Contents

Psychiatric and psychological factors
Mental illness (in particular, depression, anxiety and ADHD)

Abuse or misuse of drugs and alcohol

Low self-esteem

Poor social problem-solving skills

Perfectionism

Hopelessness

Respond to potential suicide

When determining risk, consideration is given to factors that link a person to life and living, their strengths and protective factors such as their coping skills, resilience, support from family and friends, religious beliefs and access to community services.

Many people who try to end their own lives give verbal or nonverbal clues about their intent. Any suggestion of suicidal thoughts should always be taken seriously.

If you think a person may be so unhappy that they might consider suicide, ask about suicidal thoughts—this won't make them attempt to end their own life, but will help you to get appropriate help for them.

Crisis communication

People are often concerned about raising the issue of suicide with someone who may be at risk, fearing that discussion may encourage a vulnerable person to act on thoughts of ending their own life. In fact, a troubled person may be relieved that somebody has recognised that living has become difficult for them.

Ask directly but compassionately, by saying something like, 'Are things so bad for you that you've been thinking about hurting yourself?' Even if the person says they are not having suicidal thoughts, the signs listed previously may indicate difficulties with depression, anxiety or personal circumstances.

The person should be encouraged to speak about these issues to a professional, such as a school counsellor, psychologist, youth worker, GP or other health professional.

Points to remember

Keep cool and stay level
Don't panic. The person would sense your unease, so you should aim to be as calm and clear in your reactions as possible.

Don't be afraid to talk
Ask if they have a plan to act on their thoughts. Take them at their word and if they seem very distressed or close to hurting themselves, remove any items they may use.

Get help
Seek urgent professional support for any children.

If there is an immediate risk, contact a mental health crisis team or ambulance.

Economic or financial abuse

Forced handover of income or assets

Coercion to take on debt

Stopping the person from earning income

Denying the person access to money, including their own

Demanding that the family live on inadequate resources

Incurring debt in the person's name

Making significant financial decisions without consulting the person

Selling the person's possessions

(Note: these can be contributing factors to women becoming trapped in violent situations)

Sexual abuse

Any unwanted sexual activity

Rape (which includes being forced to perform unwanted sexual acts or to have sex with others)

Being pressured to agree to sex

Unwanted touching of sexual or private parts

Causing injury to the person's sexual organs

Emotional abuse

Any behaviour that deliberately undermines the person's confidence (for example, that leads her to believe she is stupid, a 'bad mother', useless or even crazy or insane)

Acts that humiliate, degrade and demean the person

Threatening to harm the person, her friend or family member; to take her children; or to suicide

Silence and withdrawal as a means of abuse

Threatening to report the person to authorities such as Centrelink or Immigration

Dominance

Dictating what the person does, who she sees and talks to or where she goes

Keeping the person from making friends, talking to her family or having money of her own

Preventing the person from going to work

Not allowing the person to express her own feelings or thoughts

Not allowing the person any privacy

Forcing the person to go without food or water

Indicators of abuse

Children are the most vulnerable members of our community. They do not have the power to stop abuse. Therefore, they rely on others to help them and, as an educator, you have a responsibility to make sure children in your care are safe and their needs are met.

When monitoring children for indicators of abuse during everyday practice, you need to be aware of a range of different behaviours and signs. In addition to physical signs and symptoms, you may notice uncharacteristic behaviours or behaviours that are unusual for a particular child or for children of a particular age or stage. At times, these uncharacteristic behaviours may be the only signs you can identify.

Abuse is described in four different ways as shown in the following:

Physical harm

Physical abuse is forceful behaviour that may result in injury and may include being:

- pushed or thrown
- slapped, hit or punched
- burned; for example, with a cigarette
- kicked
- bitten
- choked
- tied down
- assaulted with a weapon
- shaken violently.

Physical harm may be the consequence of a physical punishment or physically aggressive treatment of a child. Physical abuse may also occur as a result of neglect.

