

Self-Harm and Suicide Prevention Policy

Essential Summary

The *Self-Harm and Suicide Prevention Policy* and related *Self-Harm and Suicide Prevention Procedures* apply to all Youth Justice NSW (YJNSW) employees.

This policy provides YJNSW employees with the direction and knowledge to identify and manage incidents of self-harm, attempted suicide and suicide within a YJNSW context. This policy is informed by best-practice research as well as extensive consultation with YJNSW employees across custody, community and Youth Justice conferencing.

YJNSW also recognises the importance of employee wellbeing, safety and the need to equip and support employees in dealing with these incidents.

This policy should be read in conjunction with the corresponding Self-Harm and Suicide Prevention procedure.

YJNSW has referred to the Strategic Framework for Suicide Prevention in NSW 2018-2023 to write this policy.

Printed or saved copies of this document may not be up to date.

Please check in the [Operations Manual \(TOM\)](#) to ensure you have the latest version before using this document.

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1 Scope

This policy applies to all YJNSW employees, whether employed on an ongoing, temporary or casual basis, including YJNSW Centre employees, YJNSW Community Office employees, Youth Justice Conference (YJC) convenors, mentors and sessional supervisors, who have a duty of care for the safety and wellbeing of children and young people with whom they interact and supervise.

The policy and associated procedures are intended for use in conjunction with other relevant operational policies, procedures and manuals.

2 Purpose

The purpose of this policy is 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 Definitions

Attempted suicide means a suicidal act causing injury but not leading to death.

Employee means an employee of the agency, individual engaged by the agency (i.e. may be for volunteer work), deemed employee (e.g. Youth Justice Conference Convenors), contractors, instructors of religion, student on placement and/or Official Visitors.

Imminent risk means the point at which suicide is extremely likely in the near future.

Must indicates a mandatory action to be complied with.

Non-suicidal self-injury (NSSI) means the deliberate, self-inflicted destruction of body tissues without suicidal intent.

Self-harm means any behaviour that a young person engages in that causes deliberate harm with or without suicidal intent (for example, cutting/scratching, burning, head butting, hair pulling etc). Self-harm is often a response to intense emotional pain or a sense of being overwhelmed by negative thoughts, feeling or memories¹.

Should indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

Suicide means the act of deliberately killing oneself. For suicide to be considered, these three criteria need to be met:

- death due to unnatural causes,
- the actions that result in death were self-inflicted and
- the person who injures themselves had the intention to die².

¹ Headspace (2019) *Self-harm factsheet* retrieved from:

<https://headspace.org.au/assets/Uploads/Resource-library/Young-people/Self-harm-web.pdf>

² NSW Ministry of Health (2013) *Conversations Matter: resources for discussing suicide* retrieved from <http://www.conversationsmatter.com.au/supportinginformation/about-suicide>

Suicidal behaviour means the spectrum of activities related to suicide and self-harm including suicidal thinking, self-harming behaviours not aimed at causing death and suicide attempts.

Suicidal ideation means thoughts that life is not worth living. These can range from fleeting thoughts to well thought-out plans for killing oneself and complete preoccupation with wanting to die. Suicidal ideation does not always lead to suicide or attempted suicide but must always be taken seriously³.

Suicidal threat means actions suggesting an intention to die from suicide or self-harm.

4 Child safe organisation

YJNSW is committed to being a child safe organisation which continuously improves the systems in place to protect children and meet the National Principles for Child Safe Organisations⁴. The *YJNSW Practice Guide* emphasises the need to work within a trauma-informed approach and framework. Employees must help create environments that support the wellbeing of our young people.

Youth Justice will continue to monitor and reflect on the trends in incidents and circumstances regarding self-harm, attempted suicide and suicide for our young people.

5 Employee support

All YJNSW employees are impacted by incidents of self-harm and suicide. Since employees are constantly looking out for the safety and mental health of others, it is important that strategies are also in place to look after their mental health and wellbeing. YJNSW has a responsibility to equip employees with the knowledge, skills and awareness to keep young people safe, while staying safe themselves.

