Responding to Youth who have Reported Self-harm and Suicidal Ideations

ACC Webinar

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VOCARE LAW

Acknowledgement of Country

Recognise and acknowledge the First Nations people of the Land.
Vocare Law sits on the land of the Turrbal and Yuggera people.

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Disclaimer

The contents of this webinar discuss distressing topics which some individuals may have had lived experiences. If the contents of the webinar causes you any distress or frantic, we recommend removing yourself from the session.

There is plenty of confidential support available for individuals such as Beyond Blue or Lifeline. Support numbers are provided below.

This session is not intended to constitute legal advice and is for general information purposes only. This session is not clinical training, and attendees should not conclude the sessions under the presumption they are fully qualified to handle such matters.

Beyond Blue: 1300 224 636 Lifeline: 13 11 14

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Topics to Cover

- 1. Identifying Self-harm and Suicidal ideations
- 2. Responding to a disclosure
- 3. Reporting obligations
- 4. Privacy & parents
- 5. Duty of care
- 6. Practical safeguards

Why This Matters

The ACC Context

Young people may disclose to:

- pastors;
- youth leaders;
- volunteers;
- ministry workers;
- another trusted person within the church or school environment.

Being trusted by a young person does not mean you have to manage the situation alone.

Identifying Self-harm and Suicidal Ideation

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Self-Harm and Suicide Ideation

Self Harm:

- Deliberate injury to one's own body without intent to die;
- Regulating overwhelming emotion, relieving numbness, self-punishment, communicating distress that cannot be said aloud;
- It is a marker of real distress and is one of the strongest known correlates of later suicide attempt.

Suicide Ideation:

- Thoughts about ending one's life, ranging from passive wishes to specific intent and planning;
- Escape from pain perceived as unbearable and inescapable;
- It is common, it fluctuates, and most young people who experience it will not act on it.

What it actually looks like

1 - Behavioural

- Withdrawal from activities, friends or family they were previously invested in;
- Dropping out of things they used to care about, or conversely a sudden burst of tidying up, sorting out and giving away possessions;
- Increased risk-taking, uncharacteristic recklessness or increased substance use; or
- Covering up unusually, including in warm weather.

2 - Verbal

- Talking about being a burden, or about others being better off without them;
- Expressions of feeling trapped, or that nothing will change;
- Talking about not being around, or saying goodbye in ways that feel out of place;
- Marked self-criticism or expressions of worthlessness; or
- Direct statements.

What it actually looks like (cont.)

3 – Emotional or cognitive

- Persistent hopelessness;
- Flattening, numbness, or an absence of the usual reactions;
- Irritability or agitation (particularly in younger adolescents and boys where distress often presents as anger rather than sadness); or
- A sudden and unexplained lift in mood after a sustained period of despair, which should raise attention rather than relief.

4 – Digital

- Posting or resharing content about hopelessness, worthlessness or endings;
- Withdrawal from group chats they were central to, or sudden deletion of accounts;
- Disclosure made online to peers rather than to an adult; or
- Peers raising concern about someone's posts, which is one of the most common ways an organisation first hears about it.

Can I ask about suicide?

- Systematic reviews have consistently found that asking about suicide or exposing people to suicide-related content has no significant increase in ideation or distress even among high-risk groups.
- It is important to stay with the youth if there is immediate danger and continue to listen to the youth.
- When responding:
  - reaffirm the youth for sharing;
  - Ask them how to help;
  - Advise the scope of the confidentiality.

Communicating With Youth

When a Young Person Tells You

DO

- Stay calm.
- Listen.
- Thank them for telling you.
- Take the disclosure seriously.
- Ask about immediate safety.
- Explain the limits of confidentiality.
- Escalate.

DON'T

- Promise secrecy
- Minimise the disclosure
- Shame or lecture
- Interrogate.
- Investigate.
- Try to manage the situation alone.

Immediate Response Framework

What Do I Do?