You should consider that physical harm may have occurred if a child:

- has injuries that don't match the story of how they occurred
- has unexplained bruises, welts, bites, broken bones or burns
- has injuries in the shape of an object; for example, a belt buckle or cord
- has faded bruises or other noticeable marks after they have been absent from care
- shrinks at the approach of adults
- reports an incident
- has not received medical help for an injury needing care
- demonstrates extremes in behaviour; for example, is aggressive, withdrawn or shy
- is fearful or overly upset about going home
- is afraid of a particular person
- demonstrates unusual or extreme dramatic play
- is described in a negative way by their parent/carer
- seems to be subjected to harsh discipline at home.

Move on from self-harm

To support a person who is self-harming, you need to assist them to find alternative coping strategies. This may involve referring the person to appropriate healthcare professionals who can address both their emotional and physical needs. The person's GP is often the person who leads these interventions or plans.

One of the responsibilities of the support worker is to ensure that documentation is completed and a verbal handover of the issues is given to the work supervisor.

Here are some coping strategies for moving on from self-harm.

Coping strategies
Help the person find alternative coping strategies to express their pain and to do something different in those moments when, in the past, they would have self-harmed.
They must decide not to use self-harming any more. You can't decide for someone else. The motivation must be theirs, not yours.
You can help them find other ways to express the pain and find healthier ways to get the feeling of release that self-harming offered.
Acknowledge to the person that self-harming may have been a means of survival for them and reassure any fears that they have about living without it.
As someone gradually comes off self-harming, you can encourage them at every little step they take in the right direction.

Example

Recognise and respond to signs indicating safety issues for people

John is 34 years old; he now lives alone following the breakdown of his marriage. He has been unemployed for the last three months. He has been living with depression for seven months, diagnosed following an overdose of medication when his marriage ended.

John receives support from the local community mental health team. His support worker is visiting him at home. Usually they meet out in the community; however, John has said he is not in the mood to go out. This is unusual because he generally appreciates getting out of the house.

The support worker is concerned that John may self-harm. He raises this directly with him, in a respectful way, and listens as John talks about feelings of hopelessness and despair. The support worker asks directly about any plans John has made to end his life. John responds that he has thought about this and has decided that medication can't be relied on, so he will hang himself.

The support worker assesses John to be at high risk of self-harm. He informs John that he is very concerned for his wellbeing and will not leave him alone. He then contacts his supervisor to discuss his concerns and seeks advice on how to proceed.

Here are some nonverbal communication signs that may indicate someone is at risk.

Nonverbal communication signs that may indicate someone is at risk
▶ Closed body language, including stooped posture and facial expressions such as frowning and scowling, not smiling
▶ Emotional distress, crying or becoming angry with the support worker for no obvious reason
▶ Use of language; flat voice, slow speech
▶ Being distracted, not focused
▶ Avoiding talk about the future
▶ Change of demeanour; for example, a usually engaged person becomes disconnected

Communication about abuse

Many of the steps that can be taken by support workers to encourage people to talk about family violence, to ensure there are no immediate serious risks and to help them be safer, are simple and do not require specialist knowledge.

A compassionate, non-judgmental and informed approach, and referrals to the right specialist services will be appropriate for many service sectors.

When working with people experiencing family violence, all agencies that respond to family violence should adopt a rights-based approach that demonstrates respect, non-judgmental communication, culturally informed and sensitive practices, informing people of their options, service delivery accountability and promotion of social justice.

You can access more detailed information about family violence at:

- www.dhs.vic.gov.au/for-individuals

Support emergency intervention

Many state and territory health services have policies and protocols that require health workers, including emergency workers, to report incidents of family violence and child abuse and neglect that may result from family violence to the police where there has been an injury. In addition, state and territory legislation may require reporting of incidents to either child protection authorities or the police. This is called mandatory reporting.

You need to familiarise yourself with your legal obligations. In addition to these legal obligations, your organisation may have other protocols and policies that address family violence.

The way emergency service workers respond to family violence and sexual abuse is governed by protocols and procedures set out by each state and territory or by the health service within which they work.

Workers at the frontline of emergency work with people affected by family violence focus on the injury management issues and are not expected to provide a family violence intervention. Nonetheless, responding appropriately to the violence or abuse is vital to the overall provision of appropriate interventions.

