Every life is worth living -
National policies, activities and school resources for suicide prevention across IIMHL countries

Introduction

One of the aims of IIMHL is to share best practice and innovations quickly across countries and *Make it so* is one strategy to do this.

In times of challenging financial environments it is even more critical that countries learn speedily from each other. All IIMHL countries have established (or are establishing) suicide prevention strategies for youth and adults. This Make it so focuses on children.

Suicide is a major public health issue. Although death by suicide is relatively uncommon, the human costs are substantial and can impact broadly across communities. As such, suicide prevention is a key focus for both government agencies and non-government organisations.

This document highlights:

- Suicide facts for each country
- Government policy on suicide prevention among seven IIMHL countries (with Sweden's information to be added soon)
- Some key child/youth agencies and resources in each country; and
- Examples of suicide prevention resources for schools.

The information was obtained via two main strategies: through IIMHL contacts and through a website search. This search assumes that all websites are up-to-date. **Please note it is not a definitive literature search, but rather a brief snapshot of some national resources and activities.**

http://www.iimhl.com/files/docs/Make_It_So/20140707.pdf

We hope you find it helpful.

Janet Peters and Fran Silvestri

Definition of terms

To provide a better understanding of this topic, some definitions are below:

Australia:

- Suicide - refers to the intentional taking of one's own life. A person's death is classified as a suicide by a Coroner if evidence shows that 'the person died as a result of a deliberate act to cause his or her own death'.
- Attempted suicide - is the deliberate harming of one's self, where the intention was to die but did not result in death.
- Suicide thoughts (or suicidal ideation) - are the thoughts and/or plan to take one's own life. These thoughts may or may not cause a person to attempt suicide.

http://www.kidshelp.com.au/grownups/news-research/hot-topics/suicide.php

Scotland:

- Suicide is death resulting from an intentional, self-inflicted act.
- Suicidal behaviour comprises both completed suicide attempts and acts of self-harm that does not have a fatal outcome, but which have suicidal intent.
- Self-harm is self-poisoning or self-injury, irrespective of the apparent purpose of the act (excluding accidents, substance misuse and eating disorders).

http://www.scotland.gov.uk/Resource/Doc/328405/0106170.pdf

The facts about suicide

The Centre for Suicide Research at Oxford University states:

Suicide can be attributed to an underlying mental disorder such as depression, anxiety, bipolar disorder, schizophrenia, autism spectrum disorders, or drug or alcohol problems. Financial or relationship difficulties also often play a role. Over one million people die by suicide every year.

The World Health Organization (WHO) estimates that it is the 13th leading cause of death worldwide. Our teams research how best to prevent suicide and self-harm, particularly in high risk groups such as psychiatric patients, prisoners, and certain professional groups.

http://www.psych.ox.ac.uk/research/self-harm-and-suicide

Canada:

- Suicide is preventable.
- Most people who attempt suicide want to live but are overcome with emotional pain and cannot see any other way to handle a situation that may seem overwhelming and impossible to bear.
- Most people who die by suicide give definite warning signs of their suicidal intentions. This is one reason learning to recognize these signs and how to respond to them is so important.
- Talking about suicide does not cause someone to become suicidal or increase the risk.
- Showing genuine concern by asking about suicide directly can be part of an immediate intervention.
- Four out of five people who die by suicide have made at least one previous attempt.
- Suicide occurs across all age, economic, social and ethnic boundaries.
- Males die by suicide more than three times as often as females but three times more women than men attempt suicide.

http://www.suicideprevention.ca/about-suicide/

Suicide around the world

- Every year, almost **one million people die from suicide**; a "global" mortality rate of **16 per 100,000**, or one death every 40 seconds. Worldwide, suicide ranks among the three leading causes of death among those aged 15 – 44 years. Suicide accounts for more loss of life in the world than the total number of deaths from war, acts of terrorism and homicide combined
- In the last 45 years suicide rates have increased by 60% worldwide. Suicide is among the three leading causes of death among those aged 15-44 years in some countries, and the second leading cause of death in the 10-24 years age group; these figures do not include suicide attempts which are up to 20 times more frequent than completed suicide.
- Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in 1998, and 2.4% in countries with market and former socialist economies in 2020.
- Although traditionally suicide rates have been highest among the male elderly, rates among young people have been increasing to such an extent that they are now the group at highest risk in a third of countries, in both developed and developing countries.
- Mental disorders (particularly depression and alcohol use disorders) are a major risk factor for suicide in Europe and North America; however, in Asian countries impulsiveness plays an important role. Suicide is complex with psychological, social, biological, cultural and environmental factors involved.

http://www.suicideprevention.ca/about-suicide/

International agencies

World Health Organisation (WHO)

Public health action for the prevention of suicide: a framework 2012

This documents notes:

Unlike for many other health issues, the tools to significantly reduce the most tragic loss of life by suicide are available. With collective action to acknowledge and address this serious problem, as well as commitment to effective interventions, supported by political will and resources, preventing suicide globally is within reach.

Suicide is estimated to contribute more than 2% to the global burden of disease by the year 2020. Significantly, this figure fails to take account of the huge impact of suicide beyond the individual and the ripple effect it has on the lives and mental health of many families and communities. Suicide among youth is of particular concern.

Suicide impacts the most vulnerable of the world's populations and places a larger burden on low- and middle-income countries, which are often ill-equipped to meet the general health and mental health needs of their populations. Services are scarce and when they do exist, they are difficult to access and are under-resourced. Access to appropriate services as well as improved help seeking are essential to health and wellbeing.

Objectives of a suicide prevention strategy

The WHO document notes an effective suicide prevention strategy could have several parallel and intertwined objectives, all of which need to be stated clearly. Some potential objectives include:

- Increase awareness about the magnitude of the problem and the availability of effective prevention strategies
- Reduce the incidence of suicide and attempted suicide, thereby preventing premature death from suicide or morbidity/disability from attempted suicide, across the life span
- Tackle risk factors of suicide and attempted suicide
- Reduce stigma associated with suicidal behaviours
- Improve data collection on the incidence of both suicide and attempted suicide
- Improve research and evaluation of effective interventions
- Strengthen the health and social system response to suicidal behaviours.

