

Young People at Risk of self-harm or suicide

Youth Justice Policy Determination 5.1

Document title	Young People at Risk of self-harm or suicide	Version 1.4
Contact details	Department of Territory Families, Housing and Communities Operational Policy tfhc.policy@nt.gov.au	
Approved by	Executive Leadership Board	
Date approved	17/12/2021	
Document review	24 months from date of approval	
TRM number	61:F2020/2075	

Version	Active from	Author	Changes made
1.0	19/01/2018	Operational Policy	First version – YJ PD 5.1 Young People at Risk
1.3	12/05/2020	Operational Policy	Implementation of OCC recommendations to improve practice when working with young people in detention who have been determined to be ‘at risk’.
1.4	17/12/2021	Operational Policy	Change title to <i>YJPD 5.1 Young People at Risk of self-harm or suicide</i> . At risk assessments to be conducted by medical practitioner, a defined health professional under the <i>Youth Justice Regulations 2006</i> . (Previous requirement for a psychiatrist removed).

Acronyms	Full form
ARAT	At Risk Assessment Team
ARMP	At Risk Management Plan
CEO	Chief Executive Officer
Department	The Department of Territory Families, Housing and Communities
EMP	Emergency Management Protocol
IOMS	Integrated Offender Management System
IRNA	Initial Risks and Needs Assessment
PHCP	Primary Health Care Provider
SATS	Specialist Assessment and Treatment
Superintendent	The Manager Youth Programs - Superintendent
YDC	Youth Detention Centre
YJ Act	Youth Justice Act 2005
YJ Regulations	Youth Justice Regulations 2006
YJO	Youth Justice Officer (includes Senior Youth Justice Officers)

Contents

1. Policy Purpose	4
2. Authority / Responsibility	4
3. Policy Statement	4
4. High risk periods.....	6
5. Responding to a young person at-risk	7
6. Assessment of a young person at-risk.....	7
7. Incident reporting.....	9
8. Legislative basis and related resources	9

1. Policy Purpose

- 1.1. The purpose of this policy determination is to provide guidance on the identification, care and management of young people who are at risk of suicide or serious self-harm in a YDC.
- 1.2. To ensure that young people are held in custodial environments that meet their safety, health and wellbeing needs in a multidisciplinary, coordinated and timely manner.
- 1.3. To ensure that young people are managed in accordance with procedural process on admission. Refer to the *Policy Determination 4.0 Admissions, Warrants and Release*.
- 1.4. To ensure a safe and secure environment for young people who have been detained in a YDC.

2. Authority / Responsibility

- 2.1. The *YJ Regulations*, at Part 5, Division 3 prescribes the manner for assessing and supporting a young person who is considered to be at risk of self-harm or suicide.
- 2.2. This policy determination is complimented by the *Procedure: Identifying and Managing Young People At Risk*.
- 2.3. The Superintendent is responsible for the management of this policy determination.

3. Policy Statement

- 3.1. All staff employed in a YDC have a duty of care with regard to the safety and protection of young people accommodated in the centre. This includes fostering an environment where young people are encouraged to care for each other and speak with a member of staff should they feel concerned about their own, or another young person's wellbeing.
- 3.2. The identification, response and management of young people at risk of serious self-harm or suicide is a complex issue that encompasses both youth justice and health services, requiring a multidisciplinary approach.
- 3.3. It is imperative that Departmental staff and engaged PHCP and other Health Services providers staff work together to:
 - (1). Provide an environment that recognises the trauma young people experience during a period of detention and implement programs focused on preventing the precursors leading to suicidal ideation or self-harming behaviours;
 - (2). Minimise the number of young people reaching the threshold required to implement at-risk procedures;
 - (3). Implement timely assessments to minimise the time young people are placed at-risk.

Identification of a young person at-risk

- 3.4. A young person may be identified as at-risk through the following possible avenues:
 - (1). A Court at-risk warrant;
 - (2). On admission into a YDC through the IRNA;
 - (3). The presence of at-risk indicators; and/or
 - (4). An actual at-risk episode.

- 3.5. A young person may be identified as at risk of self-harm or suicide by any YDC staff member. Other people who interact with the young person may also identify that a young person is at-risk. This includes - the Court, PHCP and Department of Education staff, personal or professional visitors, the young person's parents, members of their support network, appropriate community members nominated by the young person or their family, their YORET case worker or their Care and Protection Practitioner.
- 3.6. Where a YDC staff member who is not a YJO has concerns for a young person's wellbeing, this must be reported to a YJO immediately.
- 3.7. It is the responsibility of the YJO to raise a notification of concern within IOMS that a young person is at-risk and initiate the at-risk response.
- 3.8. Where a young person is transferred between YDCs, notification and copies of all documentation need to be transferred with the young person to the receiving YDC. The PHCP should be notified as soon as practical to ensure information needs are entered into the PCIS health information system. This ensures nurses are able to transfer any medication required for the young person.
- 3.9. If a young person is released from custody while they remain at-risk, the Duty Team Leader is to inform the SATS Manager as soon as it is known, to ensure that the Parent/Guardian, and support network members are advised of the impending release and relevant case notes made.