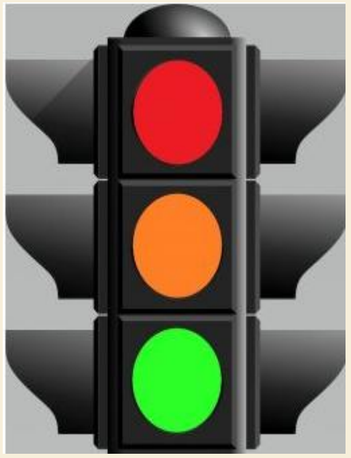
LISTEN → SAFETY → ESCALATE → SUPPORT → DOCUMENT

1. LISTEN:	Take the disclosure seriously.
2. SAFETY:	Establish whether there is immediate danger.
3. ESCALATE:	Tell the designated safeguarding person.
4. SUPPORT:	Connect the young person with appropriate support.
5. DOCUMENT:	Record what happened and what you did.

You don't have to solve it. You do have to respond.

Understanding Risk

Not Every Disclosure Means the Same Level of Risk



Intention to Act
Urgent intervention

Current suicidal thoughts
Immediate escalation + safety assessment

Past self-harm / no current suicidal thoughts
Support + escalate + follow safeguarding process

Immediate danger / attempt
Emergency response

Your role is to: **RECOGNISE → RESPOND → ESCALATE**

Scenario – What do you do?

Sarah is 15 years old. After youth group she tells her youth leader:

> *“I've been cutting myself again. I don't want to die, but sometimes I wish I could just disappear. Please don't tell Mum. She'll freak out.”*

What should the youth leader do?

Scenario – The Response

What Should happen?

- Take Sarah seriously.
- Do not promise confidentiality.
- Ask about immediate safety.
- Do not leave her alone if there is an immediate safety concern.
- Escalate to the safeguarding person.
- Consider parent/carer involvement.
- Consider reporting obligations.
- Connect her with appropriate support.
- Document the disclosure.
- Follow the church's safeguarding process.

Reporting Obligations

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When Does the Law Require Action?

A single disclosure may engage multiple legal obligations.

Consider:

Child protection
↓
Reportable conduct
↓
Child sexual offence reporting
↓
Privacy
↓
Duty of care

These obligations can operate at the same time.

Reporting Threshold: *Child Protection Act*

- Under the *Child Protection Act 1999* (Qld), mandatory reporters must report where they form a ***reasonable suspicion*** that a child has suffered, is suffering, or is at unacceptable risk of suffering significant harm caused by physical or sexual abuse and may not have a parent able and willing to protect them from that harm (s 13E; a report is made under s 13G).

- The obligation is engaged where the disclosure reveals or reasonably suggests an underlying cause within the section (disclosed or suspected sexual abuse, family violence, physical abuse, or a parent who cannot or will not protect). In practice, the right instinct after a self-harm disclosure is to ask, gently and without interrogating, what is going on for the young person as the answer is what determines whether a report is required.

- Note also the broader definition of harm in s 9 is *"any detrimental effect of a significant nature on a child's physical, psychological or emotional wellbeing, however caused"*.

Don’t investigate

Your Role Is Not to Investigate

DO

- Listen.
- Use open questions.
- Establish immediate safety.
- Record the young person's words.
- Escalate promptly.

DON’T

- Interrogate.
- Repeatedly question.
- Interview other children.
- Confront an alleged perpetrator.
- Investigate whether the disclosure is “true”.
- Decide who is to blame.

RESPOND → ESCALATE → PRESERVE

Reportable Conduct Scheme

The Reportable Conduct Scheme concerns the conduct of worker and volunteers - not the fact that a young person is experiencing distress or self-harm.

