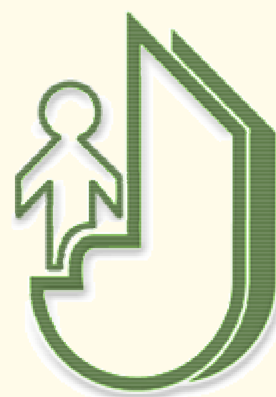
NSW Department of

Juvenile Justice

Policy on the Management of Suicide and Self-harm in Juvenile Justice Centres

July 2002



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Preface by Director General

Working with troubled young people is one of the hardest and most demanding professions tackled by people today. I greatly admire my departmental colleagues for taking on the responsibility to guide and care for the adolescents who (against their wills) are placed in our custody by police and the courts.

In this job we often deal with young men and women who have faced quite disturbing events in their lives – events that have hardened them or, in some cases, left deep emotional scars.

Whilst working at the Cobham detention centre in the early eighties, we surveyed some 120 young people admitted to the centre. Over 60 per cent claimed to have contemplated suicide at least once, and about 28 per cent said they had actually attempted to take their own lives.

The majority of Cobham interviewees stated that they had engaged in behaviour that was self-harming or carried an unusual risk of self-injury. Often the adults in their lives were unaware of their self-destructive feelings and behaviour, as were most of their friends.

We know that getting into trouble with the law and being locked up can intensify feelings of alienation and depression.

It is for these reasons that the Department has developed the present policy (and the related *Operations Procedure Manual for Juvenile Justice Centres*) for its staff. We must all be aware of the signs of a young person slipping into depression or a self-destructive state of mind. We must also know what to do when we notice this happening.

Please read carefully all the information contained in this booklet. Of course, it is only a start to learning more about a complex problem. You should also seek advice from more experienced colleagues and take advantage of training courses that develop your capacity to deal effectively with young people in crisis. The *Operations Procedure Manual for Juvenile Justice* Centres contains a step-by-step guide on how to deal with certain self-harm incidents.

Ken Buttrum

Director General

1 Introduction

Background

Juvenile Justice Centres (JJCs) have a legal duty of care to ensure the safety, security, well-being and development of young people placed in detention.

Young people in custody are particularly vulnerable and susceptible to suicide and self-harm, particularly those considered high-risk clients, e.g. young people with histories of attempted suicide, Aboriginal youth, wards, and recent admissions.

Purpose of this policy

The purpose of this policy is to provide guidelines and procedures for Juvenile Justice Centres (JJCs) to effectively detect, prevent and manage suicidal and self-harming behaviour in clients.

The policy addresses various aspects of JJC operations, from the admission of new residents to the daily management of young people through to their discharge, and the provision of post-release support services.

Who this policy is for

This policy is intended to be read by JJC staff. The policy assumes an understanding of centre roles, responsibilities and practices.

Specific procedures in Operations Manual

Specific procedures for the management of suicide and self-harm are set out in the *Operations Procedure Manual for Juvenile Justice Centres* available to staff in all centres.

2 Definitions

The Department of Juvenile Justice adopts the 1994 World Health Organisation's definitions of suicidal behaviour, as outlined in the table below:

Term	Definition
attempted suicide	Attempted suicide is a suicidal act with non-fatal outcome.
self-harm	Self-harm is behaviour damaging to one-self but not necessarily with the intention of resulting in death.
suicidal act	A suicidal act is the self-infliction of injury with varying degrees of lethal intent and awareness of motive. This includes all acts of self-harm, regardless of the extent of physical injury or the apparent reasons for the act.
suicide	Suicide is a suicidal act with a fatal outcome.

3 Identifying Self-harm or Suicidal Behaviours

Most common behaviours

The most common method of attempting suicide by juveniles in custody is hanging. This includes various forms of self-strangulation using shoelaces, cords etc.

Body slashing (such as cuts to wrists and arms) is also a common attempt of self-harm or suicide by juveniles in custody.

Example behaviours indicating risk of suicide or self-harm

Behaviours indicating risk of suicide or self-harm include but are not limited to:

- marked depression
- restlessness
- anxiety
- unusual quietness
- lack of concentration
- odd and unusual staring
- evidence of tearfulness
- recurrent thoughts of death
- self-harm attempts e.g. superficial cuts, cigarette flesh burns and crosses burnt or scratched into the skin
- withdrawal
- threats of extreme violence, etc.
- drawings and writings (such as poetry) with morbid themes
- listening to music characterised by depressive lyrics

Staff must remain alert to young people asking for help

Young people often have difficulty in asking for help. Staff must be aware and supportive of residents seeking and obtaining assistance.

