and changeable, provide parent/caregiver with contact details of support services available after hours. • If parent/caregiver cannot be contacted, does not engage, or there is concern about contacting home, advise the principal or their delegate and clinical nurse manager to seek further guidance. • Complete clinical handover if referral within or outside health services occurs • Refer to Resources section for suggested services. • Support client to identify, as relevant: ○ warning signs and personal triggering events; ○ strategies for coping, e.g. relaxation techniques and distractors; ○ appropriate resources and supports, including a trusted support adult, names and contact details of mental health services, and other helpful information such as 24-hour help lines and websites	• Nurse to check with school for restrictions on contacting parent/caregiver **Referral options** • GP – Provision of a Mental Health Treatment Care Plan which allows for free visits to a clinical psychologist • Headspace • Youth Focus • CAMHS • Consulting Psychologist – Suicide Prevention Statewide School Psychology Service (if school psychologist is not available) (9402 6433 or 0477 757 125). • The Beyond Now app or online tool may be used by the client to create a record of these supports, or follow the template to create a paper-based record [21]
4. Documentation	
• Document summary of the following as relevant ○ Gatekeeper Risk Assessment	• Use CDIS/CHIS for documentation • Documentation must include:

Steps	Additional information
○ Actions, referrals, and next steps, noting any care planning ○ Communication with family and DoE staff including any resources provided ○ Verbal or written consent for disclosing client information, as applicable, ○ Existence of RMP, and ○ Other relevant information	○ Communication of risk to DoE staff ○ Communication with family ○ Communication with referral agencies if relevant ○ Communication with line manager if relevant
5. Follow-up	
• Ongoing care planning and follow-up is the responsibility of the school, with involvement from the nurse, as appropriate. • Nurses should follow up all actions agreed with the parent/caregiver, young person and school. The school is responsible for all other follow-up.	• If appropriate, the nurse may be at a meeting reviewing the RMP with the family and DoE staff. • If appropriate and with consideration of the nurse's hours at the school, the nurse, plus DoE staff, may be one of the contact persons, on the RMP. • If the nurse is involved in the ongoing care of a young person, and have access to a copy of the RMP, they must check that it is the most up to date version of the document.
6. Professional Support	
• Following consultation with a young person at risk of suicide, seek to debrief, as required.	• Following working with a young person at risk of suicide, staff can discuss the availability of professional support and debriefing strategies with their line manager. • For crisis situations seek debriefing as soon as possible after the event, if needed • Employees may seek assistance directly from the Employee Assistance Program provider.

Training

Nurses are required to complete training specific to their role as per the CACH and WACHS *Practice/Learning Frameworks*, which includes:

- Youth Mental Health First Aid

- Gatekeeper Suicide Prevention Training
- HEEADSSS

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CACH and WACHS processes.

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Related internal policies, procedures and guidelines
The following documents can be accessed in the Community Health Manual: HealthPoint link or Internet link
Clinical Handover - Nursing
HEADSS Adolescent Psychosocial Assessment
Mental health in adolescence

School-aged health services guideline
School-aged health services – primary guideline
School-aged health services – secondary guideline

Related internal resources and forms
The following policies, resources and forms can be accessed from the HealthPoint CACH Intranet link
Clinical handover form (CHS663)
Confidentiality, Disclosure and Transmission of Health Information
HEADSS Assessment: Handbook for nurses working in secondary schools
Health Promoting Schools Framework Toolkit – Secondary School (various topics)
Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning (young people)
Limits of confidentiality with the School Health Nurse poster
Practice Framework Nursing working in School-aged health
Working with Youth– A legal resource for community-based health workers. (Revised 2020)

Related external legislation, policies, and guidelines
Australian Health Practitioner Regulation Agency (AHPRA) – *scope of practice*
Guidelines for Protecting Children 2020
Kimberley region-specific Deliberate Self-harm and Suicidal Behaviour guideline
Nursing and Midwifery Board AHPRA Decision-making framework and summary documents.
National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023
Principles and Best Practice for the Care of People Who May Be Suicidal
WA Aboriginal Health and Wellbeing Framework 2015 - 2030 - *Department of Health 2015*
Western Australian Suicide Prevention Framework 2021-2025

Useful DoE policies
School response and planning guidelines for students with suicidal behaviour and non-suicidal self-injury
Duty of Care for Students
Incident Management on Department of Education Sites
Child Protection
Student Health in Public Schools

Useful resources
For Community Health Staff
BeYou – national mental health in education initiative supporting schools to develop a positive, inclusive and resilient learning community to enable schools and their communities to achieve their best possible mental health.
Black Dog institute - provide a range of clinical resources including fact sheets, a psychological toolkit and mental health podcasts and webinars.
Embrace Multicultural Mental Health including Multilingual Information
headspace - Clinical Toolkit - Supports with recognising and treating common mental health issues in young people: Engagement, Anxiety, Depression, Borderline personality disorder, psychosis
headspace Schools – support for schools
Every mind is a suicide and self-harm prevention organisation which delivers evidence- based resources and programs.
ReachOut – A range of information and support, for example: Teaching and learning resources and ideas, professional development strategies to heap you, self-care for health professionals
Suicide prevention Australia supports communities and organisations throughout Australia and promotes collaboration and partnerships in suicide and self-harm prevention, intervention and postvention.

