

# SUICIDE HELPLINE STANDARDS

## JUNE 2001

### Suicide Intervention Service Standards

#### Helpline and Generalist Telephone Counselling Services

These standards guide the suicide intervention activities of Victorian generalist telephone counselling services and the statewide Suicide Intervention Helpline provided by Lifeline and Care Ring. They include specific additional requirements for the Helpline service.

The Helpline is designed to complement and enhance the suicide intervention role offered by the generalist telephone counselling services. These enhanced counselling and supervision services are provided by a dedicated team of suicide intervention counsellors.

The Suicide Intervention Service Standards specify the conditions conducive to providing the level of client care consistent with service objectives. It is intended that these objectives will be met by the generalist and Helpline services operating in an integrated way.

The information contained in these standards is given in good faith and has been derived from sources believed to be reliable and accurate. These standards are intended as a general guide only and are not designed to replace the exercise of individual professional judgement on a case by case basis. No person should act on the basis of any information contained herein without taking their own professional advice in each particular circumstance.

#### Service Objectives

- ❑ *Facilitate access to help* through prompt contact with a trained counsellor.
- ❑ *Promote safety* by identifying imminent risk of self-harm and facilitating links to emergency and other services when necessary.
- ❑ *Enhance resourcefulness* through strengthening short-term coping and life supports for those at risk and for people impacted by others' suicidal behaviour.
- ❑ *Provide referrals* which offer options for higher levels of care.
- ❑ *Minimise recurrence* of suicidal crises by helping clients with a history of suicidal thoughts make healthy life-affirming choices and actions.
- ❑ *Increase service utilisation* by encouraging early help-seeking in a suicide-related crisis for people from any background, in any location, at any time.

## **Part I**

### **Ethical and Practice Guidelines**

#### **For Telephone Counselling Suicide Intervention Services**

These guidelines provide a general framework for a code of practice designed to inform the suicide intervention activities of organisations and individuals providing telephone counselling services.

Particular services will be expected to develop procedures and protocols which operationalise these guiding principles in specific organisation settings. It is also the responsibility of these services to ensure that counsellors are aware of these principles and observe them in their suicide intervention practice. Accordingly, it is also essential that trainers and supervisors have a detailed working knowledge and understanding of these requirements.

#### **Caller Focus**

These guidelines aim to promote a high quality, competent suicide intervention response to callers. The values and objectives of the service espouse a commitment to the sanctity of life and to strengthening resources for living. Within this framework, the aim of the service is to ensure that the caller's needs and best interests are paramount.

Callers for whom this service is intended include the following.

- ❑ Persons with active thoughts of suicide or of not wanting to live.
- ❑ Persons whose thoughts have proceeded to active planning for suicide.
- ❑ Persons with a history of prior suicidal behaviour.
- ❑ Persons affected by others suicidal behaviour or a death by suicide.

#### **Guiding Principle**

##### **Promote Safety and Support**

*This statement from the Australian Psychological Society's **Ethical Guidelines** provides a sound foundational standard for telephone counselling suicide intervention services.*

“Since most suicidal crises are capable of resolution, a basic guiding principle for (counsellors) is to promote client safety and support, pending a more thorough assessment of the client's situation and options for further help”<sup>1</sup>.

Since some suicidal acts also threaten others' safety, vigilance about potential harm beyond the client is also important.

## General Principles

### **Section A: Organisational Readiness**

Organisations providing telephone counselling suicide intervention services shall create a supportive environment for this role by ensuring the following.

