



Australian Government

Department of Health and Ageing

OPERATIONAL GUIDELINES

FOR THE

ACCESS TO ALLIED PSYCHOLOGICAL SERVICES INITIATIVE (ATAPS) SUICIDE PREVENTION SERVICE

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**Mental Health Services Branch
Mental Health and Drug Treatment Division
Australian Government Department of Health and Ageing**

ATAPS SUICIDE PREVENTION SERVICE

1. Introduction

This Service provides priority access to the Access to Allied Psychological Services (ATAPS) initiative for people who have self harmed, attempted suicide or who have suicidal ideation and are being managed in the primary health care setting.

The primary objective of the Service is to provide treatment and support to individuals at increased risk of suicide or self harm at a critical point in their lives. The ATAPS Suicide Prevention Service complements other ATAPS services and the Better Access to Mental Health Care initiative.

This Service provides funding to Divisions of General Practice (Divisions) and Medicare Locals to engage allied health professionals who have specific skills or training in providing clinical care to people who are at increased risk of suicide or deliberate self-harm.

This service is a mandatory component of the ATAPS Program, however it is recognised that some organisations may be unable to provide this service due to unacceptable risk if the state or territory acute mental health service (or equivalent) is unwilling to accept referrals from the ATAPS Suicide Prevention Service when a client is at acute or immediate risk of suicide or self harm. In circumstances where these referral protocols cannot be established with an acute mental health service (or equivalent) for referral in times of crisis, the Division or Medicare Local should contact the Department to discuss the way forward. Divisions and Medicare Locals who approach the Department on this basis may be required to provide information on the efforts made to establish these relationships.

2. Purpose

This document is primarily designed for use by Divisions and Medicare Locals who are providing the ATAPS Suicide Prevention Service. This document provides information specific to the Suicide Prevention Service and builds on the information available in other sections of the overarching ATAPS Operational Guidelines. Divisions and Medicare Locals should use this information in conjunction with the information in their Funding Agreement and information in the overarching ATAPS Operational Guidelines.

It is recognised that this document may also be distributed to others, including allied health providers, GPs, and state government health departments and associated services. These audiences should keep in mind that Divisions and Medicare Locals have some flexibility in how these services are implemented at the local level, and should not rely on this document alone for information on the availability and eligibility of these services in their local area. It is recommended that health care providers contact the Division or Medicare Local that is funded to provide these services for information specifically related to eligibility and availability in the local area.

3. Transition from other Suicide Prevention Projects

Divisions who received funding as part of the *Additional Support for Patients at Risk of Suicide or Self Harm* demonstration projects, or who provided suicide prevention services under Tier 2 prior to 1 July 2011 are required to transition these services to ensure consistency with the requirements of these Operational Guidelines for the ATAPS Suicide Prevention Service. Impacted Divisions will have until 31 December 2011 to complete this

transition. Should a Division wish to be granted an exemption to this, prior written approval must be granted by the Department. Any request of this nature should include details of the reasons for this request.

4. Eligibility for the ATAPS Suicide Prevention Service

The ATAPS Suicide Prevention Service is designed to provide support to people in the community who are at increased risk of suicide or self harm. However, this Service is not designed to support people who are at acute and immediate risk of suicide or self harm. Individuals at acute risk should be referred immediately to the relevant state or territory government acute mental health team (or equivalent).

The ATAPS Suicide Prevention Service is primarily designed for three groups of people:

- people who, after a suicide attempt or self harm incident, have been discharged into the care of a GP from hospital, or released into the care of a GP from an Accident and Emergency Department;
- people who have presented to GP after an incident of self harm; and
- people who have expressed strong suicidal ideation to their GP.

This Service may also provide support to those who are considered at increased risk in the aftermath of a suicide.

In considering a person's eligibility for these services, providers should consider the complexity of the individual's circumstances and the number of contributing factors. Consideration should also be given to the short term nature of the ATAPS Suicide Prevention Service and whether the individual is more appropriately supported by the state or territory acute mental health service.

This Service is not designed for people who are being managed on an ongoing basis by state government mental health services following release from a hospital acute mental health ward or an Accident and Emergency department. The Service is also NOT designed for people who have been released from a Psychiatric Accident and Emergency Department.

The Service is NOT intended to increase the number of high risk people being managed in the primary health care setting or to divert people from the care of the state or territory mental health services, but to better support those people **already** being managed in the primary health care setting. This service aims to better integrate care between acute and primary mental health care for the management of this group, and provide referral pathways for GPs to better support their existing patients. This service is also not designed to reduce the responsibilities of acute mental health services, but to support those who are not appropriately supported through this setting.