A suicide prevention strategy should have specified financial and human resources, a time frame for implementation, as well as short to medium and long-term objectives.

Risk factors

Individual

- Previous suicide attempt

- Mental disorder
- Alcohol or drug abuse
- Hopelessness
- Sense of isolation
- Lack of social support
- Aggressive tendencies
- Impulsivity
- History of trauma or abuse
- Acute emotional distress
- Major physical or chronic illnesses, including chronic pain
- Family history of suicide
- Neurobiological factors

Socio-cultural

- Stigma associated with help-seeking behaviour
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to suicidal behaviours, including through the media, and influence of others who have died by suicide

Situational

- Job and financial losses
- Relational or social losses
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence
- Stressful life events

Protective factors include:

- Strong connections to family and community support
- Skills in problem solving, conflict resolution and non-violent handling of disputes
- Personal, social, cultural and religious beliefs that discourage suicide and support self preservation
- Restricted access to means of suicide
- Seeking help and easy access to quality care for physical and mental illness

http://apps.who.int/iris/bitstream/10665/75166/1/9789241503570_eng.pdf

The National Research Council and Institute of Medicine provide a useful conceptualization of the various types of suicide preventive intervention available (Box 1)

Box 1. Mental health intervention spectrum

1. **Promotion**

2. **Prevention**
   - universal
   - selective
   - indicated

3. **Treatment**
   - case identification

– standard treatment for known disorders

4. **Maintenance**
– compliance with long-term treatment (goal: reduction in relapse and recurrence)
– after care (including rehabilitation).

http://www.euro.who.int/__data/assets/pdf_file/0003/168843/HEN-Suicide-Prevention-synthesis-report.pdf

In the WHO document comprehensive mental health action plan suicide prevention is seen as a priority area for countries:

Global target 3.1:
80% of countries will have at least two functioning national, multispectral promotion and prevention programmes in mental health (by the year 2020).

Global target 3.2:
The rate of suicide in countries will be reduced by 10% (by the year 2020).
http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf

Suicide: Challenges and obstacles

- Worldwide, the prevention of suicide has not been adequately addressed due to basically a lack of awareness of suicide as a major problem and the taboo in many societies to discuss openly about it. In fact, only a few countries have included prevention of suicide among their priorities.
- Reliability of suicide certification and reporting is an issue in great need of improvement.
- It is clear that suicide prevention requires intervention also from outside the health sector and calls for an innovative, comprehensive multi-sectoral approach, including both health and non-health sectors, e.g. education, labour, police, justice, religion, law, politics, the media.

http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

The International Association for Suicide Prevention (IASP)

The IASP was established in 1960 and is the largest international organization dedicated to suicide prevention and to the alleviation of the effects of suicide. It has members in more than 50 countries and is working in official relationship with the World Health Organisation (WHO).
The IASP is dedicated to:

- preventing suicidal behaviour,
- alleviating its effects, and
- providing a forum for academics, mental health professionals, crisis workers, volunteers and suicide survivors.

This organization has a list of publications and resources aimed at helping youth:
http://www.iasp.info/resources/Groups_at_Risk/Teens_and_Young_Adults/

AUSTRALIA

Facts

A new report released by the Australian Bureau of Statistics (ABS) shows that 2535 Australians died by suicide in 2012.

This is the highest annual number of suicide deaths over the past decade and overall suicide rates are showing no signs of decline.

Suicide is a mostly preventable yet it is now the leading cause of death for both Australian males and females aged 15-44 years.

http://suicidepreventionaust.org/news/

National policy

National suicide prevention strategy

The National Suicide Prevention Strategy (NSPS) provides the platform for Australia's national policy on suicide prevention with an emphasis on promotion, prevention and early intervention. It links with other national policies:

- Fourth National Mental Health Plan 2009-2014
- National Strategic Framework for Aboriginal and Torres Strait Islander Health, 2003

Background

Objectives

Components of the strategy

1. Living Is For Everyone (LIFE) Framework
2. National Suicide Prevention Strategy Action Framework
3. National Suicide Prevention Program (NSPP)
4. Mechanisms to promote alignment with and enhance state and territory suicide prevention activities

Background

In 1995, Australia was one of the first countries to establish a specific national suicide prevention strategy when the then Department of Human Services and Health initiated "Here for Life" which focused on young people at higher risk of suicide. This brief expanded with the launch of the NSPS in 1999, as a growing body of evidence reflected concern for the risk of suicidal behaviours developing

across the whole-of-life span.

Objectives

The main objectives of the NSPS are to:

- Build individual resilience and the capacity for self -help
- Improve community strength, resilience and capacity in suicide prevention
- Providing targeted suicide prevention activities
- Implement standards and quality in suicide prevention
- Take a coordinated approach to suicide prevention
- Improve the evidence base and understanding of suicide prevention

Components of the strategy

The National Suicide Prevention Strategy has four key inter-related components:

1. Living Is For Everyone (LIFE) Framework

The LIFE framework sets an overarching evidence based strategic policy framework for suicide prevention in Australia.

This Commonwealth/ state/ territory framework provides a strategic plan for national action to prevent suicide and promote mental health and resilience across the Australian population. In addition, it provides a practical suite of resources and research finding on how to address the complex issues of suicide and suicide prevention.

2. National Suicide Prevention Strategy Action Framework

The action framework provides a work plan to provide national leadership in suicide prevention and policy.

The Australian Suicide Prevention Advisory Council (ASPAC) has, in collaboration with DoHA, developed the action framework, which has two primary purposes:

- To help ASPAC plan and manage the provision of confidential advice to the Australian Government through the Minister for Mental Health and Ageing on strategic direction and priorities in relation to suicide prevention and self-harm and
- To help the Department of Health plan and manage the implementation of the National Suicide Prevention Program.

