



Association for Agency-Based Counselling
& Psychotherapy in Ireland Ltd

Guidelines For Suicide & Risk Policy

This document is only to be used as a guideline for organisations

*Should you require any further support or have any queries please contact
(AACPI National Director)*

www.aacpi.ie

“Individuals and organisations often take a ‘fight or flight’ approach to risk assessment and management. The former is characterised by over reaction, rigidity, excessive controls and the identification of risk where none may exist. The latter can involve avoidance, complacency or the denial and minimization of risk. Anxiety and other emotions can therefore exert a significant influence on risk assessment management and strategy practice and policy.”

(O’Rourke and Bailes, 2006).

As identified there are four areas of risk which are relevant for consideration when managing people with mental health issues (O’Rourke and Hammond, 2005) ;

Vulnerability: The service user can be at risk of or exposed to damage or harm through personal or external factors (e.g. naiveté, low insight, family, social/community pressures, in care, poverty, homelessness or other resource or capability deficits);

Self harm/suicide risk: The service user can be at risk from self harm, intentional injury or killing oneself, action/behaviours destructive to one’s own safety or health;

Mental Instability: The service user can be a risk to self or others because of fluctuating and/or unpredictable mental health function especially in relation to command hallucinations and other “at risk” psychotic or disturbed phenomena;

Risk to others: The service user can be at risk of causing harm or danger, or encouraging/involving others in the causing of harm or injury to others



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Risk assessment and management involves a professional duty of care on the part of those working in mental health services towards the individual service user, where health needs are balanced with issues of personal and public safety. Health professionals must balance the promotion of client decision making and autonomy with the demands of personal, professional and public accountability. Managing risk should not just focus on eliminating risk, it is about providing a process for ensuring the potential benefits identified are increased and the likelihood of harms occurring as a result of taking risks are reduced (Titterton, 2005).

Organisation to determine the following:

- Risk to service user
- Risk to clinical staff & volunteers
- Risk to management
- Risk to Board of Directors

Assessing Risk To Service User:

- Take history of self-harm
- Previous history of suicide attempts
- History of suicide in the family
- Trauma history
- History of mental illness, mental health diagnosis
- Serious health issues, current or past
- Previous or current alcohol/drug misuse
- Social or self isolation
- Support structures/resources
- Have self-limiting and or self-defeating beliefs or behavior's
- Experienced a recent death, separation, loss of job, loss of pet
- Major life change or challenge occurring
- Financial issues

Assess:

- The nature of the risk



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- The severity of the risk
- Imminence – likelihood of the risk
- Limitations of the service provider

Once risk has been identified there is a duty of care by the organization to manage it.

Organisations consider doing the following:

- Ask appropriate questions
- Maintain good clinical notes
- Make contact with GP, psychiatrist where appropriate (primary carers of client)
- Review how the client is regularly
- Ensure clinical staff are trained appropriately to work with at risk clients
- Ensure administration staff are trained appropriately (HSE suicide training)
- Ensure organization has support in place for clinical staff & volunteers
- Refer to appropriate service where necessary