# Supporting detained young people with suicidal thoughts & behaviours

## Expert recommendations for youth justice facilities in Australia

VERSION 1, DECEMBER 2025

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**Acknowledgements**
This project was funded by the Australian Government Department of Health through the National Suicide Prevention Research Fund, which is managed by Suicide Prevention Australia.

This project received approval from the Justice Human Research Ethics Committee and the Department of Youth Justice and Community Safety in Victoria; the Department of Youth Justice and Victim Support in Queensland; the Department of Communities in Tasmania, and the Child and Youth Protection Services in the Australian Capital Territory.

The authors would like to thank all expert panel members who participated in our initial interviews and those who completed one or more rounds of the Delphi consensus study. This research would not have been possible without your efforts and expertise.

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**Suggested citation**
Oostermeijer et al. Supporting detained young people with suicidal thoughts & behaviours: Expert recommendations for youth justice facilities in Australia. Melbourne School of Population and Global Health, University of Melbourne; December 2025.

**Acknowledgement of Country**
We acknowledges the Traditional Owners of the lands which we research on and acknowledges that First Nations Australians have been custodians of the lands and waterways of Australia for thousands of years.

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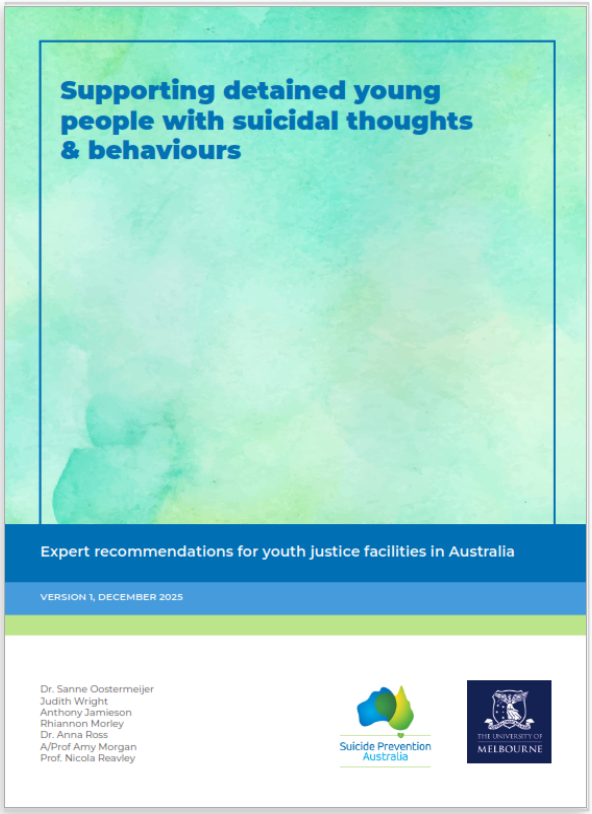
# INTRODUCTION

## Why these guidelines were developed

Suicide is the leading cause of death among young people in Australia[1]. Known factors associated with suicidal thoughts and behaviours in young people are[2,3]:

- previous suicide attempts, or a history of self-harm and suicide.
- increased exposure to alcohol and other drugs.
- parent and family conflicts.
- impulsivity
- contagion or imitating effects.

Young people in youth justice detention experience an increased risk of suicidal thoughts and behaviours. The risk of suicide has been estimated to be **3 to 18 times** higher compared to their peers in the community and the prevalence of suicidal thoughts ranges from **10 – 52%**[4].




## Youth justice detention is a unique setting

Unlike their community peers, detained young people do not have access to 'traditional' suicide prevention supports such as crisis hotlines, family, and school-based supports. Youth justice staff members (also referred to as youth justice workers, 'unit' or 'floor' staff) play a critical role in suicide prevention in this setting, as they spend the greatest amount of time with young people day-to-day[5].

## A lack of evidence to guidebest practice

Little is known about how youth justice staff members can best support young people experiencing suicidal thoughts and behaviours in youth justice detention.

The current guidelines were developed to address this evidence gap and provide youth justice departments and facility staff with the most up-to-date evidence on how to best support young people in their care experiencing suicidal thoughts and behaviours.

*The risk of suicide has been estimated to be 3 to 18 times higher compared to their peers in the community*

## How these guidelines were developed

The Delphi method (see Oostermeijer et al., 2025) was used to achieve consensus among professional (n= 25) and lived experience (n= 20) experts of youth justice detention and suicide-related thoughts and behaviours on recommended knowledge and actions. These guidelines include all recommendations that were rated as 'important' or 'essential' by at least 90% of the experts.

## How these guidelines should be used

These guidelines should be used by youth justice departments and facility staff in the absence of existing up-to-date evidence-based guidance.

