

PRACTICE GUIDE

Self-harm and suicide risk

Identifying risk factors and warning signs

Children and young people subject to statutory child protection intervention often have experienced significant hurt and trauma that can sometimes lead them to act in ways that place them in situations of high risk. The issue of self-harm and suicide risk for children and young people in contact with the child protection system is a critical one. Research confirms that the vulnerability of children and young people who have experienced abuse and who are likely to have minimal family support increases the risk of self-harm and/or suicide.

Suicide is a complex human behaviour that cannot be easily predicted. Staff must remain vigilant and alert to the fact that:

- a number of risk factors and/or warning signs can indicate that a child or young person is contemplating self-harm or suicide or is at risk of self-harm or suicide
- risk factors and warning signs may occur in clusters, or one single risk factor or warning sign may provide the only indication that a child or young person is “in trouble” or vulnerable/at risk
- both longer term risk factors and immediate events may contribute to a child or young person’s risk of or self-harm or suicide and
- stress and crises, as experienced by the child or young person, their family and/or community are very important precursors to suicide.

Outlined below are some examples of risk factors. The list is not exhaustive, but evidence has shown that a range of primary risk factors may contribute to youth suicide and suicidal behaviour. These include:

- a previous suicide attempt, the most significant risk factor for a completed suicide
- deliberate self-harm
- a history of mental illness including clinical depression
- being bereaved by the suicide of a family member, friend or significant other
- drug and alcohol abuse
- major loss
- disruptive and unsupportive family background / family breakdown / conflict
- exposure to suicide
- social isolation / alienation / not belonging within family or community
- having poor coping and problem-solving skills and low self-esteem
- issues relating to sexuality and sexual identity
- problems with the law or being detained in a watchhouse or detention centre
- being on remand and uncertain about the future.

For further information to assist in identifying children and young people most at risk self-harming or suicide, refer to Responding to people at risk of suicide: how can you and your organisation help?

Other suicide risk warning signs

Outlined below are some examples of warning signs of possible suicide risk. The list is not exhaustive. The presence of warning signs or symptoms will not always indicate suicidal intent. However the more that symptoms point towards an overall and pervasive theme of hopelessness and helplessness, the greater is the likelihood that they are indicators of suicide risk.

A preoccupation with death and or preparations for death such as:

- making a will / indicating who should have their possessions
- saying goodbye to people
- giving away personal possessions
- recurring themes of death in music, poetry, art work
- talking about death
- talking about a person who has died
- gathering the means to attempt suicide.

Verbal warning signs such as:

- direct threats like "I'm going to kill myself".

Indirect statements such as:

- "You'll be sorry when I'm dead".
- "I might as well be dead".
- "They would be better off without me".
- "Life has no meaning/has lost its meaning".
- "If I killed myself they would be sorry".
- "If I don't see you again, thanks for everything".
- "Here, take this, I won't need it any more".

Situational crisis and or stressors such as:

- loss / death of relatives or significant others
- loss of relationship - "Dear John / Jane" letter
- rejection of family / significant other
- separation from family / significant others
- peers leave detention centre
- family crisis / parent or sibling in jail
- family or relationship conflict
- trouble with the law
- point of sentence or legal decision such as admission to detention centre, return to detention, additional custodial sentence, bail refused, losing a sentence appeal or review
- a change in health status, for example, unwanted pregnancy, onset of serious or chronic illness
- anniversary of death or other significant event
- incident of abuse

- victimisation by peers
- disruptive / violent incident in detention
- major failure.

Changes in behaviour / personality such as:

- social withdrawal and isolation from others
- impatience or impulsive behaviours
- increased use of drugs / alcohol
- mood swings, angry outbursts, irritability
- sudden happiness may indicate a decision to die
- disorientation/disorganisation
- aggression.

Depression and or changes in feelings such as:

- anxiety
- apathy
- chronic fatigue
- crying easily
- hopelessness / helplessness
- loss of interest in appearance / normal activities
- change in eating (loss of appetite or eating excessively)
- sleep disturbance (sleeping poorly or sleeping excessively)
- no future plans / no ability to plan for the future
- self-defeating attitude
- agitated depression such as aggressive outbursts, frenetic behaviour and oppositional behaviour.

Physical changes such as:

- abrupt change in appearance
- self-neglect
- lack of energy
- recent weight or appetite change
- changing in sleeping patterns
- increase in unexplained or minor illnesses.

Changes in thinking such as:

- drop in self-esteem
- scattered thoughts/tunnel vision
- difficulty in decision making
- inability to concentrate or think rationally
- exaggerated fears of disease.

In addition, young people in detention can feel particularly isolated and vulnerable at holiday and celebration times such as Easter and Christmas. This can initiate, increase and or revive their risk of self-harm. Additionally many staff members with whom young people have valuable interactions during the year, are often absent at these times. Young people at risk of self-harm should be especially monitored at these times and contingency plans put in place as required.

The impending release of a young person into the community following a period in detention may also prompt feelings of anxiety and stress in a young person and increase or revive their risk of suicide or self-harm. As such a young person's risk should be assessed and monitored as part of the young person's transition plan.

When changes in behaviour, feelings, physical condition or thinking (as above) are observed in a young person, immediate assessment should be undertaken to ascertain if thoughts of suicide are involved.

Additional risk factors and warning signs for Aboriginal and Torres Strait Islander young people

Staff should not underestimate the importance of cultural and other factors affecting Aboriginal and Torres Strait Islander children and young people in contact with the child protection system. Research indicates that adolescents from culturally and linguistically diverse backgrounds may experience heightened uncertainty related to cultural identity, discrimination, peer relations, cultural views on sexuality and sexual identity and/or work and family demands (National Mental Health Strategy, 2003-2008).

While Indigenous Australian communities are very diverse, there are some general principles to consider in relation to Indigenous self-harm and suicide:

- Indigenous suicide should not be understood or addressed in the same way as non-Indigenous suicide
- Indigenous self-harm is often intended as a 'release' to feel relaxed and serene
- Indigenous suicide often happens in clusters. One suicide often triggers more within the community, and
- Intervention should aim to connect Indigenous people with their culture, family and community.

For further information about responding to people who are Indigenous and responding to people who are from culturally and linguistically diverse backgrounds, refer to Responding to people at risk of suicide: how can you and your organisation help?

For Aboriginal and Torres Strait Islander young people it has been identified that suicide and self-harming behaviour have occurred:

- at a time of emotional stress and anger when young people feel unable to outwardly express their anger and instead turn the aggression inwards and harm themselves as a means of expression
- in situations where young people feel they have lost control over their personal situation, usually soon after being incarcerated and they would rather take their own life and regain personal control than feel that others have total control over their situation.

Staff must not underestimate the importance of cultural and other factors affecting Aboriginal and Torres Strait Islander young people in detention, for example:

- when conducting assessments, it may be important to take into account the diversity of cultural beliefs across Aboriginal and Torres Strait Islander communities
- Aboriginal and Torres Strait Islander young people can be very traumatised when separated from their family and community
- spiritual beliefs and isolation at night may have special relevance as it is often not customary for Aboriginal and Torres Strait Islander people to be isolated at night or for long periods of time
- Aboriginal and Torres Strait Islander young people in detention are more geographically isolated from their families and communities than most non-Indigenous young people.

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