

Response to threat of suicide or self-harm

The supervisor must always take any indicators of self-harm or suicide intent very seriously. This is one of the few situations where requests for confidentiality are less important than seeking help, because that may eventually save the student's life. The supervisor should use the Mental Health First Aid Action Plan as detailed in the Youth Mental Health first aid course and manual.

Note: Some residences are taking a proactive approach to the subject of suicide (particularly if students talk or joke about suicide). These residences will talk to students in smaller groups, discuss the topic openly and provide strategies for students.

Residences and supervisors should take every opportunity to access quality mental health training. Mental health training or 'suicide intervention' training should become an essential part of every supervisor's professional development in the same way that 'first aid' training has become essential to the residential supervisor role.

A. If the student appears depressed:

1. Observe carefully, particularly any students who seem to be 'down' or 'depressed'. If a student is not acting as they usually act, particularly if they are less active, or less outgoing than normal, then monitor these students carefully. Watch for students who are talking negatively about themselves, or who have been involved in relationship break-ups. Take note of students who are exhibiting behaviour that is out of character or different.

2. Make sure the student is not left alone. If you are concerned about a student, be available and make opportunity for them to share, while monitoring them closely. You should not leave them alone. Sometimes this will mean involving another student, preferably a friend or family member, if at this stage you are just concerned about them but they are not what you would describe as a 'suicide risk'. However, if you consider the student is a suicide risk, it is not acceptable to have another student monitoring, this must be done by an appropriate adult.

3. Listen carefully to what the student is saying and take any 'calls for help' very seriously, even if the student has exhibited this behaviour before. Do not regard anything the student says as just 'attention seeking behaviour that should be ignored'. Discuss the situation with the student openly and frankly.

4. Monitor Student

If the student improves, continue to monitor closely and buddy up, until you are satisfied they are back to their normal selves. Talk to parents and let them know that their student is not their 'normal selves'.

If the student remains down / depressed or gets worse, or shows any of the 'suicide risk' indicators, you need to proceed immediately to regard the student as a suicide risk.

B. If the student is a possible suicide risk

This is usually if a student has expressed that they are having thoughts of suicide or another student has given you information that indicates they are a suicide risk, or the supervisor may have intercepted the student taking actions that indicate suicidal intent. It also includes observation of some of the indicators of suicide risk.

1. Ask the student very directly and without expressing any negative judgement "have you been having thoughts of suicide?" or "have you been thinking about killing yourself?" Talking with a young person at risk about suicide does not increase the likelihood that they will attempt suicide. It is more likely that they will welcome the conversation and be relieved that the topic has been raised in a caring and non-judgemental way.

If Yes, or student still indicates by their behaviour that they are a suicide risk,

2. Ensure that the student is not alone.

Until professional help arrives, you will need to involve your partner and be able to keep the 'at risk' student in sight, while maintaining a duty of care for the other students. Even if the student wants to go to the bathroom, you must stay in the area and must ensure that the student is safe.

3. Advise the boarding manager and also other people who need to know eg the School Principal and nurse or Student Welfare officer. Decisions about doctors, hospital care etc need to be made in consultation with all concerned. (Note: Some residences will also make a report to their child welfare reporting centre.)

4. Seek professional assistance immediately. Your Residence will likely have a professional counsellor or medical personnel who are available "on call" to assist. If not you may need to have the student admitted to a staffed sick-bay or hospital while other arrangements are being made. Most hospitals in larger centres have special wards available with specifically trained staff.

5. A delegated person should discuss concerns with the student's parents. The Residence coordinator will need to speak with them to make decisions about the student's safety and support. The parents should not be alarmed, but involve them in the general concern about the 'at risk' student and in the decisions that need to be made about their on-going care. They may wish to remove the student from boarding for a while, or have a particular avenue of support they wish to pursue.

6. Continue to Monitor and Support

When the crisis is over and the student returns to the residence, continued care for the student should be well coordinated and on-going. There are many sad stories of young people who took their lives soon after their crisis care concluded. Ensure that there is information available about 'youth friendly' services and helplines. This information is available (on line) from your state mental health services.