YJNSW Directors and managers must make sure that employees have the support they need to do their job well. This means employees have access to training, information, coaching and supervision. Directors and managers must continuously review how well these processes are working and take steps to make ongoing improvements, in consultation with employees.

Managers and supervisors must regularly check in with their employees after, and outside of incidents to see how the employee is managing working with young people who are at risk of self-harm or suicide, and whether further resources, coaching or support is needed.

When working with young people, employees do not have to deal with difficult situations on their own. It is important to know that help and advice can be sought from their manager, co-workers or YJNSW psychologists when talking with young people about self-harm and suicide. Training is available to all employees through the Operational Development and Training Unit, and online through myLearning.

All employees can get support from their manager, the Employee Assistance Program (EAP) provided by Benestar (██████████) a peer support officer, or if they work in a Youth

³ NSW Ministry of Health (2013) *Conversations Matter: resources for discussing suicide* retrieved from <http://www.conversationsmatter.com.au/supportinginformation/about-suicide>

⁴ Australian Human Rights Commission (2018) *National Principles for Child Safe Organisations* retrieved from: https://childsafe.humanrights.gov.au/sites/default/files/2019-02/National_Principles_for_Child_Safe_Organisations2019.pdf

Justice Centre, through a chaplain. YJNSW Managers can refer employees who may require support to the EAP.

6 Identifying self-harm or suicidal behaviours

Young people are vulnerable to suicidal feelings, with self-harm being a sign of serious emotional distress. This vulnerability may be compounded by any involvement in the criminal justice system and more reluctance to seek help or access services.

Early detection and support for individuals with suicidal feelings and self-harming behaviours may assist in identifying underlying mental health issues and ultimately prevent suicide.

It is important to note that not all self-harm is considered suicidal in nature. Some self-harming behaviour, called 'non-suicidal self-injury' (NSSI), can be a coping strategy to deal with intense emotions or feelings. Self-harm can however, lead to accidental death. All self-harming behaviour must be addressed with seriousness and compassion. With support, understanding and treatment, young people can learn to cope with difficult situations without hurting themselves.

6.1 Protective and risk factors

There are a variety of factors influencing a young person's vulnerability and risk of self-harm or suicide. Recognising a young person's risk and protective factors may help in identifying when a young person needs extra support.

Risk factors and protective factors relating to self-harm and suicide include but are not limited to:⁵

Risk Factors
Traumatic childhood event, previous suicide attempts, losing a significant person to suicide, racial discrimination
Presence of mental health issues, intellectual disability or psychiatric disorders
Contact with the criminal justice system, removal of children, time in detention centres, court proceedings
Bullying or victimisation, abuse and neglect, physical illness, grief and loss.
Impulsivity, adolescent risk-taking behaviours, intergenerational trauma
Hopelessness, inflexible thinking, poor education, unemployment, being isolated
Drug or alcohol abuse, living in regional areas, poor living environment, transitioning from institutional settings
Unwillingness to seek help, isolation, or a feeling of being cut off from others

⁵ Hayes, L (2011) *Guide to developing and revising suicide prevention protocols within Juvenile facilities* retrieved from: <http://www.ncianet.org/wp-content/uploads/2015/05/Guide-to-Developing-and-Revising-Suicide-Prevention-Protocols-within-Juvenile-Facilities.pdf>

Communities and Groups at Risk
People living with Autism Spectrum Disorder
Males; increased risk of suicide
Females; increased risk of self-harm
LGBTQIA+ peoples
Aboriginal people

Protective Factors
Positive attachment relationships, including relationships with parents or carers (feeling secure and supported)
Healthy self-esteem and help-seeking ability
Pro-social relationships, and communication skills
Sense of control over their life and a sense of purpose
Academic achievement, school safety, sense of belonging to community, culture, religion or sports team
Access to services, neighbourhood safety
Understand and able to use helpful coping strategies, problem solving and conflict resolution skills

6.2 Responding to warning signs or changes in behaviour

Young people can exhibit rapid changes in mood and behaviour as a normal part of their development. However, a young person who is exhibiting significant behavioural changes must be supported because it could be an indication that they are at risk of self-harming or suicide.