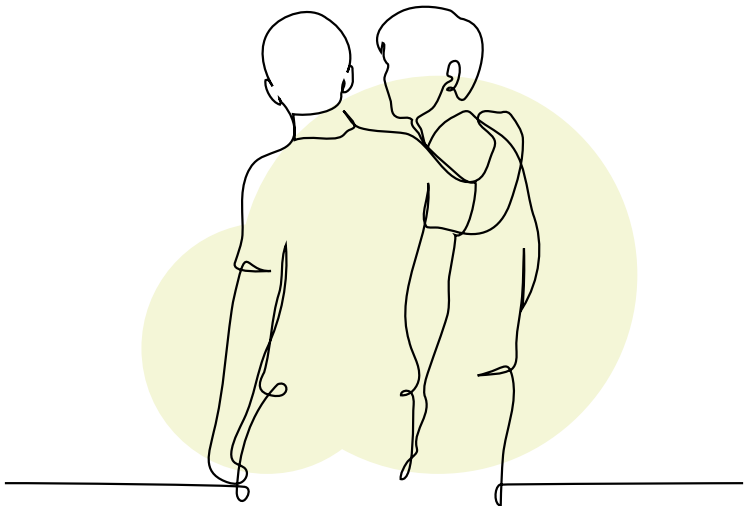
**It is hoped these guidelines will be used to update current policies and procedures, upskill staff and support ongoing efforts towards reducing the risk of suicide for detained young people.**

Aboriginal and Torres Strait Islander young people will likely need different forms of support, recognising the differences in their historical, cultural, political, social and economic experiences[6].

Staff responses to Aboriginal young people need Aboriginal frameworks which requires solutions led and designed by Aboriginal community, leaders and organisations[7,8]. Common key elements of successful approaches to First Nations suicide prevention include community-specific responses, involvement of elders, and the employment of community members[9].

The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) has developed several resources on suicide prevention. The diversity of Aboriginal and Torres Strait Islander peoples across Australia may require local work to develop contextually relevant suicide prevention responses[10].

Furthermore, Culturally and Linguistically Diverse Young People (CALD) young people have often experienced unique stressors and circumstances. Future research should examine the need for more in-depth cultural considerations for young people with specific cultural backgrounds.



## KEY TERMS USED

| | |
|---|---|
| **Youth justice detention** | Facilities that detain sentenced and unsentenced young people (not including police custody). |
| **Young person** | A young person detained in a youth justice detention facility. |
| **Staff member** | A person employed in a role that requires them to work directly with young people on the unit. They may be referred to as youth justice workers, youth custodial, unit or floor staff. |
| **Health services staff** | Staff members that work for a service which provides mental health care to young people in youth justice detention (e.g., forensic psychologists or mental health nurses). |
| **Suicide** | Intentionally causing one's own death. |
| **Suicidal thoughts** | Thinking about, or planning to, end one's own life. Such thoughts can range in intensity and frequency from fleeting to more concrete, or complete preoccupation with suicide and feeling like there's no other solution. |
| **Suicidal behaviours** | Self-harm with the intent to die or when the intent is unknown. |
| **Self-harm** | When a person hurts themselves on purpose. This is considered a 'warning sign' or 'risk factor' for suicide. These guidelines focus on supporting a young person who is suicidal. If the young person is harming themselves, but is not suicidal, they may need different forms of support. |
| **Suicide incident** | An event that involves an act of self-harm with the intent to die, which may involve a non-fatal or fatal attempt at suicide. |
| **'At risk' of suicide** | The young person has suicidal thoughts; staff have concerns about the young person and have identified relevant changes in mood and behaviour, or psychosocial risk factors; or an increased risk is known to be present, but has been assessed by health services staff as low/medium and not immediate or life-threatening. |
| **'At immediate risk' of suicide** | The young person has been assessed by health services staff and is considered to be at high or immediate risk of suicide; the young person has disclosed they have a well-thought-out plan for suicide (e.g., knowing how they intend to die, a specific day or time they intend to die); or a recent suicide incident has happened (i.e., self-harm with the intent to die). |
| **Suicide postvention** | Immediate and ongoing support for those bereaved by suicide. |
| **Safety and care plan** | A suicide prevention plan which is put together for/with an individual young person who is at risk of suicide. |
| **Observation** | A staff member observing the young person at specified time-intervals, or continuously if the young person is on 'constant' observation. |
| **Restrictive interventions** | Used to restrict the rights or freedom of movement of the young person. This may include observation, isolation, separation, restraint, use of handcuffs, unclothed searches, and removing property from the young person's room. |
| **Wellbeing check for staff** | A brief conversation to understand the staff member's current wellbeing and identify the level of care that is required. |

# UNIVERSAL SUICIDE PREVENTION STRATEGIES

Four universal suicide prevention strategies should be implemented across the broader youth justice detention setting – *applying to all staff members and young people*. These aim to establish an environment that helps prevent all young people from being at risk of suicide.

## Build positive relationships

Staff members need to build positive relationships with young people under their care and supervision. This requires:

- Getting to know each young person as an individual.
- Building trust (e.g., by being honest, respectful and accountable).
- Being reliable and having consistent communication with them (e.g., keeping their word).
- Asking about their cultural needs and how to accommodate them (e.g., spiritual practices, celebrations or traditions).

If a new young person is admitted to the facility, it is essential that staff members take the time to engage with them and learn about what is happening in their lives.

Staff members need to respect young people's boundaries and not push them to reveal anything they are not ready to share. When a young person opens up about themselves, staff members should be transparent about the limits of their role and duty to report any (unknown) offending behaviours.

Positive relationships are further established by actively engaging with young people, by spending time with them and doing activities together. It is important for young people to be offered opportunities to make choices and be encouraged to make decisions about their daily routines and types of activities they engage in. Young people should be provided access to meaningful activities and opportunities that contribute directly to their future (e.g., learning how to cook, getting an apprenticeship or a driver's license).

## Promote protective factors

Staff members play a key role in promoting factors that can make it less likely for young people to consider, attempt or die by suicide. They should be aware that the following factors can protect against suicidal thoughts and behaviours by young people:

- Engaging with education and other programs, such sports- or forensic intervention programs.
- Having connections to the outside world, such as visits or calls from community members, family, friends, a partner or a religious and legal representative.
- Regular contact with their family or carers.
- Having things to look forward to.

