

## Suicide Safety and Escalation Pathway

Policy number	37	Version	1.0
Drafted by	TTC Consulting	Approved by Board on	19/5/2026
Reviewed by	Anne Mackay, Josephine Stewart		
Responsible person	Anne Mackay	Scheduled review date	19/5/2028

**If there is an urgent risk identified, emergency services should be contacted immediately.**

### 1. Purpose

The purpose of this policy is to provide a framework for the recognition, response, escalation and documentation of suicide risk concerns within Radiance Network South West Inc (“Radiance”).

Radiance is committed to promoting emotional safety, compassionate support, trauma-informed practice and timely escalation of suicide risk concerns to appropriate emergency, crisis and clinical services.

This policy supports:

- Safe and consistent responses to suicide risk concerns
- Clear escalation pathways for staff, volunteers and peer workers
- Consumer-centred and trauma-informed approaches
- Workforce safety and wellbeing
- Continuous quality improvement and risk management processes

### Non-Clinical Scope Clarification

Radiance is a peer-led, non-clinical perinatal and infant mental health support service. Radiance does not provide clinical suicide risk assessment, diagnosis, treatment, crisis intervention or emergency mental health care.

Any references within this policy to suicide risk recognition, safety planning, monitoring or escalation relate solely to:

- identifying potential safety concerns
- responding within the Peer Workforce Scope of Practice
- facilitating timely referral or escalation to appropriate clinical, emergency or crisis services.

Radiance staff, volunteers and peer workers do not independently determine a person’s clinical suicide risk level.

## **2. Scope**

This policy applies to:

- Employees
- Peer workers
- Volunteers
- Students
- Contractors
- Board members where relevant to service delivery or incident response

This policy applies across:

- Group programs
- Outreach activities
- Telephone or online engagement
- Community-based support activities
- All Radiance service delivery settings

## **3. Principles**

Radiance is committed to:

- Providing emotionally safe, compassionate and non-judgemental support
- Responding promptly to identified suicide risk concerns
- Working within a trauma-informed and culturally safe framework
- Supporting consumer choice, dignity and collaboration wherever safe and appropriate
- Maintaining clear scope of practice boundaries
- Escalating concerns appropriately and without delay
- Supporting workforce wellbeing following distressing incidents
- Learning from incidents through continuous quality improvement processes

## **4. Responsibilities**

### **4.1 Board of Management**

The Board is responsible for:

- Ensuring governance oversight of suicide prevention and response systems
- Monitoring serious incidents and organisational risk trends
- Supporting a culture of safety and continuous improvement
- Ensuring adequate resources, training and supervision systems are available

### **4.2 Management**

Management is responsible for:

- Ensuring workers understand escalation pathways and reporting requirements

- Supporting staff and volunteers following critical incidents
- Maintaining incident reporting and review systems
- Facilitating training and supervision
- Reviewing this policy and associated procedures regularly

#### 4.3 Staff, Peer Workers and Volunteers

Workers are responsible for:

- Recognising and responding to suicide risk concerns within scope
- Escalating concerns immediately where required
- Following organisational safety and emergency procedures
- Documenting concerns, actions and escalation processes appropriately
- Participating in required training and supervision
- Seeking support following distressing incidents

#### 4.4 Clients, Families and Carers

Radiance recognises consumers, families and carers as important partners in identifying emerging risks, safety concerns and support needs. Clients, and their families and carers, are encouraged to communicate concerns, changes in wellbeing and support needs to Radiance workers or appropriate support services.

### 5. Recognition of Suicide Risk Concerns

Radiance workers may become aware of suicide risk concerns through:

- Direct disclosure
- Statements expressing hopelessness or wanting to die
- Significant emotional distress
- Sudden withdrawal or disengagement
- Escalating anxiety or agitation
- Expressions of feeling unsafe
- Concerns raised by family, carers or referrers
- Observable changes in behaviour or functioning

Risk concerns may emerge during:

- Group programs
- Outreach activities
- Intake processes
- Telephone or online communication
- Informal conversations or peer support interactions with client or family

Radiance workers are not expected to conduct clinical suicide risk assessments but are expected to respond promptly, compassionately and safely to identified concerns.