Information on the Australian Suicide Prevention Advisory Council membership and meeting outcomes

3. National Suicide Prevention Program (NSPP)

The NSPP is the Australian Government funding program dedicated to suicide prevention activities. The funding covers two streams of activities:

- Community based projects impacting on issues at a local level and
- National investment largely taking a population health approach and supporting infrastructure and research.
- Each stream incorporates activities across the continuum of suicide prevention supporting:

- Universal interventions, which aim to engage the whole of a population to reduce access to means, reduce inappropriate media coverage of suicide and to foster stronger and more supportive communities and schools. For example the LifeForce Suicide Prevention Training Program provides training to local leaders in urban and regional communities nationally, LIFE Communications provides a central hub for suicide prevention resources, and Mindframe and StigmaWatch carry out media monitoring for responsible reporting.
- Selective interventions, which aim to work with groups and communities who are identified as being at higher risk of suicide. For example, the StandBy Suicide Bereavement Response Service provides a 24-hour face-to-face response service for those bereaved by suicide, training for front line emergency response services in the community and coordination of suicide response services.
- Indicated interventions, which target individuals who are showing signs of symptoms that are strongly associated with suicide or are in circumstances that place them at highest risk of suicide. For example, telephone and peer support networks for those recently discharged following a suicide attempt; and Access to Allied Psychological Services (ATAPS) Suicide Prevention project which links those at identified risk of suicide or self-harm with psychological support services within 24 hours.

More information on the LIFE framework and projects funded under the National Suicide Prevention Program can be found on the living is for everyone website

4. Mechanisms to promote alignment with and enhance state and territory suicide prevention activities

These mechanisms particularly progress the relevant actions of related national frameworks, such as the Fourth National Mental Health Plan 2009-14.

https://www.health.gov.au/internet/main/publishing.nsf/Content/mental-nsps

National Aboriginal and Torres Strait Islander suicide prevention strategy

The objective of the National Aboriginal and Torres Strait Islander suicide prevention strategy is to reduce the cause, prevalence and impact of suicide on Aboriginal and Torres Strait Islanders, their families and communities.

http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pub-atsi-suicide-prevention-strategy

Agencies & activities

Suicide Prevention Australia

POSITION STATEMENT Youth Suicide Prevention Suicide Prevention Australia

Published in December 2010 this is a multi-agency statement

http://suicidepreventionaust.org/wp-content/uploads/2012/01/SPA-Youth-Suicide-Prevention-Position-Statement.pdf

Strategies to minimise the incidence of suicide and suicidal behaviour

Resource sheet no. 18 produced for the Closing the Gap Clearinghouse, February 2013.
This resource sheet provides a review of policies and programs that aim to prevent suicide and suicidal behaviour. Suicidal behaviour refers to actions that can result in death, such as taking an overdose or deliberately crashing a car. The scope of this resource sheet does not include self-injury that is part of the cultural grieving process ('sorry business').

http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctgc-rs18.pdf

The Commission for Children and Young People and Child Guardian

This agency promotes and protect the rights, interests and wellbeing of children and young people in Queensland, particularly those who:

- are in care or detention
- have no one to act on their behalf
- are not able to protect themselves
- are disadvantaged because of a disability, geographic isolation, homelessness or poverty.

Their work contributes to protecting and promoting the safety and wellbeing of Queensland children. They did the report below after concern about the high suicide rate.

Prevalence of youth suicide in Queensland, January 2014

In 2012–13, suicide was the leading external cause of death for children aged 10–14 years and had the highest rate of suicide for this age group since 2004 (4.1 deaths per 100,000 children aged 10–14 years). Suicide was the second-leading external cause of death for young people aged 15–17 years (5.5 deaths per 100,000 young people aged 15–17 years).

In total, suicide accounted for 46.8% of deaths by external (non-natural) causes among children and young people aged 10–17 years in 2012–13 with high rates for indigenous youth.

http://www.iasp.info/pdf/web_resources/child_deaths_prevalence_of_youth_suicide_in_queensland.pdf

Indigenous youth

Indigenous youth are known to have a much higher risk of suicidal behaviour than their non-Indigenous peers (Hunter & Milroy 2006, Pridmore & Fujiyama 2009). The causes of high Indigenous

suicide rates include social exclusion, substance abuse, socio-economic disadvantage, and loss of culture, discrimination, and other social factors. These are compounded by rurality and incarceration; all of which disproportionately impact on Indigenous youth.

http://suicidepreventionaust.org/wp-content/uploads/2012/01/SPA-Youth-Suicide-Prevention-Position-Statement.pdf

Australian states suicide plans

Northern Territory

Similar higher rates were found in the Northern Territory. The new NT Suicide Prevention Action Plan is currently being created with an intended completion date of mid-2014.
http://childrenscommissioner.nt.gov.au/pdfs/other_reports/nt_youth_suicide_public_release_final_with_ISBN.pdf

New South Wales

- NSW Suicide Prevention Strategy 2010-2015

Western Australia

- Western Australia Suicide Prevention Strategy 2009-2013 - Everybody's business
- WA Mental Health Commission - Mental Health 2020. Making it everybody's business
- Western Australian Mental Health 2020 Action Plan 2012/13 at March 2012.

Tasmania

- Tasmania's Suicide Prevention Strategy 2010-2014 - a Strategic Framework and Action Plan

South Australia

- South Australian Suicide Prevention Strategy 2012-2016 - Every Life is Worth Living

Victoria

- Victorian Aboriginal Suicide Prevention and Response Action Plan 2010-2015.
- Implementing Victoria's Suicide Prevention Strategy
- Next Steps - Victoria's Suicide Prevention Forward Action Plan 2006 - a public statement

Queensland

- Reducing Suicide - The Queensland Government Suicide Prevention Strategy 2003-2008
- Principles for developing organisational policies and protocols for responding to clients at risk of suicide and self harm.

Australian Capital Territories

- Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009-2014

School Resources

Educating for Life: A Guide for School-based Responses to Preventing Self-harm and Suicide, Mindmatters, Australia

This booklet outlines policies, processes and practices that can form part of a whole school approach to suicide prevention.

http://www.mindmatters.edu.au/resources/...

