

13.0 Responding to a young homeless person at risk of suicide

This section describes best practice guidelines for Youth Service Providers responding to a homeless young person at risk of suicide. The concepts and principles that underpin these have been drawn from the Suicide Prevention Intervention,¹¹⁴ the ASIST model as described by Rodgers,³⁵ the findings of Bergmans et al⁸⁴ and those outlined by the World Health Organisation.¹¹⁵

These guidelines have been developed to be as inclusive and as flexible as possible. Young homeless people are a diverse group and so are the services that support them. Therefore, when utilising these guidelines consideration needs to be given on how

to adapt them to meet the individual needs of the young person as well as how to adapt them to work within the setting that the support service operate within. These guidelines are intended to provide additional information and support to Youth Workers and Youth Service Providers. They are not designed to replace formal suicide prevention training, professional training, organisational policy or medical advice. The decision on how to respond to a young homeless person at risk of suicide ultimately depends on the service provider.

Box 8: Determining suicide risk

In order to determine how to respond to a young person at risk of suicide, Youth Service Providers must first assess the level of suicide risk.^{60, 116} Given the lack of evidence surrounding the most accurate way of determining suicide risk and the consequences of assessing risk incorrectly, extreme care must be taken. The decision about the level of suicide risk and the best way to respond, lies with the service provider. Strategies to determine risk include:⁸

- talking with the young person to ascertain the degree of suicidal intent,
- utilising formal risk assessment tools,
- seeking advice from a senior staff member or
- contacting a help line such as the Mental Health Emergency Response Line on **1300 555 788**, or if the young person is under 16 years old, the Acute Response Team on **1800 048 636**.

There are a number of factors that may indicate a high level of suicide risk, including;

- talking or writing about death, dying or suicide
- threatening suicide
- having a plan
- having, or seeking, means for suicide
- impulsive, aggressive or anti-social behaviour and/or impaired decision making.^{14, 30, 117}

Table 4.0 describes the **three key steps** to responding to a person at risk of suicide. These are

1. **Recognise the warning signs**
2. **Ask 'the question' and listen**
3. **Connect to support**

For a brief information sheet that outlines these three key steps visit [insert link to Ask and Listen, Connect document](#)

If the young person is at imminent risk of suicide or they are behaving in an aggressive or threatening way, then emergency services should be contacted immediately on Triple Zero 000.

Table 4.0 Responding to a young homeless person at risk of suicide

Response

Description

Recognise the warning signs

Warning signs are changes in behaviours that indicate a person may be at risk of suicide in the near future.³⁰ Recognising warning signs is key to identifying a person at risk of suicide. Young people who are experiencing homelessness are at greater risk of suicide; therefore, if they display warning signs they should be taken very seriously. Warning signs may include;

- Increases in suicidal thoughts
- Creating suicide plans
- Attempting to access lethal means
- Expressing feelings of hopelessness
- Dramatic mood changes without external reason
- Engaging in high risk behaviours
- Withdrawing from social networks and or support services
- Changes in substance use
- Giving away possessions or saying goodbye
- Increases in self-harming behaviour
- Expressing feelings that life is not worth living
- Preoccupation with suicide, death or dying
- Threatening suicide or self-harm
- Reduced care in appearance and hygiene

This list is not exhaustive and many of these warning signs can be seen in people who are not suicidal but may be experiencing a period of stress. Warning signs should be interpreted within the context of what the known usual behaviour is for the young person. For example, if a young person is often depressed, a sudden unexplained elevated mood may be interpreted as a warning sign.

Ask 'the question' and listen

If a service provider recognises warning signs in a young person they should ask them directly if they are thinking about suicide. Asking about suicide is essential to determine the level of suicide risk. Asking about suicide should be done in an empathetic way and wherever possible, within a safe and secure environment. Before asking about suicide, consideration will need to be given to the fact that it may bring up a lot of thoughts and feelings that the young person wants to share. Therefore, time will need to be allocated to listen and respond in a way that ensures the best possible outcome for the young person.