## Being aware of suicide history

Previous suicide attempts, or a history of self-harm and suicide, can contribute to suicidal behaviours in young people. Therefore, staff members should be aware of any prior history of suicide attempts and other suicidal behaviours of the young people under their care and supervision. Depending on local procedures, they may be able to obtain this information from young people's case files or their case workers.

## Regular staff training

It is essential that all staff members engage regularly in mental health and suicide prevention training to ensure they acquire and maintain the knowledge and skills for supporting young people. During a suicide-related incident, staff members should try to stay calm. It is important for them to be aware of the types of suicide-related incidents that might occur (e.g., blood loss or use of ligature) in order to be better prepared to respond. This includes which elements in the physical environment can be used for suicide by hanging, as well as the time it takes for a person attempting suicide by hanging to become unconscious and to suffocate. This should be part of their suicide prevention training.

# NOTICING CHANGES & IDENTIFYING PSYCHOSOCIAL RISKS

Staff members can play a critical role in identifying whether a young person is experiencing suicidal thoughts and behaviours. This involves knowing when a young person is at risk and which factors, changes and circumstances to be aware of.

Suicidal thoughts and behaviours may change from moment to moment, as does a young person's risk (e.g., due to unknown factors such as family anniversaries). The reasons and triggering factors for suicidal thoughts and behaviours can vary between young people. Furthermore, young people can be impulsive, which may lead to sudden decisions about suicidal thoughts and behaviours.

Staff members should actively engage and communicate with young people so they can be alert to:

**Behaviour and mood changes** that indicate a young person may be experiencing suicidal thoughts and behaviours.

**Psychosocial risks** (e.g., events or circumstances) that impact a young person's mood and wellbeing and increase their risk of experiencing suicidal thoughts and behaviours.

Staff members should record any of the observed changes, as well as any steps taken to address them.

## Behaviour and mood changes

Staff members should notice the following behaviour and mood changes that indicate a young person may be experiencing suicidal thoughts and behaviours.

The young person is:

- ☐ Experiencing mood changes (e.g., anger, tantrums, crying, despair or anxiety).
- ☐ Showing changes in appearance (e.g., deterioration of appearance, unexplained weight changes, wearing unusual clothing or clothing unsuited to the weather).
- ☐ Experiencing changes in their sleep pattern.
- ☐ Experiencing changes in energy or activity levels.
- ☐ Expressing reduced interest in activities they usually enjoy.
- ☐ Disposing of personal items or prized possessions.
- ☐ Withdrawing from social interactions or self-isolating.
- ☐ Not communicating, or refusing to communicate, with avoidant body language (e.g., poor eye contact).
- ☐ Unusually irritable or aggressive (e.g., unable to settle, punching walls).
- ☐ Showing erratic behaviour.
- ☐ Picking fights without reason and defence.
- ☐ Expressing strong feelings of shame and guilt, loneliness or abandonment (e.g., 'my family doesn't care about me').
- ☐ Expressing strong feelings of being trapped.
- ☐ Experiencing a lack of hope for the future.
- ☐ Expressing repeated thoughts and feelings about a past traumatic event.
- ☐ Making comments indicating an intention to self-harm (e.g., 'I just need to feel that I am real, that I am alive').
- ☐ Making comments indicating an intention to suicide (e.g., 'everyone will be better off when I'm gone').

## Psychosocial risks

Staff members should notice the following psychosocial risks (e.g., events or circumstances) that impact a young person's mood and wellbeing and increase their risk of experiencing suicidal thoughts and behaviours.

**Personal circumstances**
This may include a young person experiencing substance use withdrawal when they are admitted to the facility, or if they are taking specific types of medications (e.g., antidepressants).

Staff members should be mindful when a young person is being charged with a crime against a partner or family member, has just received news of a lengthy sentence or an unexpected court outcome, or is experiencing a recent romantic relationship breakdown due to detention.

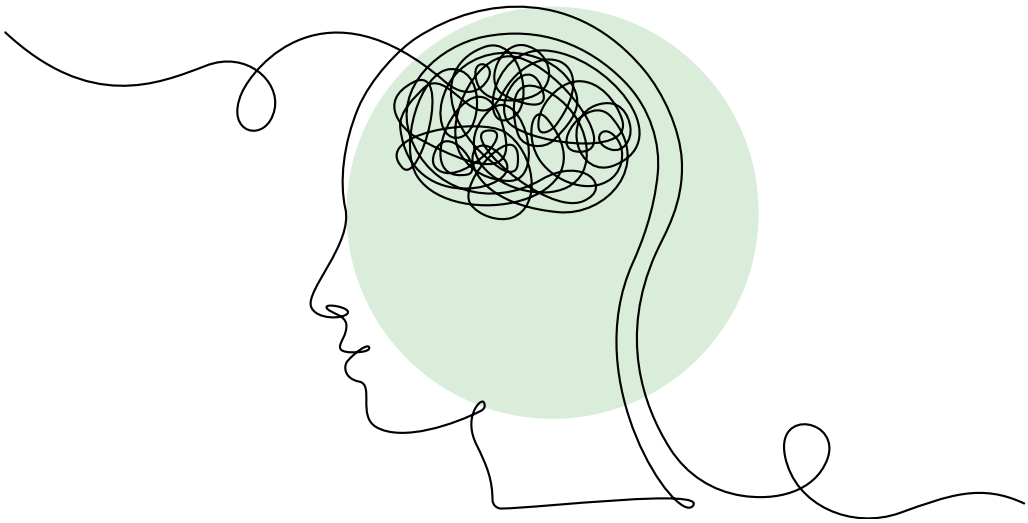
Other circumstances which may increase a young person's risk of experiencing suicidal thoughts and behaviours include when a young person is unfamiliar with all, or most, young people or staff members on their unit; is experiencing situations where they do not have control over their lives (e.g., denied request to unit transfer); or having to spend more time in their room than usual due to staffing issues (e.g., on rotation due to low staff numbers). Staff members should also be aware that a young person (already) attending mental health appointments may experience distress, including suicidal thoughts and behaviours.