There are a small number of individuals who have persistent or recurrent thoughts of self harm for months or years, as a part of a mental disorder, and are at risk of acting on these thoughts. These individuals are best treated by state government mental health services or a private psychiatrist and are not a focus for this Service.

There is no limit on the number of times an individual can be referred for these services in a calendar year, however should an individual require multiple referrals, consideration should be given to whether that individual is more appropriately managed by an alternate service.

More defined eligibility criteria is not provided by the Department. This is to allow Divisions and Medicare Locals some flexibility in the targeting of the services, based on local needs, gaps in service availability and funding limitations. Division and Medicare Locals may choose to develop stricter eligibility criteria for their service, provided this is developed with appropriate clinical input, and remains within the scope and intent of this service as outlined in the funding agreement Schedule and this document.

5. Referral Requirements

People can be referred for services by their GP or directly from an Accident and Emergency Department or on discharge from a hospital ward. People may also be referred from the state or territory acute mental health support team, where that service has identified the individual is not at acute or immediate risk, and is not best supported by that service post assessment.

It is noted that various jurisdictions have protocols and policies relating to the way in which people who have attempted or are at risk of suicide or self harm are managed within the state or territory system. Divisions and Medicare Locals must ensure that the ATAPS Suicide Prevention Service is implemented in a manner that complements these existing processes and does not interrupt exiting pathways. For example, in jurisdictions where it is standard for all people at risk of suicide or self harm who present to an Accident and Emergency Department to be assessed by the acute mental health team before being released, it may be more appropriate to develop referral pathways from the acute mental health service rather than directly from the Accident and Emergency Department.

Should a Division or Medicare Local be unsure as to how to implement a service that meets the requirements of these Operational Guidelines and also complements state or territory government processes/services, that Division or Medicare Local should contact the Department to discuss.

While many people who attempt suicide have a mental disorder, a person does NOT need to have had a mental disorder diagnosed before referral to ATAPS Suicide Prevention Service, and is NOT required to have a GP Mental Health Treatment Plan completed.

People referred directly from the hospital setting or acute mental health support team should visit their GP within two weeks of the first service to ensure all their health care needs are being addressed. This should specifically include the treatment of any mental disorder of which suicidal thinking or behaviour is a symptom. The allied health provider will encourage and support this contact.

It is recognised that in some communities or for some individuals a GP may not be the primary provider responsible for the overall care of the person. Where an individual is receiving primary care from an Aboriginal Medical Service for example, the individual should be encouraged to visit this alternate primary health care provider in order to ensure other health care needs are being managed and continuity of care is maintained.

Where the client is in the Accident and Emergency Department following a self harm incident or suicide attempt, the Accident and Emergency Department may contact the ATAPS After-Hours Suicide Support Line and request this service contact the client. More information on the ATAPS After-Hours Suicide Support Line is provided in section 12.2.

6. Intervention Period

The ATAPS Suicide Prevention Service is designed to provide immediate and short term support for people during a period of increased suicide risk. The Service is not intended to provide long-term intensive support. In most cases people would access services for a period of up to two months.

People referred under this project will have priority access to the allied health provider and the allied health provider is to contact the person within 24 hours of referral. The first session with the allied health provider must occur within 72 hours of referral or earlier if clinically indicated. If this is not possible due to limited availability of the allied health professional due to the weekend or public holidays, or for other factors, arrangements must be made for the ATAPS After-Hours Suicide Support Line to make contact with the person and provide support until the allied health provider can contact the individual and/or deliver a service. More detail on the ATAPS After-Hours Suicide Support Line is provided in section 12.2. Please note that it is expected that in most cases contact would be made by the allied health provider within the required timeframe.

Unlike the standard ATAPS arrangements, there is no limit on the number of sessions the client can access. However it is anticipated that these sessions would be conducted in a condensed time period, of around 1-2 months and will be based on individual client need.

It should be noted that services provided under the ATAPS Suicide Prevention Service have no impact on a person's entitlement to ATAPS Tier 1 or other Tier 2 services (with the exception of other ATAPS suicide prevention initiatives). The services provided under the ATAPS Suicide Prevention Service also have no impact on an individual's entitlement to Medicare subsidised allied mental health services.

7. Interventions

Divisions and Medicare Locals will engage allied health professionals to provide services to clients of the ATAPS Suicide Prevention Service. The allied psychological services to be provided through this Service shall be broadly consistent with those provided across the ATAPS Program (refer to the ATAPS Operational Guidelines). The services should be tailored to meet the needs of individuals who are in psychosocial distress associated with suicide or self harm and be part of the treatment for any mental disorder identified as causing the suicidal thinking or behaviour.