Employees must ask the young person if they have recurrent thoughts about death or are considering suicide or harming themselves. Contrary to popular belief, talking about suicidal thoughts does not increase a person's risk of suicide. Instead, showing concern can help reduce their sense of hopelessness.

Any changes in behaviour and support provided must be recorded in CIMS as an 'issues/concerns' case note.

There are several warning signs that are indicators a young person is at risk of suicide or self-harming and could require mental health assistance:

Warning Signs
Sense of hopelessness and feeling alone
Negative self-view and feeling like a burden to others
Making threats to hurt themselves or take their own life, joking about death or suicide
Making funeral arrangements, giving things away and frequently talking or writing about death
New marks on the body, or wearing oversized clothing to cover up wounds
Expressing their worthlessness and no reason to live or get out of their situation
Having delusions or hallucinations
Having low mood, depression or dealing with grief and loss.

Changes in Behaviour
Excessive use of alcohol or drugs, or accessing items to use for suicide or to self-harm, increase in risk taking behaviours
Changes in behaviour, eating habits, sleeping patterns, routine or appearance
Change in performance at school, work or other activities
Avoiding people, friends, family, activities
Saying goodbye, or writing notes or letters
Loss of interest in things, being agitated and irritable

7 Screening and assessment

Accurate assessments, interventions and supports provided by YJNSW and mental health services can play a key role in improving a young person's wellbeing.

Ongoing assessments are crucial for suicide prevention. All young people must be assessed for a risk of self-harm, history of self-harming or suicide attempts at the point of entry into

YJNSW as per the *Self-Harm and Suicide Prevention Procedures, Case Management Procedure* and the *Admissions and Discharge Procedure*.

The assessment and screening process must consider any previous self-harming behaviour. A previous suicide attempt is the most reliable predictor of a subsequent death by suicide⁶.

8 Responding to risks and self-harming behaviours

Employees must follow the principles of the *Case Management Policy* and *Detainee Behaviour Intervention Framework* when supporting a young person's mental health and wellbeing. Most employees are not expected to assess the reason for self-harming behaviour, as this is the role of a mental health professional such as a YJNSW psychologist, Justice Health and Forensic Mental Health Network (JH&FMHN) or community based health service. Frontline employees must support young people at risk and try to keep them safe until they are referred to psychological and medical support.

When responding to a young person at risk of self-harm or suicide, employees must always:

- listen to the young person
- acknowledge pain and suffering
- provide a safe environment for the young person (this may mean meeting with the young person at a place where they feel comfortable, e.g. their home, or outdoors).
- encourage help-seeking
- provide consistent and timely responses to incidents and follow-up care
- ask direct questions if the young person has had recurrent thoughts about death or is considering suicide or harming themselves
- ensure responses are empathic, non-judgemental and culturally sensitive
- ask about immediate dangers or risk to themselves or others
- support employees, the young person and other young people effected by the event
- record any changes in behaviour, incidents or interventions in CIMS
- reflect and debrief on interventions and incidents

When a young person talks about hurting themselves or attempting suicide, it must not be dismissed as attention seeking behaviour and must be responded to in line with this policy. A YJNSW psychologist can provide advice to employees for how to respond to young people who frequently discuss or threaten to hurt themselves.

8.1 Crisis response

Employees must use *Self-harm and Suicide Prevention Procedures* when responding to an incident of self-harm or attempted suicide and remember that the most important safety measure is, if safe to do so, maintain personal contact with the young person.