Kids Helpline

Within a year of opening, Kids Helpline had answered 75,000 calls. By Child Protection Week in October 1993, it had registered one million calls. Kids Helpline expanded state by state across Australia, and became a national service in 1993. Email counselling started in 1999 and the web counselling service was launched in May 2000. Since 1991, Kids Helpline has answered more than 6 million telephone calls and online contacts.

http://www.kidshelp.com.au/grownups/

Anti-bullying lesson ideas

Teacher resources

To support teachers, Kids Helpline offers a combination of resources including:

- bullying lesson resources http://www.kidshelp.com.au/grownups/news-research/teacher-resources/bullying-lesson-resources.php

- cybersafety lesson plans through our Make Cyberspace a Better Place campaign.

The Cybersmart program also provides age-based resources and lesson plans for primary and secondary students. There are three half-hour lessons suitable for Years 3-6 (Cyberbullying - Intro), Years 7-9 (Cyberbullying - Advanced) and Years 10-12 (Sexting).

Tagged follows the story of a group of high school friends who post a rumour about a rival online, which sparks a chain reaction that leaves no one untouched. Cyberbullying, sexting, filmed fights and police action ensue. The film, lesson plans and accompanying character interviews aim to bring common cybersafety issues to light. It is at the forefront of cyber-education for teenagers.

http://www.kidshelp.com.au/grownups/getting-help/cyberspace/teachers.php

Youth Beyond Blue

Beyondblue aims to build the capacity of parents/carers and those working in primary school/early childhood settings to support children's emotional development and to respond effectively to children experiencing difficulties with depression and anxiety.

Beyondblue has developed a range of programs for use in early childhood, primary and secondary schools, and tertiary settings. These programs emphasise proven methods, tools and support to help schools work with parents, carers, health services and the wider community, to nurture happy, balanced kids.

Learn more about *beyondblue*'s programs:

- KidsMatter Early Childhood
- KidsMatter Primary
- SenseAbility
- thedesk

Black Dog Institute

Head*Strong* Curriculum Resource (free to download)
A teaching resource about depression, mental health & resilience for teachers and other youth workers

The Black Dog Institute is proud to present HeadStrong, the creative way of thinking, talking and teaching about mood disorders. Aligned to the Health & Physical Education state and territory curriculums and the new National Curriculum for Years 9-10, HeadStrong includes 5 modules that are split into a series of ready to use classroom activities and teacher development notes. Each module links directly to curriculum outcomes, and is supported by a series of engaging classroom presentations by bestselling author and illustrator, Matthew Johnstone.

- Download the HeadStrong flyer
- Free HeadStrong professional development workshops & webinars
- For more information

Bite Back

Bite back is a creative site for young people aimed at helping with daily life.

http://www.biteback.org.au/mental-fitness/

Inspire

Young people are directly involved in developing and delivering all ReachOut.com by Inspire Foundation initiatives and ensuring that these initiatives closely align with their needs, interests, language, and culture. They participate online and offline by:

- creating content
- giving feedback
- promoting ReachOut.com in their schools and communities
- advocating for improved mental health services
- representing ReachOut.com at community events and conferences
- participating in research
- attending ReachOut.com workshops

http://inspire.org.au/supporting-programs/youth-participation-programs/

Reachout teacher resources

My Wellbeing. My Classroom: Resource
Empathy for Resilience
Optimism
http://au.professionals.reachout.com

CANADA

Facts

Statistics Canada noted in Canada, suicide is one of the top ten leading causes of death, with rates increasing over the past 60 years. In Canada, in 2005, suicide accounted for 3,743 deaths (2,857 males and 886 females); an age-standardized mortality rate of 10.9 per 100,000 persons.

Males died more often by suicide (age-standardized mortality rate of 16.9 per 100,000 population) than females (5.1 per 100,000 population). Based on data from the Canadian Community Health Survey, 14.7% of Canadians have thought about suicide and 3.5% have attempted suicide in their lifetime. Although suicide rates have traditionally been highest among elderly males, the current impact of suicide on society has been exacerbated by its increasing frequency among the young. In all countries it is now one of the top five leading causes of death among young people aged 15-34 years of both sexes, worldwide. In Canada in 2005, suicide was the second leading cause of death among individuals aged 15-34 years, second only to accidents/unintentional injuries. The loss of young, potentially productive people from society has been estimated by the WHO in terms of disability-adjusted life years, which indicates the number of healthy years of life lost to an illness or event.

According to their calculations, the burden of suicide is about 20 million disability-adjusted life years and is equal to the burden of all wars and homicides throughout the world. (See sources at the bottom of this page for references).

- No deaths by suicide were recorded among children under age 10
- Suicide rates are five to seven times higher for First nations and Inuit than for non-Aboriginal youth
- The Inuit youth suicide rate is 11 times the national average
- Not all Aboriginal communities are affected by suicide to the same extent, the statistics vary from region to region but it is generally accepted that the rates for native suicide are underestimated in general as they are only collected among Aboriginal people with treaty status and does not capture data from non-status or Métis people

http://www.suicideprevention.ca/wp-content/uploads/2012/08/StatsCan-SuicideRates_AnOverview-July2012.pdf

National policy

Government of Canada

The Government of Canada continues to place a high priority on mental health initiatives. However it does not have a national suicide prevention policy yet.

Spiwak and colleagues noted: "*In Canada, suicide has transitioned from being a criminal activity with much associated stigma, to being a public health concern that needs to be managed by governments and clinicians in a culturally sensitive manner. In Canada and worldwide, the social attitudes toward and legal interpretation of suicide have been dynamic.*

Much has been proposed in the development of suicide policy in Canada, however Canada is unique in that it remains one of the only industrialized countries without a national suicide prevention strategy".

http://www.ncbi.nlm.nih.gov/pubmed/23617984

Mental Health Commission of Canada

The Mental Health Commission of Canada is committed to the prevention of suicide in Canada and has made work in this area a top priority.

Alongside its efforts to address suicide prevention in the Mental Health Strategy for Canada, the MHCC is collaborating with many partners to increase capacity for suicide prevention. These partnerships will help raise awareness of the importance of acting to prevent suicide, and enhance understanding of effective suicide prevention programs that can be deployed within the mental health and health care systems and other settings.