Service provision by the allied health provider is expected to be a mixture of face to face consultations and follow up phone calls to promote ongoing therapeutic contact. Clinical service delivery should be primarily face to face.

Allied health providers may also undertake an education/clinical support role (for example, provide support to GP practice staff/nurses in a capacity building role). This role should be a small component of the Suicide Prevention Service, with direct service delivery to clients at

risk of suicide or self harm being the primary role of the service. However, this role may be somewhat more significant in the early stages of establishing the service to assist in encouraging GP uptake and engagement in the service.

The allied health provider may also undertake a care coordination role and facilitate access to other care providers such as a private psychiatrist. Whilst providing care coordination the allied health provider will retain responsibility for the clinical suicide prevention intervention services. Medical practitioners who participate in case conferences may be eligible to bill that service against a Medicare item. Divisions and Medicare Locals should ensure medical practitioners are aware of the relevant Medicare items to encourage participation in case conferences as appropriate. Should providers not be appropriately skilled in care coordination, consideration should be given to education and training activities that could be undertaken to build knowledge and experience as well as appropriate supervision.

If in any doubt as to the immediacy of risk of the patient, the allied health provider is to contact the acute mental health team. This project is not intended to have the allied health provider take on the crisis intervention role. The allied health provider is expected to have well developed communication links with the acute mental health team for referral in the event of an emergency supported by the local protocols developed by the Division or Medicare Local.

8. Transition

The allied health provider will decide, in consultation with the person and their GP, when it is appropriate for the intensive suicide prevention treatment service to cease and assist in facilitating access to any further required services. This may include (but is not limited to) transition to ATAPS Tier 1 or other Tier 2 services, Medicare based mental health services or specialised mental health services.

9. Training Requirements

Allied health providers engaged to provide services under the ATAPS Suicide Prevention Service must at a minimum, meet the requirements to be an ATAPS provider (refer to the ATAPS Operational Guidelines). In addition, providers must have specific training in providing services to people at risk of suicide. This training is designed to ensure that all providers working under the ATAPS Suicide Prevention Service have at least a minimum level of understanding of how to work appropriately with this higher risk group. If individual providers do not feel that this training is sufficient, these providers should seek out additional training and educational opportunities before providing services under the Suicide Prevention Service.

It is mandatory for all allied health providers working under the Suicide Prevention Service to complete the training and assessment developed by the Australian Psychological Society to support the Additional Support for Patients at Risk of Suicide or Self Harm demonstration project. Further information on this training can be obtained by contacting Allen White at the Australian Psychological Society on (03) 8662 3378 or emailing a.white@psychology.org.au.

Based on feedback provided by stakeholders, this training is currently being updated, and is expected to be available in early 2012. Once the updated training is available, any providers who have not already completed the training developed for the demonstration project will be

required to undertake the updated training and assessment before providing services under the ATAPS Suicide Prevention Service.

Divisions and Medicare Locals will be formally advised when the updated training becomes available and how to access it.

As part of this update, a system for the recognition of prior learning is also being considered. Until such time as a recognition of prior learning system is in place, all allied health providers delivering the ATAPS Suicide Prevention Service will be required to complete the mandatory training.

Divisions and Medicare Locals participating in the Service will be responsible for maintaining a register of allied health providers delivering treatment services and ensuring that all allied health providers have completed the required training.

Provisionally registered allied health providers are NOT eligible to provide services under the ATAPS Suicide Prevention Service.

10. Crisis Referral Arrangements

In order to provide services through the ATAPS Suicide Prevention Service, Divisions and Medicare Locals MUST have formal arrangements in place with the acute mental health team (or equivalent) for the referral of individuals who are at acute and immediate risk of suicide, self harm, or harm to others. These arrangements MUST be in place PRIOR to the provision of services.

Those Divisions that were providing suicide prevention services under Tier 2 arrangements or the suicide demonstration projects prior to 1 July 2011 may continue service provision, but must develop arrangements with the acute mental health team (or equivalent) for support in the event of a crisis as soon as possible, and by 31 December 2011 in order to continue to provide ATAPS Suicide Prevention Services after this date.

It is recognised that the availability of acute mental health services varies both across and within jurisdictions. Rural and remote areas in particular may have limited acute mental health services available. Should the Division or Medicare Local be unsure of how to set up appropriate crisis support arrangements within the catchment area for the service, those organisations should contact the Department.

Evidence and/or information on these arrangements must be provided to the Department in progress reporting.

11. Liaison/Development of Linkages

The Division/Medicare Local will also have a formal liaison role with other services, including local GP practices and emergency services in the local hospitals, to ensure optimal and timely referral of individuals to allied health providers.