## 6. Suicide Prevention and Response Procedures

### 6.1 Immediate Safety Response

Where a worker becomes concerned about a person's immediate safety:

- 1) Remain calm, supportive and non-judgemental.
- 2) Stay engaged with the person where possible and safe to do so.
- 3) Seek immediate support from management or another worker.
- 4) Escalate concerns in accordance with the Suicide Safety Response and Escalation Pathway.
- 5) Contact emergency or crisis services where required.
- 6) Do not leave a person alone where there is immediate risk and it is safe to remain present.
- 7) Document all actions taken as soon as practicable.

### 6.2 High-Risk Concerns

Where there are concerns relating to:

- suicidal intent
- suicide plans
- immediate danger
- inability to maintain safety
- significant deterioration
- psychosis, intoxication or acute distress

Workers must immediately escalate to:

- Emergency Services (000)
- Mental Health Emergency Response Line (MHERL)
- Local emergency department
- Other emergency or crisis supports as appropriate

Management must be notified immediately.

### 6.3 Moderate or Emerging Concerns

Where concerns do not appear immediately life-threatening but ongoing risk factors are identified, workers may:

- Encourage engagement with clinical or crisis supports
- Support referral to appropriate services
- Encourage use of coping and support strategies
- Provide crisis support contact information
- Notify referrers or emergency contacts where appropriate, consented or required for safety
- Continue supportive engagement within scope
- Develop a safety plan with the client, and family and carers if appropriate

## 6.4 Suicide Safety Response and Escalation Pathway

Radiance utilises the Suicide Safety Response and Escalation Pathway to support consistent, trauma-informed and scope-appropriate responses to suicide risk concerns.

The pathway provides guidance for staff, peer workers and volunteers to:

- recognise suicide risk concerns
- identify appropriate escalation responses
- support immediate safety
- facilitate referral to crisis or emergency services
- document and communicate concerns appropriately

The pathway is designed to support decision-making within the Radiance Peer Workforce Scope of Practice and is not intended to replace clinical assessment, diagnosis or emergency mental health intervention (See *Suicide Risk Decision Making Tree*).

All workers must:

- familiarise themselves with the pathway during induction and ongoing training
- follow escalation requirements outlined within the pathway
- seek immediate management support where uncertainty exists regarding safety or escalation requirements

The Suicide Safety Response and Escalation Pathway is maintained as an operational resource and reviewed regularly as part of Radiance's quality and safety systems.

## 7. Escalation Pathways and External Supports

Radiance maintains current contact details and referral pathways for:

- Emergency Services (000)
- Mental Health Emergency Response Line (MHERL)
- Lifeline
- PANDA
- Local hospitals and emergency departments
- Community Mental Health Services
- Referrers and General Practitioners
- Family violence and crisis services

Workers must follow organisational escalation procedures and seek support from management when responding to suicide risk concerns.

## 8. Documentation and Incident Reporting

All suicide-related concerns, incidents, disclosures or escalations must be documented in accordance with Radiance incident reporting and privacy requirements.

Documentation should:

- Remain factual, respectful and non-judgemental
- Record observed concerns and actions taken
- Include escalation steps and referrals made
- Avoid clinical diagnosis or interpretation outside scope

Serious incidents will be reviewed through Radiance's Quality and Safety Systems processes to identify learning opportunities and service improvements.

### **9. Workforce Support and Debriefing**

Radiance recognises that responding to suicide risk concerns may be emotionally distressing for staff, peer workers and volunteers.

Following suicide-related incidents, workers will be supported through:

- Debriefing opportunities
- Reflective supervision
- Peer support
- Access to wellbeing supports
- Additional supervision where required

Radiance acknowledges the potential impacts of vicarious trauma, burnout and compassion fatigue and promotes early support seeking and reflective practice.

### **10. Training and Competence**

Radiance will support workers to maintain competence through:

- Mental Health First Aid training
- Suicide awareness and escalation training
- Trauma-informed care training
- Incident reporting education
- Regular supervision and reflective practice

Training participation will be recorded within organisational training records.

