15.2 Responding to Suicide and Self harm

Policy

Purpose
To guide child protection workers in responding to children, young people and adults with suicidal thoughts and behaviours, and those who self-harm.

Legislative Authority
Children and Community Services Act 2004

Standards
Better Care, Better Services - Standards for Children and Young People in Protection and Care

Practice Requirements
- All expressed suicidal thoughts and behaviours must be taken seriously and should be discussed with team leaders.
- An actively suicidal person must not be left alone whilst processes are underway.
- The district director must be informed if a suicide attempt/suicide has occurred.
- Child protection workers must not promise to keep suicide concerns confidential.
- If medical attention is required following a suicide attempt or self-harm, an ambulance must be called.
- For children in the care of the CEO, information on triggers, assessments, plans to address suicide concerns, supports accessed, points of decision making and any medication, must be added to care plans in a timely manner.
- Child protection workers should consider the impact of emotive discussions on parents when protective action is being undertaken. However, the safety of the child is the primary consideration and must not be compromised.
- The district director must arrange appropriate supports for staff if a suicide occurs within the district. Foster carers, residential care workers, remote workers and other key staff involved in the case, should be included.

Process Map

Procedures
Overview
Recognising suicide concerns
Gathering information on suicide concerns
Procedure - 15.2 Responding to Suicide and Self harm

Overview
Suicide is where a coroner classifies that a person has died as a result of a deliberate act to cause his, or her, own death.

Child protection workers will have contact with children, young people and adults who express suicidal thoughts and behaviours. All suicidal thoughts and behaviours must be taken seriously and assessed.

Recognising suicide concerns

Children and young people in the care of the CEO or who otherwise come into contact with the Department may have suicide risk factors, given their life experiences.

Signs of an imminent risk of suicide include when a person has:

- an expressed intent to die
- a plan in mind (when)
- access to lethal means (how/plan)
- impulsive, aggressive or anti-social behaviour
- been using alcohol or other drugs (AODs)
- a history of a previous suicide attempt/s.

Not all suicides can be prevented or predicted. Whilst most people will exhibit warning signs, these may be subtle. Impulsivity is also seen as a risk factor for suicide as well as AOD substance misuse. Further, children and young people with Fetal Alcohol Spectrum Disorder may experience a range of suicide risk factors as part of their disorder including impulsivity, mental health issues, social issues and a lack of understanding about the finality of death. The Suicide Information Sheet and Suicide and Aboriginal People in related resources provide further information on suicide risks.
Particular times child protection workers should be mindful of suicide concerns include when:

- a child/young person is being forensically interviewed about disclosure of harm/abuse
- a child/young person is placed into the care of the CEO
- there is placement instability or transitions (including out of Secure Care)
- a child or young person with a mental illness is discharged from in-patient care or an emergency department
- significant anniversaries occur
- a sibling or other family member attempts, or commits, suicide
- someone the child knows, or is from their community, attempts or commits suicide and funeral or Sorry events occur.

The Aboriginal practice leader should be consulted about Aboriginal children in the CEOs care attending funeral or Sorry events relating to suicide, in order to explore balancing child safety with cultural considerations. Whilst funeral and Sorry events are important culturally and spiritually, there may be high levels of AOD misuse, grief, and attention on the person who has passed away. The Aboriginal practice leader will be able to advise on spiritual, cultural and practical issues relating to these events.


**Gathering information on suicide concerns**

If contacted about a child’s or young person’s suicidal thoughts or behaviours, child protection workers should:

- gather information about the extent of the concerns
- ask the contacting individual whether they require any personal supports, where appropriate
- meet with the child or young person to discuss the concerns, where possible (other professionals known to the child or young person may also attend where appropriate)
- contact other individuals to gather information about the extent of the child or young person’s suicide concerns.
The related resource *Personal Levels of Concerns About Suicide* outlines specific questions that can be used to assist with the above process. This document can also assist with:

- making an informed decision about whether there is a need for a formal suicide risk assessment
- gathering information that will assist the Department to support the young person in an ongoing way.

The team leader should be informed if a child or young person expresses any suicidal thoughts or behaviours. The senior practice development officer, district psychologist and district director may also be consulted. If an Aboriginal child or young person expresses any suicidal thoughts or behaviours, the Aboriginal practice leader should also be advised.

An actively suicidal child or young person must not to be left alone whilst these processes are underway.

**Accessing a risk assessment**

Child protection workers can assist children and young people to access a formal risk assessment through from the following individuals and agencies:

- the district psychologist, senior consultant psychologist or residential psychologist (if not suitable or available in the time required, please refer to an agency below)
- Princess Margaret Hospital for children or young people under 16 years of age, in the metropolitan area
- local hospital emergency department for young people above 16 years of age living in the metropolitan areas and all those living in country areas.

Some local General Practitioners (GPs) and other local agencies may be able to undertake a risk assessment.

The child protection worker should work with the individual or agency undertaking the risk assessment, the team leader and district director, to determine next steps.

**Mental health assessment for a child or young person who has an acute mental health episode**

The Acute Response Team (ART) is a metropolitan service that operates 24 hours per day, seven days a week. The service conducts acute mental health assessments
in emergency departments and community settings in the metropolitan area, from Clarkson to Peel.

The ART can be a first response option when a child or young person is self-harming or at suicidal risk and a child protection worker believes the child or young person requires immediate mental health assessment. The ART can be contacted on 1800 048 636.

Two flowcharts are available in related resources that step out the process:

- The *Acute Response Team – Referral Pathway* (mental health information and triage), and
- *PMH Emergency Department Contact Process for Children in Care* (including mental health intervention).