More information

Refer to the 'Self-Harm Monitoring' form JJ-A038 for more information on the types of behaviours indicating a risk of self-harm or suicide.

4 Assessment of Self-harm or Suicidal Risk during Admission

Admission staff to complete the Resident Risk Questionnaire

As part of the JJC admission procedure, admission staff must assess the young person's risk of self-harm or suicide using the 'Resident Risk Questionnaire (Admission Form)' JJ-A039.

Any 'yes' response to a question on the form may result in follow-up by one or more of the following:

- psychologist
- registered nurse
- AOD counsellor
- unit coordinator
- medical officer
- psychiatrist
- school

Admission staff also arrange for nursing staff to complete a Health Admission Assessment within 48 hours of admission.

Health Admission Assessment

The Health Admission Assessment identifies critical health problems and prominent risk indicators such as:

- heart conditions
- epilepsy
- asthma
- diabetes
- medication requirements
- influence of alcohol or drugs
- history of mental health problems
- previous suicide attempts

See also

- '5 Ongoing Assessment of Self-harm or Suicidal Risk' on page 6
- '8 Information Recorded and Reported' on page 12

5 Ongoing Assessment of Self-harm or Suicidal Risk

Self-harm and suicidal behaviours must be taken seriously

All acts of self-harm, including all suicidal threats and gestures, must be taken seriously.

Centre staff are responsible for reporting any incident of self-harm they observe or are told about.

If a client is identified as a potential suicide risk by any staff member, a specialised mental health assessment must be performed by the centre psychologist.

Providing professional support

Attempted suicide is often related to an immediate crisis or may be an inappropriate form of regulating emotions. Providing access to effective counselling, advice, and intervention should reduce the likelihood of young people feeling that situations are "out of control" and that they must face them alone.

Centre health service providers must respond quickly to the notification of risk behaviours that indicate a self-harm risk. See '3 Identifying Self-harm or Suicidal Behaviours' on page 4.

The response must involve an assessment of the client's feelings and needs, including the client's need for psychiatric help, effective counselling or behaviour management.

Process for addressing a client at risk of self-harm or suicide

The table below describes the stages to be followed when a client exhibits behaviour that indicates risk of suicide or self-harm.

Stage	Who	Description
1	any centre staff member	Immediately notify the unit coordinator if they become aware of a client behaving in a way that indicates risk of suicide or self-harm including: • any form of self-destructive behaviour resulting in physical injury (including those masqueraded as accidents) • verbal threats of suicide or threats to kill others (which are known to correlate with suicide risk) Complete the 'Referral to Psychologist' JJ-A048 form.
2	unit coordinator	Instigate appropriate action to reduce or remove the risk. This may include: • one-on-one supervision • placement in observation room or camera room • shared accommodation • transfer to a local hospital or psychiatric unit See '6Strategies to Prevent Self-harm Attempted Suicide' on page 8.
3	unit coordinator	Arrange immediate assessment by the centre psychologist. If after business hours, refer to the Specialist Crisis Team.
4	unit coordinator	Record the incident's details in the *Register of Incidents*.

Continued on next page

5 Ongoing Assessment of Self-harm or Suicidal Risk, Continued

Process for addressing a client at risk of self-harm or suicide (continued)

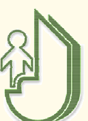
Stage	Who	Description
5	unit coordinator or other staff member	Notify the client's family as soon as possible.
6	centre psychologist (and Specialist Crisis Team after hours)	Act on the referral within one working day. Complete the 'Self-Harm Monitoring Form' JJ-A038 and recommend appropriate further actions to manage the client's behaviour. This includes advice as to whether any interventions, such as use of an observation room, should remain in place. If appropriate, the centre psychologist can offer the family involvement in counselling and supportive work.
7	centre psychologist	Give the completed 'Referral to Psychologist' JJ-A048 form to the unit coordinator for filing in the casework section of the "D" file. Provide an 'Appraisal Summary' to the Specialist Crisis Team and the Regional Coordinator of Specialist Services.
8	centre psychologist or nurse	Record any suicidal or self-harming behaviour in the 'Allied Health File'.
9	unit coordinator	Register an alert on CIDS (Client Information Data System) in consultation with the psychologist. Ensure the client concerned is discussed at the next Centre Support Team (CST) meeting. See '7 Case Management' page 11 and '8Information Recorded and Reported' page 12.
10	centre staff	Make a notation in the casework section of the "D" file.