**Interpersonal interactions**
This includes interactions with staff members, for example when they are breaching a young person's trust (e.g., not keeping their word) or they have an unresolved conflict with a staff member on their unit.

This also includes interactions with other young people within youth justice detention, such as being afraid of harm or violence from other young people, experiencing verbal or physical harm from other young people (e.g., bullying, threats or assaults), or having an unresolved conflict with a young person on their unit.

Some interactions with family or carers may increase young people's risk of suicidal thoughts and behaviours, including having no or limited support from family members or carers, or a sudden change in support. It can also involve a negative reaction to an interaction or communication with a family member or carer such as a visit or phone call.

**Placement or release events**
This may include a young person being admitted to the facility, being transferred from a different precinct or unit, or moving in and out of youth justice facilities on a regular basis. Receiving a restrictive intervention (e.g., observation, restraint, confiscating items) can also increase a young person's risk of suicidal thoughts and behaviours. Furthermore, staff members should be aware when a young person is soon to be released or soon to be transferred to an adult facility.



## Specific considerations

Other personal factors that can contribute to young person's risk should be known to staff members, including mental ill-health, trauma, engagement in self-harm and identifying as LGBTIQA+.

**Mental ill-health**
Many young people in youth justice detention have experienced, or are experiencing, mental health problems, such as depression, anxiety or responses to trauma. For example, the most recent estimates in Victoria indicate that 66% of young people in youth justice detention are victims of abuse, trauma or neglect, 47% present with mental health issues and 26% have a history of self-harm or suicidal ideation[12].

It is important that staff members are aware that youth justice detention is inherently distressing and can negatively impact young people's mental health and wellbeing. It can exacerbate mental health problems and responses to trauma or increase the likelihood of mental health problems developing for the first time.

**Trauma**
Young people in youth justice detention have often experienced significant harm, including potential traumatic events[13]. Staff members should be aware that a young person in youth justice detention may have experienced a major traumatic event, such as lived in a war-torn country, witnessed ongoing domestic violence or been sexually abused.
It is important they realise that most young people recover best from trauma in a stable and structured environment with emotionally available adults.

Staff members should familiarise themselves with any trauma history of the young person where possible, as this is a known risk factor for suicidal thoughts and behaviours. They should be familiar with any known triggers of trauma memories (e.g., being confined or touched in a certain way) for young people under their care and supervision where possible. This is particularly important when this concerns a previous traumatic event whilst being detained (e.g., assaulted by another young person or staff member).

**Self-harm**
A young person who engages in self-harm may be at risk of suicide. This may include a variety of behaviours, such as punching walls, picking fights, hitting oneself or ingesting sharp or toxic objects with the intent to get harmed. However, they are often trying to regulate their distress and may not intend to die.

If a young person is harming themselves, but is not suicidal, they may need different forms of support which are not covered in the current guidelines. Mental Health First Aid (MHFA) offers general advice to assist a person who is not suicidal, but is injuring themselves for other reasons[14]. This may offer an initial guide, as evidence-based guidelines for non-suicidal self-injury by young people in youth justice detention are currently lacking.

**LGBTIQA+**
LGBTIQA+ young people can face stigma and discrimination that lead them to experience poorer mental health outcomes and suicidal distress. Some of the key issues faced by LGBTIQA+ young people include: rejection from family or friends for being LGBTIQA+, social isolation, violence or abuse due to being LGBTIQA+, erasure of LGBTIQA+ identity or feelings of 'not passing'[15].

Staff members should be aware that stigma and discrimination associated with sexual orientation or gender identity might increase risk of suicide, but young people may not feel safe disclosing this information about themselves. If relevant and appropriate, staff members should reassure a young person that it is safe to disclose their sexual orientation and gender identity to them as a staff member.

If a young person discloses their LGBTIQA+ experience, staff members should not disclose this to other people without the young person's permission. If needed, staff members should only disclose the information necessary to keep the young person safe, and not their LGBTIQA+ experience[16]. Staff members might find it helpful to look up the specific considerations for providing mental health first aid to an LGBTIQA+ (young) person[17].

# TALKING WITH A YOUNG PERSON

When staff members have concerns about a young person under their care and supervision, they may approach and talk with them about their suicidal thoughts and behaviours. The following section provides expert guidance on how staff members can best do this.

## Respecting privacy

A young person may not feel comfortable disclosing their suicidal thoughts, if other young people or staff can hear them. Staff members should be aware that other young people could use personal information about the young person's suicidal thoughts and behaviours against them. Staff members should ensure they can have a private conversation with the young person and when approaching and talking to them, they should do so away from other young people and staff in a separate room or area.

