

Practice Directive #C12-9

Responding to a Risk or Threat of Suicide

Purpose

This practice directive provides guidance to WorkSafeBC officers on how to respond to a worker who is at risk of suicide or threatens suicide.

Initial Response

Where a worker threatens suicide or is at risk of suicide¹, the officer follows the steps in the Suicide Risk or Threat Response protocol on WSN. A worker is considered to be at risk of suicide if the worker is currently contemplating suicide or has contemplated suicide at any time in their life. This is true even if a substantial amount of time has passed since the worker's previous suicide threat and even if that previous suicide threat appears to have been an isolated incident.

The first priority where a worker threatens suicide or is at risk of suicide is to take steps to reduce the risk of immediate harm to the worker.

Where an officer recognizes that a risk or threat of suicide exists, the officer documents the incident on the claim and submits a threat report electronically, through the "Forms" page on WSN. The officer submits the threat report on the same day as the threat of suicide is recognized, as it is important for all staff who may come in contact with the worker to be aware of the situation. Even if an "S" (suicide) code already exists on a worker's claim, each suicide risk or threat incident is documented on the claim and a threat report is submitted.

A WorkSafeBC officer may learn that a worker has contemplated suicide or has been at risk of suicide in the past (for example, through conversation with the worker or through medical documents). In those circumstances, the officer follows the procedure outlined above and submits a threat report on the same day the officer learns of the suicide risk.

Corporate Security reviews the threat report and arranges for an "S" code to be placed on the worker's claim.

The information is subsequently reviewed by a mental health specialist in Special Care Services. The review of the worker's risk of suicide is based on current clinical information. That current clinical

¹ A worker is to be treated as **at risk** of suicide if the worker has thought about suicide or made a suicide attempt at any time in their life.

information takes into account the worker's clinical history, including if the worker has thought about suicide or made a suicide attempt at any time in their life. The mental health specialist may consult with the worker, the worker's treating clinician, the WorkSafeBC officer and their manager, a clinical advisor, as necessary, in order to complete the review. Once the review is completed, the mental health specialist determines whether the "S" code remains on the claim or is removed. The "S" coding on a claim is intended to communicate that the worker is currently at moderate or high risk of suicide.

If the current risk level is low, the "S" code will not be displayed. In these cases, the Mental Health Services Action Plan provides information about the incident, as well as any history of prior incidents.

Where an officer has a concern about the worker's current suicide risk level, the officer notifies Mental Health Services in Special Care Services.

Where Corporate Security is made aware of a suicide risk or threat through information received from an external source such as an appellate body, Corporate Security completes the electronic threat report, advises the officer of the threat and arranges for an "S" code to be placed on the worker's file. The information is subsequently reviewed by a mental health specialist in Special Care Services and the "S" code may remain or be removed, as appropriate, upon completion of the review.

When communicating information and decisions to a worker who is at risk of suicide, the officer exercises caution. *Practice Directive #C12-8, Managing Claims of Psychologically Fragile Workers*, provides guidance in these situations.

Non-Compensable Psychological Conditions

Where the officer determines that a worker's psychological crisis and/or condition is not a compensable condition, a mental health specialist and/or clinical advisor assists with referring the worker to appropriate community services. This may include:

- provision of contact information for an agency,
- initiating contact for the worker to facilitate their access to clinically required services, and/or
- consulting with the worker's clinicians who are currently providing services.

Non-compensable psychological conditions may have a significant impact on the management of the claim and care is taken to ensure appropriate coordination with clinical services that are provided under the claim.

Even if the psychological condition is not compensable, where a worker threatens suicide or is at risk for suicide, clinical advisors monitor the psychological status of the worker until the immediate suicide crisis has passed. Where appropriate, clinical advisors coordinate WorkSafeBC-sponsored services with those provided in the worker's community. In addition, clinical advisors may alert the worker's clinicians in the community so that appropriate intervention and follow-up activities with the worker occur.

Cross Reference: *Practice Directive #C12-8, Managing Claims of Psychologically Fragile Workers.*

History: This Practice Directive was developed in October 24, 2008 to provide guidance on responding to a worker who is at risk of suicide. It was updated on December 5, 2011 to clarify best practices where an officer learns that a worker has been at risk of suicide at some time in the past. On March 11, 2013, the Practice Directive was amended to update references to Mental Health Services in Special Care Services Department and their staff. On June 1, 2017, the Practice Directive was updated in response to changes to the suicide risk coding ("S" coding criteria). The "S" coding on a claim is intended to communicate that the worker is currently at moderate or high risk of suicide. This Practice Directive was amended to reflect changes made to the *Workers Compensation Act* made effective on April 6, 2020 as part of a standard statute revision process.

Application: This Practice Directive updates and clarifies current practice.