Self-Harm and Attempted Suicide Policy

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1. Introduction

Suicidal behaviours and self-harm are complex issues that require a considered response within Juvenile Justice. While there is no single solution to preventing self harm and suicide, Juvenile Justice has a responsibility to ensure the safety, security and wellbeing of all young people.

There are strong correlations between self-harm and suicidal behaviours and the terms are often used interchangeably. However, there are significant differences between the two behaviours. Suicidal behaviours include any potentially self-injurious act intended to end one’s life, and includes thinking about engaging in such an act.

Young people who engage in self-harm deliberately hurt their bodies. Self harm refers to a wide spectrum of behaviour that ranges from mild injury to attempted suicide. There is now a general consensus that there is a distinct type of self-harming behaviour, termed non-suicidal self injury (NSSI), in which the motivation is not an intention to die and that these behaviours should be distinguished from those that are suicidal in nature. For many young people NSSI is a coping strategy, however maladaptive and damaging, that allows them to continue to live rather than an attempt to end their life.

Young people who are trying to harm themselves can unintentionally cause their own death, also called accidental suicide.

Despite the differences between self-harming behaviour and suicide risk they should be addressed as related concerns in organisational policy and practice.

Juvenile Justice has referred to the national strategy Living is for everyone – a framework for prevention of suicide in Australia, and the NSW Suicide Prevention Strategy 2010-2015 to write this policy.

2. Purpose

The purpose of this policy is to provide direction to assist with the identification and assessment of young people at risk of self-harm and suicide and the type of response and intervention required. The policy provides information on professional development and support for employees to ensure quality responses are provided to young people at risk.

3. Scope

This policy applies to all Juvenile Justice employees, whether employed on an ongoing, temporary or casual basis, including youth justice conference convenors, mentors and sessional supervisors. The policy and associated procedures are intended for use in conjunction with other relevant operational policies and procedures.
4. Objectives

The key objectives of this policy are to:

- Inform employees of their responsibility to identify young people at risk of attempting suicide or self-harm and to respond appropriately.
- Provide direction on the response, intervention and referral of all young people at risk of attempting suicide or self-harm in custody, the community and in youth justice conferencing activities.
- Outline the standard for a safe and secure custodial environment in order to reduce the risk of incidents of self-harm and attempted suicide.
- Outline the support provided to employees, families and other young people when an incident of self-harm or attempted suicide occurs.
- Ensure that workplace training and resources for identifying and intervening appropriately to young people at risk of self-harm or attempting suicide are available.
- Provide advice on the documentation and record keeping required when a young person is at risk of attempting suicide or self-harm.
- Ensure strategies to prevent and manage self-harm and attempted suicide are reviewed regularly to make certain the most recent strategies are implemented.

5. Identifying Self-Harm or Suicidal Behaviours

Young people may indicate a risk of self-harm or suicidal behaviours to any employee working for Juvenile Justice. Employees have a responsibility to respond to any notified or observed risk that they are aware of. This response will be different based on the employee’s role and should facilitate links to further care and response, where necessary.

The following individual, social and contextual factors can place a person at risk of suicide and self-harm¹:

- Contact with the criminal justice system.
- Gender – men generally have higher suicide rates than women, however women are more likely to attempt suicide.
- Aboriginal background – the suicide risk for Aboriginal males aged 15-19 is four times that of the general population.
- Mental illness.
- Alcohol and other drug use.
- A history of suicidal behaviour or self harm – a previous suicide attempt is the strongest independent predictor of suicide risk.
- Experience of abuse or violence.
- Family and relationship breakdown – more than 62% of precipitating incidents to the suicide deaths of young people in NSW involved a relationship breakdown or argument with a significant person in their lives.
- Transitioning from institutional settings – the rate of suicide is higher among.

released offenders than those in custody

- Homelessness
- Unemployment and financial stress – this is particularly a risk for young males not working or studying.

It is important to note that not all individuals with these indicators are at risk and those that are, may only be at risk at certain points in their life. The majority of people who can be categorised as at risk do not and will not ever take their own life.