When a young person has been identified as being at risk of harm, clear and documented communication must occur between all YJNSW employees who are involved, including YJNSW psychologists, YJC convenors, community and custody employees. 'Alerts' in CIMS

⁶ Department of Health (2017) *The Fifth National Mental Health and Suicide Prevention Plan* retrieved from:

<http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>

must be updated and kept current at all times. Refer to the *Alerts Procedure (Custody)* and *Alerts Procedure (Community)*.

8.2 Psychological interventions, referrals and support agencies

Young people must be actively involved in the decision-making process about protecting their safety and preventing suicide or self-harm.⁷

A young person on a supervised community order, or in custody with unmanaged or acute mental health concerns, and/or identified as being at risk of self-harm or suicide, must be referred to a YJNSW Psychologist for further assessment. Young people who are only engaging in a Youth Justice Conference must be referred to local mental health providers for assessment and support.

For young people in the community, if a YJNSW psychologist is not available, an assessment can be sought from a local mental health provider and/or the Mental Health Hotline. If there is an imminent risk of suicide and the young person is not accepting help, emergency services must be contacted, or the young person taken to hospital immediately.

For young people in custody, if a YJNSW Psychologist is not available, the JH&FMHN After Hours Nurse Manager must be contacted for advice on [REDACTED]. Additionally, at many Children's Courts, a JH&FMHN clinician may be available to provide advice to YJNSW employees and the court.

YJNSW psychologists in each centre must work collaboratively with JH&FMHN to ensure that comprehensive mental health assessments are undertaken and recorded via the Joint Self-harm Review Form.

8.3 Safety planning

Safety plans are a set of instructions developed with a person for them to follow if they start thinking or planning to hurt themselves.

YJNSW psychologists are responsible for developing a safety plan with any young person who is at risk of suicide, unless another safety plan is already in place from a community mental health professional. If this is the case, the Psychologist, or the young person's caseworker, with the Psychologist's support, must confirm the existence of the safety plan and review the plan with the young person.

If a psychologist or mental health professional is not available to make a safety plan, a unit supervisor (or an employee allocated the task by a unit supervisor), or any frontline community employee must create an interim safety plan with a young person. An interim safety plan helps keep the young person safe after a risk of self-harm or suicide is identified, and before the young person receives help. It may not be required if a young person is going to receive immediate professional mental health support.

The young person's interim safety plan must identify;

⁷ 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

- warning signs that they may be at risk. This can include thoughts, moods, behaviour or other triggers.
- actions they will take to stay safe if they feel like harming themselves, such as using relaxation techniques or exercising.
- people they can speak to or stay with as an interim measure, such as support workers, family or friends.
- who they can contact in a crisis, e.g. 000, Kids Helpline (1800 55 1800), Lifeline (13 11 14), or specific employees for young people in custody. Make sure that the young person has easy access to the relevant phone numbers in the plan.

An interim safety plan does not need to be a formal written document. It can be created informally with the young person through any means, including conversation and drawing.

The contents of the interim safety plan must be recorded on CIMS as an issues/concerns case note and the person at risk must be provided with a summary of the safety plan. This summary should be in whatever format is most useful for the young person e.g. a text message, voice message, a mobile application or a written copy. An example of a safety plan template can be found in Appendix 2. Employees must support the young person and help them use their safety plan strategies, where appropriate. This could include reminding them of their plan and checking in with the young person or their carer.

Safety plans are most helpful when the young person's support people know of the risk. A young person must be encouraged to let their support people know that they are listed in the safety plan, alternatively, YJNSW employees can help the young person to do this.

When a young person is in custody, JH&FMHN must be informed that a safety plan is in place, as well as the youth officers on the young person's unit.

8.4 Confidentiality and Duty of Care

YJNSW employees must inform the young people they work with of their limits of confidentiality. Young people have a right to privacy, and YJNSW employees have a duty of care to keep young people safe and appropriately address risks to their safety and wellbeing.

If a YJNSW employee believes that any young person is at risk of harming themselves, or someone else, they must take steps to address the risk. This can include calling a health professional (e.g. JH&FMHN Community Integration Team (CIT) clinician, or emergency services) the young person's family or NSW Police (e.g. to address an emergency, or to request a welfare check).

