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The Secretary Standing Committee on Health and Ageing PO Box 6021 Parliament House CANBERRA ACT 2600

INQUIRY INTO EARLY INTERVENTION PROGRAMS TO PREVENT YOUTH SUICIDE

Thank you for the opportunity to make a submission to this very important inquiry. The Police Federation of Australia (PFA) is the National Voice of Policing and represents the professional and industrial interests of Australia's 55,000 sworn police officers.

Throughout their career the vast majority of operational police officers will be called upon to deal with a wide range of suicidal behaviours. Whilst many in the community look upon the police role as law enforcement, a great proportion of our work is dealing with a range of complex social issues.

In May 2005 the PFA made a submission to the Senate Select Committee on Mental Health. In that submission we indicated that as one of the few groups of workers that are available 24 hours a day seven (7) days a week, police often form the front line of contact for persons with mental illnesses. Police are generally the initial contact when someone is acting irrationally or dangerously and there are many recorded incidents where this availability has placed police in serious personal danger to a point where over the years a number have been killed or seriously injured intervening in such situations.

We made a further submission to the Senate Community Affairs Committee Inquiry into Mental Health Services in Australia in July 2007. In that submission we pointed out that in NSW alone, 10%

of all police time is taken up with Mental Health issues with police attending more than 20,000 recorded incidents involving the mentally ill in 2006 alone and that number was increasing during 2007.

I suspect that the Committee has already taken evidence in relation to such issues, but a UK Report (Houston, Hawton and Shepperd, 2001) determined that 52% of the 27 young people who died by suicide had a problem involving the police at some point in their lives. In a US study of 151 youth ages 13 – 21 years who died by suicide (Gray, 2002), 63% had a referral to juvenile justice, and 80% of those under age 18 had juvenile justice system contact. In a Canadian study (Farand, Chagon, Renaud and Rivard, 2004), 57 (32%) of 177 persons age 18 or younger who died by suicide had juvenile justice records, and 45 (25%) were involved with the juvenile justice system within a year prior to their death.

Why have these young people come into contact with police? A number of other studies have identified that suicide risk is often associated with violent and aggressive behaviour. It is therefore logical, that one strategy for identifying at risk youth is to be vigilant for suicide risk among youth who are involved in the juvenile justice system or who are experiencing problems at school. Another key factor that needs to be taken into account and can be an indicator of suicidal behaviour is alcohol dependency in young people.

For police, dealing with suicide, and in particular youth suicide, has its own set of difficulties. In an Australian Institute of Criminology paper "Training the Police to Handle Suicide" they point out a number of those difficulties –

- Many incidents with which police must cope involve difficult working conditions. Police may have to deal with excited bystanders, media, frantic friends and uncooperative suicidal individuals. The officer involved has to gain control of the situation and with the available information make a calculated assessment about what is the best action to take.
- Suicide, like many other social problems which police must handle, requires knowledge of very complex psychological behaviour. Situations with which police must cope would often tax the knowledge of psychiatrists, psychologists and social and welfare workers.
- Police tend to be practical, action oriented, decisive and directive people. These qualities
 help them cope with offenders, conflict situations and law enforcement issues, utilising
 proven procedures and following legal requirements. Relating to suicidal individuals
 requires a more patient, gentle, reflective and flexible frame of reference. This involves a
 dramatic shift in the way they are dealt with.
- Intervening with a suicidal individual, especially at a time of crisis, requires very sensitive interpersonal skills and a considerable amount of counselling expertise. Police are not counsellors, although often they must act as negotiators, mediators and arbitrators.
- Police officers gain considerable life experience in the course of performing their duties but this does not happen overnight.
- In youth suicide situations, many police officers have children of similar age to the deceased and this often causes officer stress in such traumatic situations.

Police training is therefore vital for intervention in such situations, but as we pointed out in the two Mental Health submissions in 2005 and 2007, additional training for police should not be seen as an opportunity by other organisations, who have responsibility in this area, to reduce their resources in an endeavour to leave the problem for police to deal with.

In our 2010 federal pre-election submission to all political parties, "Creating a Safer Australia – Police Federation of Australia's Plan 2010-13" we stated –

"It is therefore essential to community safety to improve the availability of mental health assessment teams essential to assist police to deal compassionately and effectively with the mentally ill who come to police attention as risks to themselves or others. It is also appropriate that a Federal Government accept some responsibility for the additional training required by police for dealing with the mentally ill. There are number of programs currently being utilized across jurisdictions that could be funded federally".

The PFA would be more than pleased to appear before the Committee if required.

Sincerely yours

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Mark Burgess Chief Executive Officer