5.1 Behaviours indicating risk

There are a range of behaviours that can indicate that a person is at risk of suicide or self-harm. Changes in behaviour, even if the change appears to be positive, can be an immediate precursor to suicidal behaviour. If a young person is experiencing any of these symptoms, support and assistance must be provided to them.

Common warning signs indicating risk of self-harm or attempted suicide include, but are not limited to:

- Threatening to hurt themselves or take their own life
- Looking for ways to take their own life, or talking about their plan to do so
- Talking, writing or drawing about death (especially when this is out of character for the person)
- Expressing feelings of hopelessness
- Withdrawing from friends, family or the community
- Dramatic changes in mood, such as sudden feelings of happiness after a long period of sadness or depression
- Giving away possessions or saying goodbye to family and/or friends
- Unexpected and sudden changes in behaviour, personality, eating habits, sleeping patterns, routine or appearance
- Making preparations for death
- Accessing items to use for suicide/self-harm
- Excess intake of drugs and alcohol
- Previous suicide/self-harm attempts
- Death or terminal illness of relative or friend

5.2 Screening and Assessment in Juvenile Justice

The Juvenile Justice Assessment Policy and community, custody and youth justice conferencing Self-harm and Attempted Suicide Procedures require all young people to be assessed at the point of entry into the Juvenile Justice system.

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Questionnaires are used to screen and assess a young person’s risk of self-harm or attempted suicide. Assessment results are entered into the Client Information Management System (CIMS) for information access across all juvenile justice services.

When a young person has been identified as being potentially at risk of harm, clear and documented communication must occur between community and custody employees. ‘Alerts’ in CIMS must be updated and kept current at all times.

6.0 Responding and Intervening

Young people often have difficulty asking for help and employees must be aware and support young people seeking assistance.

Employees who note any changes in the behaviour or moods of a young person must ask the young person directly about how they are feeling.

Employees must not be afraid to ask if the young person has had recurrent thoughts about death or considered suicide or harming themselves. Contrary to popular belief, talking about suicidal thoughts does not increase a person’s risk of suicide, instead showing concern helps to reduce their sense of hopelessness.

6.1 Crisis Response

The community, custody and youth justice conferencing Self-harm and Attempted Suicide Procedures must be followed for an immediate response to any incidence of self-harm or attempted suicide.

The most important safety measure to prevent self-harm is the maintenance of personal contact with the vulnerable young person.

When a young person has been identified as being potentially at risk of harm, clear and documented communication must occur between community and custody employees. ‘Alerts’ in CIMS must be updated and kept current at all times.

The community, custody and conferencing ‘Self-harm and Attempted Suicide’ procedures provide steps to consider when responding to a young person at immediate risk of suicide or self harm.

6.2 Providing ongoing support in community, conferencing and custody

Sound and robust case management practices must be maintained and young people must be actively involved in the decision making process about protecting their own safety and preventing suicide or self-harm.3

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3 Office for Youth (2008) Principles for developing organisational policies and protocols for responding to clients at risk of suicide and self-harm Brisbane: Department of Communities, Queensland Government
6.2.1 Referral

Psychological intervention or counselling must be provided in accordance with each young person's needs. Providing access to counselling, advice and intervention aims to reduce the likelihood of a young person feeling that situations are 'out of control' and that they must face them alone. Young people who may be suffering from a mental illness and/or are identified as a suicide risk must be referred for further assessment.

6.2.2 Written agreements/safety plans

Self-harm and suicidal thoughts can seem like they will last forever for many young people, however these thoughts and feelings do pass. Having a safety plan in place that can help guide a young person through difficult moments can make a difference and keep them safe. In general, a safety plan is designed so that a young person can start at step one and continue through the steps until they feel safe. A safety plan should be easily accessible to the young person.

The following areas must be considered in the development of a safety plan for the young person to consider:

- Recognising warning signs
- Using self coping systems
- Socialising with others who may offer support as well as a distraction
- Contacting family or friends who may help solve a crisis.
- Contacting mental health professionals or agencies
- Talking to Juvenile Justice employees
- Avoiding environments that are unsafe for the young person.
- Making a safety plan commitment

A safety plan must be monitored in collaboration with the mental health service/professional, the young person’s family or carer/support person and any other stakeholders. It is important to note that a young person is still at risk of suicide or self-harm after their immediate risk of suicide has passed. A history of suicidal behaviours or self-harm is the strongest predictor of future suicide risk.

