



Manager's Guide

Supporting Employees at Risk of Suicide

February 2025

A guide for managing employees who report thoughts of suicide.

People management can involve challenging scenarios. Managers are encouraged to seek advice when dealing with an employee who presents with thoughts of or behaviours consistent with suicide ideation.

Alongside other suicide awareness / prevention programmes and HR policies, the following guide is offered to assist managers in responding to employees who indicate risk of harm to self or others.

Please read through this document for guidance on how best to support an employee who has engaged in suicide ideation or expresses thoughts about harm to self or others.

What is suicide ideation?

There are two types of suicide ideation. Passive suicidal ideation is thinking about not wanting to live or imagining being dead. Active suicidal ideation involves preparation to kill oneself or forming a plan to do so. Most people who have suicidal thoughts do not go on to make suicide attempts, but suicidal thoughts are considered a risk factor.

If you're a manager, an employee could present as being at risk of suicide via one of three ways:

1. The individual discloses to you directly that they are struggling with thoughts of suicide.
2. You're informed through a third party that an individual has disclosed risk of suicide.
3. The individual has self-harmed or attempted suicide and needs First Aid or urgent medical attention.

Once risk is disclosed the primary concern becomes the employee's physical safety. Discussion around thoughts of self-harm DOES NOT INCREASE RISK.

Converge Manager Assist program can help guide you on risk and response. Please call: 1300 687 327

The following scenarios may provide guidance to support you as managers to ensure employee safety. (Please note that in all scenarios, contact your HR representative and document actions that you have taken with the employee):

SCENARIO 1:

1. If the employee is remote from your location and contacts, you via phone or video / SMS AND
2. They say that they are not at risk now but are having thoughts of suicide or are distressed and have had thoughts of suicide in the past.

ACTIONS:

- *Indicate that you are very concerned for their wellbeing and that, as a duty of care, you need to support them to access professional help.*
- Encourage your employee to contact the Converge EAP service immediately and guide them on how to schedule an urgent call. Provide the Converge phone number and confirm with them that they will request to speak to a consultant immediately. When a caller requests urgent support, they are warm transferred to a consultant on call, and it becomes the consultant's responsibility to support the employee's safety.

Managers Guide Handling Incidents of Self Harm

- In this scenario where the employee chooses to call without your assistance, follow up with the employee within 30 minutes to confirm appointment and illicit information on how you can support employee moving forward.

OR

- Request consent from the employee to call Converge on their behalf. You do not require written consent, and verbal consent from the employee is sufficient to book an appointment on their behalf when risk of self-harm is not IMMEDIATE. (for immediate risk of self-harm, refer to scenarios 3 and 4).
- Once on the phone to Converge, ask for an urgent EAP appointment. You can choose to either keep the employee on the phone, place them on hold and merge the call with the Converge consultant once connection is made. Alternatively, if the employee is not on the call, you can request Converge to phone the employee immediately following the referral. Please confirm to Converge intake officer the employee's awareness and agreement to them receiving a call from Converge.
- If the employee stays on the line and you merge the calls, ask the employee if they would like you to summarise the situation to the consultant or if they would prefer to provide the context themselves. Following an introduction, ask the employee when they would like you to exit the call. It is recommended that you exit the call as early as possible to ensure employee comfort in disclosure with the consultant. However, always be guided by the employee's choice and what might enhance their sense of safety and you remaining in the call may increase their comfort and safety rather than compromise it.
- Please follow up with the employee within 30 minutes to confirm appointment has occurred, any outcomes that they are willing to disclose and illicit information on how you can support employee moving forward.

OR

- If the employee would prefer to access alternative crisis mental health support, follow the above steps with their preferred crisis support.

SCENARIO 2:

1. If the employee is physically present with you AND
2. They say that they are not at risk now but are having thoughts of self-harm or are distressed and have had thoughts of self-harm in the past.

ACTIONS:

- *Indicate that you are very concerned for their wellbeing and that, as a duty of care, you need to support them to access professional support.*
- Follow above 2 options in contacting Converge. We recommend you stay with the employee while the call is made to EAP (the employee may still need support, even if they've given consent for you to make the call on their behalf).
- If you leave the room once the call has been placed, please follow up with the employee within 30 minutes to confirm appointment occurred, any outcomes that they are willing to disclose and illicit information on how you can support employee moving forward.

OR

- If the employee would prefer to access their local supports, offer to call their GP and arrange an urgent appointment. Suggest that a family member/friend/colleague be called to accompany them to the

Managers Guide Handling Incidents of Self Harm

appointment.

- Please follow up with the employee within 30 minutes to confirm appointment occurred, any outcomes that they are willing to disclose and illicit information on how you can support employee moving forward.

NB: During a phone call to an external support, such as EAP, the intake officer will ask whether the employee requires immediate support. Some employees who indicate they are at risk, can be reluctant to communicate urgency; an employee could minimise their symptoms, and / or present as very calm, while communicating that their need is not urgent. It's common for people in this situation to feel that they're unfairly burdening others by communicating their distress.