When aware of a risk of self-harm or suicide, employees must follow the relevant *Self-Harm and Suicide Prevention Procedure*. The young person should be involved in any referral to a mental health professional and have a say about who they will see, wherever possible.

Informing community supports

If a young person less than 18 years old is involved in an incident of self-harm or suicide, or is at risk of self-harm or suicide, then this must be reported to their parent or carer unless doing so would place the young person at further risk. Informing the young person's parent should be done with the young person's consent where possible, and as part of safety planning. Decisions not to advise a young person's parent or carer must be discussed with your manager, and the rationale recorded on CIMS as an issues/concerns case note, along with the steps taken to address the young person's safety.

Consent should be provided before disclosing the risk of self-harm or suicide to the family or

significant other of a young person who is over 18 years old, however, consent is not required if you believe that they are at imminent risk of harming themselves, and that informing their supports will help keep the young person safe.

8.5 Youth Justice Conferencing arrangements

If made aware of a risk of self-harm or suicide, YJC convenors must liaise with the young person, their assistant manager and the young person's mental health service (if referred), to obtain advice about:

- the additional needs of the young person, and any support 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.

If there is an imminent risk of suicide which cannot be addressed, then convenors must call emergency services to obtain help for the young person.

Convenors are not required to assess the risk of self-harm or suicide as part of the conference process.

9 Safe and secure custodial environment

YJNSW 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 young people in custody is by hanging; this includes various forms of self-strangulation. To manage this risk, all young people's rooms are fitted with modified fixtures to remove hanging points.

Cutting and scratching skin is also a common method for self-harm by young people in custodial settings. The room of a young person who is at a high risk of self-harm, must be checked daily and dangerous or broken items are to be removed and/or replaced.

Another common form of self-harm is head banging or head-butting of hard surfaces such as doors, walls or floors. After a risk assessment has been conducted and all other interventions have been unsuccessful, a safety helmet may be used to stop a young person from inflicting head injuries. The *Use of Force, Protective Equipment, Instruments of Restraint Policy* and *Instruments of Restraint Procedure* provides instruction on the approval and use of safety helmets for young people.

9.1 Custodial prevention strategies

The most important safety measure to prevent self-harm and suicide is ensuring that the young person at risk is not left alone. Where possible, a young person in custody should be able to spend time with a YJNSW employee that they engage positively with. Other safety measures for young people at risk include:

- consideration of shared accommodation, where applicable and reviewed for risk
- searching the young person'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 items have not been hoarded by the young person that could cause harm, e.g. medication
- placing the young person in an observation room

9.1.1 Other custodial management strategies

- All frontline custodial employees must hold a current First Aid Certificate.
- First aid and cardio-pulmonary resuscitation equipment must be easily accessible in well publicised locations.
- Controls and measures are maintained within centres to assist with preventing an overdose or hoarding of medication.
- Each YJNSW custodial workplace 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 prevent young people at risk of suicide from accessing dangerous substances or residing in a room with power outlets and electrical equipment.
- Employees must maintain close supervision of young people at risk of self-harm when they use or have access to any electrical equipment or power outlets.

9.2 Community caseworkers

If a YJNSW community caseworker has concerns that a young person in custody is at risk of self-harm or suicide, then they must inform the relevant duty manager of the risk, so that the *Self-Harm and Suicide Prevention Procedure (Custody)* can be followed.

10 Reporting and accurate record keeping

10.1 Alerts

Employees must ensure that the 'Alerts' screen on CIMS reflects any previous self-harming behaviours, suicide attempts, suicidal behaviours or any information that indicates a young person has been identified or assessed as being at risk. Alerts can be added or modified in CIMS by following the community and custody alerts procedures and the *Schedule of Approving Officer for Alerts and Definitions*.