## Having the conversation

Staff members should take all suicidal thoughts and behaviours seriously and not dismiss them as 'attention seeking', 'manipulative' or a 'means to access items'.

Suicidal thoughts and behaviours may indicate the young person has a need for care or a safety concern (e.g., the young person is feeling physically or emotionally unsafe).

When a staff member has concerns about a young person, they can try to approach them to talk about their suicidal thoughts and behaviours and about what might be contributing to them. They should try to do this when the young person is feeling calm and do so before any decision is made about suicide interventions and management strategies.

Staff members need to communicate in a caring and respectful way. This involves listening to the young person talk about their health and mental health concerns in an open and non-judgemental way by asking open-ended questions, listening to understand rather than to respond, and withholding judgment. They should focus on the young person's strengths and use positive words when talking to them or describing them (e.g., that they are strong and resilient or that they appreciate that they are being honest with them).

Staff members should be mindful that a young person may play down suicidal thoughts and behaviours to avoid restrictive interventions. It is important to let the young person know they will not be punished for having struggles with their mental health, including suicidal thoughts or behaviours.

It is also important that staff members realise that young people may bully each other and encourage young people to engage in suicidal behaviours. Staff member should not ignore or minimise a young person's suicidal thoughts or behaviours to avoid having to put them on observation. They should not label the young person (e.g., by calling them a crazy person, psychotic or nuts) and avoid saying 'self-harming isn't going to solve anything'.

**If a young person is 'at-risk' or 'at immediate risk' of suicide:**

Staff members should ask about the young person's preferences on how to keep them safe and comfortable, and about their coping and support strategies that have worked in the past. They should regularly check-in with the young person about their mental health and wellbeing. This might include asking things such as

> **"It is not like you to not want to go to the gym, what is going on for you?'** or

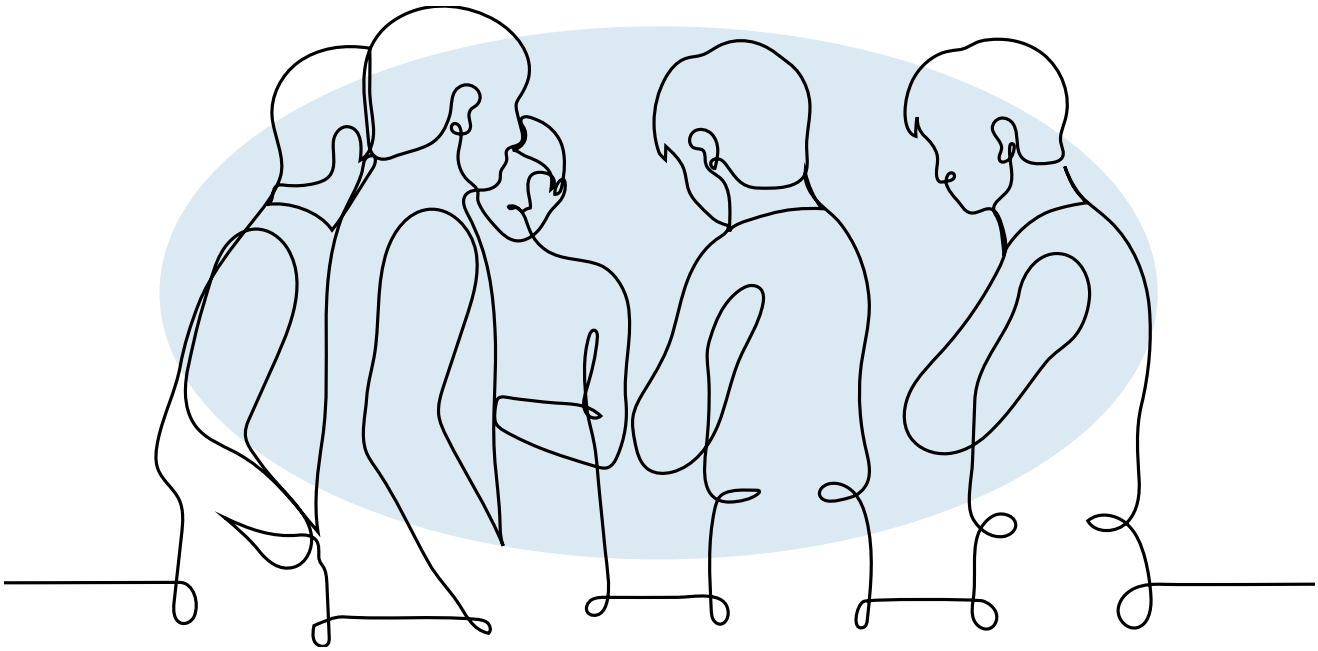
> **"Since you have you gotten off the phone you seem a little down, is everything okay?'** or

> **"Is there anything I can help you with?'.**

### If young people don’t want talk

Staff members should know that broader cultural and societal factors influence staff and young people's ability and willingness to discuss suicidal thoughts and behaviours (e.g., they come from a culture where mental health is not talked about openly). The young person might also not feel safe to disclose their thoughts and feelings due to previous institutional experiences that were unhelpful.

Staff members should not insist that the young person talk if they don't want to. They can let them know that they are available to talk in the future, if they don't want to talk now. They can also ask the young person whether they are comfortable talking to them and if not, they should help the young person find another suitable staff member. If they know of another staff member the young person trusts, they can ask them to talk to the young person instead.