The Division/Medicare Local will work with state or territory mental health services to clarify the roles of each service and develop working arrangements for the referral of people from one service to the other.

12. Support Services

Divisions and Medicare Locals must ensure appropriate support arrangements are in place for allied health providers working under the Suicide Prevention Service, for example clinical supervision. These supports should complement the support arrangements available at a national level through the Clinical Support Service and the ATAPS After-Hours Suicide Support Line (see below for further information on these services). Divisions and Medicare Locals must promote the supports available to allied health providers, including the ATAPS After Hours Support Service and the Clinical Support Service.

12.1 Clinical Support Service

The Australian Psychological Society is funded to provide the Clinical Support Service for allied health professionals working under the Suicide Prevention Service. This service provides debriefing and support, clinical advice and assistance with training materials. This service is staffed by an experienced allied health professional.

The Clinical Support Service can be contacted on 1800 894 868 and is available between 9am and 4pm Monday to Friday. Alternatively, you can send an email to clinicalsupport@psychology.org.au

Divisions and Medicare Locals are required to promote the availability of this service to allied health providers who are delivering the ATAPS Suicide Prevention Service.

Please note that this is not a crisis service and immediacy of response can not be guaranteed. This service is also not considered a clinical supervision arrangement and carries no clinical responsibility for cases where advice is provided. Divisions and Medicare Locals are responsible for putting in place local clinical supervision arrangements.

12.2 ATAPS After-Hours Suicide Support Line - 1800 859 585

Crisis Support Services are funded to provide the ATAPS After-Hours Suicide Support Line. This telephone service supports clients of the ATAPS Suicide Prevention Service and operates between 5pm and 9am Monday to Friday and 24 hours on weekends and public holidays.

The service provides counselling and support to clients with the primary focus being the management and reduction of the risk of suicide and self harm.

The ATAPS After-Hours Suicide Support Line can be accessed in two ways:

- a. Allied health providers, referring practitioners or Divisional Officers may contact the ATAPS After-Hours Suicide Support Line directly and request that a call be made to a client. This can be used when an allied health provider is unable to see the client immediately, for example when a client is referred to the ATAPS Suicide Prevention Service outside of business hours. It can also be used where an allied health provider feels an existing client needs additional support outside of standard business hours.

To request a call to a client, providers should EITHER telephone 1800 859 585 or email ataps-afterhours@crisissupport.org.au.

- b. A client of the ATAPS Suicide Prevention Service may directly contact the ATAPS After-Hours Suicide Support Line when they feel they need additional support.

Information on contact with clients is recorded by ATAPS After-Hours Suicide Support Line staff in a database that can then be accessed by the relevant allied health provider or referring practitioner on the next business day (with permission of the client).

Divisions and Medicare Locals MUST promote the ATAPS After-Hours Suicide Support Line to clients of the ATAPS After Hours Support Service through either referring practitioners, triage officers, or allied health providers or a mix of these. It is not acceptable for the Division/Medicare Local to only promote state government funded after hours support.

Divisions and Medicare Locals can obtain further information and resources to assist in promotion of the ATAPS After-Hours Suicide Support Line from Crisis Support Services by contacting the Program Leader, Suicide Services on (03) 8371 2800.

Further information on the service can also be obtained by emailing ataps-afterhours@crisissupport.org.au.

Please note that this service is separate to the Suicide Call Back Service.

13. Service Establishment

Where an organisation is establishing a new service, establishment of the ATAPS Suicide Prevention Service may be undertaken in two phases.

Phase One will include:

- development of arrangements with the state or territory acute mental health team for support in the event of a crisis;
- development of linkages and referral pathways with hospitals (including emergency departments), GPs and state and territory mental health services;
- engagement (where required) and training of allied health providers, including the provision of information on the requirements of the ATAPS Suicide Prevention Service;
- development of support structures; and
- promotion of support structures (including ATAPS After-Hours Suicide Support Line and Clinical Support Service) as appropriate.

Phase One may take three to six months to complete before Phase Two commences.

Phase Two will include:

- commencement of service delivery;
- maintenance of arrangements with the state or territory acute mental health team;
- maintenance of linkages and referral pathways with other care providers as appropriate; and
- promotion of support structures as appropriate.

14. Budget Allocation

Divisions and Medicare Locals may use up to 25% of total funding provided in 2011-12 for the Suicide Prevention Service for the establishment of the Service. This additional administration capacity reflects the additional administrative work associated with establishing a new service.

Following this establishment allowance, Divisions and Medicare Locals will be required to allocate and spend funds consistent with the ATAPS Operational Guidelines. For detailed information on what is considered Administration Costs and what is considered to be Service Delivery Costs refer to the ATAPS Operational Guidelines.