1. Prepare written suicide intervention practice guidelines and protocols (based on this *Ethical and Practice Guidelines* document) and ensure that these are understood and observed by all staff and volunteers.
2. Engage appropriately qualified (internal or external) workers to provide training and supervision addressing competencies outlined elsewhere in these guidelines.
3. Ensure that counsellors demonstrate suicide intervention knowledge and competencies and commit to professional development relevant to their role.
4. Regularly monitor and attend to the impact on counsellors of engaging in suicide intervention work.
5. Establish and maintain a database of referrals which provides callers with options and information on further professional help or care.
6. Establish appropriate links and communication protocols with external resources such as Poisons Information Service and other emergency intervention services – especially police and ambulance.
7. Develop and observe written protocols for engagement with third parties such as emergency services, interpreter services, other service providers or family members in relation to a particular suicide intervention.
8. Maintain documentation relevant to the (often anonymous) telephone medium regarding assessments made and safety plans implemented – particularly in cases involving emergency interventions. This documentation must comply with DHS' Information Privacy Principles and any relevant legislative provisions.
9. Install and maintain telecommunications technology adequate to meet service access objectives and conduct emergency interventions – including those which may utilise call tracing and/or caller identification.
10. Conduct periodic evaluations on the process of service provision, patterns of service utilisation and any known intervention outcomes.

### **Section B: Counsellor Competency**

Telephone counsellors fulfilling a suicide intervention role shall demonstrate their proficiency in providing a competent service in the following ways.

1. Describe the nature and scope of their role with persons who may be at risk of suicide, those concerned about others at risk or people bereaved by suicide.
2. Display an orientation to the suicide intervention role committed to promoting safety and strengthening links to life and living.

3. Demonstrate a working knowledge of guidelines and procedures relevant to their suicide intervention practice as telephone counsellors.
4. Build a working relationship with callers which acknowledges distress, communicates understanding and develops a co-operative approach to promoting immediate safety and providing links to further help.
5. Build a working relationship with service providers in cases where telephone counselling services (such as the Helpline) are actively involved with others in an ongoing care plan.
6. Ask directly about the presence of suicide thoughts whenever there are grounds for concern about potential risk.
7. Conduct an informed assessment to determine the level and immediacy of suicide risk whenever suicidal thoughts or acts are present.
8. Work with the caller to develop an interim safety plan whenever suicide risk is assessed to be present.
9. Facilitate an emergency intervention in accordance with organisational procedures whenever it is assessed that there may be immediate risk to the caller's safety.
10. Strengthen links with existing supports and, when appropriate, provide options for further help from the referral database.
11. Maintain a commitment to self-awareness and ongoing professional development in the role to minimise impediments to effective suicide intervention counselling and strengthen factors which enhance the provision of competent help.
12. Recognise and observe the limits associated with the suicide intervention role and competencies of the telephone counsellor, actively facilitating links to further levels of care when necessary.

### **Section C: Confidentiality**

1. Services must comply with DHS' Information Privacy Principles and any relevant legislative provisions in relation to the collection, retention, management, use, quality, disclosure or transfer of information. [For further information, visit [www.dhs.vic.gov.au/privacy](http://www.dhs.vic.gov.au/privacy).]
2. Confidentiality remains a foundational principle to be observed by all counsellors as a means of building trust and respecting privacy. As a general rule, disclosure of information divulged during a counselling relationship shall only occur if the caller has given permission.
3. Limits to confidentiality may apply in those exceptional cases where it is assessed that the caller's life or safety is at risk or where there is a clear and present danger to others.
4. Confidential information should be disclosed to others only after careful consideration indicates that such disclosure is necessary to promote safety. Disclosure should be limited to those in a position to help and restricted to that

information needed to elicit their help. Reasonable efforts should be made to obtain the caller's agreement to and involvement in steps involving disclosure to others.

5. Where relevant, provider organisations and counsellors should honestly disclose to callers limits to confidentiality which may apply in some situations where there is a risk to the safety of callers or others.
6. Since ultimately it is the provider organisation's responsibility to ensure an acceptable standard of care, disclosures about counselling situations appropriately involve the counsellor's supervisor and other senior staff who may be held accountable for client outcomes. In all such cases, the specific identity of the caller should be protected unless disclosure is essential to achieving safe outcomes for the caller or third parties.

#### **Section D: Legal Obligations**

1. Provider organisations and counsellors should neither act illegally themselves nor encourage, facilitate or participate in any illegal actions by callers.
2. In particular, it should be noted that aiding or abetting a suicide is a criminal offence in Australia.