Referrals to consultant psychiatrist

Psychological intervention or counselling should be provided in accordance with each young person's needs. Those considered to be suffering a mental illness and identified as a suicide risk should be referred to a consultant psychiatrist by the centre psychologist for further assessment.

Related information

Specific procedures for the management of suicide and self-harm are set out in the *Operations Procedure Manual for Juvenile Justice Centres* available to staff in all centres.



6 Strategies to Prevent Self-harm Attempted Suicide

Overview

Juvenile Justice Centres must constantly monitor the physical environment to prevent suicide and self-harm.

Attention must be given to balancing the client's rights and dignity with their safety. Every alternative (including one-to-one supervision) should be attempted prior to the removal of clothing, bedding, etc.

Maintain personal contact

The most important safety measure to prevent self-harm is the maintenance of personal contact between staff and the vulnerable client.

Shared accommodation

The unit coordinator is responsible for deciding whether certain clients at risk should be placed in shared accommodation.

Research has shown that when a young person attempts or commits suicide this can induce suicidal behaviour or thoughts in other juveniles. Shared accommodation must be used with the greatest of care.

The following conditions need to be applied to the use of room-sharing:

- Room sharing should not be used in preference to other management techniques unless it is considered to be in the interests of the juvenile at risk and the co-resident.
- An individual at risk may be housed with another resident only if he or she is likely to provide a close, stable and supportive relationship.
- The co-resident must agree to share the room with the individual at risk.
- The co-resident should be closely monitored and supported to prevent any possible problems arising from this situation.
- Accommodation-sharing should last as long as considered advantageous by the unit coordinator.
- Accommodation-sharing should be reviewed daily by the centre psychologist.
- In the case of sex offenders, careful consideration should be given to the nature of their sexual offences before determining the use of accommodation-sharing.

Continued on next page

6 Strategies to Prevent Self-harm Attempted Suicide, Continued

Written agreements

Written agreements may be used with young people to build their trust and prevent self-harm. These agreements involve listing goals and responsibilities of all parties, including the young person. Agreements can be signed by the young person and should be designed to motivate them and mobilise their own capacities.

Preventing hanging

Remove materials that could be made into a noose, such as:

- long shoelaces
- draw-string cords
- electrical cables
- blankets and sheets

Replace with materials which are difficult to tear.

Remove or modify fixtures that may serve as anchor points for a noose, such as:

- hooks
- bars
- ledges
- ventilation grilles
- beds

Replace beds with ones with no possible hanging points on the bed frame or bed-ends.

Preventing self-mutilation and slashing

Carefully control the availability of sharp cutting instruments such as knives, tools, drink cans, and razor blades.

Use shadow-boards and inventory checklists for tools and knives, wherever possible.

Regularly check client rooms to detect sharp implements fashioned from scavenged or broken objects.

Regularly inspect the centre's grounds and equipment to remove objects and implements that may be used for self-injury. These may include (but are not limited to):

- broken masonry
- scrap pieces of tin and iron
- nails
- screws
- ring pull-tabs
- pieces of glass
- ceramics
- sharp pieces of hard plastic e.g. plastic knives

Continued on next page

6 Strategies to Prevent Self-harm Attempted Suicide, Continued

Preventing overdose and hoarding of medication

Staff should use liquid forms of medication whenever possible.

The following table outlines the responsibilities of various staff members when administering medication:

Staff role	Responsibility
nursing staff	Administer medication when on duty. Observe each client swallowing medication. Prepare medications to be administered by other staff prior to ceasing duty.
unit coordinator or delegated staff member	Administer medication prepared by nursing staff. Observe each client swallowing medication.
any other staff	Notify the Unit coordinator if it is suspected a client is hoarding medication.

See also *Nursing and Health Services Manual* for detailed procedures on the distribution and taking of prescribed medicines.

Preventing ingestion of dangerous substances

Careful controls must be placed on the approved use and storage of potentially dangerous substances such as bleach, detergents, disinfectants, thinners, petrol etc.

Preventing electrocution

Closely supervise clients at risk of self-harm when they use (or have access to) electrical equipment or power outlets.

If possible, place any clients at risk in a room without access to power outlets or electrical equipment.