Talking with a young person who is suicidal is challenging. The most important aspect is to listen non judgmentally, validate feelings and demonstrate empathy.¹¹⁸ This will help to establish a sense of trust and enable the young person to talk openly about their suicidal thoughts and feelings.¹⁰² The young person should be encouraged to talk about their reasons for dying as well as reasons for living. Feelings of ambivalence surrounding death may be used to motivate the young person to engage with mental health services and reduce suicidal urges.⁶¹

At this point the young person's level of suicide risk should be determined in order to decide on the most appropriate course of action.

Refer to Box 8 in Section 13 on ways to determine the level of suicide risk.

Table 4.0 Responding to a young homeless person at risk of suicide

| Response | Description |
|---------------------------|--|
| Connect to support | <p>Although not all suicidal young people have a mental health disorder, mental health services are generally the best equipped services to meet the young person's needs.¹¹⁹ Therefore, wherever possible the young person should be promptly connected with a mental health service.</p> <p>Deciding on which mental health service to contact will depend on the individual circumstances and the young person should be included throughout the entire decision making process.¹⁰² There are two main mental health call centres available in the Perth metropolitan area that can provide expert advice on the most appropriate way to connect a young person to mental health services. For support with people over 16 years old, contact the Mental Health Emergency Response Line on 1300 555 788 or if the person is under 16 years old, contact the Acute Response Team on 1800 048 636.</p> <p>If the young person refuses to engage with mental health services and it has been established that professional mental health support is necessary, then mental health services will need to be contacted on their behalf. Be clear to the young person about the reasons for doing this. Explain that you are unable to provide sufficient support on your own. Remind them that their wellbeing is your priority and connecting them with professional support it is the best way to keep them safe. Normalise the idea of help seeking as much as possible.</p> <p>Referring to a mental health service is not always the best option. Mental health services may not be accessible or the young person may be at low risk of suicide. Instead it may be useful to develop a safety plan with the young person that outlines alternatives including strategies to connect to appropriate social supports. Refer to Section 14.0 that describes how to develop a safety plan.</p> |

14.0 Developing a safety plan

It is not always possible for Youth Service Providers to connect a young person to mental health services. The reasons for this include the person refusing to engage with services, inequitable access (including opening hours), long waitlists, specific admission criteria and cost.⁸⁰ Stanely and Brown¹¹⁴ developed an approach called the Safety Planning Intervention (SPI), which is a brief intervention that aims to reduce suicidal urges. The SPI addresses the fact that many suicidal people experience delays in accessing mental health services or choose not to attend follow-up appointments with mental health services. Therefore, the initial contact between a service provider and a young suicidal person is an opportunity to provide a brief intervention that may assist in reducing suicidal feelings and behaviours.¹¹⁴ This approach is particularly relevant for homeless young people who are often disengaged from mainstream services.

A safety plan is an agreement between the service provider and young person that outlines actions the young person can take when feeling suicidal. Safety plans are client-centred, the role of the service provider is to support the young person to identify their personal strengths. It is envisioned that the process the youth worker explores with a young person to understand and acknowledge their strengths will then be drawn upon by the young person at times when they're considering suicide. Developing a safety plan is also recommended when immediate access to mental health services is not possible, or if the young person is at low risk of suicide (Refer to Box 8, in Section 13 that describes strategies to assess suicide risk). The SPI is a safety plan which has been identified as best practice by the Suicide Prevention Resource Centre.¹²⁰

The aspects that should be included in a safety plan are;

1. **Internal coping strategies**
2. **Social distractions**
3. **Social supports for assistance**
4. **Professional support for assistance**
5. **Remove access to means of suicide**
6. **Follow-up agreement**

These six aspects are described in Table 5.0 and are underpinned by the Suicide Planning Intervention, as well as what has been identified as best practice when working with homeless young people. For a safety plan template visit www.yacwa.org.au/youthworkertoolkit/suicide-prevention