Good practice for workers attending emergency situations includes:

- Ensuring that the person experiencing abuse is kept away from ongoing exposure to the perpetrator
- Believing the person alleging violence or abuse; it is more likely that family violence will be hidden due to fear or shame than falsely alleged.
- Providing a safe environment for disclosure; if the question 'How did this happen?' is asked, support workers should ensure that the conversation is private.

Example

Ask about safety issues and take immediate action based on organisation's procedures

Paul is 27 years old; he has been living with borderline personality disorder. He is in emotional distress after the recent breakdown of a five-year relationship with his partner, Robert. He has always kept his sexuality a secret from work colleagues, acquaintances and his parents, fearing rejection by his father, who has 'traditional' views. Since he and Robert separated, Paul has been drinking heavily, missed days at work, stopped exercising (something he did at least five times per week previously), and dropped out of his part-time university course, and he often cries uncontrollably.

The mental health support worker is concerned that Paul may harm himself. She says to him, 'Paul, I'm very concerned about you. I can see you're really distressed about the split with Robert. It's a really sad time, how are you coping with this pain?'

Paul replies, 'I don't want to be alone. I'm tired of the struggle'.

The support worker asks, 'Are you saying you want to end your own life?'

Paul's evasive response then prompts the support worker to ask, 'What plans have you made?'

Topic 2

In this topic you will learn how to:

- **2A** **Listen empathetically to details of current crisis situation**
- **2B** **Affirm and strengthen links to safety and living**
- **2C** **Provide strategies for dealing with the immediate crisis**
- **2D** **Respond to person's current capacity for decision-making and coping**
- **2E** **Reduce immediate danger and seek emergency assistance as required**
- **2F** **Confirm actions are legal, ethical and meet duty-of-care requirements**
- **2G** **Seek advice or assistance from supervisor**

Address immediate safety concerns

When a person's safety is at risk, you must have all the relevant information and apply clear thinking to the situation in order to get a good outcome.

Clearly, it is always considered a good outcome when we deal with the immediate danger to safety without injury or harm. However, abuse and self-harm both involve a cycle of thinking and behaviour, and a lasting outcome where the risk does not immediately or regularly recur requires good process to be followed.

This can be very challenging in emotion-packed, crisis situations where the consequences of inaction or taking the wrong action can be grave.

Life event triggers

- Relationship breakdown
- Job loss
- Suicide of someone known to the person
- A traumatic event such as an assault
- Public embarrassment or humiliation
- An adverse medical diagnosis

Assumptions about self-harm

Some common misconceptions exist about self-harm and if support workers believe these, then they are unlikely to be able to identify those at risk or to deal effectively with someone who is self-harming.

As is often the case, there are even contradictory assumptions that serve to understate or overstate the seriousness of self-harm.

The following lists some common assumptions about self-harm.

If you self-harm, you're mentally ill

Self-harm is a behaviour or symptom, not an illness. Self-harming behaviour is strongly suggestive of an underlying psychological or emotional problem, but many young people who self-harm do not meet the criteria for diagnosis of any specific mental illness.

Self-harm is an attempt at suicide

Often what frightens people most about self-harm is the assumption that the person is trying to kill themselves. This is not true. In the vast majority of cases, self-harm is a coping mechanism, not a suicide attempt. It may seem counterintuitive, but in many cases people use self-harm as a way to stay alive rather than ending their life.

It's just attention seeking

Self-harm is not about seeking attention. Most young people who self-harm go to great lengths to hide their behaviour by self-harming in private and by harming parts of the body that are not visible to others.

It's a fashion, a trendy thing

Self-harm is not a new behaviour that has arrived with a particular subculture or trend among young people. Mental health professionals have been studying and treating self-harm for decades. Despite this, self-harm continues to be associated with particular subcultures, resulting in stereotyped beliefs that only 'certain kinds of people' self-harm.

Factors for resilience

When strengthening links to safety and living, you should explore with the person their own internal strengths and the external resources they have available to assist them. Be creative, as these links could range from love of a pet to plans to see a favourite band in concert in six weeks' time.