# ASSESSING A YOUNG PERSON'S RISK

**The following section provides expert guidance on actions a staff member should take to support the process of identifying, and (re)assessing, a young person's risk of suicide.**

**When staff members are concerned about a young person and have identified any of the above changes in the young's behaviour and mood, or psychosocial risks, they should: arrange a staff meeting, contact health services staff and contact family.**

## Arranging a meeting

The staff member should ensure that:

- A meeting with all key staff members is held to discuss any concerns and prevention strategies.
- This meeting is attended by representatives from the unit and health services, as well as other key staff as appropriate (e.g., cultural support staff or admission placement unit staff).
- The young person's social support network is included in meetings which discuss any concerns and prevention strategies.

## Contacting health services

The staff members should contact health services staff to (re)assess the young person as soon as possible, even if the young person has not disclosed any suicidal thoughts.

Other situations in which staff members should contact health services staff to (re)assess a young person's risk of suicide include when a young person self-harms, expresses their intent to self-harm, has injuries or marks that may indicate self-harm, or shows behaviours that can indicate an emerging mental health problem(s). Even if suicidal behaviours have gone unnoticed for a few days, the staff member should still contact health services staff.

A young person who is known to be at risk of suicide requires ongoing monitoring and assessment. When a young person is (re) assessed by health services staff, it is important that staff members ensure the information from this assessment is passed on to them and their supervisor.

If the young person identifies with a specific cultural background, a cultural worker from the same background should be arranged to accompany the young person to any mental health appointments, if possible.

### If health services staff are not immediately available

Health services staff may not be immediately available to (re)assess the young person. If this is the case and the staff member has good rapport with the young person, they should conduct a structured assessment of the environmental risk factors (e.g., access to dangerous objects).

Alternatively, they can engage their supervisor to conduct such an assessment. They should also arrange for regular observations to be conducted (i.e., put the young person on observation) until the young person can be assessed.

## Contacting family

If a young person is known to be '**at-risk' or 'at immediate risk'** of suicide, a staff member should arrange for the young person's carer (e.g., parent or guardian) to be contacted, to seek additional information about the young person's history of suicidal thoughts and behaviours. They should also arrange for the young person's carer to be informed about any suicide-related concerns, if appropriate.

Depending on the local procedures, this may be done by contacting the relevant case worker, supervisor or other staff member who is best placed to contact a young person's carer.

Staff members should always be transparent with the young person about whether their family or carer(s) have been contacted for more information.

If the young person is **'at immediate risk'** or unable to give consent (e.g., is very unwell or unconscious), staff members should be able to contact the young person's carer(s) *without their consent* to seek additional information about the young person's history of suicidal thought and behaviours.

# PROVIDING SUPPORT TO A YOUNG PERSON

When a young person is known to be at **'at risk'** or **'at immediate risk'** of suicide, it is likely that staff members will provide some forms of support to them. The following section provides expert guidance on how staff members can best do this.

**Be aware that:**

When providing support, it is important that staff members know that the young person has likely had a chaotic, abusive and disruptive life, may not have learnt appropriate ways to behave and communicate, may fear or distrust authority figures (i.e., perceive them as unsafe and risky), lack social skills, and act in an anti-social manner.

If staff members only focus on the criminal history of a young person, it can lead to stigmatising attitudes and behaviours towards the young person (e.g., feeling more frustrated with them or taking more punitive approaches).

## Strategies to provide support

Staff members should help a young person who is known to be **'at-risk'** or **'at immediate risk'** of suicide to manage their feelings of distress, anxiety or anger by offering various strategies that they might be interested in (e.g., playing cards, going for a walk, listening to music or relaxation exercises) and establishing routines that are meaningful to them, such as reading a book or working out three times a week. When providing access to certain objects for self-managing distress (e.g., access to musical instruments or a tablet), it is important that staff members consider the risks versus benefits for the young person.

If the young person identifies with a specific cultural or religious background, staff members should consult with a cultural worker or religious representative to engage with the young person to provide support.

To de-escalate situations that may lead to an increased risk suicide, staff members should negotiate with the young person, such as offering an alternative or compromise to their request.

Staff members need to encourage young people to identify and reach out to people that brighten their mood, make them feel better and can provide support (e.g., staff, family or peers). This involves giving the young person the option to call a family member or another support person within the community.

When a young person is **'at-risk'** of suicide (not 'at immediate risk') staff members should arrange for a visit from a family member who is known to offer the young person support. If available, they should offer the young person the opportunity to engage in a peer mentoring or peer support program.

If the young person is **'at immediate risk'**, they should sit with the young person and keep them company, never leave a young person unattended or alone and ensure they do not have other responsibilities or distractions. They should ask the young person directly whether they are thinking about killing themselves (e.g., 'are you thinking about killing yourself' or 'are you having thoughts about suicide'.), as well as whether they have a plan for suicide (e.g., knowing how they intend to die, a specific day or time they intend to die, or steps taken to secure the means to end their life).

## Support after a suicide-related incident

After a suicide-related incident, staff members should let the young person know they are available for ongoing support.

This involves encouraging and supporting the young person to stay healthy in a variety of ways, such as healthy eating, exercise, taking medications as prescribed, keeping busy, socialising with peers and using relaxation techniques. Staff members should offer the young person opportunities to make appropriate decisions, however small these decisions might seem. They should break tasks into small steps and be realistic in their expectations of the young person.

Any changes to the young person's routine should be introduced at a pace that the young person is comfortable with.

