PRACTICE GUIDE

Develop a suicide and non-suicidal self-injury risk management plan

Introduction

Each child who is identified as being at risk of suicide or non-suicidal self-injury, will have a risk management plan developed to developed to guide actions to support their ongoing safety and wellbeing. This practice guide will assist staff in the development of the risk management plan.

Note: In exceptional circumstances only, a risk management plan will not be developed. This will be the case when Child Safety receives information about a child but will not be intervening with a child as part of ongoing intervention or through a response to a notification.

Collaborating with stakeholders

The risk management plan is completed with stakeholders during a safety and support network meeting, when possible. However, if an immediate response is required to keep the child safe, the risk management plan is completed straight away and will include what steps have been taken to ensure the child's safety. The senior team leader is responsible for approving the plan. The risk management plan can be reviewed and updated together with the safety and support network at a later time.

Along with the risk management plan, each child will have their own safety plan, if the child has agreed to a safety plan. If a child does not agree to a safety plan, the risk management plan will be the key document that will outline the steps the adults are taking to keep a child safe and mitigate a child's risk of suicide or non-suicidal self-injury.

The risk management plan is used to respond to a child's risk of suicide, non-suicidal self-injury, or both.

Refer to the practice guide Safety and support networks and high intensity responses for further information about how to collaborate with the safety and support network and other stakeholders, and how to respond when a high intensity response may be indicated.

For Aboriginal and Torres Strait Islander children include the cultural practice advisor in risk management planning, when available.

Seeking stakeholder agreement

Ensure the risk management plan addresses the risk factors and warning signs that exist for a child.

Outline the steps that each agency, carer, family member or the other significant adult in the child's life will be taking to keep the child safe. This includes naming the person who is responsible for each action.

Each agency is likely to have their own plan about how their agency will respond to the child. The risk management plan is the place to document and share all the key actions being taken across agencies and who is responsible for each action. It may refer to other available plans and does not replace the plans being completed by individual agencies.

Identifying the clinical lead for decisions about how best to keep the child safe is a helpful part of the planning process. This is likely to be a mental health service or therapeutic service provider (such as a psychologist or mental health social worker) when they are providing intervention to the child. It is important to include the views and opinion of the clinical lead about risk mitigation strategies in the risk management plan, if a clinical lead is available.

If the child has declined to engage with therapeutic services and supports and there is not a treating clinician or private practitioner available, seek advice from your senior team leader and consider if consultation with the senior practitioner is required. Discuss the absence of a clinical lead with the stakeholder group and identify any additional support that may be required.

If there is disagreement in the safety and support network about the risk management plan, seek advice from your senior team leader and consider if consultation with a senior practitioner is required.

The completed risk management plan is completed in the relevant alert case in Unify and provided to all stakeholders involved with the child.

Stakeholder wellbeing

It is acknowledged that responding to a child's risk of suicide or non-suicidal self-injury risk can be anxiety provoking for the adults involved with the child, including professional stakeholders.

Developing a supportive environment in the safety and support network can assist by sharing the risk and is also an opportunity to acknowledge the impact on the adults supporting the child and normalising the worry for the child's wellbeing.

Developing the plan

The Risk management plan is developed in consultation with stakeholders and important adults in the child's life, and guides the actions required to keep the child safe.

Risk screening

The risk management plan contains high level risk factors that require urgent action by stakeholders and important adults in the child's life. Consider the risk factors that are relevant for the child and ask stakeholders for their views about the current risks. Once there is agreement by stakeholders, select the relevant risk factors from the list below in the risk management plan.

☐ Current suicidal thoughts ☐ Current suicide plan ☐ Access to means ☐ Suicide attempt ☐ Exposure to suicide – historic ☐ Exposure to suicide – recent	☐ Current lack of support, connection and belonging ☐ Frequency of non-suicidal self- injury increasing ☐ Intensity of non-suicidal self-injury increasing**

**Note: Intensity refers to circumstances when the self-injury has become more severe such as when the injury is closer to the core of the body (such as swallowing or insertion or moving from outer limbs to abdomen or other areas) or requires increased medical intervention (such as sutures).

The risk management plan in Unify includes headings to guide the discussion with the safety and support network. Considerations for each heading are outlined below.

Referral made

Provide details of any referral made, if a service already exists (due to previous referral) or if a child has declined to engage with services. If a referral is made, who was the young person referred to (e.g. Mental health, private counsellor, GP)? Was a crisis response provided by police, ambulance, co-responders, the hospital or crisis phone lines (e.g. Kids helpline, Lifeline, 1300 MH Call, Suicide call back service, 13 yarn)? Outline the referral outcome, engagement and communication strategy.