#### **Section E: Public Statements**

1. Publicity and promotion shall provide a clear, accurate community understanding of nature and role of the service, creating a realistic expectation of the help callers could expect to receive.
2. Publicity shall promote help-seeking, avoid sensationalism and disseminate factual information which increases understanding of suicide.

## **Part II**

### **Suicide Intervention Helpline**

#### **Additional Standards**

The Suicide Intervention Helpline service will complement the suicide intervention role provided by the generalist Care Ring and Lifeline telephone counselling services. The counsellors' basic skills, training, standards, policy and referral information will be consistent for the generalist and specific Helpline telephone counselling services operated by Care Ring and Lifeline. However, the Helpline will provide additional service features.

#### **Helpline Service Features**

- ❑ Callers are able to gain direct access to the Helpline and its counsellors as a separate service.
- ❑ Helpline counsellors are more likely than those of generalist services to develop ongoing telephone counselling or case management relationships with particular callers and be more actively involved in developing co-operative ongoing care plans with other providers.
- ❑ The Helpline may periodically assume the role of the immediate after-hours counselling service provision as part of an overall care plan contracted with a primary care case manager.
- ❑ The Helpline counsellor's role is otherwise defined by the parameters of the telephone counselling service as articulated in the *Service Objectives* (see page 1 of this *Service Standards* Document).
- ❑ There will be a minimum of one paid Suicide Helpline Counsellor on duty at all times at each location (CareRing and Lifeline Melbourne).

#### **Helpline Service Standards**

The Helpline will operate according to the *Ethical and Practice Guidelines* outlined earlier in this document which also apply to the generalist services in relation to their suicide intervention role. The following additional requirements apply to the Helpline.

#### **Section A: Entry Standards and Selection Requirements for Paid Staff**

1. Paid staff appointed to a position as Suicide Helpline Counsellor shall possess tertiary qualifications in one or more relevant disciplines along with experience and competency demonstrated in previous volunteer or paid employment. Relevant disciplines include social work, psychology, welfare studies, counselling or other formal study relevant to the role.

2. Paid staff shall, in addition, have training and experience in crisis telephone counselling (particularly in suicide risk assessment and intervention).
3. The role of Suicide Helpline Counsellor shall be articulated in the *Position Description* and the competencies necessary for the role outlined in the *Key Selection Criteria*.
4. Successful applicants shall demonstrate capacity and potential relevant to the specified *Key Selection Criteria*. This includes the ability to:
  - manage suicide crisis calls and estimate the level of risk to the caller and/or a third party;
  - work co-operatively with a caller and other service providers to formulate and implement a safe action plan;
  - supervise and support a team of selected volunteer counsellors and fulfil a quality assurance role with them;
  - support and debrief volunteer counsellors, motivating them to extend their learning and develop their skills.

#### **Section B: Entry Standards and Selection Requirements for Volunteers**

The team of selected volunteer counsellors for the Suicide Helpline shall have:

- worked as accredited telephone counsellors, satisfactorily completing at least 50 hours of counselling experience after graduating from initial training;
- acquired further skills in suicide intervention through completing the LivingWorks 2-day Applied Suicide Intervention Skills Training (ASIST) workshop;
- demonstrated the competencies essential to the role of a professional suicide prevention counsellor and
- shown that they are capable of meeting accountability requirements and functioning co-operatively within a team.

#### **Section C: Quality Assurance - Training and Supervision**

1. A performance management system shall ensure that the key objectives set for the service are being achieved. By measuring performance against key performance indicators, managers can ensure that objectives are met and identify improvements needed.
2. The performance management system shall include formal supervision and extend to staff learning agreements and annual appraisal. The learning agreements will identify individual staff members' learning goals and possible training or professional development opportunities needed to achieve these goals.

3. Regular supervision shall comprise immediate informal learning opportunities and more formal reflective processes to develop and maintain a high quality counselling service.
4. Supervision shall be provided by suitably qualified, experienced supervisors in an individual or peer group setting, based on needs identified in learning agreements with supervisors.
5. Helpline staff shall provide immediate supervision to other generalist counsellors in the call centre, particularly where these counsellors are engaged in responding to suicide-related calls. This will enable them to exercise a supportive function and professional development role and contribute to quality assurance role with volunteer counsellors.
6. Helpline staff shall develop a professional development plan which includes attendance at in-service training and external training as required. Staff shall be expected to meet the requirements and record outcomes of their professional development activities.