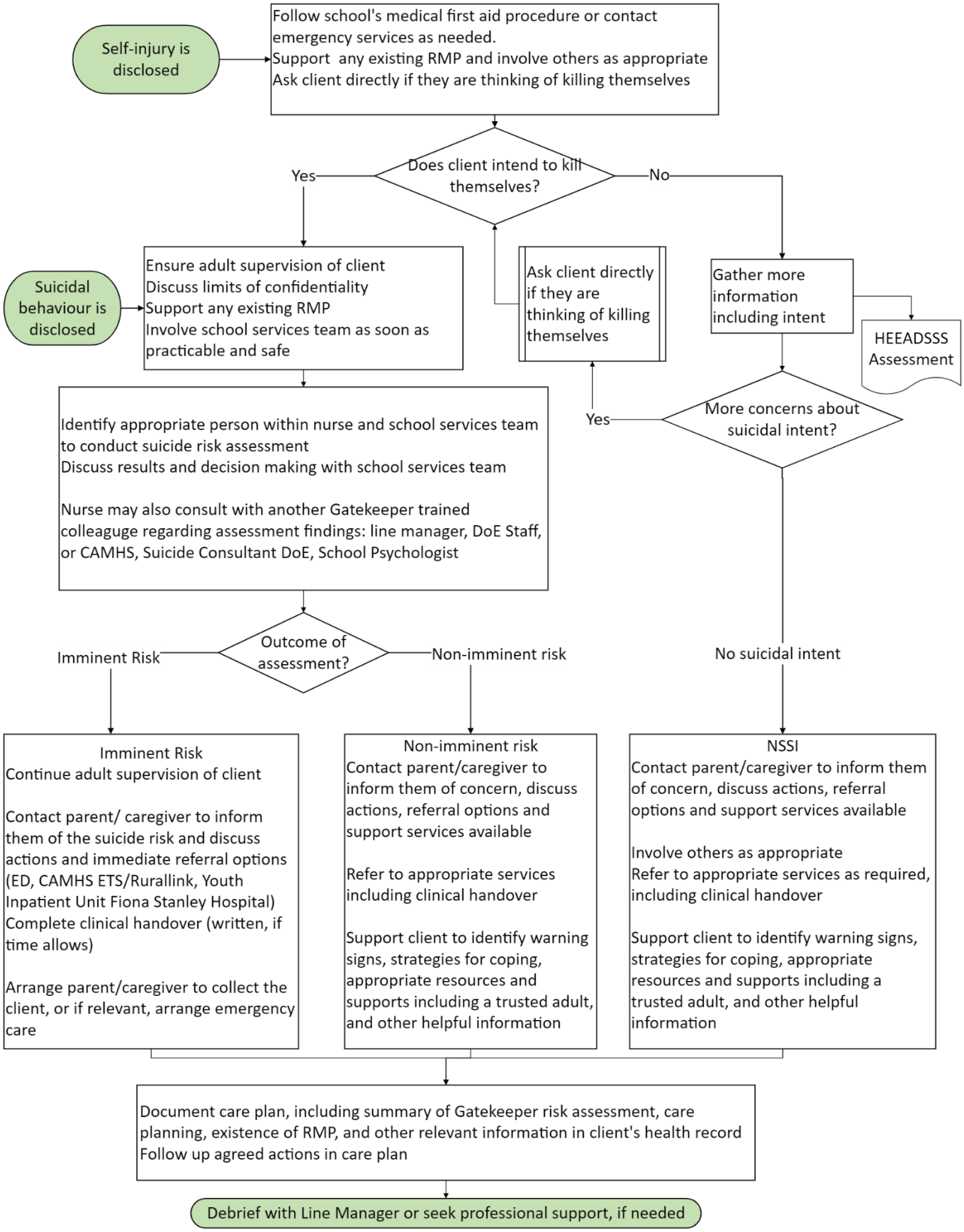
East Metropolitan Youth Unit provides services for young people aged 16-24 years of age with complex and acute mental health concerns; admissions only accepted by referral in the East Metropolitan Health Service catchment area;
Resources specific to adolescents
ALIVE Program: Suicide Prevention Perth, WA | 360 Health + Community – community-based suicide prevention program delivered over 12 weeks in 1:1 sessions for 17+ years old
beyondblue and Beyond Now Suicide safety planning app – Information on a range of mental health issues for all ages and different cultural backgrounds. *Beyond Now* is a smartphone app to help young people use their own skills and strengths to stay safe.
Head to Health – information on digital mental health services from some of Australia's most trusted mental health organisations.
headspace - The National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. Centres are located across metropolitan, regional and rural areas of Australia. headspace also offers GP services in some centres, though they may not be available in all areas.
Kids Helpline – Phone support 24 hours, every day of the year – 1800 551 800
Lifeline – Confidential crisis support available via phone, SMS or online chat
Mensline – Phone and online counselling support for those aged 15 years and over.
Mental health treatment plan – developed in consultation with GP to provide rebates for treatment of clinically diagnosed mental health disorder
ReachOut – Online mental health organisation for young people
Suicide Call Back Service – phone and online counselling for anyone who is struggling.
The Luminos Project –early intervention residential centre for young people experiencing suicidal ideation
Qlife – provides free, Australia-wide anonymous LGBTI peer support and referral for people wanting to talk about a range of issues
Yarn Safe – Online resources for young Aboriginal people (12-25 years) experiencing mental health difficulties
For Families
Beyond Blue - Parenting and mental health