- A disclosure may nevertheless reveal conduct by a worker. If so, the organisation may have both:
  - a responsibility to respond to the young person's immediate safety; and
  - obligations under the Reportable Conduct Scheme.
- The Child Safe Standards require relevant organisations to have systems, policies and processes that are implemented in practice, including processes for responding to concerns and complaints.
- Workers and volunteers should know who to report concerns to and what to do when a disclosure is made.
- The QFCC may seek evidence that these systems are actually implemented, including policies, training and records.

A self-harm disclosure is not, by itself, a Reportable Conduct matter but it may uncover one.

Reportable Conduct – What do I do?

- Stop.
- Escalate.
- Preserve relevant information.
- Consider whether other reporting obligations are triggered.
- And follow the organisation's Reportable Conduct procedure.

Child Safe Organisations Act 2024 (Qld)

Queensland's Child Safe Organisations framework requires relevant organisations to implement the 10 Child Safe Standards.

The Standards include:

- child safety embedded in leadership and culture;
- children being informed about their rights and taken seriously;
- families and communities being involved;
- Equity is upheld and diverse needs respected in policy and practice.
- suitable and supported workers;
- child-focused complaint processes;
- training and education;
- safe physical and online environments; and
- regular review and improvement.
- Policies and procedures document how the organisation is safe for children.

A response procedure is only effective if workers know about it and can implement it.

Privacy and Confidentiality

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Confidentiality Is Not Absolute

Starting point:

Respect the young person's privacy.

But information may need to be shared where:

- the law requires disclosure;
- a reporting obligation applies;
- disclosure is necessary to address a serious risk; or
- disclosure is otherwise permitted by applicable privacy law.

A useful opening statement:

> *“I'll respect your privacy, but if I become concerned about your safety or someone else’s safety, I may need to involve someone who can help”*

Parents & Carers

Should parents be told?

Parents/carers may be able to:

- provide supervision;
- obtain treatment;
- support safety planning;
- monitor ongoing risk.

But consider:

- Is there a risk in telling the parent?
- Does the young person have sufficient maturity/capacity?
- Is disclosure legally required or permitted?
- What information actually needs to be shared?

Do not promise secrecy before you know what you may need to do.

Privacy Laws

- Different organisations have different obligations applicable under privacy laws.
  - Queensland Public Entities (i.e state schools, Queensland Health services, departments and most statutory bodies) are governed under the *Information Privacy Act 2009* (Qld) and Queensland Privacy Principles (in force since 1 July 2025).
  - Private and NFP Sector (non-state schools, churches, most clubs and community organisations with annual turnover over $3 million) are governed by the *Privacy Act 1988* (Cth) and the Australian Privacy Principles.
  - Health Service Providers (counselling, psychology or health service of any size) are governed *Privacy Act 1988* (Cth) applies regardless of turnover. The small business exemption does not apply
  - Small organisations (Under $3 million turnover and not a health service provider) fall outside of statutes but common law (i.e contracts or equity) and professional codes apply.

When Can Information be Disclosed Without Consent?

It is permitted to disclose without consent where it is necessary to lessen or prevent a serious threat to the life, health or safety of an individual. Under the Information Privacy Act 2009 (Qld), this operates through QPP 6.2(c) and the "permitted general situations" in sch 4 pt 1.

1. A reasonable belief in the existence of a **serious threat to the life, health or safety** of an individual or to public health or safety. A genuine but unreasonable belief is not enough and the belief must be defensible on the facts known.

2. The disclosure must be necessary to lessen or prevent that threat. It is not sufficient to believe the threat exists and the organisation must believe the disclosure itself is necessary. If the harm can be addressed without disclosing, or with de-identified information, the disclosure is not necessary.

3. It must be unreasonable or impracticable to obtain the individual's consent. It is important to seek consent first where you safely can. Very often the young person will agree to a parent or a treating practitioner being told, particularly if asked properly.