Use of an observation room or camera room

Centres should provide special rooms fitted with observation windows, closed-circuit television cameras and intercom systems preventing any hanging points.

The intensity of the self-harm attempt should indicate which items should be removed before the resident enters the observation room (e.g. long socks, shoelaces, long-sleeved shirt, and long trousers). The resident's dignity must be maintained throughout this process.

Prior to being left alone, clients should also be searched for objects and materials which could be used for self-harm or self-mutilation.

Other management strategies

Centres must provide equipment for first aid and cardio-pulmonary resuscitation in easily accessible and well-publicised locations.

Oxygen equipment must be kept in each centre's clinic. Only nursing or medical staff can use this equipment.

Centres must display important telephone numbers in accessible areas. Numbers to be included are:

- emergency medical treatment
- information on poisonous substances
- advice on first aid procedures

7 Case Management

Purpose of case management

Case management is the primary method for delivering interventions to clients of the department. By using case management, tension and conflict are likely to be reduced and the environment will be less stressful for clients and staff. The approach should lead to a higher degree of client satisfaction, as well as reduce the occurrence of suicide and self-harm incidents.

Use of direct care workers

Under case management, each resident must be assigned a direct care worker to:

- work closely with the Centre Support Team (CST),
- assist the young person, and
- act as an advocate for appropriate support and services to attain the case goals.

CST Meeting

Following self-harm or attempted suicide, the unit coordinator must ensure the client concerned is discussed at the next CST meeting. The meeting should address:

- current risk and identification of at-risk behaviour and predisposing factors
- strategies and procedures to keep the client safe
- appropriate intervention and management strategies to assist the relevant direct care worker
- accommodation to ensure appropriate levels of safety, support and supervision for the client

This should be based on well-conducted assessments and collation of relevant material, which should be tabled at the meeting. An operational plan must be implemented to ensure the protection of the client until a Centre Support Team meeting occurs.

Related procedures

For suicidal or self-harming clients, standardised case management procedures should be followed in accordance with the department's 'Case Management Policy and Case Management Procedures' in the *Operations Procedure Manual for Juvenile Justice Centres*. This manual is available to staff in all centres.

8 Information Recorded and Reported

When to record and report

Staff must report:

- any form of self-destructive behaviour resulting in physical injury (including those masqueraded as accidents)
- verbal threats of suicide or threats to kill others (which are known to correlate with suicide risk)

Register of Incidents

Each Juvenile Justice Centre must maintain a *Register of Incidents* (including acts of self-harm or attempted suicide) to be viewed by regional directors during supervisory visits.

"D" and Allied Health files

The "D" and Allied Health files must contain all relevant health risk information obtained from other agencies, such as Police and Community Services.

Transferring to another location

A summary of the health risk information must accompany the juvenile if transferring to:

- hospital
- another health or departmental facility
- police
- prison
- the Department of Corrective Services

Summary or discharge reports should be co-ordinated by the Unit Coordinator and countersigned by the Centre Manager.

Reviewing information in reports

Information in reports should be reviewed and updated:

- at a Centre Support Team meeting, or
- on a client's re-entry into the system.

9 Staff Training and Education

Training requirements

Knowledge of self-harming and suicidal behaviour must be covered in competency-based training and performance review processes.

Staff training requirements

The following table outlines the training required by various staff:

Staff role	Requirements
all staff	Attend refresher courses on suicide and self-harm awareness. Attend training in emergency first aid techniques and cardio-pulmonary resuscitation.
all direct care staff (permanent, temporary, casual and admissions staff)	Attend training in suicide awareness, suicide prevention and case management to be aware of: • the factors, crises and events that may predispose or place a juvenile at risk of suicide or self-harm • the various indicators of suicide risk • behaviour management techniques • critical incident response • first-aid and resuscitation techniques
nursing staff	Provide in-service advice to staff on managing suicide attempts appropriately in terms of first aid. Acquire an annual CPR update accreditation certificate.
psychologists	Provide in-service training to heighten staff awareness of suicidal or self-harming indicators.

Centres must maintain a Resource Materials Folder

A folder of resource material must be provided at each JJC. This folder should:

- be titled "Resource Material for Suicide and Self-Harm"
- include a list of emergency numbers such as police, poisons information, local Crisis Mental Health Team and local hospital.
- be maintained and regularly updated by the Centre Psychologist
- be circulated to staff.