

If you need crisis support, call Lifeline on 13 11 14, or call Kids Helpline on 1800 55 1800, 24 hours a day. For general support, talk to your GP or local health professional.

10 To identify and assist young people at risk of suicide, State government departments and authorities will need to work together as well as separately

Chapters 7 to 9 of this report contain detailed analysis of the contact by the 36 young people with the Department of Health's Child and Adolescent Mental Health Service, the Department for Child Protection and Family Support and the Department of Education.

The research literature recognises that coordination between agencies that have contact with young people is essential to achieve appropriate services and supports for those young people at risk of suicide.²⁸⁴ A coordinated approach to suicide prevention for young people can include enhanced communication, joint education, and joint program and system planning, and as an overarching principle, should involve a degree of systemic co-operation.²⁸⁵

The need for coordination between service providers to prevent suicide by young people was also identified by the Commonwealth House of Representatives, in its 2011 report, *'Before it's too late: Report on early intervention programs aimed at preventing youth suicide'*, which stated that:

A significant point of fracture in the system aimed at preventing youth suicide is the lack of collaboration between service providers. There is a large range of services available to young people ranging from early intervention and prevention services to acute psychiatric care for people experiencing significant mental health difficulties or suicidal ideations. However, it seems that communication between these services is patchy at best, and non-existent at worst.²⁸⁶

10.1 The importance of information sharing to effective identification of young people at risk of suicide

The importance of information sharing in preventing the deaths of children and young people was recognised in New South Wales in 2008, through the *Report of the Special Commission of Inquiry into Child Protection Services (the Commission Report)*. The Commission Report found that information sharing is particularly important for identifying the risk of suicide among young people experiencing multiple factors associated with suicide: The Commission also highlighted the importance of information exchange to help:

...identify cumulative harm from a combination of factors and/or over time. Sometimes it only becomes clear that a child or young person has been

²⁸⁴ State of Queensland, Commissioner for Children and Young People and Child Guardian, *Final Report: Reducing Youth Suicide in Queensland*, Commissioner for Children and Young People and Child Guardian, Brisbane, 2011, p. 14.

²⁸⁵ Australian Government, Department of Health, *Models of collaborative care for children and youth (0-25 years)*, Department of Health, 2011, p. 5, viewed 29 October 2013, <<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-m-colchild>>.

²⁸⁶ The Parliament of Australia, House of Representatives, Standing Committee on Health and Ageing, *Before it's too late: Report on early intervention programs aimed at preventing youth suicide*, Canberra, 2011, p. 36.

harmed, or is at risk, when information from a number of sources is combined to create a complete picture about their circumstances.²⁸⁷

The New South Wales government responded to the Commission Report through a raft of reforms in 2009, collectively known as *Keep Them Safe: A shared approach to child wellbeing*.²⁸⁸ These included legislative amendments regarding information sharing in the *Children and Young Persons (Care and Protection) Act 1998*. The New South Wales government also developed a range of guidance materials to assist relevant government and non-government agencies to implement the changes to the legislation. These included practical tools such as Interagency Guidelines, factsheets, checklists and template letters.

In Western Australia, the primary piece of legislation regarding the safety and wellbeing of children is the *Children and Community Services Act 2004 (the CCS Act)*. Sections 23 and 24A of the CCS Act 'enable agencies to share information, without consent where necessary, in the interests of the wellbeing of a child or class or group of children.'²⁸⁹

Under section 249 of the CCS Act, the Minister for Child Protection is required to carry out a periodic review of the operation and effectiveness of the CCS Act. This review was undertaken by the Department for Child Protection (now Department for Child Protection and Family Support) and a resulting report tabled in Parliament in 2012 (**the Review Report**).²⁹⁰

The Review Report considered the information sharing provisions of the CCS Act, including sections 23 and 24A, and their operation in Western Australia, and found that the information sharing provisions are generally operating effectively to support the objects of the CCS Act.²⁹¹ Sections 23 and 24A of the CCS Act require a comparatively low threshold at which State government departments and authorities are permitted to share information. In relation to these sections, the Review Report found:

Sections 23 and 24A require that any information shared must, in the opinion of the relevant CEO, be, or be likely to be, relevant to "the wellbeing of a child or class or group of children". This is a relatively low threshold: for example, there is no requirement that the information be related to a child's safety or risk of harm or that its disclosure should be for specified purposes. In contrast, the thresholds for sharing information under the NSW and Northern Territory laws, which include sharing between non-government sector agencies, are much higher: there must be a reasonable belief on the part of the disclosing or

²⁸⁷ New South Wales Government, Department of Family and Community Services, *Exchanging information relating to children or young people in a child wellbeing and child protection context*, Department of Family and Community Services, Sydney, 2013, viewed 6 December 2013,
<http://www.community.nsw.gov.au/kts/guidelines/info_exchange/info_index.htm>.