The MHCC has been working with the Canadian Association for Suicide Prevention, the Public Health Agency of Canada and many other organizations to develop a National Collaborative on Suicide Prevention. The Collaborative aims to build suicide-prevention capacity, promote knowledge exchange and inform policy development at all levels of government.

The MHCC is also helping to develop the Canadian Depression Research and Intervention Network (CDRIN) to enhance our understanding of the relationship between depression and suicide, and has participated in recent efforts by the CIHR to synthesize the state of current knowledge on suicide prevention.

http://www.mentalhealthcommission.ca/English/issues/suicide?routetoken=a8bea3e52796c4dd668e798c546e47ea&terminitial=29

What We've Learned (from MHCC)

Programs and services that will help prevent suicide need to address a complex interplay of factors at the individual, interpersonal, community and societal levels in ways that are appropriate for people of different ages, genders and backgrounds.

The overlap between mental health and suicide prevention

Suicide and mental health problems and illnesses need to be addressed together. Of the 4,000 Canadians who die every year as a result of suicide, most were confronting a mental health problem or illness. Suicide and mental health problems and illnesses also share many common risk and protective factors. This is why it is important to foster the implementation of the Mental Health Strategy for Canada as a whole.

Sharing best practices

While there is much innovative research into suicide being conducted in Canada and there are many excellent practical suicide prevention initiatives already underway across the country, it remains a challenge to ensure that the lessons being learned are shared and that our best knowledge is being put into practice. The National Collaborative for Suicide Prevention will make it possible to share this kind of work, spreading knowledge of best practices across the country and establishing knowledge networks that will deepen our collective understanding of the factors that can contribute to suicide and what prevention efforts are most effective.

One size does not fit all

Suicide is a complex issue that affects individuals of any age, gender or cultural background. As with health promotion and illness prevention initiatives in general, suicide prevention initiatives are most effective when they are tailored and targeted to specific groups. While valuable programs exist in pockets across the country today, it will be important to identify the successful elements in these approaches to suicide prevention so that they can be customized on a group-by-group or community basis.

http://www.mentalhealthcommission.ca/English/issues/suicide?terminitial=29&routetoken=be72f78d41ecdd3327bfc88e6845efd8

Acting on What We Know: Preventing Youth Suicide in First Nations

The executive summary notes Suicide among First Nations youth has been occurring at an alarming rate in recent years. Statistics show an Aboriginal suicide rate two to three times higher than the non-Aboriginal rate for Canada, and within the youth age group the Aboriginal suicide rate is estimated to be five to six times higher than that of non-Aboriginal youth.

The recommendations listed below fall into four main themes:

1. Increasing knowledge about what works in suicide prevention;
2. Developing more effective and integrated health care services at national, regional and local levels;
3. Supporting community-driven approaches; and
4. Creating strategies for building youth identity, resilience and culture.

No single approach is likely to be effective on its own. To reduce the risk of suicide, it is essential to make multi-level changes to systems that support youth, families and communities in crisis.

This report sets out a concrete series of steps, some of which can be immediately initiated by government and Aboriginal organizations. It is hoped that through these recommendations a collaborative and proactive response to First Nations youth suicide prevention will emerge.

http://www.hc-sc.gc.ca/fniah-spnia/alt_formats/fnihb-dgspni/pdf/pubs/suicide/prev_youth-jeunes-eng.pdf

Agencies & activities

Canadian Association for Suicide Prevention

A second draft suicide prevention plan was published in 2009. - the CASP Blueprint for a Canadian National Suicide Prevention Strategy.

http://suicideprevention.ca/wp-content/uploads/2009/12/SuicidePreventionBlueprint0909.pdf

Two years ago in Vancouver the CASP Board put forward the idea of a national suicide prevention collaborative. This year in partnership with our friends at the Mental Health Commission of Canada (MHCC) and the Public Health Agency of Canada (PHC) the National Suicide Prevention Collaborative took shape and took off. Approximately twenty national organizations are now involved in this undertaking.

http://www.suicideprevention.ca/

Mental Health Task Force: Government of Nunavut The Feasibility and Applicability of the Australian (WASC-Y) Model of Suicide Prevention/Intervention for Use in Nunavut, 2006

http://www.indigenouspsychservices.com.au/documents/WASC-Yfeasibilitystudy.pdf

Survey on School-Based Mental Health and Addictions Services in Canada

An overview of findings in context This Integrative KTE Report summarizes highlights from the survey of Canadian schools and districts conducted by Directions Evidence and Policy Research Group on behalf of the School-Based Mental Health and Substance Abuse Consortium. In addition, the KTE Report outlines key conclusions and provides initial recommendations in the form of actionable messages.

file:///Users/janetpeters/Downloads/SubstanceAbuse_SBMHSA_Survey_ENG_0_0.pdf

Means Restriction for Suicide Prevention

The Institute of Health Economics in Alberta Canada did this publication in 2010.

It notes that in Canada, intentional self-poisoning, including intentional overdose, is the most common method used by females and the second most common method used by males for suicide. Unspecified drugs, medications, and biological substances caused the majority of intentional overdose-related deaths, which underscores the difficulty in current data collection systems.

Various strategies to reduce access to lethal means in order to prevent suicide deaths of an impulsive nature, particularly among young people, have been developed and implemented in several countries.

Means restriction is considered a key component in a comprehensive suicide prevention strategy and has been shown to be effective in reducing suicide rates.

It found:

In general, national suicide prevention strategies targeted restriction of means of suicide from self poisoning (e.g. drug overdose), vehicle exhaust gas, use of firearms, jumping from high places (e.g. bridges), and access to railway lines.

However, prevention of hanging in public settings received little attention, although hanging is the most commonly used method worldwide. Some attempts have been made to restrict means for hanging in institutional settings such as prisons and psychiatric institutions.

England's national suicide prevention strategy serves as a good example of a comprehensive and coordinated strategy with goals for feasible actions. This strategy outlines a set of targets to be achieved within a certain time frame for the reduction in the total number of suicides as well as in the number of suicides by each means/method. It covers different aspects for means restriction with detailed plans for implementation and ongoing monitoring.