Note: if a child is at risk of suicide or non-suicidal self-injury, a referral for mental health or therapeutic supports should be made if one does not already exist.

Document who the child has been referred to and the outcome of this referral. Consider the following:

- Is there a current treating clinician involved (for example, mental health clinician, psychiatrist, psychologist, mental health social worker).
- Has a referral to mental health services (including Evolve) been accepted or declined? If declined, what were the alternate recommendations?
- In the absence of Queensland Health or another mental health professional is a SCAN team referral needed to support agency collaboration?
- What support has the child received since the risk of suicide and non-suicidal self-injury was identified?
- Has the child declined to engage with services? What do we understand about why they have declined a referral?
- Has a referral to an Aboriginal Community Controlled Health Organisation been considered, if relevant? (Refer to the National Aboriginal Community Controlled Health Organisation website for assistance.)

Restricted access to means

*Provide details of items that have been removed to reduce the ability of the young person to harm themselves (*for example, *pesticides, certain medication, knives, glass, ropes). What harm minimisation considerations are there regarding non-suicidal self-injury (include advice from treating professional, note that harm minimisation approach is not applicable to suicide risk).*

Discuss the means of harm that need to be removed with the safety and support network. Document what means will be removed and who is responsible for removing the means. Consider the following:

- How has the child said they will harm themselves?
- Has the child used anything to harm themselves in the past?
- Has the child become aware of peers harming themselves? What are their peers using to harm themselves?
- If the child is engaging in non-suicidal self-injury what harm minimisation strategies have been recommended by a treating professional (note: harm minimisation approach doesn't apply to suicide risk).
- What is the crisis response plan if the child gets access to means?
- Is searching the child's room for means of harm necessary to keep them safe?
- Who will talk to the child about why means are being removed?
- What messages will the safety and support network provide to the child about the need to keep them safe?

Monitoring, support and supervision arrangements

Describe monitoring, support and supervision arrangements, and if increased supervision (or strict supervision) is in place to provide support and prevent young person from harming themselves.

Discuss any additional supervision arrangements that may be needed to keep the child safe. Consider the following:

- What support is needed to assist with increased supervision in the child's home environment?
- Does school need to be aware of the need for increased support during school hours?

Identity, connection and belonging

How is the child's identity being supported? Consider cultural identity, and sexual orientation, gender identity and expression (SOGIE). Provide details of connection to family, community, culture, country, kin, carers, and peers. Also consider supports, interests and activities. For Aboriginal and Torres Strait Islander children and young people, liaise with cultural leaders in developing this plan.

Identity

Discuss how the safety and support network understand the child's identity and how their identity is being supported. Consider cultural identity and sexual orientation, gender identity and expression (SOGIE). Document how the child likes their identity to be described, and any supports needed.

Connection and belonging

Discuss the child's connections to family, kin, carers, peers, community, culture and country. Document the child's key connections and what is required to increase their connection and belonging.

Does the child or young person have a safety plan?

Does the child or young person have a safety plan? If not, identify who is best placed to develop a safety plan with the young person. Share with the safety and support network and attach a copy.

Discuss the child's safety plan with the safety and support network and document what strategies and supports the child has identified that helps them to feel safe. Attach a copy of the safety plan to the documents tab in the suicide and non-suicidal self-injury risk alert.

If the child does not have a safety plan discuss who is best placed to talk with the child and support development of a safety plan. This is often a mental health professional or may be a key person from a residential care arrangement, or another key adult in the young person's life who is identified as being appropriate.

If the child has declined a safety plan ensure that advice about how to keep the child safe has been sought from mental health services or a mental health professional. Document that the child has declined to safety plan and what advice has been received from mental health professionals. Discuss what strategies the safety and support network have observed support the child to feel safe.

Additional Safety Measures

Outline any additional safety measures that are beyond what would be expected in a home environment, if relevant.

This is applicable for young people residing in care, or where safety measures are being undertaken in a secure setting (such as YDC). Discuss with senior team leader to determine if escalation is required regarding use of restrictive practices (for example, safety measures being undertaken in a secure setting, or in the community if significant property modifications occur such as replacing all glass windows with perspex, removal of doors, or use of seclusion).

Consider if additional safety measures are needed to keep the young person safe that are beyond what would be expected in a home environment. Discuss additional safety measures with the safety and support network (for example, if significant property modifications occur such as replacing glass windows with perspex, removing doors, making changes to the property to stop a child being able to leave).

If additional safety measures are identified, discuss with senior team leader. Consider consulting with Specialist Services Clinician for support navigating the policies and practice guidance associated with these additional safety measure measures that are in place or being proposed. Further information about the safeguarding process for restrictive practices is available in the Managing high risk behaviour policy.

Version history

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