²⁸⁸ New South Wales Government, *Keep Them: Safe A shared approach to child wellbeing, Keep Them Safe Factsheet No. 3, Legislation Amendments*, Sydney, 2010.

²⁸⁹ Government of Western Australia, Department for Child Protection and Family Support, *Report of the Legislative Review of the Children and Community Services Act 2004*, DCPFS, Perth, 2012, p. 11.

²⁹⁰ Government of Western Australia, Department for Child Protection and Family Support, *Report of the Legislative Review of the Children and Community Services Act 2004*, DCPFS, Perth, 2012.

²⁹¹ Government of Western Australia, Department for Child Protection and Family Support, *Report of the Legislative Review of the Children and Community Services Act 2004*, DCPFS, Perth, 2012, p. 10.

requesting party that the information will assist in certain ways, e.g. to make a decision, assessment or plan or provide a service.²⁹²

The Review Report supported the maintenance of this lower threshold to enable broader information sharing, recognising that there are existing checks and balances in place.²⁹³

Section 24A of the CCS Act came into effect on 31 January 2011 'to remove barriers to information sharing between government agencies when dealing with matters in which the Department is not involved.'²⁹⁴ Section 24A of the CCS Act:

...enables the CEOs of prescribed authorities to exchange information relevant to the wellbeing of a child or a class or group of children. The public authorities prescribed under this section (in regulation 20A of the *Children and Community Services Regulations 2006*) include WA Police, WA Health, Drug and Alcohol Office, the Departments of Education, Housing, Communities, Corrective Services and the Attorney General, and the Disability Services Commission.²⁹⁵

Nonetheless, some State government departments and authorities indicated that they were aware that information could be shared with the Department for Child Protection and Family Support under the CCS Act and were cooperating with requests for information from the Department for Child Protection and Family Support. However, some State government departments and authorities also reported that they believed the information sharing provisions of the CCS Act only related to exchanges with the Department for Child Protection and Family Support.

Action Area 4 of the State Strategy identifies the need for practical tools for information sharing. In implementing Action Area 4, the Mental Health Commission could consider bringing together the Department of Health's Child and Adolescent Mental Health Service, the Department for Child Protection and Family Support and the Department of Education to develop a tool for identifying young people at risk of suicide, using information sourced from a range of State government departments and authorities.

The Department for Child Protection and Family Support has already developed such a risk assessment tool, in collaboration with departments and authorities, in the area of family and domestic violence. These agencies include Western Australia Police, the Department of Corrective Services and the Department of the Attorney General. *The Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework (CRARMF)* recognises that:

Standardised (common) risk assessment and risk management is critical for an integrated response as it ensures that responses are consistent, regardless of where the client enters the system, it creates a shared understanding of risk across all service systems and a common language to communicate risk.

²⁹² Government of Western Australia, Department for Child Protection and Family Support, *Report of the Legislative Review of the Children and Community Services Act 2004*, DCPFS, Perth, 2012, p. 14.

²⁹³ Government of Western Australia, Department for Child Protection and Family Support, *Report of the Legislative Review of the Children and Community Services Act 2004*, DCPFS, Perth, 2012, p. 14.

²⁹⁴ Government of Western Australia, Department for Child Protection and Family Support, *Report of the Legislative Review of the Children and Community Services Act 2004*, DCPFS, Perth, 2012, p. 11.

²⁹⁵ Government of Western Australia, Department for Child Protection and Family Support, *Report of the Legislative Review of the Children and Community Services Act 2004*, DCPFS, Perth, 2012, p. 11.

Common risk assessment and risk management also provide a framework for information sharing and response.²⁹⁶

The CRARMF articulates the relevant legislative and policy framework enabling a common approach, sets out a minimum standard for all State government departments and authorities involved with victims of family and domestic violence, and contains a practice guide for all service providers.