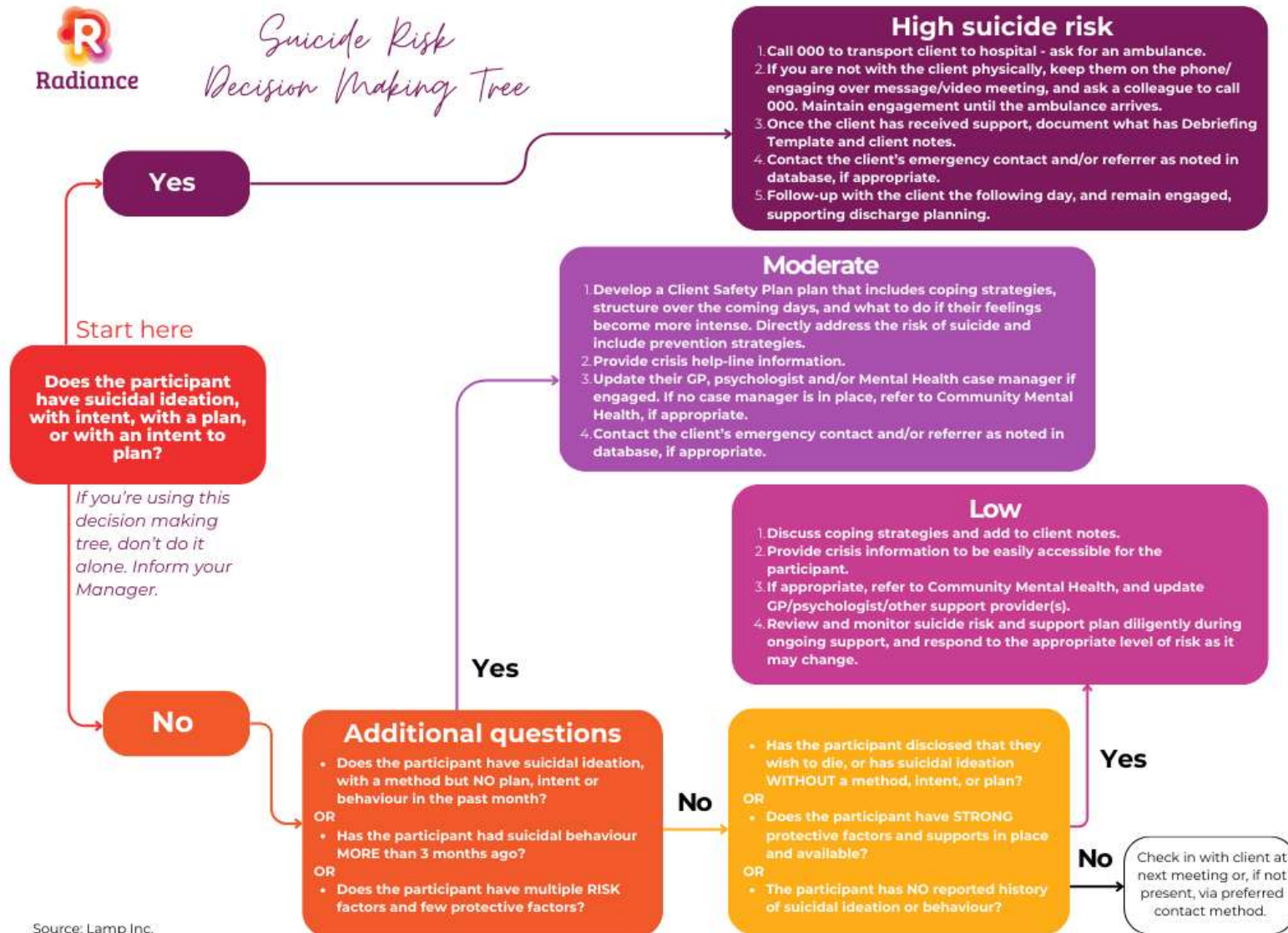
### **11. Continuous Improvement**

Radiance will:

- Monitor suicide-related incidents and escalation trends
- Review incident data and lessons learned
- Review this policy at least every two years or sooner if required
- Update procedures in response to legislative, service or accreditation changes
- Use feedback and review findings to strengthen organisational safety systems



## Handwritten: Suicide Risk Decision Making Tree



## 12. Related Documents

- Model of Care
- Risk Management Policy
- Occupational Health and Safety Policy
- Incident Management Procedures
- Peer Workforce Scope of Practice
- Working in Isolation Policy
- Information Technology & Privacy Policy
- Confidentiality Policy
- Suicide Safety Response and Escalation Pathway

### Document Control

Policy number	37
Policy name	Suicide Safety and Escalation Pathway
Version	1.0
Status	Draft
Drafted by	TTC Consulting
Reviewed by	Anne Mackay, Josephine Stewart
Approved by	Radiance Board
Approval date	19/5/2026
Responsible person	Managing Director
Review cycle	Every 24 months or earlier if required
Scheduled review date	19/5/2028