10.2 Child safety and mandatory reporting

Self-harm, or attempted suicide indicate that the young person is at risk of significant harm. A report to the Child Protection Helpline may be required, depending on the young person's age and circumstances. The *Child Safety and Mandatory Reporting Policy* sets out the obligations to report self-harm or attempted suicide for young people.

10.3 Incident reporting and documentation

Self-harm, attempted suicide and death of a young person are all considered incidents. All incidents relating to young people must be recorded in CIMS.

The *Incident Management Policy: Reporting, Debrief and Review* describes the requirements for reporting and following up after an incident. Documenting incidents of self-harm is essential for ensuring that a young person's emotional and psychological needs are met, and risk to the young person is minimised through support and follow-up.

10.4 Psychologist case notes

YJNSW psychologists enter confidential case notes for treatment purposes and to maintain confidentiality in session. However, they must also enter information in standard case notes for all supporting employees to access. These case notes help employees identify the young person's;

- current risk factors,
- risk management and behavioural management strategies,
- follow-up requirements for case management.

The *YJNSW Psychologists' Manual* outlines what goes into each case note type.

11 Culturally appropriate practices

11.1 Aboriginal and Torres Strait Islander young people

YJNSW recognises the substantial and lasting impact of intergenerational trauma on Aboriginal and Torres Strait Islander people. This has led to significant challenges for Aboriginal and Torres Strait Islander young people. Social, personal and cultural challenges can include:

- mental health issues
- self-harm and intentional injury
- youth suicides
- overrepresentation of Aboriginal young people in the justice system
- loss of identity and connection to Country.

Supporting Aboriginal and Torres Strait Islander young people in a culturally sensitive and respectful way, through a holistic view to health and wellbeing, is essential to keeping them safe, as outlined in the *YJNSW Aboriginal and Torres Strait Islander Good Practice Guide*.

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy⁸ provides a framework for Indigenous-specific responses to suicide. This framework also recognises the necessity for employees supporting Aboriginal and Torres Strait Islander young people to understand that suicide prevention, self-harm support and intervention needs to be dealt with holistically, with sensitivity to physical, spiritual, mental and social approaches to wellbeing.

A holistic concept of health involves:

⁸ Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention and the Black Dog Institute (2018) *We are not the problem, we are part of the solution: Indigenous Lived Experience Project Report* retrieved from: <https://s3-ap-southeast-2.amazonaws.com/lifeinmind/assets/src/uploads/Lived-Experience-Report.pdf>

- links between mental and physical health and the broader concept of emotional and social wellbeing
- the interconnectedness of physical wellbeing with spiritual and cultural factors, such as connection to land, water, community and cultural practices. These need to be seen as vital to a person's wellbeing.
- Aboriginal and Torres Strait Islander extended conception of the self that involves a pattern of vital interconnectedness with others and the environment⁹.



Image 1: “Mental Health is like a tree, to stay strong and healthy it needs looking after. You need to take care of the roots for it to grow tall and stand strong” adapted¹⁰

All referrals for Aboriginal and Torres Strait Islander young people who are at risk of self-harm or suicide should also ensure the services and mental health professionals are culturally relevant, culturally competent and reflective of the young people's cultural identity and needs. Most importantly, the young person and their family should be asked about what service would be best for them to work with.

If possible, Aboriginal and Torres Strait Islander young people at risk of self-harm or suicide should be given the opportunity to access support from an Aboriginal employee, or an employee that the young person feels comfortable with.

⁹ Headspace (2011) *Position Paper: Aboriginal and Torres Strait Islander social and emotional wellbeing* retrieved from: <https://headspace.org.au/assets/Uploads/Corporate/Aboriginal-TSE-Position-Paper.pdf>

¹⁰ Headspace (2019) *Yarn Safe: mental health and wellbeing* retrieved from: <https://headspace.org.au/yarn-safe/mental-health-and-wellbeing/>

11.2 Culturally and linguistically diverse young people

YJNSW employees should recognise the cultural taboos and challenges some young people may face around accessing support and services for self-harm or suicidal behaviours.