At Risk indicators

- 3.10. A young person may be identified as at risk of suicide or self-harm if they are exhibiting known indicator signs. There are numerous indicators for risk of suicide or self-harm. These indicators can be direct or indirect and may appear at any time, however, indicators may be particularly present during high risk periods. (Refer to examples below).
- 3.11. However, a young person may harm themselves or other persons outside a high risk period and/or in the absence of any signs. Young people are affected in unique ways by their own circumstances so it is important to remain vigilant and to respond in a professional and timely manner to any concerns about the young person's safety and wellbeing.

Direct Indicators

- 3.12. Direct indicators are signs that a young person has engaged in self-harm or suicidal behaviour or is at risk of suicide or self-harm. Direct indicators may include, but are not limited to:
 - (1). dramatic or uncharacteristic changes in mood;
 - (2). disclosures by the young person, or another person, that the young person has communicated an intention of suicide or self-harm;
 - (3). disclosures by a young person, or another person, or direct observation that a young person has engaged in recent acts of self-harm or attempts of suicide;
 - (4). deliberate behaviour that could cause self-harm, e.g. deliberately causing themselves injury, attempting to suffocate or restrict their airways, drinking excessive amounts of water, refusing to eat, swallowing non-edible items;
 - (5). indication that the young person has made preparations for an act of self-harm, such as concealment of weapons, stockpiling of medications (including 'over the counter' pain relief tablets or other pharmaceuticals), construction of a noose, writing of a suicide note;

- (6). indication that the young person has made preparations for their death in general, such as giving away valued possessions;
- (7). engagement by a young person in reckless, destructive, chaotic or irrational behaviours;
- (8). exhibiting extreme agitation or heightened emotional state that is difficult to de-escalate; and/or
- (9). expressing or exhibiting hopelessness.

Indirect Indicators

3.13. Indirect indicators can be signs that a young person is experiencing feelings or thoughts that may contribute to the risk of suicide or self-harm.

3.14. Examples of indirect indicators include, but are not limited to, when a young person has:

- (1). issues with withdrawal from alcohol or other substances;
- (2). persistent anxiety, nervousness, fear, tension, agitation or restlessness;
- (3). persistent mood of sadness;
- (4). history of self-harm or suicidal behaviour;
- (5). relative or close friend who has engaged in self-harm or suicidal behaviour;
- (6). loss of, or unexplained change in appetite;
- (7). a change in sleeping patterns, or uncharacteristic lethargy, without any obvious physical reasons;
- (8). uncharacteristic withdrawal from other people;
- (9). a loss of interest in their usual activities;
- (10). expressed beliefs that are clearly at odds with reality;
- (11). trouble communicating and putting words in such a way that are difficult to understand, where this is not usually the case; and/or
- (12). talking about or expressing worries about spiritual, cultural or customary punishment.

4. High risk periods

4.1. There are certain periods during a term of detention in which a young person may be particularly susceptible to self-harm or suicide. These are known as high risk periods, which include but are not limited to:

- (1). The first 48 hours of admission to a YDC;
- (2). During a period of remand;
- (3). When returning to the YDC from Court;
- (4). After being sentenced to a term of detention;
- (5). Following receipt of bad news;
- (6). After being advised of a consequence for poor behaviour;
- (7). Following the death of a family member;
- (8). After receiving advice from the Parole Board that an application for release to parole has been denied or deferred; and/or

- (9). After being involved in an incident in the YDC, or witnessing an emergency event inside the centre.

5. Responding to a young person at-risk

- 5.1. Self-harm needs to be taken seriously, it is when a young person deliberately hurts themselves as a way of coping with painful or strong emotions and trying to get control over the feelings or relief from them.
- 5.2. Immediately upon identifying that a young person is at-risk, the YJO is responsible for raising a Notification of Concern (NOC) and initiating the at-risk response in accordance with Emergency Management Protocol as defined in s42 of the [Youth Justice Regulations 2006](#).
- 5.3. It is imperative that the NOC contains comprehensive information about the at risk placement, including a detailed summary of the actions or events that led to the young person being identified as risk.
- 5.4. Young people are to be initially managed in accordance with s42 of the [Youth Justice Regulations 2006](#), which provides that the 'Emergency Management Protocol' is to be implemented until such time an ARMP is developed by a qualified medical practitioner.
- 5.5. YJOs must immediately commence At Risk Observation Records.