Canada does not have a government issued national suicide prevention strategy.

The recommendations were:

A provincial intentional overdose prevention policy/strategy/initiative needs to be developed using a framework that includes the following phases: problem identification (baseline data collection), search for evidence (effectiveness of preventive interventions), selection from different options (decisions incorporating research evidence and local context), implementation (specification of the lead agencies or individuals, partners, funding/resources), and evaluation (selection of evaluation model, indicators, outcome measures).

Future efforts for Alberta's intentional overdose prevention activities may include:

- baseline data collection of the causes and trends of suicide deaths and suicide attempts in Alberta
- identification of drugs commonly used for suicide and suicide attempts, particularly those used by children and youth;
- consideration of provincial regulation of those drugs commonly used for suicide and suicide attempts;
- provision of education for physicians and other health professionals on safe prescriptions for children and youth;
- provision of education for parents, guardians, caregivers, or social workers on safe storage and disposal of the drugs commonly used for suicide and suicide attempts;
- development of assessment tools for identifying individuals, particularly children and youth, who may be at risk of suicide and who have easy access to lethal drugs; and
- collaboration of the provincial mental health services with government departments such as the Department of Education and Alberta Children's' Services.

http://www.ihe.ca/documents/IO%20Final%20Feport%20Jan%202010.pdf

School resources

After a Suicide: A Toolkit for Schools

This toolkit was developed in the US by a SAMHSA grant and it is used in Canada. More will be described on the US section.

After a Suicide: A Toolkit for Schools includes an overview of key considerations, general guidelines for action, do's and don'ts, templates, and sample materials, all in an easily accessible format applicable to diverse populations and communities. Principles that have guided the development of the toolkit include the following:

- Schools should strive to treat all student deaths in the same way. Having one approach for a student who dies of cancer (for example) and another for a student who dies by suicide
- reinforces the unfortunate stigma that still surrounds suicide and may be deeply and unfairly
- painful to the deceased student's family and close friends.
- At the same time, schools should be aware that adolescents are vulnerable to the risk of suicide contagion. It is important not to inadvertently simplify, glamorize, or romanticize the student or his/her death.
- Schools should emphasize that the student who died by suicide was likely struggling with a mental disorder, such as depression or anxiety, that can cause substantial psychological pain but may not have been apparent to others (or that may have shown as behavior problems or substance abuse).
- Help is available for any student who may be struggling with mental health issues or suicidal feelings.

http://www.suicideprevention.ca/wp-content/uploads/2011/06/toolkit.pdf

Signals of suicide

A school-based suicide prevention program presented by a trained facilitator in Grade 9 classrooms throughout the province of Prince Edward Island. Combining interactive learning techniques, open discussions and a short video, the one-hour session explores the topic of suicide with youth, and teaches them ways to seek help for themselves and their peers when they're in distress. This program is funded by the PEI Department of Health and CMHA's annual 'Golf for Life' Tournament.

http://pei.cmha.ca/programs-and-services/suicide-prevention/

River of Life

This online course designed to engage, educate and empower anyone wanting to understand suicide prevention for the Aboriginal communities in Canada.

http://riveroflifeprogram.ca/Program.php

Selecting a Suicide Prevention Curriculum for Youth

http://www.suicidology.org/c/document_library/get_file?folderId=236&name=DLFE-139.pdf

Teen suicide resource toolkit

http://suicideinfo.ca/LinkClick.aspx?fileticket=EEFnaeAEnMc%3d&tabid=563

Suicide Prevention Resource Toolkit

http://suicideinfo.ca/LinkClick.aspx?fileticket=wCQaysVImE8%3d&tabid=563

The Centre for Addiction and Mental Health (CAMH) Suicide Prevention and Assessment Handbook

While written for clinicians it is very useful.

http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/suicide/Documents/sp_handbook_final_feb_2011.pdf

Youth Mental Health Sites (Taken from the Kelty Foundation website)

- www.unleashthenoise.com - Unleash the Noise calls on young people ages 15-24 in high school and post secondary institutions from across Canada who are truly interested and passionate about changing the landscape of mental health.
- www.mindcheck.ca - This website was created in order to assist young people to identify and understand mental distress they may be experiencing and to link them to sources of help that will enable them to learn skills and strategies to manage these problems.
- www.ok2bblue.com - The BLUEWAVE website has been created as a media/portal where youth and parents can learn about the challenges surrounding mental health issues. The underlying message is that we all feel "Blue" from time to time, and that it is: OK2B BLUE
- www.mindyourmind.ca - an award winning site for youth by youth. This is a place where you can get info, resources and the tools to help you manage stress, crisis & mental health problems.
- www.thejackproject.org - The Jack Project provides much needed mental health information and support to young people as they move from late high school into college, university or independent living. We also equip interested adults - the parents, family members and educators - with the knowledge they need to support the mental health of the young people in their lives. Their vision is "No More Silence."

https://www.thekeltyfoundation.org/resources_list.php

ENGLAND

Facts

In the UK there are approximately 5000 suicides per year, and considerably more deaths from suicide than from road traffic accidents. The number of people presenting to hospitals following deliberate self harm episodes exceeds the number of suicides in self-harm most countries by at least 20 to one.

In the UK there are an estimated 170,000 cases of self-harm annually. This figure has increased substantially in recent years. Both suicide and deliberate self-harm involve large numbers of young people, many in their teens. Prevention of suicidal behaviour is a major health care target for the UK Government.

http://cebmh.warne.ox.ac.uk/csr/profile.html

2014 figures show 4,513 suicide deaths in 2012, very close to the number in 2011 (4,518). The latest statistics show that:

- The rate of deaths from suicide and undetermined intent was 8.0 per 100,000 population in 2010-12. After 1998-2000 the general trend was a decrease in the overall rate of suicide. However, this has tailed off in recent years with a small rise in rates in the last four years. However, the figure for 2010-2012 is 17% lower than in 1998-2000.