YJNSW promotes equity and respect for diversity and recognises the importance of this in promoting the safety and wellbeing of young people. Young people's cultural identity should be supported, and where possible they must be provided opportunities to speak to employees and services with whom they feel comfortable.

12 Providing support to family and friends

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

12.1 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. Information and support for those bereaved by suicide or other sudden death is available from <https://www.lifeline.org.au/get-help/topics/suicide-bereavement> which includes the downloadable '[Survivors of Suicide Booklet](#).'

If a suicide occurs in custody, custodial employees will be responsible for completing the incident report. YJNSW community caseworkers retain responsibility for notifying CIMS through Information and Digital Services (IDS), the sentencing Children's Court and contacting community stakeholders other than a parent or carer, who should be contacted by the police.

If deemed appropriate by the young person's family, a representative from YJNSW may attend the young person's funeral.

13 References

Policy

Alerts Policy

Case Management Policy

Child Safe and Mandatory Reporting Policy

Incident Management Policy

LGBTQIA+ Young People Policy

Use of Force, Protective Equipment and Instruments of Restraint Policy

Procedure

Admissions and Discharge Procedure

Alerts Procedure

Self-Harm and Suicide Prevention Procedure

Resources

Aboriginal and Torres Strait Islander Good Practice Guide

Collaborative Case Management of Young People in Custody Manual

Detainee Behavioural Intervention Framework

Peer Support Officer Register

Schedule of Approving Officer for Alerts and Definitions Resource

Strategic Framework for Suicide Prevention in NSW 2018-2023

YJNSW Psychologists' Manual

YJNSW Practice Guide

14 Document information

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15 Document history

Version	Date	Reason for Amendment
1.0	3.12.20	New policy – supersedes the Self-Harm and Attempted Suicide Policy 2016

16 Appendix 1 Resources

BeyondNow: Beyond Blue Safety Plan Application for iPhone and Android

iBobbly: an emotional wellbeing phone app for young Aboriginal and Torres Strait Islander Australians aged 15 years and older.

Kids Helpline 1800 55 1800

Lifeline Australia 13 11 14

Mental Health Access Line 1800 011 511

Mental Health Information and Referral Service 1300 131 114

Q Life (LGBTQIA+ support service) 1800 184 527








Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) – for refugees & refugee-like backgrounds: 9646 6800.

Suicide Call Back Service 1300 659 467

17 Appendix 2 Example Safety Plan Template

Name:

Date:

<p>I will watch out for</p> <hr/> <hr/>	 <p>Situations, thoughts, feelings, images, moods and other warning signs or triggers.</p>
<p>I can do these things to help me feel better (my coping strategies)</p> <hr/> <hr/>	 <p>Activities that I enjoy or things I can do to make myself feel better.</p>
<p>I know these things might stop me from doing the things that make me feel better</p> <hr/> <hr/>	 <p>What situations or feelings or other things might get in the way of using my coping skills</p>
<p>I will make my space safe.</p> <hr/> <hr/>	 <p>What can I do to make my space safe? E.g. remove knives, pills or things I could hurt myself with.</p>
<p>I can think about these things that are most important to me and worth living for</p> <hr/> <hr/>	 <p>Who and what do I value?</p>
<p>I have a list of family and friends I can talk to when I feel like hurting myself.</p> <p>Name:</p> <p>Number:</p> <p>Name:</p> <p>Number:</p>	 <p>These people care about me and I find it helpful to talk to them</p>
<p>Services I can call when I feel like hurting myself:</p> <p>000</p> <p>Kids helpline: 1800 55 1800</p> <p>Lifeline: 13 11 14</p> <p>Suicide call back service: 1300 659 467</p> <p>Beyond Blue: 1300 22 4636</p> <p>My counsellor/ psych:</p>	 <p>These services have people available at any time for me to talk to.</p> <p>I can ask to talk to my psych on week days</p>