

Response to Suicidal Ideation or Gestures

Document Type	Guideline
Function	Clinical Practice, Patient Care
Directorate(s)	Mental Health
Department(s) affected	Child & Family Unit
Applicable for which patients, clients or residents?	Children and young people
Applicable for which staff members?	Crisis staff on duty, Child and Adolescent Psychiatrist responsible for cover
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1. Purpose of guideline

To promote a safe and consistent approach in response to children and young people presenting to health and other professionals with suicidal ideation or gestures, and suspicion of such by others.

2. Frequency

Each time a child presents with suicidal ideation or gestures. This issue presents randomly at the average rate of two per week in the form of attempted suicide, and more frequently with suicidal ideation and reports of this by others. New Zealand has an increasingly high rate of completed suicide amongst youth, especially male aged between 15 - 24 years.

3. Procedure

Safe and consistent approach

Follow the steps below to promote a safe and consistent approach in response to children and young people presenting to health and other professionals with suicidal ideation or gestures, and suspicion of such by others.

Step	Action
1.	Gather and record information about suicidal gestures or thoughts as it is given.
2.	If gathering or eliciting information directly from young person, inform them of your professional responsibility and intention to disseminate information to appropriate others. This can include negotiation with young person about who others are, except the responsible Child & Adolescent Psychiatrist and associated staff who must be informed.
3.	If gathering and eliciting information from others, including staff, parents, and people referring from the community, document this information, in conjunction with crisis intervention process (as documented in this manual).
4.	Assess severity, history and, frequency of ideas or gestures and risk status of young person by conducting a psychiatric psychosocial assessment. This must be implemented by a qualified health professional in consultation with the responsible Child and Adolescent Psychiatrist. This may also need to be conducted in consultation with cultural advisors and/or the hospital interpreting service.
5.	Assess safety and well-being of young person in relation to current living arrangements, current mental health status, current physiological status and community support systems. Follow admission procedure if the safety and well-being of the young person is clearly and significantly compromised by mental disorder and would be best promoted and maintained in an inpatient mental health service.
6.	If admission is not indicated, or eventually decided upon, devise a safety procedure in conjunction with the young person, and with responsible adults involved in their care,

	including parents, caregivers, respite services, care and protection, after hours crisis services, other health and education professionals and if necessary legal or law enforcement agencies. In some cases this may need to include peers and/or siblings with whom the young person is in close contact with, i.e. if accompanied by friend/sibling to the assessment.
7.	Inform appropriate people of this plan, preferably with documentation.
8.	Arrange follow-up in conjunction with own team or with identified community supports, and supply documentation of your assessment and plan.
9.	If Child & Family Unit service is not the appropriate one to conduct this assessment in the first instance eg out of area, out of hours, referrer must be directed to appropriate service and this service informed by telephone, facsimile or other as soon as is practicable.

4. Legislation

- [Children, Young Persons, and Their Families \(Oranga Tamariki\) Legislation Act 2017](#)
- [Mental Health \(Compulsory Assessment and Treatment\) Act 1992](#)
- [Privacy Act 1993](#)
- [Health Information Privacy Code 1994](#)

5. Associated Auckland DHB documents

Location manual

- [Admission - Child & Family Unit - Pre-Admission Planning](#)

6. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

7. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or the [Clinical Policy Facilitator](#) without delay.