It's critically important to be aware of this, so you can remain vigilant while providing support and stay with the individual while they make the call, and/or provide the recommended follow up within 30 minutes to ensure that immediate support is received.

Managers Guide Handling Incidents of Self Harm

SCENARIO 3:

1. If an employee refuses any of the above support, request consent from them to contact their emergency contact and explain your concerns to them instead.
2. Please follow up with the employee within 30 minutes to confirm appointment occurred, any outcomes that they are willing to disclose and illicit information on how you can support employee moving forward.
3. If they refuse to provide consent to contact anyone, please inform your HR representative. It is considered a breach of privacy to communicate with an emergency contact or other support (other than HR) when risk of suicide or harm to others is not immediate. Therefore, the option is to document the offer of support, contact HR and follow up with the employee within 24 hours.

SCENARIO 4:

1. If the employee is remote from your location and contacts, you via phone/SMS or video AND
2. The employee says they are at risk of suicide now:

ACTIONS:

- Indicate that you are very concerned for their wellbeing, and as a duty of care, you need to arrange immediate support. Ask whether anyone else is present and if so, request that you speak with the person. Request that this person either phone emergency services or immediately accompany them to their GP or local hospital.
- If the connection is lost, or the employee hangs up, call emergency services and request an immediate welfare check. Emergency services may require the name, mobile number and address of the employee.
- If there is no one present with the employee, indicate that duty of care requires you to phone their next of kin or emergency services to arrange immediate support for the employee. Ask the employee for their preference and where possible, keep them on the line while you call their emergency contact or emergency services and merge the call. If their next of kin or emergency contact does not answer, you will need to contact emergency services.
- If next of kin are contacted, confirm they will remain on the call with the employee and that they will organise emergency services and / or immediately escort employee to emergency services. You can exit the call once this has been confirmed by the emergency contact as you have passed over duty of care to the next of kin.
- Please follow up with the employee within 24 hours to confirm they accessed support, any outcomes that they are willing to disclose and illicit information on how you can support employee moving forward.

OR

- If emergency services are contacted, be guided by emergency services as to what information is required and how long you need to stay on the call. You can exit the call once emergency services assumes responsibility for the employee's wellbeing as you have passed over duty of care to emergency services.
- Please follow up with the employee within 24 hours to confirm they accessed support, any outcomes that they are willing to disclose and illicit information on how you can support employee moving forward.

SCENARIO 5:

Managers Guide Handling Incidents of Self Harm

1. If the employee is physically present with you AND
2. The employee says they are at risk of suicide now, the following actions are advised

ACTIONS:

- Indicate that you are very concerned for their wellbeing, and as a duty of care, you need to arrange immediate support. Stay with the employee at all times and offer them the following options:
 - Contacting next of kin or emergency support to immediately escort them to the local emergency centre or medical support
 - Contacting emergency services
 - Escorting them to the local emergency centre or medical support.

In all of the above actions, you are transferring duty of care from the organisation to the person taking over support of employee (next of kin, emergency services, GP or local medical centre).

- Following the transfer of duty of care, please follow up with the employee within 24 hours to confirm they accessed support, any outcomes that they are willing to disclose and illicit information on how you can support the employee moving forward.

SCENARIO 6:

1. If the employee is either physically present and / or has contacted you via phone / SMS or video AND
2. The employee says they are at risk of suicide now, AND
3. The employee is declining all help and support

ACTIONS:

- Indicate that you are very concerned for their wellbeing, and as a duty of care, you need to arrange immediate support. Where possible, stay with the employee at all times or keep the employee on the phone / video or stay connected via SMS. If they leave your presence, or disconnect the call / video / SMS, call emergency services. Consent is not required when risk of suicide is immediate, as the primary focus is on physical safety.
- If they remain in your presence and or on call / video / SMS, explain to the employee that even though they do not consent, you are required to contact emergency services as their physical safety is the primary concern and responsibility. **By law, you are not in breach of privacy if you contact 3rd parties in the event of immediate risk of self-harm.**
- Following the transfer of duty of care, please follow up with the employee within 24 hours to confirm they accesses support, any outcomes that they are willing to disclose and illicit information on how you can support the employee moving forward.
- Contact your HR representative and document all actions taken.

REFERENCES:

Arensman, E., Corcoran, P., & Fitzgerald, A. P. (2011). Deliberate self-harm:

Extent of the problem and prediction of repetition. In R. C. O'Connor, S. Platt, & J. Gordon (Eds.), *International handbook of suicide prevention: Research, policy and practice* (pp. 119–131). Wiley Blackwell. <https://doi.org/10.1002/9781119998556.ch7>

World Health Organisation. (2019). Suicide and self-harm.

World Health Organisation. [WHOEMMNH224E-eng.pdf](https://www.who.int/publications-detail/9789241565734)

