

Access to Allied Psychological Services Projects

Additional Support for Patients at Risk of Suicide and Self Harm

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This circular is to respond to a number of issues that were raised at the ATAPS Suicide Prevention Pilot Project Round table discussion on Thursday 31 July 2008.

It is understood that some Divisions are already delivering services similar to the project. The intent of this project is not to create barriers in the delivery of those services, but to facilitate access to therapeutic support for people at risk of suicide.

1. Follow-up within 24 hours

A heightened risk exists at particular transition points in the system of care and the period after discharge from inpatient care is one critical transition point. Research has shown that the highest risk of further suicide attempts is within the first 24 hours after discharge. For the project to provide an effective safety net to this client group it is essential that there be immediacy of follow-up and treatment within 24 hours.

2. After-hours coverage

This model of service delivery is different to the model currently employed under ATAPS. While it is not anticipated that the numbers accessing the service will be significant, it is critical that the service be available when clients need to access it.

To that end, the Department is currently exploring the possibility of subsidising an organisation to deliver a centralised after hours callback model, to enable Divisions to purchase some after hours support rather than providing their own after hours service. This would be a mechanism to assist Divisions to meet their contractual obligations in relation to the project. The Department would like to gauge the interest of Divisions in this option.

Where Divisions would not be providing after hours coverage, either directly or by purchasing it from this external agency, they will need to identify other options to mitigate risk.

3. Training

The concerns that have been raised in relation to the requirement for specified APS training prior to commencement of service delivery have been taken on board and the following option is now available. If Divisions have individual members of staff who have formal training in the identification and assessment of people at risk of suicide and

serious self-harm, and substantial clinical experience in working with people, who are at risk of suicide and serious self-harm (eg. a four year trained psychologist (Honour's degree) plus five years mental health experience; a six year trained psychologist (Master's or Doctorate level degree plus three years mental health experience), then service delivery may commence utilising those members of staff only. Please advise the Department when services have commenced for your Division.

However, the project is a national demonstration project and as such includes a requirement for a national approach to training, to ensure the quality and content of training is consistent across Australia.

The requirement to undertake the specified APS training will continue to apply to all staff. Those members of staff who are eligible to commence service delivery immediately will be required to undertake the training within a four month period. Other staff members will be required to undertake the training prior to commencement of service delivery

The training will consist of three DVD modules, of approximately one hour each.

4. Recognition of Prior Learning

The Department is currently investigating the options for prior learning to be awarded to appropriately trained Allied Health Professionals. It is likely that this will relate to Module 1 of the training. The Department will advise the outcome of this over the next few weeks.

Thank you for raising your concerns with the Department we look forward to working together to provide this safety net to such a vulnerable and at-risk group of people.

end

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