*Avoid making dismissive and unhelpful comments after a suicide-related incident (e.g., by saying 'you're not going to do that sh*t again are you?')*

If the young person is receiving mental health treatment, it is important staff members recognise a young person may discuss challenging, confronting and emotional topics which might affect their mood and wellbeing. They should encourage the young person to be actively involved in their mental health treatment.

One or two staff members that have good rapport with the young person should be nominated to regularly check-in with them. When a staff member is checking in with the young person, they should make sure they do this in a sensitive way, demonstrating that they care and want what is best for them.

Staff members should check-in with other young people who have witnessed a suicide-related incident. They may need to check with other staff whether any young people have witnessed the incident. If other young people were affected by the incident, they should talk with them and offer to arrange for them to receive counselling.

**Suicide postvention** offers support to individuals and communities affected by a suicide death. Be You provide detailed postvention guidelines for school communities. This includes guidance on informing staff, students and how to support bereaved young people. This may offer an initial guide for youth justice detention facilities, as evidence-based guidelines for postvention planning in these settings are currently lacking. Staff members need to clearly and concisely document any suicide-related incidents, the types of suicide interventions and management strategies that were provided and why.

### Avoiding unhelpful comments

Staff members should avoid making dismissive and unhelpful comments after a suicide-related incident (e.g., by saying 'you're not going to do that sh*t again are you?'). They should also prevent and mitigate unhelpful comments about suicidal behaviours from other young people. It is important to keep any suicide-related incident and associated interventions (e.g., observation) private and confidential as much as possible from other young people.

# TAILORING COLLABORATIVE CARE

The following section provides expert guidance on how staff members can help ensure collaborative care is tailored to meet the needs of a young person experiencing suicidal thoughts and behaviours.

## Suicide prevention safety and care plan

When a staff member becomes aware that a young person is at risk of suicide for the first time, they should ensure that a meeting is held as soon as possible involving all key staff members to develop a suicide prevention '**safety and care plan**'.

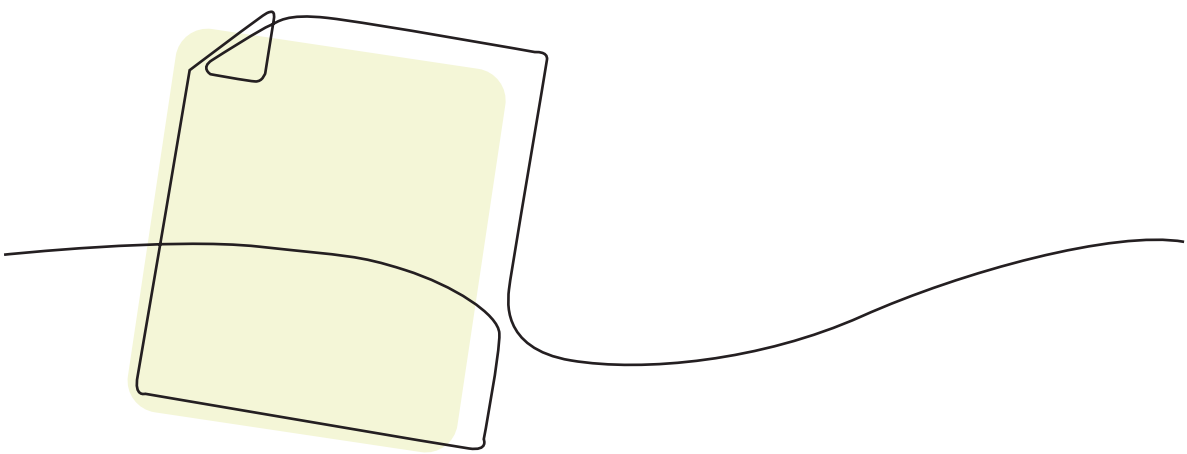
They must help ensure this plan is tailored to the individual young person, with strategies and activities that are meaningful to them. The following should be discussed in the suicide prevention '**safety and care plan**':

- Which staff member(s) are best placed to engage with the young person.
- Which support strategies are most appropriate to support the young person.
- Which restrictive interventions are appropriate to support the young person (noting that these should always be avoided if possible and regarded as a last resort).

## Collaborative care

When a young person is known to be **'at risk'** or **'at immediate risk'** of suicide, staff members need to contribute to, and facilitate, collaborative care. Staff members should:

- Consult a cultural worker of the same background of a young person who identifies with a specific cultural background, about how to keep them safe and provide appropriate care.
- Consider changes in their mood, behaviour or mental health to discuss at staff meetings (e.g., changes in social interactions, appearance or sleep).
- Attend and contribute knowledge to any relevant staff meetings, to ensure all information about a young person's wellbeing and progress towards recovery can be considered.
- Ensure that after a suicide-related incident, the effectiveness of the steps and actions taken is discussed during the next available staff meeting (i.e., as part of regular business).
- Ensure that after a suicide-related incident, a review meeting is held involving all key staff members to discuss the effectiveness of the steps and actions taken, as soon as possible.
- Ensure that if the young person is soon to be released back to the community, their release plan includes mental health and wellbeing supports and referrals.



# RESTRICTIVE INTERVENTIONS

Within youth justice detention, suicide interventions and management strategies to ensure a young person's safety are likely to include restrictive interventions. Restrictive measures should be regarded as a last resort and should always tried to be avoided.