- Suicide continues to be more than three times as common in males (12.4 per 100,000 for males in 2010-12, compared to 3.7 for females).

- The numbers and rates of suicide and undetermined deaths vary between age groups, with rates among males highest for those aged 35-54 years and among females, highest for those aged 40-59 years.

- Hanging, strangulation and suffocation accounts for the largest number of suicides in males, 60%. In females hanging and drug related poisoning are the joint most frequent methods, 38%.

- The most recent National Confidential Inquiry into Suicide and Homicide annual report (July 2013) shows a rise in overall patient suicide, probably reflecting the rise in suicide in the general population, which has been attributed to current economic difficulties. In-patient suicide continues to fall. There are twice as many suicides under crisis resolution/home treatment compared to in-patients. Opiates are the main substance in self-poisoning.

- The patterns for both rates and numbers of self-inflicted deaths in custody closely mirror each other. Prison suicides are no longer falling after a major fall between 2004-8, with about 60 deaths each year, representing a rate of 0.7 per 1,000 individuals in custody. Suicides in women prisoners are now very few.

- There was a considerable rise in the number of apparent suicides within two days of release from police custody, with 59 such deaths, the highest number recorded over the last nine

years. Almost two-thirds were known to have mental health concerns, a higher proportion than in 2011-12, and seven had previously been detained under the Mental Health Act.

- There was a rapid rise in the number of deaths caused by helium poisoning, almost all of which are likely to be caused by suicide. There were no recorded deaths in 2000 from helium, however since 2007 there has been a steady rise, with 51 deaths in England in 2012.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278119/Annual_Report_FINAL_revised.pdf

National policy

Department of Health

No health without mental health, published in 2011, is the overall government's mental health Strategy.

'Preventing suicide in England: A cross-government outcomes strategy to save lives' was published in 2012 by the Department of Health.

This latter Strategy notes:

Suicide is a major issue for society and a leading cause of years of life lost. Suicides are not inevitable. There are many ways in which services, communities, individuals and society as a whole can help to prevent suicides and it is these that are set out in this strategy.

There are 6 key areas of action:

1. Reduce the risk of suicide in key high-risk groups

2. Tailor approaches to improve mental health in specific groups

3. Reduce access to the means of suicide

4. Provide better information and support to those bereaved or affected by suicide

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

6. Support research, data collection and monitoring.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

Three key national documents followed in 2014:

1. **Preventing suicide in England: One year on – the first annual report on the cross-government outcomes strategy to save lives**.

"This first report on the new strategy sets out the big developments over the past year and highlights the areas where things need to be done for the next year. The strategy is intended to be dynamic and evolve in response to new trends and knowledge. It is also designed to support action at all levels, but particularly local action. The messages in this report are designed to help local areas focus on the most effective things that they can do to reduce suicide"(p.4).

With regard to children and young people the reports notes:

Improving children and young people's mental health is an important ambition, by promoting emotional resilience, good mental health and providing early and effective treatment for those who need it. The children and young people's mental health e-portal (to be delivered by 2014) will include specific learning and professional development in relation to self-harm, suicide and risk in children and young people.

Schools and colleges in conjunction with commissioners of mental health services have a key role to play in promoting good mental health for all children and young people and in intervening early when problems become apparent. To support more effective commissioning of mental health services by schools, the Department for Education have asked a consortium of voluntary organisations to develop new ways of tailoring and presenting the sector's offer to schools. The SEN reforms in the Children and Families Bill are intended to support better joint commissioning of education, health and care services. The new draft Code of Practice aims to ensure that schools identify underlying issues which might lead to SEN, including mental health issues, and can draw in specialist services as part of wider support plans.

Used well, the internet can reach out to vulnerable individuals who would otherwise be reluctant to seek information, help or support from other agencies. However, as well as maximising the benefits the internet brings, we must be aware of, and responsive to, the risks it presents. New measures announced by the Prime Minister will ensure that all internet customers will be given the opportunity to install free and easy to use filters which can block access to harmful websites such as those promoting suicide and self-harm. As part of the government's reforms to the national curriculum, from September 2014 e-safety will be taught to pupils at all key stages, from primary pupils aged five through to secondary pupils aged 16.

What local services can do:

- Local services can develop systems for the early identification of children and young people with mental health problems in different settings, including schools.
- Local areas will be able to apply to be part of the Children and Young People's Improving Access to Psychological Therapies programme which will roll out evidence based practice and outcomes monitoring over the next few years.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278119/Annual_Report_FINAL_revised.pdf

2. **Statistical update on suicide** by the Health Improvement Analytical Team of the Department of Health

This document stated: "*there were 4,513 suicides recorded in 2012, similar to the 2011 figure of 4,518. In the past decade, the overall trend has been a decrease in the suicide rate but with a small rise in the last 4 years. The three-year average rate for 2010-12 was 8.0 suicides per 100,000 general population, 17% lower than in 1998-2000"* (p.5).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278120/Suicide_update_Jan_2014_FINAL_revised.pdf

3. Information sharing and suicide prevention consensus statement

This was endorsed by the Department of Health and eight other national agencies and prepared by Mental Health, Equality and Disability Division.

"We strongly support working closely with families. Obtaining information from and listening to the concerns of families are key factors in determining risk. We recognise however that some people do not wish to share information about themselves or their care. Practitioners should therefore discuss with people how they wish information to be shared, and with whom. Wherever possible, this should include what should happen if there is serious concern over suicide risk.

We want to emphasise to practitioners that, in dealing with a suicidal person, if they are satisfied that the person lacks capacity to make a decision whether to share information about their suicide risk, they should use their professional judgment to determine what is in the person's best interest.

It is important that the practitioner records their decision about sharing information on each occasion they do so and also the justification for this decision.

Even where a person wishes particular information not to be shared, this does not prevent practitioners from listening to the views of family members, or prevent them from providing general information such as how to access services in a crisis"(p.7).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271792/Consensus_statement_on_information_sharing.pdf

Agencies & activities

Centre for Suicide Research, University of Oxford

This Centre is led by Prof. Keith Hawton and colleagues.

