Submission to the Standing Committee on Heal, Ageing, Community and Social Services, Legislative Assembly for the ACT

The Standing Committee on Health, Ageing, Community and Social Services has also called for submissions to the inquiry into Youth Suicide and Self Harm in the ACT.

Required Information:

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Submissions should be forwarded to:

The Committee Secretary, Standing Committee on Health, Ageing, Community and Social Services, Legislative Assembly Email: committees@parliament.act.gov.au

Submission

I have worked in child protection and safeguarding in both the ACT and NSW for the past six years. Part of my position includes being notified of and assisting agencies within the Archdiocese of Canberra and Goulburn to respond to young people who self harm, attempt suicide or actually commit suicide. In this position, I have contributed to the formation of policy on suicide response, education, risk analysis and prevention.

The Archdiocese of Canberra and Goulburn appears to have young people affected by mental health in numbers that reflect the national averages. Cutting, suicidal ideation and attempted, planned or actual self-harm in adolescents and young people are cause for concern both from the obvious impact on the youth involved, but on their friends, families and those employed by the Archdiocese to work with young people and to provide a duty of care.

Of particular interest to my position is the ability to monitor the responses to these issues between two states, New South Wales and the Australian Capital Territory. As the Archdiocese employees Church workers in both states, it is possible for me to make some comparisons between the two systems.

Sharing of information between agencies

One area where the ACT legislation falls short in comparison to NSW is in the ability of agencies to communicate with one another when they are assisting a young person who has self harmed or identified a desire to do so. Similarly, in child protection cases generally, it is farm more difficult for an inter-agency exchange of information to occur in the ACT as compared to NSW. The result is that agencies often waste precious time and resources in generating similar processes or collecting information about the situation. Conversely, there is sometimes an assumption that another agency is handling a particular aspect of response and there is limited communication as to whether the agency has actually done so.

In NSW, Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* allows information to be exchanged between prescribed bodies. This legislation is utilised despite other laws that prohibit or restrict the disclosure of personal information, such as the *Privacy and Personal Information Protection Act 1998*, the *Health Records and Information Privacy Act 2002* and the Commonwealth *Privacy Act 1988*. Previously, NSW had legislation similar to that of the ACT and this information exchange was generally only possible in limited situations, such as in cases with police involvement. Often, the exchange of information was delayed due to time delays related to inter-agency requests and responses.

Chapter 16A was established as a scheme for information exchange between prescribed bodies and requires organisations to take reasonable steps to co-ordinate the provision of services with other organisations. This approach can save time and resources at critical junctures in response to a young person self-harming.

The four key principles relating to Chapter 16A:

1. organisations that have responsibilities for children or young persons should be able to provide and receive information that promotes the safety, welfare or wellbeing of children or young persons

2. organisations should work collaboratively and respect each other's functions and expertise

3. organisations should be able to communicate with each other to facilitate the provision of services to children and young persons and their families

4. the needs and interests of children and young persons, and of their families, in receiving services relating to the care and protection of children or young people takes precedence over the protection of confidentiality or of an individual's privacy.[1]

In the legislation, a prescribed body is any organisation specified in section 248(6) of the Act or in clause 7 of the *Children and Young Persons (Care and Protection) Regulation 2000*. Generally prescribed bodies include the state law enforcement agencies, a state government department, schools, a public or private health facility, children's services or any other organisation the duties of which include direct responsibility for, or direct supervision of, the provision of health care, welfare, education, children's services, residential services, or law enforcement, wholly or partly to children.

By providing these agencies with a tool to facilitate communication there is reduced waste of resources and time, better information available for a considered response to the young person and their families and the opportunity for co-ordinating best practise response by facilitating agency collaboration and coordination.

It is submitted that by providing legislation similar to that of the NSW Chapter 16A, the ACT could allow agencies to prepare better coordinated, more fully informed decision making processes that would necessarily provide a better product to young people and their families. This product would include counselling facilities and response to those affected by the harm to the young person as well as to the young person.

Response of CAMHS

It is generally noted that CAMHS is under resourced to meet the increasing demands and responses to young people with serious mental health issues. It is often difficult to acquire a CAMHS immediate response or to access facilities in the face of a crisis. Lack of resourcing can lead to tension between mental health workers who are over stretched and cannot provide a response and those seeking guidance. Additionally, concerns for the ability of CAMHS workers to receive adequate supervision from a mental health provider coupled with the stress of their occupation have periodically been raised by those interacting with them professionally.

[1] *Providing and Requesting Information under Chapter 16A*. NSW Family and Community Services. http://www.community.nsw.gov.au/kts/guidelines/info-exchange/provide-request. Viewed, 1 April 2016.

Also, because of the inability to share resources, Archdiocesan agencies are rarely able to access the plans CAMHS or another mental health agency have created for an individual in the ACT. This necessitates the Archdiocesan agency formulating its own plan without the benefit and expertise of professionals in the mental health field. Concerns such as return to education plans, additional assistance for the young person, the need for staggered returns or a return with a reduced load must often be made in isolation. This is not the case in other jurisdictions where legislation allows for more fulsome discussion. For example, in Archdiocesan agencies in NSW, we often convene a return to education planning team with several government agencies represented. Discussions and plans are shared and the collective wisdom of the agencies guides collaborative decision making. Implementing legislation similar to the Chapter 16A would potentially facilitate such planning and discussion.

Response to traumatised Archdiocesan workers

Finally, the stress of interacting closely with a young person who has attempted or identified a desire to self harm can be traumatic. Additionally, with the phenomenon of cutting, there can be confronting scenes necessitating difficult responses by staff members.

While the Archdiocese, as employer, has the responsibility to respond to employees experiencing trauma, such a response is often highly individualised and requires a high level of expertise. An adequate response can be further thwarted by counsellors who were not involved with or even aware of a particular incident has, in some instances, reduced the motivation of an employee to attend counseling.

Legislation in the ACT that provides a mechanism for agency discussion could benefit those who have been affected by a person who is self-harming. Additionally, greater resourcing could lead to a wider response where those who have worked and will work with the young person may receive counseling and support.

Conclusion

While it is generally felt that those people who respond to youth suicide and self harm in the ACT, do so with a great deal of professionalism and integrity, there are areas for improvement. Namely, additional resourcing is needed to meet the growing response to young people in need of these services. Secondly, the need for legislation to allow for increased communication must be considered. The individual's right to privacy must be balanced against the needs and interests of children and young persons, and of their families, in receiving services relating to acts of self-harm or suicide. The protection and safety of the young person must take precedence.

In the ACT, for this to occur, changes to current legislation will need to occur. It is suggested that the procedure implemented by NSW legislation in the use of Chapter 16A is a prototype already in existence with proven results. This format may be useful as a starting point for debate in the ACT legislature.