6. Assessment of a young person at-risk

- 6.1. In accordance with the [Youth Justice Regulations 2006](#), Part 5, Division 3, a young person is required to be assessed by a medical practitioner where an at-risk placement has been commenced. This assessment is to be conducted within 24 hours of the commencement of the at-risk placement. It is the responsibility of the PHCP to arrange for a medical practitioner to conduct an 'at risk' assessment of the young person.
- 6.2. A PHCP medical practitioner will assess a young person within 24 hours and determine the required follow up response based on the young person's needs, which may require the medical practitioner to consult with a psychiatric practitioner or make a referral to a psychiatric practitioner where the young person is assessed to be at a high/extreme risk of self-harm or suicide.
- 6.3. The medical review by a qualified medical practitioner regarding the at-risk status of a young person should be undertaken via video conference (tele-health) or teleconference where possible in the first instance.
- 6.4. There may be instances where a qualified medical practitioner is unable to adequately conduct a risk assessment via video conference (tele-health) or teleconference and a young person may require escort to the nearest hospital Emergency Department for assessment.
- 6.5. If a young person is considered too volatile to be escorted by YDC staff or Emergency Service staff (Ambulance personnel), and it is unlikely that a qualified medical practitioner will assess the young person in the centre within 24 hours, alternative arrangements for the at-risk assessment will be determined by the Manager Youth Programs - Superintendent in consultation with the PHCP.
- 6.6. The Manager Youth Programs - Superintendent must provide written advice to the Executive Director, Youth Justice Operations when it is likely that a young person at-risk will not be assessed by a qualified medical practitioner within 24 hours. The Executive Director, Youth Justice Operations, will report to the Children's Commissioner when a

young person has not received an assessment by a medical practitioner within 24 hours of being identified as at-risk. Caring for a young person at-risk and protecting their wellbeing

6.7. At Risk Management Plan (ARMP)

- (1). An ARMP is an individual management plan for young people having been assessed as at-risk. The ARMP must be developed by the qualified medical practitioner during the assessment phase and a copy of the plan is to be provided to the Manager Youth Programs – Superintendent or their delegate.
- (2). Details of the ARMP are to be recorded in IOMS by a YJO. The ARMP provides guidance to staff on the management of the young person during their at-risk placement. All young people who are assessed as at-risk of suicide or self-harm must have an ARMP commenced in IOMS.
- (3). All staff must comply with the ARMP and ensure that the young person is managed according to the plan.

6.8. At Risk Assessment Team (ARAT)

- (1). Every YDC must have an ARAT comprised of:
 - (a) The Superintendent or their delegate;
 - (b) The qualified medical practitioner who assessed the young person;
 - (c) An involved member of the SATS team; and
 - (d) A member of the PHCP.

6.9. Where relevant, the ARAT must consult with other persons that have knowledge of the young person, or who are likely to play a key role in their care, including parents, caregivers, members of the young person's support network, and appropriate community members nominated by the young person.

6.10. The ARAT is responsible for reviewing all ARMPs and ensuring they are accurate, up to date and address all relevant risks.

6.11. The membership, responsibilities and governance of the ARAT are set out in full in the 'At Risk Assessment Team – Terms of Reference'.

6.12. A young person must not be refused access to their support network during an at risk placement, including access to education, health care, telephone system and visits.

6.13. Discontinuation of an At Risk Event:

- (1). Under s44 of the *Youth Justice Regulations 2006*, a young person can only be removed from an 'at risk' placement on the recommendation of a qualified Psychiatric practitioner and after consultation with the ARMT, including the Superintendent or their delegate for that purpose.
- (2). The discontinuation of a young person's at risk placement must be clearly articulated in the *At Risk Management Plan* and signed by the qualified medical practitioner and the Superintendent or their delegate. The following points must also be documented:
 - (a) The date and time that the at-risk status was cancelled;
 - (b) The reason for the cancellation; and
 - (c) Any other relevant information or instructions.
- (3). After a young person's at risk status is cancelled, the young person must be provided with follow-up care by a medical practitioner or appropriate health professional identified in their individual management plan.

- (4). At the conclusion of a young person's at-risk status, a follow up case meeting should be conducted to develop a support plan for the young person the next day.

7. Incident reporting

7.1. All information relevant to the identification, response, assessment and management of a young person at-risk is required to be entered into IOMS. This may include information from a health professional. The IOMS record of a young person's at-risk placement must contain all information relating to the placement including, but not limited to:

- (1). The Notification Of Concern;
- (2). Medical request referral to Health for clinical assessment (*Health Request Form*)
- (3). Records of the ARAT meetings and relevant decisions;
- (4). The ARMPs;
- (5). The Observation Record;
- (6). Clinical at-risk notes prepared by health professionals;
- (7). Any written material produced (including art) by the young person during their at risk placement that may be relevant to the assessment of their risk of self-harm or their psychological wellbeing; and
- (8). Any other reports/information relevant to the at-risk placement.

Refer to *Youth Justice Policy Determination 2.3: Incident Recording and Reporting*.

7.2. YJOs are to continue to update the at-risk record until the young person's at-risk placement is discontinued. All information relating to a young person's at-risk placement is to be maintained in a confidential manner.

8. Legislative basis and related resources

[Youth Justice Act 2005](#)

[Youth Justice Regulations 2006](#)

Procedure: Identifying and Managing Young People At Risk