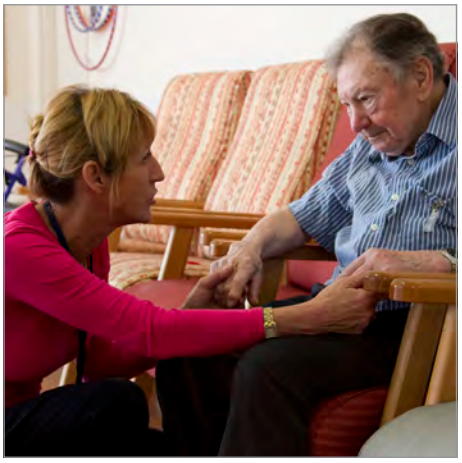
Strengths could include: an inner feeling of resilience, coping skills, family support, financial assistance, stable accommodation and so on. Every person has strengths, but someone can be so distressed that they have difficulty identifying or utilising them.

The ability to bounce back, adapt to change and cope with negative events demonstrates resilience. Strengths-based practice supports the principles of resilience; positive internal or external factors in a person's life can cushion or protect them from the negative impacts of traumatic experiences. Building on strengths improves the ability to cope and adapt.

Some factors that build resilience are:

- being strongly connected to the community through a hobby or a passion
- having access to services when needed
- practising and feeling proud of one's own culture
- being physically fit.

Understand what another is thinking



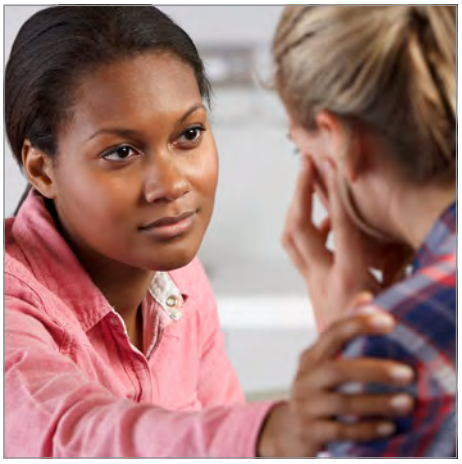
When people have suicidal thoughts, they are often feeling fearful or trapped. By understanding the person's feelings and why they are contemplating suicide, a support worker can suggest alternative strategies to address the distress.

For example, if a person comments, 'No-one cares about me, I may as well be dead', the support worker can get the person to help identify people who do care about them, suggest that these people may be unaware of their emotional distress and discuss how the person could access support from people around them, including work colleagues, family and professional supports. If the person is feeling alone, they and the support worker can collaboratively determine how the person could improve their social network.

Support workers should gain an understanding of why suicidal thoughts are present. This understanding will assist them to be aware of any underlying short or long-term issues that the person has been experiencing and to identify what strengths could be utilised to develop strategies to address the emotional distress.

It is the person who determines what is important to them and what could be causing their distress. What is important for one person should not be minimised. For example, many people are very attached to their pets and when a pet dies, they experience intense grief. People who don't have pets may not understand this strong emotional response.

2D Respond to person's current capacity for decision-making and coping



When working with people who have safety issues, a collaborative approach is the ideal. As we have already mentioned, a person is naturally more committed to a solution that they have helped create.

However, in many crisis situations, time may be of the essence. Collaboration and consensus decision-making are not fast. It takes time to explore options, consider costs and benefits, and then make an informed choice.

However, time is not the only factor that may impose a limit on a collaborative approach to making decisions. There are a number of reasons that a person may not fully collaborate with a support person to create a possibility for action. Some of these reasons are:

- cognitive impairment
- mental illness
- being drug or alcohol affected.

Vary your approach

While the process of working with people at risk should have certain features, it is important to treat each person as an individual and this means allowing some flexibility to your approach.

Every person has motivators or drivers, things that give them the incentive to act, but these are different for each person. People have different values and beliefs too, and all of these must be respected.

It is important to understand that not every person will have the same degree of insight into their plight. Without significant advice, prompting and direction, they may choose a course of action that is not likely to have good results.

As a principle, however, always aim for the highest level of self-determination in decision-making that is safe in the circumstances.