Record Keeping

- Records made after a disclosure are highly likely to be read by someone else such as in a coronial investigation, in a civil claim, on an access application, in a QFCC compliance request, or by the family. Therefore, it is important to write well, and contemporaneously.
- What to do when you observe a change in behaviour patterns:
  - Record the observation, factually and without inference. A starting point is to file note what changed, over what period, and what you did about it.
  - Record that you raised it and what the response was, including a refusal to engage. A declined conversation is itself information.
  - Do not speculate about cause, family circumstances or diagnosis. That is where records become both unfair and, under law, becomes evidence which lacks credibility.
  - Remain factual not opinionated.

Duty of Care

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Duty of Care – Do We Owe a Duty of Care?

Schools

- School authorities owe pupils a non-delegable duty to take reasonable care for their safety.
  Commonwealth v Introvigne (1982) 150 CLR 258

- The duty is not necessarily confined to formal class hours: *Geyer v Downs* (1977) 138 CLR 91

- Delegating care to an external provider does not necessarily discharge the duty.

Churches & Other Youth Organisations

The existence and scope of a duty depends on the circumstances, including:

- assumption of responsibility;

- degree of control;

- vulnerability and dependence;
- reliance; and

- knowledge of the risk.

The closer the relationship and the greater the responsibility assumed, the greater the potential duty to take reasonable care.

Duty of Care: What does Duty Require?

The duty is to take reasonable care — not to guarantee safety.

Before a disclosure: What could we reasonably have known?
After a disclosure: What did we do with what we knew?

Consider:

- Was the concern escalated?
- Was immediate safety addressed?
- Were appropriate people informed?
- Were parents/carers considered?
- Was appropriate professional support considered?
- Was the response documented?
- Was the organisation's safeguarding procedure followed?

Stuart v Kirkland-Veenstra **(2009) 237 CLR 215**
The High Court's decision concerned police encountering a person apparently contemplating suicide and illustrates the importance of relationship, responsibility, control and personal autonomy when determining whether a duty exists.

Civil Liability Act – Breach & Causation

- Under section 9, the risk must be foreseeable and not insignificant, and the reasonable person's response is judged by weighing probability, likely seriousness, the burden of taking precautions and social utility.

- Once a disclosure has been made, foreseeability is established by the organisation's own knowledge, the burden of the obvious precautions (escalate, tell parents, refer, plan, document) is low, and the seriousness of the risk is at its highest, which together make omission difficult to defend.

- Section 11 then requires factual causation and scope of liability, and this is often the real battleground: a plaintiff must show that a different response would probably have made a difference, which is genuinely difficult in this field, although a wholesale failure to escalate or refer narrows the defence considerably.

Institutional Liability

Systems Matter

When assessing an organisation's response, relevant matters may include:

- policies and procedures;
- recruitment and screening;
- training;
- supervision;
- escalation processes;
- record keeping; and
- how the organisation responded once concerns were known.

A good policy that nobody knows about is not a good safeguarding system.

Pastoral Care v Clinical Care

You can provide:

- Compassion
- Listening
- Pastoral/spiritual support
- Connection
- Family support
- Referral to professional services

But Pastoral support is not a substitute for clinical assessment or treatment.

Do You Have These In Place?

Practical Safeguarding Checklist

☐ Designated safeguarding person
☐ Clear escalation pathway
☐ Self-harm response procedure
☐ Suicide-risk escalation procedure
☐ Emergency procedure
☐ Parent/carer procedure
☐ Mandatory reporting procedure
☐ Reportable Conduct Scheme procedure
☐ Worker/volunteer training
☐ Record-keeping process
☐ After-hours/camp procedures
☐ Worker debriefing and support

Five Things to Remember

1. TAKE IT SERIOUSLY: Don't minimise the disclosure.
2. ASK: You can ask directly about suicide.
3. DON'T PROMISE SECRECY: Explain the limits of confidentiality.
4. ESCALATE Don't manage the situation alone.
5. DOCUMENT Record what you knew, what you did and why.

Listen → Safety → Escalate → Support → Document

QUESTIONS?

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Thank you.

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