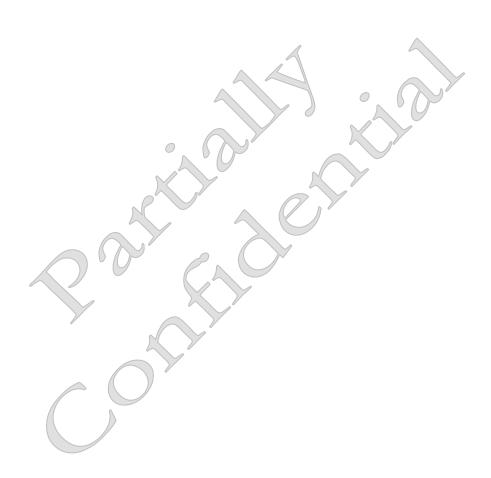
PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

Name: Name Withheld

Date Received: 23 November 2017



11/23/2017

The Hon. Greg Donnelly, MLC Parliament House Macquarie Street, SYDNEY NSW 2000

Dear Sir,

Accordingly, I would like to thank the, "Children and Young People – Committee (The Committee) for allowing me to make a late submission, in accordance with the aforementioned topic. Furthermore, I would sincerely like to thank, (The Committee) research officer, Stephanie Mulvey in approving the late submission, and that leave being granted. Accordingly, it is an overwhelming thankyou on behalf of (The Committee).

Background;

Firstly, I am a retired Senior Detective, formerly of, New South Wales Police Force. I have worked in several specialised unit/s within the aforementioned organization, dealing with a myriad of traumatic incidents, inclusive of, dealing with children and young persons whom have been subject to trauma and violence. I have extensive experience and have dealt with numerous children and young persons, from a culturally and linguistically diverse background, and of Aboriginal and Torres Strait Islander background, and many other nationalities. As a valued member of the, Retired Police Association, NSW Police Association and Australian Labor Party, previously being a part of other Parliamentary enquiries, surrounding bullying and harassment, issues, I take Youth Suicide seriously and agree it we, as a community need to make certain the NSW Government and Community is well aware of the indicators, prevention measures to further strengthen the prevention of NSW suicide cases involving young persons. Victim/s suffering from mental health issues, should be treated accordingly and not left disadvantaged because they, infact suffer from a potential mental illness, which can lead to suicide. Experiencing numerous traumatic events and suicides, I understand sadly, the impact such matters have on a family, and even the greater community.

<u>lssue;</u>

That the Committee on Children and Young People inquire into and report on the current approaches aimed at preventing youth suicide in New South Wales, with particular refence to:

- a. Any gaps in the coordination and integration of suicide prevention activities and programs across all levels of government
- b. Governance arrangements and accountabilities for suicide prevention
- c. Provision of services in local communities, particularly in regional and rural areas
- d. Provision of services for vulnerable and at risk groups
- e. Data collection about the incidence of youth suicide and attempted suicide
- f. Provision of high-quality information and training to service providers
- a. Approaches taken by primary and secondary schools
- h. Any other relates matters.

Comment;

This submission will touch on some of the aforementioned categories outlined within the terms of reference, and accordingly alert the committee on some of the issues I have suffered both past and present.

Firstly, with reference to sub section (a), I strongly believe there are inherent gaps within the field of suicide prevention and the integration that was taught to us within the New South Wales Police was minimal to none. Now, I report this because the subject "suicide" is something middle and top tier management does not particularly wish to deal with, the reason why, to my knowledge there is not enough experienced personnel within workplaces such as, NSW Police to deal with such issues. Accordingly, if there was a suicide, adult or child, young person – NSW Police officers would be unaware of the correct protocols and or pro forma of operation. I experienced this first hand during my early years as a learning police man and first responder. I was never provided with, nor trained in such dealing with suicide and the aftermath of such incidents, and, more importantly the impact it can have on a person and their family. From my understanding, mandatory reporting of suicide would be reported to Department of Community & Services (DOCS) in any incident of violence or wrongful act upon a child or young person. Most of those matters to the best of my working knowledge would then be dealt with by Mental health community teams and (DOCS). Therefore, more experienced personnel. My recommendation would be, to make public, the issues surrounding "suicide" and, arming government organisations with the appropriate face to face training, yearly and not that of when it feels suited. In my experience as a former Senior Member of the New South Wales Police Force, I cannot recollect ever attending a lecture, information session, and or training course focusing on "prevention of youth suicide" nor focusing on "prevention of adult suicide" for that matter. I think this is something that needs to be more readily available to NSW Government particularly NSW Police, as most of the time (police) are the first at the scence of "suicide".