6.2.3 Review of case plan

Any threatened or attempted suicide or incidence of threatened or actual self-harm must trigger an immediate review of the young person's current case plan. Services should be delivered to best suit the young person's current needs.

6.2.4 Developing other strategies

Other strategies must be discussed with the young person. These strategies can help them when they are feeling hopeless or suicidal. It is important to note these strategies are in addition to support from a health professional/psychological interventions/counselling.

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Strategies can include:
- Setting small achievable goals
- Developing a routine
- Committing to exercise or something else they enjoy
- Talking with friends and family

Juvenile Justice employees must actively follow up and check the safety of any young person at risk of suicide or self-harm who fails to attend an appointment.

**6.2.5 Review of Youth Justice Conferencing arrangements**

Convenors must liaise with the mental health service where the young person has been referred, to obtain advice about:
- the additional needs and supports the young person may need to successfully complete the conference,
- any pre and post conference support and
- whether the timing of the conference needs to be reviewed.

**7. Safe and Secure Custodial Environment**

Detention centres are designed to provide safe, secure and developmentally appropriate accommodation for all young people in custody.

The most common method of attempting suicide by detainees in custody is by hanging; this includes various forms of self-strangulation. In order to manage this risk, all detainee rooms are fitted with modified fixtures to remove hanging points.

Body slashing is also a common method for self-harm by young people in custodial settings. A young person’s room must be checked daily and dangerous or broken items are to be removed and/or replaced.

Young people must only be permitted to move through the secure area of a centre, they are not allowed to access any non-secure areas. Dangerous items are kept to a minimum in secure areas and accounted for through documented registers after every use.

**7.1 Custodial Prevention strategies**

The most important safety measure, to prevent self-harms and suicide is the maintenance of personal contact between employees and the vulnerable young person. Other safety measures include:
- Searching the detainee’s room and assessing all items for potential risk
- Removing any materials from the room that could be made into a noose, weapon or implement for cutting
- Checking no items have been hoarded by the young person that could cause harm, e.g. medication
- Placing the young person in an observation room
- Consideration of shared accommodation, where applicable and reviewed for risk.
7.2 Other management strategies

The following controls and measures are maintained within centres:

- All frontline centre employees must hold a current First Aid certificate.
- First aid and cardio-pulmonary resuscitation equipment is easily accessible in well-publicised locations.
- Oxygen equipment is kept in each centre’s Health Clinic, for use by qualified nursing or medical employees.
- Controls and measures are maintained within centres to assist with preventing an overdose or hoarding of medication.
- Each centre has access to suicide gowns and protective helmets for the protection of a young person.
- Each Juvenile Justice centre has a local emergency manual.
- Controls are placed on the approval to use and the storage of potentially dangerous substances such as bleach, detergents, disinfectants, thinners, petrol and chlorine.
- Dangerous substance storage areas must be located outside the secure area of a centre.
- Local processes must ensure high risk detainees have no access to dangerous substances.
- High risk detainees must never be placed into a room with access to power outlets or electrical equipment.
- Employees must maintain close supervision of detainees at risk of self-harm when they use, or have access to any electrical equipment or power outlets.

8. Providing support to family, friends and employees

Family and friends should be provided with the details for and encouraged to contact Lifeline, Kids Helpline or any other support person if they are feeling overwhelmed and in need of support after an incident of self-harm or suicidal act.

Working with people who are at risk of self-harm/suicide can be difficult, as is coping with feelings following a suicidal act or incident of self-harm. Self-care is important and employees should be aware that counselling is available.

Employee Assistance Program’s counselling service is available for all employees: free call 1800 337 068.

8.1 Postvention support

Postvention is the response provided after a suicide to reduce further trauma and provide support to family, friends, other young people and employees.

Ensure information is available to individuals about available supports. An Information and support pack for those bereaved by suicide or other sudden death is available from www.livingisforeveryone.com.au. This document outlines the practical process, including the involvement of the coroner and police and provides advice on obtaining the death certificate and financial assistance. It also
provides advice on dealing with grief and helping children and teenagers with their grief too.