#### **Section D: Quality Assurance – Call Monitoring**

1. The Helpline and generalist services shall identify and meet any legal requirements for call monitoring including those associated with privacy legislation.
2. Provided these requirements can be met, call monitoring will form part of the quality assurance process for counsellors.
3. Callers shall be asked individually to give consent to this process and be advised of its quality assurance role.
4. Technology will be introduced to enable the supervisor to listen to both sides of the call as a basis for subsequent supervisory discussion.
5. Periodic caller feedback surveys shall be introduced to enable consenting callers to indicate their experience of the call immediately after its conclusion. This feedback will be available to counsellors and management and inform service development and counselling approaches.

#### **Section E: Training Needs Analysis**

1. An annual training plan shall be formulated after the completion of annual appraisals with counselling staff.
2. This plan shall be based on the professional development needs identified by paid and unpaid workers and organisational requirements.
3. Further training requirements to meet emerging client needs shall be identified through regular consultation with staff and external stakeholders including funding bodies, statewide/regional service networks, helping services and key referral agencies like psychiatric crisis assessment teams, ambulance and police.

**Section F. Debriefing, Defusing and Counsellor Support**

1. The service shall provide immediate and continuing support for all paid and unpaid counselling staff on the Suicide Helpline. This recognises the difficult, often stressful nature of suicide calls and of repeated exposure to these calls.
2. Defusings and debriefings shall be provided in accordance with frameworks in critical incident debriefing literature.<sup>2</sup>

## **Part III**

### **Background Rationale**

#### **Guiding Beliefs**

Service objectives and standards reflect an underlying belief in the sanctity of life. They affirm that competent management of suicidal crises can facilitate choices which reduce self-harm, strengthen life links and access resources for living. Given evidence that aloneness, unbearable psychological pain and untreated mental illness may increase vulnerability to suicide risk, service objectives also affirm the value in signalling that help is available and accessible.

Standards for telephone counselling services support effective interim management of suicide risk in ways which promote safety and facilitate links to additional, often higher, levels of care. Standards, supported by training and supervision, assist counsellors to make their best efforts to achieve these goals.

Crisis services recognise that callers may, despite others' best efforts, make choices which compromise their safety and result in their death. However, these services affirm that alleviation of immediate distress and provision of interim steps to help will reduce imminent threats to life and safety and often ameliorate clients' outlook on life sufficiently to facilitate openness to help. The aim is to resolve clients' ambivalence about living, dying and help-seeking sufficiently to enable deeper sources of the current crisis to be addressed.

#### **The legal context**

Agencies are advised to seek their own independent legal advice in respect to their legal obligations and any other legal issues arising out of their role under the service agreement.

#### **Professional Codes and Peer Guidelines**

Legal frameworks define the outer parameters of requirements surrounding service provision. Professional codes and peer developed guidelines provide a more detailed guide to those expectations, reflecting current standards on what is believed to be helpful. These always include observing any relevant legal obligations, but provide more specific orientation regarding service delivery requirements. For example, the Australian Psychological Society (APS), in addition to general references to self-injury in its *Code of Professional Conduct* provides specific applications to suicide intervention in their Ethical Guidelines.<sup>1</sup>

### **Service Delivery Role**

Standards expected of a suicide intervention provider are also influenced by the nature, scope and limits of its role and influence.

Services differ in the degree of custodial control of the client available to them. While telephone counselling services have significantly less influence over client safety than providers of inpatient care, for instance, they are expected to provide their services competently.