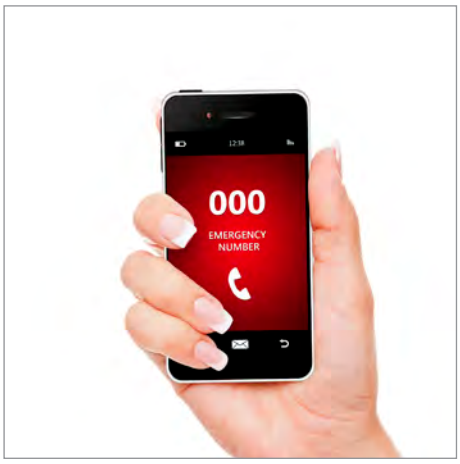
You may even need to consciously vary your approach when supporting the same person at different times and in different circumstances.

Factors that may require you to vary your approach include:

- use of alcohol and drugs
- stress
- fear
- desperation
- lack of sleep.

Access emergency assistance

If, in following organisational procedures, you find it necessary to contact the emergency services, the time for collaboration with the person may have passed.



You will need to respond to specific questions asked of you by the 000 operator and need to give clear and calm answers to make sure that you enable a prompt and appropriate response.

If the situation is critical, you may need to act under the direction of an ambulance officer or paramedic over the phone until emergency assistance arrives. Your ability to stay calm and keep a clear head is key to providing the emergency services with the information they need to properly direct your actions.

The emergency numbers for police, fire and ambulance in Australia are:

- 000 – from all telephones and connected through to an operator
- 112 – from mobile phones and connected through to an operator
- 106 – a text emergency relay service for people who have a hearing or speech impairment.

Identify actions

If emergency assistance is not required, you can collaborate with the person to identify and agree on actions to be taken to reduce immediate danger.

Communicate with empathy. Seek to create a calm environment to promote safety for the person at risk, caregiver and any others involved in the situation. Affirm and build on the person's desire for help and safety implicit in the helping relationship.

At the same time, be vigilant about safety and remain aware that risks to life and safety can often be greater than individuals recognise or intend. Always be mindful of and monitor the level of risk. Safe outcomes are your primary focus, regardless of the person's stated intentions. Risks to life and safety can be greater than you realise at the time, and your own health and safety and those of other members of the community must protected too.

Never rule out the option of emergency assistance; you will possibly need to reassess this decision if the situation changes.

Responding to a crisis can be stressful, and trying to think clearly to ensure everyone's safety while meeting organisational and legal obligations can be difficult. Your response should enable prompt, timely action that increases informal and professional support and enhances personal safety.

8 **Cross-border disclosure of personal information**
Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.

9 **Adoption, use or disclosure of government-related identifiers**
Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.

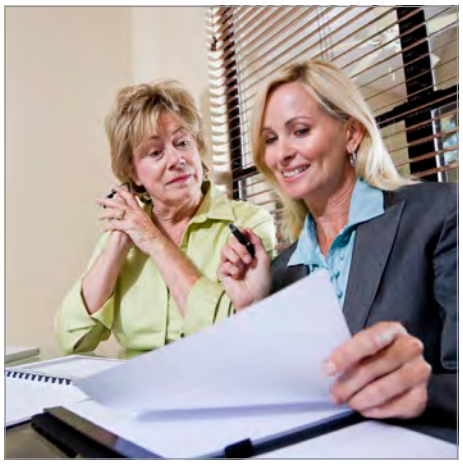
10 **Quality of personal information**
An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.

11 **Security of personal information**
An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.

12 **Access to personal information**
Outlines an organisation's obligations when an individual requests to be given access to personal information held about them by the organisation.

13 **Correction of personal information**
Outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

Mandatory reporting



While voluntary codes of practice and assessment tools are available to guide best practice in dealing with people at risk, legislation has been enacted in most states to impose mandatory reporting obligations on any service that becomes aware of certain risk or violent behaviours.

'Mandatory reporting' is a term used to describe the legislative requirement imposed on selected people to report suspected cases of child abuse and neglect to government authorities. These people in the community interact with children and young people in the course of their work and so are required to report. These include doctors, dentists, nurses, midwives, teachers, police officers, counsellors and coordinators of home-based care for children, public servants who deal directly with children and some others.

