

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

Table 5.0 Creating an individual safety plan for at risk youth

Step

Description

Internal coping strategies

The assistance of others, to manage suicidal thoughts and feelings.¹¹⁴ Using internal coping strategies can increase a person's sense of self-efficacy and belief that they can overcome suicidal urges.¹¹⁴ Internal coping strategies may include having a shower, going for a walk, listening to music, surfing the net, reading, writing or drawing.

Coping strategies are unique to each person and therefore, will need to be identified by the young person. The young person may need to be encouraged to identify coping strategies that work for them. Youth Service Providers can prompt the young person by describing strengths they see in the young person such as I have noticed that you are quite creative and spend a lot of time drawing. How do you feel when you are drawing? Not all coping strategies will be effective all of the time; therefore, a number of coping strategies should be identified.

Educational and self-help materials can enable a young person to help themselves when they are feeling suicidal. For some useful tools to help young people, including information on coping strategies visit [Insert link to tools to help young people](#)

Social distractions

Social distractions can be useful when internal coping strategies are not effective at reducing suicidal ideation. Social distractions may include interacting with friends and family or visiting a place where people socialise such as a local park or drop in centre. The young person will need to determine who these people are and which social environments they like to spend time in.

If the young person chooses to socialise with another person such as a friend or family member, they do not necessarily need to disclose that they are feeling suicidal.¹¹⁴ The purpose of socialising is about creating a sense of belonging and to facilitate a reduction in suicidal urges.¹¹⁴ Young people should be discouraged from using social distractions where it is likely that drugs and alcohol will be available.

Social supports for assistance

If a young person feels that the coping strategies and social distractions are not effective in reducing suicidal thoughts, they may wish to contact someone such as a family member, partner or friend to let them know that they are feeling suicidal. This is different from using social distractions, as in this instance the young person discloses that they are feeling suicidal and need support.¹¹⁴



For a young person who is experiencing homelessness, identifying suitable social supports may be challenging, as they are often disconnected from family, peer networks and from social structures such as schools.¹⁰¹ Furthermore, someone that the young person enjoys spending time with may not always be the ideal person to support them through a suicidal crisis. Therefore, Youth Service Providers should work collaboratively with the young person to determine who would be best to contact and there should be a discussion around some of the positive and negative aspects of disclosing suicidal feelings to each potential support person identified.¹¹⁴ Sometimes, the young person may not be able to identify an appropriate person and in this instance, professional supports should be used.

Professional support for assistance

Together, the service provider and young person should make a list of mental health services that the young person can contact. This may include crisis call lines, online support or mental health professionals. The service provider should discuss what the young person expects from these services and address any barriers that may prevent them from seeking professional support.

For information on professional support services that are available for young people in Perth visit ([insert website link to support services for young people](#)).

Table 5.0 Creating an individual safety plan for at risk youth

Step	Description
 Remove access to means of suicide	<p>A vital step in safety planning is to determine if the young person has access to means of suicide and then either remove or restricting access.¹⁰⁷ Common means to suicide are alcohol and other drugs, medications, weapons, sharp objects and access to a car. Removing access to means is important as there is generally only a short period of time in which a person is likely to act on suicidal thoughts. Therefore, by removing or restricting access to means makes it less likely that the person will be able to act on suicidal thoughts.¹⁰⁷</p> <p>At this point, the service provider should discuss with the young person that if possible they should not use alcohol or other drugs and if they choose to, they should do so in a safe way as it may affect their mental wellbeing and impair their judgement.</p>
 Follow-up agreement	<p>It is recommended that Youth Service Providers follow-up with young people after the initial intervention as it is understood to decrease future suicide attempts and encourage compliance with treatment.^{39, 57, 64, 65} Follow-up care can help to ensure that the young person is fulfilling their commitments to the safety plan and that where required, have engaged with mental health services. The type of follow-up care provided will depend on the young person's needs, organisational policies and procedures and should align with the principles of confidentiality and duty of care as outlined in the Youth Worker Code of Ethics.⁸³</p>

Box 9: *Looking behind what is really going on*

When creating a safety plan, there may be an opportunity to look at other needs that the young person may have. What these needs look like will vary greatly between individuals and may include access to education support, credit for public transport or a place to have a shower and chill out. While the young person is still in a vulnerable state, care should be taken not to explore problems that may cause additional stress.

After a critical incident has occurred organisational requirements for reporting will need to be completed. In addition a de-briefing session should be held between staff involved in the critical incident and service management. This de-briefing session may include a review of what happened, what was done well, what could be improved for next time as well as to address any further personal or professional support that staff involved in the critical incident may require.

Despite Youth Service Providers' best efforts some young people will either attempt or complete suicide. This is a traumatic experience for Youth Service Providers and those close to the young person. There are a number of considerations that should be addressed to reduce the impact of suicide on those affected as well as the potential for contagion. Support for staff is important and strategies to best support Youth Workers are described in Section 12 of this report. A Suicide Postvention Toolkit for secondary schools that outlines how to respond after a suicide has occurred has been recently developed in WA. While developed for use within a school setting, this toolkit has relevance for Youth Service Providers working with young people at risk of homelessness and is available on request from www.headspace.org.au/what-works/school-support/resources