Working with the suicidal person

health

Quick reference guide

Assessment and management of suicide risk in people who repeatedly self-harm

This guide for emergency department (ED) clinicians is based on the document *Working with the suicidal person: clinical guidelines for emergency departments and mental health services*. All ED clinicians should review the *Clinical guidelines* carefully to become familiar with the assessment and management of persons with suicidal behaviours, and then use the quick reference guides to help remember major decision points.

Suicidal ideation is often a chronic state in some people, including those with borderline personality disorder (BPD), and it does not always represent sincere life-threatening intent. However, at least three-quarters of people with BPD will eventually attempt suicide and approximately 10 per cent will complete suicide, so threats of suicide by those diagnosed with BPD must always be taken seriously.

For detailed guidance on the appropriate assessment and management of people who self-harm, refer to guidelines published by the Royal Australian and New Zealand College of Psychiatrists and the Australian College of Emergency Medicine.[1] Note that a basic or detailed mental health assessment can be performed by any member of emergency staff, provided they have suitable training in self-harm and supervision is available. In most cases, the assessment will be carried out by a psychiatrist or mental health team member.

1. Establish rapport

- Be aware – people who self-harm will often, but not always, have an underlying psychiatric disorder.
- Be empathic – recognise the distress associated with deliberate self-harm and treat the person with respect.
- Actively listen – allow expression of feelings, accept the feelings and be patient.
- Be non-judgemental – don't debate whether suicide is right or wrong or whether the person's feelings are good or bad; don't engage in a discussion on the value of life.

2. Collect collateral information and document it

- Obtain collateral information from medical records, paramedics, police, caregivers or referring doctors.
- Document and pass this information on to the next attending clinician.
- Ask accompanying friends or family members to remain available to ensure collateral information.
- Record a description of what the person is wearing to aid identification if the person leaves the ED.

1 Royal Australian and New Zealand College of Psychiatrists 2000, *Management of deliberate self-harm in young people,* Australasian College for Emergency Medicine & RANZCP, Melbourne.

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3. Assessment

- Be vigilant – many people who present following self-harm are highly likely to leave the ED before a physical or psychosocial assessment, and are at high risk of repetition or even suicide.
- Assess and manage the person's physical condition.
- Carry out a mental health assessment concurrently with the medical assessment.
- Make enquiries about any recent changes in the person's situation or relationships.
- Be mindful of your own reactions to ensure that they do not interfere with the assessment or management of a person who repeatedly self-harms.

4. Management

- Consider providing both written information and verbal explanation about the purpose of the treatment being offered. Often, people are initially incapable of making important health care decisions because of the physical and mental distress that they are experiencing.
- Avoid hospitalisation of people for repeated self-harm where possible, as it is considered counter-therapeutic. If possible, consult with other professionals before making the decision to hospitalise a person.
- Keep any hospitalisation brief and symptom-focused when risk clearly warrants it.
- For people who present frequently with self-harm, develop a comprehensive, individualised management plan with the person and in collaboration with the mental health clinicians involved in their care.
- Area mental health services can refer case-managed clients with underlying personality disorder to professionals with expertise in the area of personality disorder treatment (for example **Spectrum**, phone: 03 9871 3900).
- Consider a multidisciplinary review of the person and their health records, and include background information such as typical presentation, past medical and psychiatric history, suggestions for future care, and contact details for professionals involved in ongoing care.

Further information

You can download an electronic copy of this quick reference guide, the full *Clinical guidelines*, or the *Summary document* on the Department of Health website (www.health.vic.gov/mentalhealth). The full guidelines contain all the recommendations, details of how they were developed and discussion of the evidence they were based on.

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