

# Good essay about assess and respond to individuals at risk of suicide

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## Part A

1. Julianne was a social person despite the fact that he was diagnosed with schizophrenia five years ago. For that reason, there is a reason to be concerned by the sudden change in Julianne's behaviors. She has exhibited some characteristics that indicate that she is in a crisis. For instance, she has changed the usual pattern of relating to other people, she has withdrawn from people by wanting to be left alone, and she has shown apathy in her dressing and appearance.

2. Julianne is at risk of suicide. The reason why I have come to this conclusion is that she has experienced loss in her life, which makes her feel sad and hopeless. First, she lost her husband after a separation that subsequently left with her four-year-old daughter. With this kind of loss in her life, it is an indicator that Julianne is at a risk of suicide.

3. Exploring ambivalence helps a person to know whether a person is on the verge of committing suicide. This is, however a skill that a person possesses by exploring events that are pulling a person towards death (Gosden, 2001). Various questions can be asked that can help the patient deal with the suicidal thoughts. For example, what are your thoughts for staying alive? What has helped at other times in your life when you felt like this? What has stopped you from acting on your thoughts so far? what help could make it easier for you to cope with your problems at the moment?.

4. Julianne requires other services other than those of the group he is attending to help her cope with the risk of committing suicide. For instance, she can enroll with programs that are aimed at dealing with suicide prevention, such as the NSW suicide Prevention Strategy, the National Action

Plan for Depression and the LIFE National Suicide Prevention Strategy. It is imperative to be vigilant about any changes or indications that may lead to the escalation of suicide risk reason being if the patient is left alone without observation, then they may cause more harm to may lead to suicide than what was expected. Therefore, there is a need to ensure that the suicide risk is decreasing and not increasing or escalating.

## **Part B**

1. Jack has been providing for his family through his hard work on the farm with the help of his wife. Debbie, who is a teacher, has also played a significant role in helping his husband. However, things suddenly changed due to drought that the country faced. For that reason, the value of his wheat dropped, making him incur losses. His brother, on the other hand, were separated from his wife and is now claiming the land that has been jack's only source of income. Subsequently, he started drinking heavily, which is a significant change in his lifestyle. All these factors from drought to drinking heavily are able to provide for his family can cause Jack to have suicidal thoughts. Most notable is the loss that has suddenly happened in his life as his brother is threatening to sell his piece of the property.

2. In order to redirect Jack's decision, there is a need to show him that he has a reason to live and not commit suicide as he may be contemplating. First jack has two sons whom he has hope that they will become successful farmers under his guideline and in the future, they will be able to learn the farm. Secondly, he has a very hard working wife who needs him to support their children. Her wife has worked on the farm and at school to ensure that,

the family does not lack. This is a major reason for him to rethink his life and realize that he has something to look forward to in his life.

Therefore, Jack has too much to lose when he commits suicide and all the burden will be left for the wife who has already started using valium to take care of the family. The wife will also be in the same situation as she also has lost some of the work in school, which will be difficult for her to fend for the family. For that reason, Jack needs to rethink his decision to commit suicide.

3. The reason why it is important for Jack to come up with a safety plan for after hours is to ensure that he does not cause harm to himself or his family. The plan is created by coming up with no suicide contract or a no self-harm contract which states that the consumer will not subject himself to suicide. The document or the plan also includes a list of people who Jack will feel comfortable talking to if he has to commit suicide or if such thoughts cross his mind. The downside of the plan is that it does not is that it is not a legal document and therefore not binding (Simon, 2003). The trust is only left to the consumer to ensure that he conducts himself in a good and positive manner and does not harm himself. The plan is very good as it allows Jack to have or receive services even after hours.

4. A duty of care is the responsibility given to another person on behalf of another to foresee their actions or lack of such actions. This does not mean that the worker is responsible for ensuring that every person is safe, but he has reasonable care to ensure that any person at risk of committing suicide is taken care of and given the right guidelines to help him or her through their personal issues. Therefore, the workers have to be aware of the welfare of the employees under the Occupational Health and Safety (OHS). However,

during treatment the health workers have to protect themselves from persons who are at risk of self-harm or suicide. Issues that are relevant in this case scenario are being aware and alert when working with the patient, following the procedures that are required in the practice as well as policies. Other factors that can be observed are always reporting any injuries or risks that occur to the employer or supervisor. Under the OHS, the workers have an obligation to ensure that they maintain health, welfare and safety. I would report any changes in Jack's safety because there is a need to protect his family and ensure that his wife and kids do not suffer from the effects of a sudden change in Jack's behavior.

5. The types of agencies and services that Jack can be referred to are care services that will help him deal with his alcohol-drinking problem. Reason being when he deals with the drinking problem, then he will be able to focus on the important issues that matter in his life such as his wife and children, and come up with a way to provide for the family. If, for instance, he is placed in a rehabilitation center, then he can be able to realize what he needs to change in his life. Jack can be referred to the NSW Suicide Prevention Strategy and the LIFE Suicide Prevention Strategy.

## **Part C**

1. The reason why there is a need to refer the patient to another especially doctor is that she is at a higher risk of committing suicide. The reason why I am saying this is solely because she has started drinking after a long two years of being sober. The provision of ongoing support is not enough to help the patient with the problems she is facing now. For instance, she is on the

verge of being out of employ, which will be a major loss in his life meaning that she will at a higher risk of committing suicide.