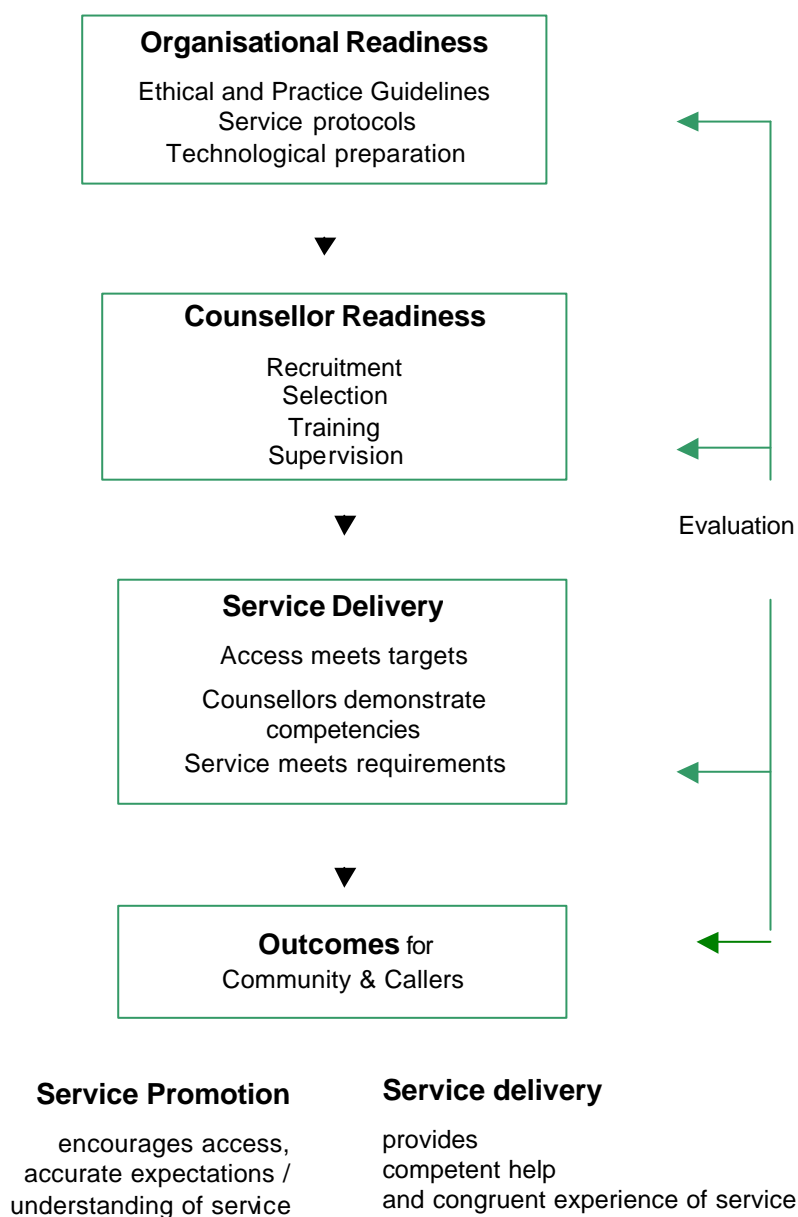
Public communications need to create realistic expectations about the nature and scope of services offered. Service delivery must cohere with these communications.

Counsellors are also responsible for clarifying with callers the nature and boundaries of the help they able to offer.

## Part IV

### Domains for the Development of Service Standards

Development of these suicide intervention service standards for telephone counselling services focus on four domains. They address organisational context, counsellor preparation and service performance all of which influence community and client outcomes. These domains provide a foundation for process, output and outcome evaluations.



## References

1. Australian Psychological Society, (1998). *Ethical Guidelines*. Melbourne: Author p. 27
2. G.S. Everly and J.T. Mitchell (1999). *Critical incident stress management : A new era and standard of care in crisis intervention* (2<sup>nd</sup> ed.). Ellicott City, MD: Chevron.

## Other Background Material

American Association of Suicidology (2001). Guidelines for a code of ethics for suicide intervention and crisis intervention. *Organisation Certification Standards Manual* (Interim Edition). Washington DC: Author.

Hoff, L.A., and Adamowski, K. (1998). *Creating excellence in crisis care*. San Francisco: Jossey Bass.

---

June, 2001

Bruce Turley (Lifeline Australia)  
Part II based on material prepared by Wendy O'Brien (Care Ring)