


Document ID	SO-GEN-	Program	Home Stretch WA Trial	Last Review Date	10/01/2022	Version	3.1	
Approver	Manager Home Stretch Trial	Author	Youth Practice Consultant	Next Review Date	1/12/2023			
Responding to Young People at Risk of Suicide								

1.0 INTRODUCTION

1.1 Context & Purpose

This procedure outlines the assessment and decision-making processes relating to the support of young people who may be suicidal.

While Home Stretch Transition coaches are not directly responsible for the clinical care of young people's mental health and risk of suicide, many of the young people accessing support through Home Stretch will experience thoughts of suicide and some will be at risk of dying by suicide.

It is common for young people to help seek through existing support networks, and they are more likely to disclose thoughts of suicide within the safety of an existing support relationship such as that offered through the transition coach.

Transition coaches need to be skilled and confident in understanding and responding to suicide risk and be able to provide an appropriate intervention that supports a young person's safety and directly assists them to access an appropriate level of care.

1.2 Background

There are many challenges for youth workers faced with responding to the needs of a young person who may be suicidal, particularly in supporting those who have had negative experiences of systems of care and who may be reluctant to seek help from health or mental health services as a result. The stigma around suicide that continues to exist in the community, and the commonly held perception that disclosing any thoughts of suicide may lead to hospitalisation or a loss of agency and control of their own lives is a significant barrier to help seeking.


Many young people who access support through Home Stretch will have had adverse childhood experiences, often complicated by significant experiences of trauma. These experiences may impede a young person's ability to form trusting relationships with adults, and also understand and navigate their own responses to childhood trauma.

With the significant over representation of Aboriginal young people in the Out-Of-Home-Care, particular attention must be paid to ensuring any intervention is delivered in a way that is both culturally responsive, and ensures that safety and the agency of the young person is prioritised whilst recognising the strengths of family and community networks in supporting a young person.

From Managing Risk to Promoting Safety and Recovery

There is no set of risk factors that can accurately predict suicide in an individual, yet many services and systems of care continue to focus on the prediction and management of suicide risk through the use of assessment tools aimed at stratifying individuals into categories of high, medium and low risk.

This approach, which has been termed the 'actuarial approach', does not provide an effective means to predict the risk of suicide in an individual. In fact, the vast majority (97%) of people assessed as being at 'high risk' do not die by suicide, while the majority of deaths by suicide (60%) occur in people assessed as being at 'low risk'.

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In the United Kingdom, the National Institute for Health and Care Excellence (2011) has recommended against using risk assessment tools and scales to predict future suicide although it did note that they may be helpful in structuring the risk assessment (as an 'aide memoire')

This process instruction is designed to guide workers to respond to suicide risk in way that promotes recovery and emphasises individual autonomy and control, as well as maintaining a focus on safety and minimisation of risk. It is aligned with the broader principles of the Home Stretch model of care, prioritising empowerment of young people that is founded on shared understanding, shared decision-making and shared responsibility for safety with each individual.

1.3 Applied Suicide Intervention Skills Training [ASIST]

The ASIST model is an evidence-based intervention that is widely employed across a range of settings and practice disciplines. It is an effective intervention that is consistent with promoting safety and recovery, and ensuring that young people remain at the centre of the intervention whilst linking them in with appropriate supports to help them to maintain their safety. The model is designed to equip individuals with the skills to provide a brief and effective intervention that supports individuals to remain safe in the short term. All transition coaches within the Home Stretch program must complete an accredited ASIST workshop in the first 12 months of their employment.


1.4 Responding to Young People who may be Suicidal

The practice of responding and decision making relating to the care of a young person who may be suicidal must be conducted in a manner that is collaborative and culturally and developmentally appropriate. Although there may be circumstances where a transition coach is working alone, most interventions and decisions regarding safety and support planning should be made by a multidisciplinary team in collaboration with the young person and their identified supports.

Where there is an **existing** and **contemporary safety plan** developed with a mental health clinician to assist a young person around suicide, that **plan should be followed** to the extent to which the young person is capable and willing.

Where a young person presents with **chronic thoughts of suicide** and a history of escalating risk of suicide in response to feeling ignored or any perceived rejection, attention must be paid to ensuring that any responses to a young person do not perpetuate any unhelpful patterns of behaviour or help seeking. Young people should always be encouraged to take responsibility in promoting their own safety and recovery, and not build a dependence on the transition coach to manage their safety.

Where there is **no existing or contemporary safety plan**, or the young person's presentation or risk is different or higher than normal, transition coaches should **use the ASIST model** to respond to the young person and assist them to establish a short-term plan for safety [termed - Safe for Now] that links them with the appropriate longer-term support. For most young people, as a minimum, this would be an appointment with their GP or an appropriate mental health provider, as well as the provision of a range of after-hours resources that are appropriate and accessible to the young person. The appointment with the GP or mental health service should include a **comprehensive mental health assessment**.