**Ongoing management of suicide concerns**

Children and young people should be assisted to access support to reduce their risk and address the issues leading to the suicide concern. Child protection workers should make appropriate referrals and check whether appropriate arrangements have been offered and followed up. If children are not in the care of the CEO, permission must be sought from parents. Child protection workers should work in partnership with other agencies to assist them in developing plans to address a child or young person’s suicide concerns.

Refer to the related resource *Mental Health Services for Young People in Western Australia* and Chapter 1: Engaging with private practitioners for treatment/therapeutic services for information on services and supports available (in some cases, district psychologists will work therapeutically with a child or young person).

Child protection workers should also work in partnership with residential care workers, where relevant, to develop a *Residential Care Service Safety Plan* to address a child or young person’s suicide concerns.

If the child or young person does not have a plan in place to respond to their suicide concerns, the child protection worker should consider developing one, including:

- support people
- formal support services and/or a multi-disciplinary response
- 24 hour support lines and/or emergency contacts
- actions for foster carers to promote a supportive environment and other protective factors
• whether the young person will be safe within their placement or whether secure care arrangements are required as outlined in Chapter 6: Secure care arrangements
• clear roles and responsibilities, identification of a lead agency, and
• plans for monitoring and review of suicide concerns.

Suicide attempt / suicide

If medical attention is required following a suicide attempt, an ambulance must be called. If staff are unsure about whether a situation requires medical attention, caution should be used and an ambulance called.

The district psychologist, team leader and district director should be notified of any suicide attempts of a young person, in the care of the CEO or otherwise in contact with the Department.

Child protection workers should advise a child or young person’s parents of any suicide concerns, unless there is good reason for them not to be informed (for example, when revealing the information would compromise the safety of the child).

Information sharing and communication

Information sharing is critical to promoting the safety of children/young people in relation to suicide. Information sharing considerations are outlined below:

• Child protection workers must not promise to keep suicide concerns confidential.
• Child protection workers should work closely and collaboratively with any other agency engaged with a child or young person to address suicide or mental health concerns.
• Child protection workers should openly communicate with foster carers and residential care staff about any suicide concerns and any relevant decision making.
• For children in the care of the CEO, information on triggers; assessments; plans to address suicide concerns; supports accessed; points of decision making; and medication must be added to care plans in a timely manner - due to the possibility of future crisis or ongoing suicide concerns. This information should form the basis of any new risk plans developed when children or young people transition to a new placement.
• Case plans for children and young people that the Department is working with who are not in the CEO’s care should include information on any suicide concerns.
• If a district psychologist is involved with a child or young person, they should be kept informed of the young person’s progress.

**Working with parents and caregivers with suicide concerns**

Parents and caregivers in contact with the Department may also be at risk of suicide. The suicide of a family member will impact on a child or young person’s wellbeing.

Child protection workers should consider the impact on parents/caregivers of emotive discussions such as when protective action is being undertaken. However, the safety of the child is the primary consideration and cannot be compromised due to a parent’s or caregiver’s threat of suicide.

Particular times child protection workers should be mindful include:

• when assessments or discussions about sensitive or emotive areas are taking place, including those which relate to past trauma of a parent or caregiver
• when a parent or caregiver is being investigated by childFIRST
• when protection proceedings are initiated or a child is placed into the care of the CEO, and
• after the birth of a child, given this is a vulnerable period for parents in relation to mental health concerns.

When working with parents and caregivers in these circumstances, child protection workers can:

• acknowledge any grief and loss the parent/caregiver may be experiencing
• ask parents or caregivers how they are feeling and whether they would like to be referred to support services
• ask parents or caregivers to nominate a support person, including a community member for someone from an Aboriginal or culturally or linguistically diverse (CaLD) background, as appropriate
• focus on any positives, such as the reunification process and that the young person still needs the parent/caregiver in their life
• outline supports for parents/caregivers during safety planning.

If a suicide threat is made, child protection workers should:

• take all threats seriously
• make sure a person who is actively suicidal is not left on their own
• with the permission of the parent or caregiver:
o discuss the issue with other services involved with the parent or caregiver or a support person (such as a family members detailed in the genealogy)
o assist the parent or caregiver to access support services
o consider assessing their personal level of concern through the related resource Personal Level of Concern About Suicide.

If the child or young person is in the care of a parent or caregiver expressing suicidal thoughts or behaviours, child safety must be assessed. Refer to Chapter 15: Mental Health Issues for further information about working with parents with these concerns.

Once the immediate safety of a child has been achieved, the Signs of Safety Child Protection Framework should be used to identify appropriate next steps for the family.

**Self-care and debriefing**

Suicide can affect all involved. Child protection workers or other staff may feel traumatised by the event or feel guilty at not preventing the suicide. Knowing someone who has attempted or completed suicide is a risk factor for suicide. The district director must arrange appropriate supports and debriefing for staff. Foster carers, residential care workers, remote workers and other staff should also be included in arrangements as appropriate.

Support available includes:

- Children and young people – district or residential psychologists and services in the related resource Mental Health Services for Young People in Western Australia.
- Foster carers - can access support through Prime XL Employee Assistance Program.
- Communities StandBy Response Service in some rural areas (click here).
- Staff - regular supervision, targeted debriefing activities, involvement of the district psychologist or chief psychologist, or the Employee Assistance Program.

**Deliberate self-harm**

Self-harm is also an issue for children and young people who are in contact with the Department. Deliberate self-harm (also known as self-injury) refers to the attempt to inflict physical harm to one’s self and is often done in secret. The intent behind
self-harm is often different to suicide, but is a risk factor for suicide. Refer to the related resource *Deliberate Self-harm and Suicide* for more information.