Suicidal people have low levels of toughness and have an increased tendency of increased susceptibility to hopelessness and helplessness during recovery of suicidal crisis. Therefore, there is a need for follow up to ensure that the patient has gained strength. Some guidelines have been established on how to go about the follow up on the consumer. They include maintaining an open rapport with the individual undergoing treatment so that the worker can encourage the discussion about the increased risk of self harm and suicide. Secondly, the worker can help the person suffering from this condition with coping strategies that helps him or her deal with thoughts of self-harm and suicide risk. Thirdly, the work may direct the patient to seek other resources that may help with the issue of self-harm and suicide. Lastly, the worker should help the person to seek out other underlying issues that the client may be suffering from such as substance abuse, depression among others. Therefore, Amy needs to be dealing with the issues that are affecting her in a more professional level. Reason being her problems is higher than what a social worker can handle.

2. If Amy refuses to go to the referral then the social worker can go to the first appointment with Amy to ensure that she feels comfortable in the new environment that the worker is introducing her. By so doing, the worker will help the consumer transition properly as he will feel comfortable being around someone they have worked with for a long time. The worker can also organize some form of transport that will help the patient get to the new referral where she will get more specialized care as the worker cannot

handle higher level of suicide risk. Thirdly, the worker can give the consumer a letter of referral to include the progress of the patient as well as what improved kind of help that the patient needs to handle her situation. By so doing, it will not only make the work of the specialists easier, but it will also help the consumer to have a good relationship with the consumer. Reason being the specialist will understand the background of the consumer as well as what has led to her suffering from suicidal risk and self-harm.

Amy may be hesitant to go to another agency because of the relationship that she has already created by the worker, she may also be afraid to be taken to another agency, as she may not understand her as well as the worker understood her. Therefore, the onus falls on the worker to ensure that the Amy gets into the agency. The reason why most of the people find it difficult to transition is that they are afraid not worthy of a specialized agency. To ensure that Amy goes to the other agency for help the worker may help in the transition and explain to Amy that she needs more specialized care than what the worker is offering her.

3. The process for referral is not that hard and any consumer can grasp the process easily. First, the worker needs to give the consumer the name and address of the new agency that they are being referred to by the worker. However, if the problem is more severe which is the case of some of the patients than there is a need to help the consumer with the transition to the new agency. First, the worker may accompany the consumer to the first appointment with a specialist. Secondly, the worker may organize a transport system that will enable the consumer get to the desired destination of the patient. Finally, the consumer may give a letter of referral

to the consumer explaining to the specialist the reason for the referral (Hassan, 1995). The letter should also explain how far the worker has gone with the patient for the time they have been working with the consumer. The consumer in this case has a role to not accepting the referral, as he should be consulted before a decision is made concerning her referral to another specialist. This is done by ensuring that you as the worker provide sufficient information concerning the referral agency that the client is going to be taken to after she stops working with the health worker. Further, the consumer should be asked whether they have any experience with the agency that they are being referred to by the previous agency. By so doing, the worker and the consumer will work together to ensure that they obtain the ultimate results in ensuring that the patient gets the best kind of treatment. However, the consumer has the right to accept or refuse the referral.

## **Part D**

1. Simon is in a crisis where he can no longer take the things that are happening in his life, and he is relapsing into suicidal thoughts. Here the crisis is said to be as a situation in which a person cannot be able to cope with the stress that is facing him or her at that time (Chehil, & Kutcher, 2012). The crisis that happen are the normal things that happen in our daily lives, but when this happens to some people they find it hard to cope because they are easily broken. In the case of Simon since he has other issues in his life he sees that have made him start having suicidal thoughts. Therefore, the first thing I would do to deal with Simon's situation would



have him sit down so that he calms himself down. Later I would approach him slowly and ask what has triggered his suicidal thought and what made him stop taking his medication in the first place.

After talking the consumer down I would build a relationship with him, and encourage him by telling him he did a good thing to approach me as a worker as he knows that I can help him. Then I would let him talk about the situation that he is facing and how he feels about the situation that he is facing. By talking with the patient, I will gather information to identify the cause of the suicidal feelings that the client is facing as well as whether she intends to carry out the plan alone. Then I would express myself on the issue and how I feel about what he intends to do and the consequences of his action. I will focus on the problem that suicide is going to resolve and why the patient thinks that by committing suicide will help with solving the issue (White, 2010). Then I will mobilize the resources that are available for helping in making the consumer feel that his needs are being taken care of immediately. For instance, involving friends and family in dealing with the issue. By so doing, I will have created a good relationship with the client and ask him to come to the agency whenever he thinks or have suicidal thoughts again.

2. Simon needs support services to help him deal with the issues that affect him daily. Considering that, he has been having a problem for a long time he needs a service that will engage him in activities that will keep away his suicidal thoughts. Simon may join the NSW Suicide Prevention Strategy and the LIFE Suicide Prevention Strategy. These services ensure that the consumers are kept busy, and they do not think of suicidal thoughts, but

things that are beneficial to their lives and those of their families.

3. It is important to record the interaction between the consumer and the client because with the record the worker can see whether the consumer is deteriorating or he or she is improving. Additionally, with the recordings, the worker is able to establish whether the consumer is undergoing the correct procedures that will ensure that the suicidal thoughts do not occur again. Further, with the records in case of a referral to a specialist, the specialist is able to know how the consumer has been progressing from the first session that they had with the workers. Lastly, if it was not for the record, then the worker could have been scared by the look of someone's face but since he understood him, he had nothing to worry about when the consumer arrives at the agency.

However, it is important to maintain the information and record the sessions with the patient, as the worker owes the client a duty of care to ensure that he or she does not cause to himself or others. With the information gathered over time, the worker is able to identify any dangers or risks that the patient may cause to him or the people in the community. The other reason for gathering such information is to ensure that the health worker is safe from harm for the patient because some of the consumers are aggressive.

Therefore, with this kind of information corrected over time, the worker is able to identify what triggers the patient. By so doing, it will ensure that both the consumer and the client are safe from harm.

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