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The ASIST model provides a **structured methodology for safety planning** with young people regardless of the level of support required to keep the young person safe. As part of documenting and sharing decision making with young people and their supports, **a written copy** of any **Safety Plan** developed should **be provided to the young person and shared with any other individuals who are identified as supports in the safety plan**. People identified as supports must be made aware and directly accept their responsibility in supporting the young person. An example safety plan framework is appended to this document and provides one example of an approach to documenting a safety plan. Digital solutions to safety planning, such as ReMinder Suicide Safety Plan, can provide an alternative place to record the safety plan and provides additional pathways to access support through the suicide call back service.

In developing a Safety Plan with a young person, the transition coach should inform the young person that it is good practice to check the quality of the plan with a senior worker or the program coordinator. This provides an opportunity for the Transition Coach to activate the Serious Issue process and seek specialist consultation in a more normalised way. In the absence of staff resources within AnglicareWA that are sufficiently experienced or skilled in responding to suicide, assistance can be sought through the Mental Health Emergency Response Line.

If a transition coach has **concerns about the young persons capacity** to genuinely engage in safety planning, or there are concerns that a young person may have already taken actions to harm or kill themselves, an **emergency response should be activated immediately**, and the young persons health and safety prioritised in the **least restrictive way** possible. This would typically involve contacting emergency services and advising them of the young persons' situation and any relevant information that might assist emergency services to effectively support the young person. This can include information about how to engage the young person, where they might be located, and any information about their access to means to harm themselves [weapons, medication etc]

There aren't any circumstances in which a Transition Coach should place themselves in danger to keep a young person safe, or seek to physically restrain the young person.

1.5 Support to Debrief Staff


Responding to people who are at risk of suicide is often an emotionally draining and traumatic experience for workers, and may have an enduring impact on the wellbeing of workers.

Where a worker has undertaken an intervention to respond to suicide risk, that worker should seek to debrief their experience with a senior worker, supervisor or their program coordinator as soon as practical. The completion of the debrief should be noted in the serious issue record.

1.6 Documenting and Sharing of Safety Plan

The safety plan should be developed in collaboration with the young person, and where possible, any of their support network who are available and acceptable to the young person.

While there are a range of templates that can be used, it is critical to ensure that any plan that developed must be accessible and useful for the young person and their identified supports. The template appended to this document was developed and shared by a number of youth services in the Perth metropolitan area, and provides one example of an approach to safety planning.


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Transition coaches undertaking shared care of young people may need to create a support plan that provides a more detailed description of the support needs of the young person and how others involved in their care might provide effective support.

1.7 Documenting and Recording of Intervention

The Serious Issue Policy provides guidance around the documentation and recording of responses to risk and should be followed.

A copy of any safety plan developed, and a record of the intervention should also be included in the case notes recorded for the young person in Penelope.

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Appendix 1 – Example Safety Plan

My Safety Plan

Name:

Preferred name:

DOB:

Pronouns:

My background; tell us about you

Note: take a photo of this for your phone so you can access anywhere.



Date completed:

Review date:

Completed by:

Things I am concerned about	Things others may be concerned about
Emotional & Mental Health	Emotional & Mental Health
Physical Health	Physical Health
Home, Financial & Legal	Home, Financial & Legal
Physical Environment	Physical Environment
Alcohol & Other Drugs	Alcohol & Other Drugs
Family & Domestic Violence	Family & Domestic Violence
Aggression & Violence	Aggression & Violence
Other	Other

Do you have a diagnosis and/or other information you would like to share?


Current Situation/ Summary of Concerns & Presenting Issues

Risk management is a dedicated process to increase safety and develop a plan to reduce potential issues and improve outcomes.

My Emotional & Mental Health (if relevant)
Signs I am well;
Signs I am becoming unwell;
Signs I am unwell;
Triggers you need to know about;

Creating an Action Plan is so we can help safety plan, to avoid unsafe situations and so we know the best way to support you.

My Action Plan
Things I can do;
Things others can do;
Things you should never do;

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<p>Other or comments;</p> <p>Escalation Points (At what point should a welfare check/ ambulance/police be called?)</p>

Support

Who are your informal and inform supports and if relevant, how do we contact them if we are worried?


Consent

Please let us know who would you like us to share this form with? (can highlight above)

Some Helplines

Kids Helpline Phone: 1800 55 1800 / Website: <https://kidshelpline.com.au/>

Free, confidential counselling service available any time of the day or night by phone or webchat.

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Beyond Blue Phone: 1300 22 4636 / Website: <https://www.beyondblue.org.au/get-support/get-immediate-support>

Call or chat online with a trained mental health professional any time of the day or night.

Alcohol and Drug Support Line: Phone: (08) 9442 5000 / Website: <https://www.mhc.wa.gov.au/about-us/our-services/alcohol-and-drug-support-service/>

The Alcohol and Drug Support Line is a 24/7 confidential, non-judgmental telephone counselling, information and referral service for anyone seeking help for their own or another person's alcohol or drug use.

Some web support & information

eheadspace: Phone: 1800 650 890 / Website: <https://headspace.org.au/eheadspace/>

eheadspace provides free online and telephone support and counselling to young people 12 - 25 and their families and friends. If you're based in Australia and going through a tough time, eheadspace can help.

Children of Parents with a Mental Illness (COPMI): Website: <http://www.copmi.net.au/kids-young-people>

Having a parent with a mental illness can be tough. But COPMI have a lot of information and videos to help you get your head around it all.