

BRIEF

INTERVENTIONS

Brief interventions are rapid, evidence-based interventions provided by workers to people identified with suicide, self-harm and overdose risk. The goal of the brief interventions is to target immediate risk, these include:

- Safety planning
- Lethal means counselling
- Education for service users and support people

My Safety plan

A brief collaborative intervention between the clinician and the person at risk of suicide and their family, carers or trusted supports. It is a personalised crisis management plan which outlines triggers and warning signs, coping strategies, support people and resources the person can use in a crisis and encourages a commitment to coping.

A safety plan assists the person to utilise internal and external coping strategies and resources when in crisis and supports them to engage in their personalised crisis management plan. This is important as often when a person is distressed, they may find it difficult to problem solve or recall effective coping strategies. A safety plan is developed in collaboration with the person and their family and carers ideally when the person is not distressed and is able to identify coping strategies. Safety planning involves sitting with the person and their support people and working through the safety plan document together. It cannot be completed on behalf of the person.

Counselling on Access to Lethal Means (CALM)

CALM interventions involve removing or reducing access to any potential lethal means in the environment that a person may use to end their life. It involves placing as many barriers as possible between a person's impulse to attempt suicide and having access to their means of choice. This includes safely storing and dispensing of medication, alcohol, removing a rope or formulating an agreement restricting access to transport and places identified by the person as to where they may end their life. Suicidal and self-harm ideations can and do pass and putting time and distance between a suicidal person and lethal means can save their life.

It is important to work with the suicidal person and their supports to reduce access to lethal means and to find common ground with the person and supports. The interventions support a shared understanding of the importance of safety, seeks mutual goals and collaboratively allocates designated tasks. It is important to explain that risk can escalate rapidly and restricting access reduces risk.



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How to start a conversation on reducing access to means.

Introduce CALM and explain that the aim is to work with the person and family to reduce risk by reducing access.

Support the person and family to identify practical steps they can take to make their home environment safe:

- Identify the method/s person has considered (CASE approach)
- Identify access the person has to the method/means (CASE approach)
- Identify actions that will be taken to remove method
- Identify who will remove access to the method and when
- Identify who will check it has been done and who will they inform
- Clinician to document plan and follow up on designated actions.

Service user and Carer Education

This brief intervention provides an opportunity to develop a shared understanding of recent events and ongoing care between person, family, and workers. The concept of suicide may not be familiar to the person or support persons and there may be some questions they would like the opportunity to ask.

Even though you know lots about suicide, self-harm, and crises involving distress; the service user and support people may not.

- WHAT DOES SUICIDE/SELF-HARM/CRISIS MEAN?
- WHY DOES SUICIDE/SELF-HARM/CRISIS OCCUR?
- WHAT SHOULD I LOOK OUT FOR?

- HOW CAN I DISCUSS THIS WITH SOMEONE I CARE ABOUT?
- WHAT CAN SUPPORT PEOPLE DO TO HELP?
- DISPELLING COMMON MYTHS (E.G. DSH IS JUST ATTENTION SEEKING)

Remember to give education to both service user and support people, especially those who are part of the Safety Plan or the Care Plan.

This is an opportunity to have an open discussion about the person's experience, current condition, treatment options, medications, impact of substance use and follow up recommendations. It is important to discuss signs of deterioration and how to access the service when needed.

Workers should provide education and written information for consumers, carers and families – service user and carer resources have been developed to provide to service user who are experiencing a suicidal crisis and carers who are caring for someone experiencing a suicidal crisis.