The CRARMF recognises that information sharing is critical as '[s]haring information between services ensures maximum protection for vulnerable women and children.'²⁹⁷ To facilitate such information sharing a '*Memorandum of Understanding: Information sharing between agencies with responsibilities for preventing and responding to family and domestic violence in Western Australia* (MOU) was developed to support the State's integrated response to family and domestic violence.'²⁹⁸

10.2 The importance of inter-agency collaboration in preventing and reducing suicide by young people who experience multiple risk factors and have contact with multiple State government departments

As discussed above, Chapter 5 identifies that 19 of the 36 young people (53 per cent) were recorded as having allegedly experienced multiple factors associated with suicide and were recorded as having allegedly experienced one or more forms of child maltreatment, with most also being recorded as experiencing mental health problems and suicidal ideation and behaviour. These 19 young people were all in Group 1. Chapter 5 also identified that the young people in this group had contact with multiple State government departments and authorities over their lifetime.

A 2008 study undertaken by the United Kingdom's former Department for Children, Schools and Families, '*Analysing child deaths and serious injury through abuse and neglect: what can we learn?*' (**the UK Report**) described a profile of young people at risk of serious injury or death, which was similar to those in Group 1. The Report identified that most children who had contact with multiple agencies had the following profile:

- A history of rejection and loss and usually severe maltreatment over many years;
- Parents or carers ... [who] misused substances and had mental health difficulties;
- By adolescence most were typically harming themselves, neglecting themselves, and misusing substances;

²⁹⁶ Government of Western Australia, Department for Child Protection and Family Support, *The Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*, DCPFS, Perth, 2011, p. 3.

²⁹⁷ Government of Western Australia, Department for Child Protection and Family Support, *The Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*, DCPFS, Perth, 2011, p. 39.

²⁹⁸ Government of Western Australia, Department for Child Protection and Family Support, *The Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*, DCPFS, Perth, 2011, p. 41.

- It was difficult to contain these young people in school and in placement.²⁹⁹

In discussing the involvement of these young people with government and non-government agencies, the UK Report identified that:

The theme of older adolescent children who were very difficult to help emerged powerfully. Almost all of these 'hard to help' older young people (over the age of 13) had a long history of high level involvement from children's social care and other specialist agencies, including periods of state care.³⁰⁰

The UK Report further identified that government and non-government agencies:

... appeared to have run out of helping strategies and were sometimes reluctant to assess these young people as mentally ill and/or with suicidal intent. Time was wasted arguing about which agency was responsible for which service and whether thresholds were met, thereby delaying the provision of services that the young people needed. There was a lack of coordination of services for these young people 'in transition' and failures to respond in a sustained way to their extreme distress which occurred in parallel to their very risky behaviour.³⁰¹

Assisting young people, such as those in Group 1, who have been recorded as experiencing multiple risk factors, and preventing or reducing their suicide is likely to involve a range of actions by a range of State government departments and authorities, which will need to be in a coordinated manner so that each action reinforces the others. The report of the *Special Commission of Inquiry into Child Protection Services in NSW (2008)* highlighted:

... the multi-dimensional nature of risks facing vulnerable children and families where factors such as domestic violence, drug and alcohol use or mental health and neglect feature in child protection reporting, none of which can be satisfactorily addressed by any one agency working alone...

The Commission stressed the importance of interagency collaboration in the provision of services to vulnerable children, young people and their families and called for a clear and workable structure for the flow of information to facilitate this collaboration.³⁰²

One accepted way that such coordination can be achieved is through a case management approach. Case management assumes those clients with complex and multiple needs:

²⁹⁹ M Brandon, P Belderson, C Warren, D Howe, R Gardner, J Dodsworth & J Black, *Analysing Child Deaths and Serious Injury through Abuse and Neglect: What can we learn? A Biennial Analysis of Serious Case Reviews 2003-05*, United Kingdom Department for Children, Schools and Families, London, 2008, p. 12.

³⁰⁰ M Brandon, P Belderson, C Warren, D Howe, R Gardner, J Dodsworth & J Black, *Analysing Child Deaths and Serious Injury through Abuse and Neglect: What can we learn? A Biennial Analysis of Serious Case Reviews 2003-05*, United Kingdom Department for Children, Schools and Families, London, 2008, p. 12.