In the mental health sector, it is the responsibility of the supervisor to report, but the mental health care workers who support children need to report their concerns to their supervisor. Any person with a mental illness who suspects or witnesses any abuse or neglect should communicate their concerns to their mental health care worker, who can take it further as required. This is an example of the person understanding and exercising their rights in terms of their legal and ethical responsibilities.

You can access more information about the family violence legislation in your state at:

- www.dss.gov.au/sites/default/files/documents/05_2012/domestic_violence_laws_in_australia_-_june_2009.pdf

Practice task 10

1. List two areas that professional supervision should address.

2. List two principles that a code of conduct may include.

Summary

1. The key to listening empathetically is to listen without making judgments or assumptions. It is possible to empathise with a person without agreeing with them or their behaviour, or even fully understanding their situation.
2. Support workers should be aware of any positions or assumptions they have formed about self-harm and abuse. Understanding another person's situation and responses may only be possible through setting aside your own values and beliefs.
3. A strengths-based approach to support is key to helping an at-risk person make links to safety and living. This involves having an appreciation of what is important to a person.
4. Basic counselling involves supporting people to discover important answers by careful listening and asking questions. Strategies for dealing with an immediate crisis should be suggested by the person at risk wherever possible.
5. A strengths-based approach supports a person to be resilient and adapt to other ways of thinking and behaving that will strengthen their links to living.
6. A number of simple techniques can help a support worker informally assess a person's capacity for decision-making and the effectiveness of their coping mechanisms. Consent and agreement are important even in situations of reduced capacity.
7. Taking the right actions in each situation requires knowledge of organisational process, the person's wishes and the support services available.
8. Support workers should always operate within their area of responsibility and maintain professional boundaries. Support workers must know their obligations regarding mandatory reporting of abuse, violence and harm, and when to ask for guidance
9. Supervisors must make sure support staff are adequately trained for the situations that they typically encounter, and offer staff support to deal with traumatic work situations, including debriefing and formal counselling if needed.

Here are the contact details for some support services.

Telephone support services
▶ Beyond Blue 1300 22 4636
▶ Kids Helpline 1800 55 1800
▶ Lifeline 13 11 14
▶ SANE Helpline 1800 18 7263
▶ Alcoholics Anonymous 1300 222 222
▶ Narcotics Anonymous Australia 1300 652 820
▶ Mission Australia 13 11 14
▶ Police, fire, ambulance 000

Culture and barriers

People from culturally and linguistically diverse (CALD) backgrounds may have additional barriers to seeking and accepting help. In addition to language barriers, their understanding of mental illness and emotional crisis can be shaped by social or religious beliefs. In some cultures, mental illness is perceived as 'the will of God' or seen as a punishment. The shame and stigma associated with mental illness can lead to reluctance to engage with service providers.

Similarly, Indigenous Australians may be reluctant to seek assistance from mainstream services because they may be concerned that their issues will not be addressed in a culturally appropriate manner. They may prefer to access a service with Indigenous staff whom they consider more understanding of their culture, their values, their situation and the effects of living within Australian society.

Overcome barriers

One of the reasons that people at risk may need to obtain further care and support is to help them learn to be more resilient and develop coping strategies they can use in the future. These same strategies can also assist people to overcome barriers to obtaining ongoing support by helping them realise they have a right to such care.

Strategies to increase resilience and develop coping skills often involve behavioural interventions that teach people to change the way they think about themselves and the kind of self-talk they engage in. Thoughts and thought patterns maintain behavioural patterns that can prevent a person from breaking out of a cycle of abuse or self-harm.

Strategies should take a strengths-based approach, encouraging people to move from a position of helplessness to one of actively considering options and developing problem-solving skills and strategies.

3C Plan agreed first steps to access informal and professional help

Support workers must collaborate with the person to identify and access sources of informal support and professional help over the short and long term. This involves the individual considering the supports and services they may need to access for ongoing informal support and for professional help.

Often, referrals for specialist support must be made by a general practitioner if they are to be covered by Medicare; for example, mental health services and psychologists.

Developing a plan to access informal and professional supports ensures that all parties clearly understand what the expectations and responsibilities are. Having a plan in place also formalises the process and facilitates evaluation and review to find out what is working and what isn't. The review process allows changes to made to the plan to better meet the person's needs. Plans should include time frames and measures to make it easier to judge progress.