Support for family | headspace – headspace support for families, including online community, group chats, and interactive online modules; talk online or over the phone to a trained clinician for 1-on-1 support, 9am-1am AEST 7 days a week
Help/Information Lines • Mental Health Emergency Response Line – 24hr 1300 555 788 (Metro); 1800 676 822 (Peel) • Rurallink – 1800 552 002 8:30am -4.30pm Monday to Friday and 24 hours Saturday, Sunday and public holidays. During business hours callers will be connected to a local community mental health clinic.
Parents | No problem is too big or too small | Kids Helpline – fact sheets and Parentline counselling (links to Ngala Parenting Line in WA)
Qlife – provides free, Australia-wide anonymous LGBTI peer support and referral for people wanting to talk about a range of issues.
Raising Children's Network – information, videos and resources for parents, including topics on mental health and services, stress in teenagers, alcohol and other drugs
ReachOut Parents – a range of different support types for parents and carers of teenagers

Appendix 1. Suicide Risk Response Flowchart

- This flowchart should be read in conjunction with the Suicide Risk Response protocol.

  [**Flowchart on next page]**


Self-injury is disclosed
Follow school's medical first aid procedure or contact emergency services as needed.
Support any existing RMP and involve others as appropriate
Ask client directly if they are thinking of killing themselves
Does client intend to kill themselves?
Yes
No
Suicidal behaviour is disclosed
Ensure adult supervision of client
Discuss limits of confidentiality
Support any existing RMP
Involve school services team as soon as practicable and safe
Ask client directly if they are thinking of killing themselves
Gather more information including intent
HEEADSSS Assessment
More concerns about suicidal intent?
Yes
Identify appropriate person within nurse and school services team to conduct suicide risk assessment
Discuss results and decision making with school services team
Nurse may also consult with another Gatekeeper trained colleaguge regarding assessment findings: line manager, DoE Staff, or CAMHS, Suicide Consultant DoE, School Psychologist
Outcome of assessment?
Imminent Risk
Non-imminent risk
No suicidal intent
Imminent Risk
Continue adult supervision of client
Contact parent/ caregiver to inform them of the suicide risk and discuss actions and immediate referral options (ED, CAMHS ETS/Rurallink, Youth Inpatient Unit Fiona Stanley Hospital)
Complete clinical handover (written, if time allows)
Arrange parent/caregiver to collect the client, or if relevant, arrange emergency care
Non-imminent risk
Contact parent/caregiver to inform them of concern, discuss actions, referral options and support services available
Refer to appropriate services including clinical handover
Support client to identify warning signs, strategies for coping, appropriate resources and supports including a trusted adult, and other helpful information
NSSI
Contact parent/caregiver to inform them of concern, discuss actions, referral options and support services available
Involve others as appropriate
Refer to appropriate services as required, including clinical handover
Support client to identify warning signs, strategies for coping, appropriate resources and supports including a trusted adult, and other helpful information
Document care plan, including summary of Gatekeeper risk assessment, care planning, existence of RMP, and other relevant information in client's health record
Follow up agreed actions in care plan
Debrief with Line Manager or seek professional support, if needed

This document can be made available in alternative formats on request.

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