³⁰¹ M Brandon, P Belderson, C Warren, D Howe, R Gardner, J Dodsworth & J Black, *Analysing Child Deaths and Serious Injury through Abuse and Neglect: What can we learn? A Biennial Analysis of Serious Case Reviews 2003-05*, United Kingdom Department for Children, Schools and Families, London, 2008, p. 12.

³⁰² New South Wales Government, Department of Family and Community Services, *Exchanging information relating to children or young people in a child wellbeing and child protection context*, Department of Family and Community Services, Sydney, 2013, viewed 6 December 2013, <http://www.community.nsw.gov.au/kts/guidelines/info_exchange/info_index.htm>.

... will require a range of services and that this be achieved as seamless service delivery. Case management is based in service provision arrangements that require different responses from within organisations and across organisational boundaries. The process is seen as a boundary spanning strategy to ensure that service provision is client rather than organisationally driven (Case Management Society of Australia 2002). Although there are numerous definitions, the common theme is seen as a process for ensuring that clients are provided with whatever service/s they require in a coordinated, effective and efficient manner.³⁰³

The *National Strategy* recognises the value of a case management approach in implementing the key principle that service delivery will be client-centred. The National Strategy, in Action Area 4, identifies the following strategy:

Develop and promote client centred, shared case-management approaches to suicide prevention in local communities.³⁰⁴

Action Area 4 of the *State Strategy* does not include this reference to a case management approach, although other aspects of Action Area 4 mirror the National Strategy.

One example of a case management approach to young people in Western Australia is the Young People with Exceptionally Complex Needs program (the **YPECN program**). This program was developed in 2012 and was modelled on the pilot of a similar program focussing on adults. A 2010 evaluation of the pilot adult program found that with appropriate support and assistance, people with exceptionally complex needs are able to make and maintain positive changes in their lives, including compliance with medication and reduction in admissions into emergency departments.³⁰⁵

As part of the YPECN program, nine State government departments and authorities work together to provide a coordinated service response to support young people who:

- pose a significant risk of harm to self or others;
- require intensive support;
- would benefit from receiving coordinated services; and
- for whom the existing system is not working as well as it should, and who also have two or more of the following:
 - a mental illness;
 - an acquired brain injury;
 - an intellectual disability; or

³⁰³ New South Wales Government, South Eastern Area Health Service, AIDS Dementia and HIV Psychiatric Service, *Case Management Model*, AIDS Dementia and HIV Psychiatric Service, Darlinghurst, viewed 26 September 2013, <www.health.nsw.gov.au/resources/adahps/pdf/case_mgt_model.pdf>.

³⁰⁴ Australian Government, Department of Health and Ageing, *National Suicide Prevention Strategy*, Australian Government Publishing Services, Canberra, 2012.

³⁰⁵ Commissioner for Children and Young People, *Submission to the Inspector of Custodial Services Inquiry into the Banksia Hill incident*, Perth, 2013, p. 10.

- a significant substance use problem.³⁰⁶

In 2012, the YPECN program had the capacity to support up to ten young people for a period of up to two years, with a further four referrals under consideration.

A case management approach to assisting individual young people, such as those in Group 1, who have been recorded as experiencing multiple risk factors, could involve:

- a comprehensive assessment to identify the young person's needs;
- a plan for addressing each of the young person's risk factors for suicide;
- as part of this plan, recognising that young people who have experienced multiple risk factors will be hard to engage and therefore require persistent outreach;
- a case manager;
- regular communication between all parties to the case management approach to monitor the effectiveness of their interventions; and
- review and updating of the plan to ensure services remain responsive to changing needs.

The young people in Group 1 had significant levels of contact with the Department of Health's Child and Adolescent Mental Health Service, the Department for Child Protection and Family Support and the Department of Education. These departments could be important parties to a case management approach. Establishing a case management approach could involve setting in place the necessary management, supervision, reporting and governance arrangements involving these departments. The findings of this investigation, including the demographic characteristics of the 36 young people who died by suicide, the factors associated with suicide they experienced, and their contact with State government departments and authorities, could inform the development of such a case management approach.

Recommendation 22: The Mental Health Commission, working together with the Department of Health, the Department for Child Protection and Family Support and the Department of Education, considers the development of a collaborative inter-agency approach, including consideration of a shared screening tool and a joint case management approach for young people with multiple risk factors for suicide.

³⁰⁶ Unpublished information provided by the Mental Health Commission, Western Australia.

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