Provide information and referral

One role of the support worker is to provide information about the kind of services available to, and most suitable for, a person at risk. Workers should consider the person's individual needs when providing information; for example, a person who has a substance abuse issue but is not receiving any treatment may need to prioritise this before considering other support.

People should be given information about services available in their area and made aware of how other health professionals such as doctors and counsellors may be able to help them address their at-risk behaviour.

You should provide people with information in a way that they understand, so they can make an informed choice. This may involve discussing services with people who have low literacy or involving a translator for people who do not have strong spoken English.

Once the person has made a decision to use a particular service, the support worker should help them plan how and when they will use the service. All details should be recorded in the person's safety management or support plan.

A person with high needs for support may need to see a counsellor as often as once a week to help them build their resilience and problem-solving ability. They may also need visits twice a week from a mental health or community services worker. In addition, they may want to attend a support group for people at risk of suicide once a month.

Over time, as the person at risk becomes more confident in their ability to manage their own behaviour, they may decide to continue with only one of these services. Any changes to participation in formal services should be documented in their ongoing management plan.

Example

Plan agreed first steps to access informal and professional help

Peter is a 45-year-old man who lives alone on the family farm in regional Australia. He has a sister who lives with her family in the closest town, 20 minutes' drive away. Peter has been experiencing depression for many years, but it has worsened lately. As a result, his doctor has changed Peter's antidepressant medication and he is visited by a mental health support worker once a week. He also keeps an appointment with his doctor once a week. The mental health support worker and Peter develop a safety plan to keep him safe from self-harm in the short term, with the expectation that any suicidal feelings will ease when the new medication starts to take effect.

Here is the safety plan Peter and his mental health support worker have developed together.

Activity	Person responsible	Time frame
Peter to identify when he is at risk of hurting himself and to seek the help and support he needs.	Peter	Always
Peter to keep regular appointments with his GP and mental health support worker.	Peter GP Mental health support worker	GP appointment – every Tuesday Mental health appointment – every Friday
Peter's mother and sister to organise a schedule so that one of them phones Peter for a chat and to ask about his suicidal intentions every evening.	Peter's mum Peter's sister	Every day
Peter to access a 24-hour counselling line when necessary. He will call the service for a practice call to become familiar with the process for accessing the service and to lessen his anxiety about asking for help.	Peter	As necessary
Peter to stop drinking alcohol for the next three weeks, as it may interact with the medication and affects his mood.	Peter	Every day
Peter to join his brother-in-law at football training every Wednesday night to improve his fitness and engage in a social activity.	Peter Peter's brother-in-law	Every Wednesday
All guns are to be removed from the property. Peter's neighbour has agreed to store them safely on his property. The local police have agreed to transport the guns today.	Peter's neighbour Police	Immediately
If suicidal feelings become overwhelming, Peter will be admitted to hospital, with his father agreeing to come and manage the farm.	Peter Peter's father	If necessary

Here are some of the benefits of acknowledgment.

Benefits of acknowledgment
▶ It validates the person.
▶ It shows respect for the person and acknowledges their dignity as a self-determining individual.
▶ It recognises the person's strengths and initiative in the decision-making process.
▶ It acknowledges the soundness of the decisions made.
▶ It enhances the person's sense of control over their lives.
▶ It encourages the person to take active steps to help themselves.
▶ It fosters ongoing links to other options for support and care.
▶ It establishes a basis for ongoing care based on self-determination and resilience.

Sources of support

When you are unable to assist an individual at risk, it may be appropriate to refer them to an external service provider that has the necessary skills, experience and resources to provide what is needed. Specialist professionals are able to provide specific support to assist a person with their particular needs. If a person has more than one issue, there may be a number of specialists involved at the same time.

There are many sources of support for people, delivered by both government and nongovernment services.

See the following for information about health facilities and professionals and the services they offer, so you know where to refer people when their issue is outside the boundaries of the organisation you as the support worker are employed in.

Doctor
▶ GPs can provide assessment, appropriate medications and ongoing care of people at risk of suicide.