9. Workplace training

Training in Mental Health First Aid and Suicide Intervention Strategies are available for all juvenile justice employees. Employees should be encouraged to attend these training sessions.

10. Record keeping

Juvenile Justice requires all attempted, threatened or actual self harm or suicide to be reported to a supervisor and noted on CIMS. All actions, responses and referrals should be included in the information recorded.

Depending on the circumstances, the event may also be recorded as an incident. Refer to the ‘Incident Reporting Policy’ for the definition of an incident and instruction on how to report an incident.

Centre employees must also report a self-harm or suicide attempt incident to the Justice Health & Forensic Mental Health Network, as soon as possible after the event.

A ‘Self Harm’ alert on CIMS must be completed after an attempted, threatened or actual self harm or suicide event.

11. Reviewing practice

When an incident occurs, the manager should review the current practice to identify any systemic issues.

Any identified changes will trigger a review at an operational level. This includes any emerging trends, changes in client group, current issues, best practice and the national and state strategies.

12. Definitions

The following definitions are obtained from the national framework Living is for everyone: A framework for prevention of suicide in Australia and the NSW Suicide Prevention Strategy 2010-2015.

<table>
<thead>
<tr>
<th>Word/Term</th>
<th>Definition (with examples if required)</th>
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<tbody>
<tr>
<td>Attempted suicide</td>
<td>A suicidal act causing injury but not leading to death.</td>
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<td>Self-harm</td>
<td>Any behaviours causing destruction or alteration of body tissues, with or without the intent to die, including self-injury.</td>
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<td>Imminent risk</td>
<td>The point at which suicide is extremely likely in the near future; intervention may be necessary.</td>
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<td>Protective</td>
<td>Capacities, qualities, environmental and personal resources</td>
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<tr>
<td>Word/Term</td>
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<tr>
<td>factors</td>
<td>that drive individuals towards growth, stability, and health.</td>
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<td>Risk factors</td>
<td>Factors such as biological, psychological, social and cultural agents that are associated with suicide/suicide ideation and increase their probability. Risk factors can be defined as either distal factors, such as genetic or neurochemical factors, or proximal factors, such as life events or the availability of lethal means - factors which can ‘trigger’ a suicide or suicidal behaviour.</td>
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<tr>
<td>Suicide</td>
<td>The act of purposely ending one’s life.</td>
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<td>Suicidal act</td>
<td>Self inflicted injury with an intention to die from suicide, including self poisoning, possibly resulting in death or serious injury.</td>
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<td>Suicidal behaviour</td>
<td>Includes the spectrum of activities related to suicide and self-harm including suicidal thinking, self-harming behaviours not aimed at causing death and suicide attempts. Some writers also include deliberate recklessness and risk-taking behaviours as suicidal behaviours.</td>
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<tr>
<td>Suicide prevention</td>
<td>Activities aimed at reducing the rate of death, disability (morality and morbidity) resulting from and risk factors linked to suicidal acts.</td>
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<td>Suicidal threats</td>
<td>Actions suggesting an intention to die from suicide or self-harm.</td>
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<td>Warning signs</td>
<td>Behaviours that indicate a possible increased risk of suicide, such as giving away possessions, talking about suicide or the withdrawal from family, friends and normal activities.</td>
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13. References

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<thead>
<tr>
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<td>Self-harm and Attempted Suicide Procedure (Custody)</td>
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<td>Self-harm and Attempted Suicide Procedure (Community)</td>
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<td>Self-harm and Attempted Suicide Procedure (YJC)</td>
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<tr>
<td>Legislation</td>
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<tr>
<td>Children (Detention Centres) Act 1987</td>
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<td>Children and Young Person (Care and Protection) Act 1998</td>
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14. Version Control and Change History

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| 1 | 17 July 2014 | Executive Director State Wide Operations | Procedure reviewed and updated as follows:  
• Procedural steps removed.  
• Incorporation of national and state self-harm and suicide prevention strategies  
• Broader definition and explanation of safety plans. |
| 2 |   |   |   |