Secondly, with reference to sub section (b) I cannot comment on the current issues surrounding this particular part of the process, as aforementioned we as police were never armed with the appropriate guidelines for such issues, nor were we advised were to locate such information.

Thirdly, with reference to sub section (C.), I am now of the understanding that there are various services, within the local municipality, such as, Beyond Blue, Father Chris Riley – Youth off the streets programs et al.... however, as a working senior detective, we were never armed with such information, it was only until leaving the NSW Police, I have since had the experience of observing these types of advertisements at Doctors surgeries and specialist rooms. However, during my time as a law enforcer, this information was not, and never readily available to us. Had this information and training been given to me and others within the oganisation, regularly and not biannually etcetera, would have made things more aware.

Fourthly, with reference to sub section (d), "A M, Blackmore SC & G S Hosking SC (2011) pp. 28" describe a vulnerable person as;

- (a) Children
- (b) People who have impaired intellectual functioning
- (c) People who have impaired physical functioning
- (d) People who are Aboriginal or Torres Strait Islanders
- (e) People who are of non-English speaking background

Accordingly, there are a number of vulnerable persons identified within the aforementioned, which fall into different categories when, referred to as a vulnerable group. Accordingly, Clause 24 of the Law Enforcement (powers & responsibilities) Reulation 2005 identifies that those persons fall into different groups and categories. Understandably, there are various services within the community whom deal with, children – this would include day care facilities, police, community, youth, citizens club (PCYC) and various other disability services whom deal directly with, intellectually and impaired persons. However, some of these services require stringent conditions and entry and applications criterion, which can at times make it difficult to require emergency help. Also, the local and district hospitals have mental health facilities, available under the Mental Health Act – however, entry again can be postulated system, requiring the assistance of a specialist to gain entry, in seeking help. I strongly, am of the opinion there needs to be more, readily available community activities for those whom are mentally challenged and fall into the aforementioned categories. Persons of Aboriginal or Torress Strait background have their elders to coincide and seek information from, which has been around for many decades, showing due respect to the custodians of this land.

Fifthly, with reference to, sub section (e) I can account that, for NSW police, reported suicides to NSW police are, recorded on a computer system, recognised as "COPS" ("A M, Blackmore SC & G S Hosking SC (2011) pp. 38". As a former member, I can note that, I have attended such matters and created suicide crime scene reports and those reports have been stored on the aforementioned systems. As for data, I would imagine a Police Command, such as, Hurstville Local

Area Command, for example, should keep data and records of these matters, in accordance with the relevant suppository legislations and archiving. However, unless audited about such I could not guarantee.

Sixthly, with reference to sub section (f), As outlined above in other key target areas, the training within NSW Police was very limited, even during the years, noted as, 2007,2008,2009,2010,2011,2012,2013,2014,2015. We had very limited training in the said field, and I think it is something that needs to be included more frequently, in NSW Police training modules on a yearly basis, as suicide claims many lives each year and the data is, on a limited scale often published, conforming these records.

Seventhly, with reference to sub section (g), this section is outside of my level of expertise – however, as a former member of NSW Police, I regularly attended schools both primary and secondary, conducting various inspections, to ensure safety. However, we were not provided with brochures or documented information, to provide to the teaching staff, or those responsible for, teaching the students. Once again, I strongly feel schools need to be readily accessible to help and be provided with such information about such matters, to better arm the curriculum in preventing youth suicide. It may be an option to (the committee) to suggest regular training and face to face lectures about prevting youth suicide by their local police service.

Lastly, with reference to sub section (H), pertaining any other related matters, raises several concerns. Understandably, if a person is injured in a workplace, they have available to them, a form of compensation, albeit, workers compensation (WCOMP) and or private insurance. I am accordingly unaware of how private sector schools work with regard to their insurance, should a student suffer such a condition, mental or physical for that matter, and am also unaware if the public sector has available to it, some form of compensable consideration for those involved in suicide and or bullying and harassment which, leads to suicide in majority of matters. This is an area specilaised for medical trained staff and legally qualified practionioners in the specific field, however, this may be something (the committee) could explore for the future to ascertain schools participate in mandatory insurance - similar to that of private health insurance to protect victims. It may be an alternate means rather than, victims and their traumatized family members, being tied up in the legal system for many years, of stressful litigation procedures, further worsening their condition.

In conclusion, I kindly ask (the committee) to suppress my contact details and any information which could, may incriminate a person. I also ask that (the committee) make my name suppressed. Accordingly, I have made the submission on personal life experiences and, wish to advise, that I have the confidence of (the committee), not to be prosecuted by any party, and seek parliamentary immunity for the entire submission.