Psychiatrists
▶ Psychiatrists are mental health experts and can diagnose people who may have mental illness, prescribe medication and offer other appropriate interventions.

Psychologists
▶ Psychologists can conduct mental health and suicide-risk assessments, and provide counselling and appropriate behavioural interventions.

Incident report

An incident report forms part of an organisation's work health and safety (WHS) system. It is used to describe incidents, near misses and concerning changes that you have witnessed. Generally, the form then needs be lodged with your supervisor and followed up by a WHS specialist.

An incident report is also a legal document and you must record accurately and objectively what you have observed.

Critical incident report

Organisational policies on critical incident reporting will closely mirror those in practice guides or instructions from regulatory or funding agencies, and include direction on mandatory reporting obligations. Agencies may have specific reporting templates that must be filled out. Service providers may be required to file copies of all critical incident reports relating to the person in the person's file and review the incidents as part of quality assurance.

Critical incident reports

Legislation in the state your service operates in, along with the guidelines of your funding body (also possibly state-based), will largely determine the requirements for documenting critical incidents.

Regulatory or funding agencies may have reporting templates that must be filled out. Service providers may be required to file copies of all critical incident reports relating to the person in the person's file and review the incidents as part of quality assurance.

Service providers may also need to keep a critical incident register or database and make sure it is up to date and available for audit.

Paper-based reports and related electronic data must be stored securely and only accessed by staff that have a legitimate business purpose. Best practice for storage of paper reports is usually in a locked cabinet in an area that is restricted to staff only. Access to electronic data should be limited to appropriate staff only through password restrictions or access permissions attached to a user profile.

You can access more information on critical incident reporting at:

- www.dhs.vic.gov.au/funded-agency-channel/about-service-agreements/incident-reporting/human-services

Here is information from: DHS Victoria about critical incident types.

Critical incident types

- Behaviour: behaviour that may need to be reported includes dangerous, disruptive or sexual (inappropriate or exploitative) behaviours
- Breach of privacy/confidentiality matters: inappropriate disclosure of confidential personal information
- Death of a person being supported, another person or a staff member
- Drug/alcohol: use or misuse of drugs and/or alcohol and/or other substances

Looking after others

Community service workers who are involved in crisis situations, such as attending to people at risk of suicide, must try to keep everyone safe.

Failure to take reasonable steps to ensure the safety of the person at risk or others may result in a negligence case being brought against the worker and their employer. In order to protect themselves, workers should confirm with their supervisors that everything possible has been done in a given situation to secure the safety of the individual and others.

There is a duty of care for workers to take reasonable steps to ensure the safety of the people they are working with and others where there is a risk of harm present.

Here are steps to minimise harm.

Steps to minimising risk:

- Try to calm and restore emotional equilibrium to all people present.
- Avoid placing yourself in danger.
- Ensure that any weapons or lethal means of suicide are removed or secured.
- Make sure that any highly stressed individuals are placed in a quiet, low-stimulus environment.
- Call in back-up and support to help manage the situation if necessary.
- Ensure the person at risk is not left alone if there is a risk of suicide.
- Provide information about services and ongoing care.
- Ask other people to leave a situation where their safety is at risk.
- Call the police if a person or persons are at risk of harm or being threatened or harmed in any way.

Example

Minimise risks to self when providing crisis support

Gabrielle is a mental health worker who supports young people affected by mental illness. She regularly hosts events where young people come together to socialise and support each other.

Gabrielle learns that one of the regular members of the group has died by suicide.

She feels very distressed. She meets with her supervisor, who provides immediate emotional support and organises an appointment with the organisation's employee assistance provider (EAP) for counselling that same afternoon. The supervisor suggests that in the meantime Gabrielle access her informal support networks, including colleagues, friends and family. Gabrielle phones a close friend – who also happens to be a health worker – and arranges to meet with her after work.

Gabrielle also organises with her supervisor to get support from a colleague to assist her when informing the young people in the group about the death of their friend. After this is done, Gabrielle will have a day off work to engage in some self-care activities such as a long walk with a friend and a massage. She will also be given time off work to attend the funeral and to access ongoing EAP support.