Checking for dangerous items and observation are two types of restrictive interventions that can be helpful to ensure the safety of a suicidal young person, which are discussed below.

**Be aware that:**
It is essential that staff members know that using restrictive interventions can damage or worsen young people's psychological and emotional wellbeing, and that a young person is likely to perceive restrictive interventions as a punishment.

When applying a restrictive intervention, staff members should talk a young person through every step (e.g., 'I am going to place my hands on you now' and 'we are going to walk to your room') and explain to them the reasons for these measures. If needed, they should continue to speak with them (e.g., communicating through the trap door). It is important they let the young person know that the actions taken come from a place of concern and care.

## Checking for dangerous objects

If a young person is **'at-risk'** or **'at immediate risk'** of suicide, the staff member should check the young person's room for dangerous objects. This should also be done before returning them to their bedroom after a period of isolation. It is important that the staff member is aware that removing dangerous items from a young person's bedroom can feel dehumanising and cause them more distress.

They should always inform the young person when items will be removed from their bedroom, including the expected timeframe for the return of those items and what items the young person can keep (e.g., items that may provide comfort, such as a soft toy or family photo). If a young person is known to be **'at immediate risk'** of suicide, they should also ensure the young person's bedsheets are not able to be ripped.

### Observation

If needed, staff members can place a young person who is **'at risk'** or **'at immediate risk'** on observation to de-escalate situations that may lead to an increased risk of suicide. Staff members should be mindful that a young person who is put on observation might respond with distressed behaviours.

If a young person is on observation, the staff member should never decrease the level of observation below the recommendation made by health services staff, until the young person can be re-assessed.

The higher level of observation should aways be chosen when unsure about the required level or frequency. The level of observation should be increased if the perceived suicide risk increases, until the young person can be re-assessed. If staff members disagree with the required observation, they should initiate a conversation with their supervisor or manager. If the young person is on observation during showering and toileting, a staff member of the same gender should be arranged to do the observation during this time.

When starting a night shift, the staff member should always discuss the required observation level with the most senior staff member on the unit. If the young person is on observation at night and they are under the covers in bed, the staff member should:

- Make sure they can see their breathing or movements.
- Turn on the lights in the room if needed.
- Enter the young person's room if the options above have been attempted and the young person could not be kept safe otherwise.
- Have an additional staff member present before unlocking the door, if entering the young person's bedroom.

# SUPPORTING THE WELLBEING OF STAFF MEMBERS

The following section provides expert guidance on how staff members involved in suicide-related incidents (e.g., they have witnessed an incident or provided support) can be supported to help mitigate any long-term impacts on their mental health and wellbeing.

## Self-care routines

Suicide-related incidents are likely to have harmful effects on the mental health and well-being of staff members. Being exposed to suicide-related incidents can result in emotional- and empathy fatigue. It is important for staff members to realise that despite their best efforts, some things are outside of their control in terms of supporting a young person at risk of suicide.

It is key that they establish regular self-care routines to prevent and mitigate harmful effects of suicide-related incidents on their mental health and well-being, and practice self-care after being involved in a suicide-related incident (e.g., taking time off, reflecting on the incident or seeking mental health support).

If staff members were involved in a suicide-related incident they should be supported to take time off, if they feel this would be helpful. They should also be made aware of the mental health services available to them, in case they want to access these.

## Self-care plan

Staff members should be supported to develop a self-care plan with the management team after being involved in a suicide-related incident, to look after their own mental health wellbeing in the short- and long-term.

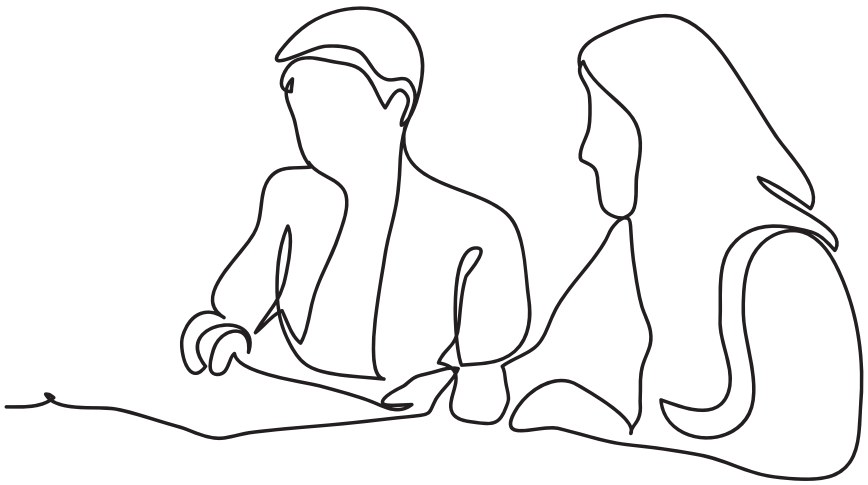
It is also important that staff members engage in a **well-being check** with their manager or mental health support services. This involves a brief conversation to understand a staff member's current wellbeing or functioning and identify the level of care that is required.

The Black Dog Institute has put together a resource for a weekly mental health check in response to COVID, which could be used as a guide It includes a table to help identify any changes in the ability to cope[18].

## Debriefing

Staff members should seek out opportunities to debrief with other staff members and check-in with other staff members who have witnessed the suicide-related incident.

They should be supported to debrief by the management team after being involved in a suicide-related incident. Debriefing can offer opportunities for emotional support and reflection on potential learning points after a critical incident[19].



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