The website states: We work to understand the causes of self-harm and suicide and contribute to better treatment and prevention of suicidal behaviour. Our research has resulted in national initiatives which have prevented many deaths and is internationally recognized.

At the Centre for Suicide Research we translate findings about the extent and nature of self-harm and suicide into implications for prevention and treatment. We are proud that our work has had tangible benefits in terms of saving lives. Our work has contributed to national regulations that have restricted availability of drugs used for suicide, particularly painkillers, which we have shown to have had major beneficial impacts. We have also developed resources for people bereaved by suicide.

We collaborate with a range of researchers in both the UK and other countries worldwide and lead the Multicentre Study of Self-harm in England. We are partners in a Wellcome Trust funded initiative to reduce suicide in Sri Lanka and provide a model for other countries in Asia. Our recently awarded NIHR Programme Grant in support of the National Suicide Prevention Strategy will facilitate our continuing contribution to the field.

Key research areas include:

- Evaluation of suicide prevention strategies
- Monitoring trends in attempted suicide and suicide
- Psychological autopsy studies to identify the psychiatric and social causes of suicide in specific subgroups (e.g. high risk occupational groups, young people, older people)
- Deliberate self-harm and suicidal ideation in adolescents
- Genetic and other biological influences on deliberate self-harm
- Studies of suicide attempters, including survivors of serious suicide attempts, to identify the psychological, social and biological causes and correlates of suicidal behaviour
- Outcome following deliberate self-harm
- Economic costs of suicidal behaviour
- Media influences on suicidal behaviour
- Development and evaluation of specific treatments for suicide attempters
- Systematic reviews of the worldwide literature on clinical studies relevant to suicide prevention

http://www.psych.ox.ac.uk/research/csr

Prof. Keith Hawton was a leader in the recent IIMHL Suicide Prevention "match" as part of the 2014 IIMHL Leadership Exchange. For more of his materials please visit the IIMHL website www.iimhl.com

The University of Manchester has a Center for Mental Health and Risk

Its page states the following with regard to young people and suicide:

"Suicide by children and young people"

Suicide is a leading cause of death among youths, accounting for more life years lost than traffic accidents. In particular, little is known about suicide among children (i.e. 10-14 years).

Young suicide in the UK general population

- There are approximately 246 suicide deaths per year among young people 10-19 years of age (a rate of 3.28/100,000 population)
- Rates have decreased in recent years
- Suicide rates are substantially higher among adolescents (15-19 years) compared to children (10-14 years)
- In the UK, the magnitude of the difference is greatest in the youngest age groups[2]

Young suicide in the UK mental health patient population

- There has been a 57% decrease in the number of young (under 25) patients, primarily in the 20-24 age group
- However, there are low rates of mental health contact among young people compared to older individuals
- Features associated with young suicide include:
  - a primary diagnosis of affective disorder or schizophrenia
  - substance misuse
  - self-harm
  - mental illness history
  - residential instability
- However, over half of youths were living with parents and one-fifth were in full-time education, suggesting opportunities for intervention"

http://www.bbmh.manchester.ac.uk/cmhr/topicalatozlist/suicide_by_children_and_young_people

The Children and Young People's Mental Health Coalition

This agency has developed guidance for schools on how to support children and young people's mental health, called Resilience and Results: http://www.cypmhc.org.uk/resources/resilience_results/

"The Children and Young People's Mental Health Coalition brings together over 70 third sector organisations to campaign on behalf of and with children and young people to effect change in policy and practice that will improve their mental health and wellbeing.
One of our current areas of work is on schools. We believe that promoting the emotional and mental wellbeing of all young people, and intervening early to prevent behavioural and emotional difficulties developing is fundamental to improving educational attainment, achievement and behaviour.

This document briefly: sets out the terminology used; outlines why it is important for schools to tackle behavioural and emotional difficulties; explains how these difficulties impact on academic attainment; and discusses what schools can do to help children and young people with these problems.

There are case studies included throughout the document which illustrate how schools can promote the emotional and mental wellbeing of all children and young people"(p.7).

Terminology

There is a lot of confusion around the terminology connected with mental health and wellbeing. We know that some people are not comfortable with the term mental because they associate it with mental illness. However, mental health is an essential component of health and is as important as physical health. Subjective wellbeing refers to how we feel or how happy we are about our lives as a whole, or specific bits of it (The Children's Society, 2012).

There appear to be core attributes seen in mentally healthy children and young people:

- The capacity to enter into and sustain mutually satisfying personal relationships.
- A continuing progression of psychological development.
- An ability to play and to learn appropriately for their age and intellectual level.
- A developing moral sense of right and wrong.

- The capacity to cope with a degree of psychological distress.
- A clear sense of identity and self worth (YoungMinds, 2010).

Mental health problems refer to a wide range of difficulties, which vary in their persistence and severity. Mild problems are at one end of the spectrum and severe mental illness is at the other.

We know that schools generally do not use the term mental health and tend to use words such as behaviour and emotions. So in this document we will use the term behavioural and emotional difficulties when we are referring to mental health problems, and use the term emotional and mental wellbeing when we are referring to mental health (p.8).

PAPYRUS Prevention of young suicide

Jean Kerr, a mother from Lancashire, founded PAPYRUS in 1997. She and a small group of parents who had each lost a child to suicide were convinced that many young suicides are preventable**.**

They aim to:

- **Reduce Stigma** associated with suicide
- **Increase Awareness** of young suicide and how to help prevent it; this involves speaking in schools, colleges and community organisations
- **Provide services** (e.g. HOPELineUK; SMS and email advice; Training such as ASIST; online information; professional advice)
- **Campaign** as a UK charity to prevent young suicide
- **Listen and Learn** - supporting/disseminating research/knowledge
- **Contribute** to local, regional and national suicide prevention strategic action

http://www.papyrus-uk.org/about

This agency offers a number of seminars and workshops to meet different needs. We will train individuals, groups and organisations across the UK depending wherever our resources permit. We work regularly in schools and colleges to raise awareness of young suicide and how to prevent it.

Training packages in educational settings include:

Class / Tutor Group Workshop

An interactive opportunity for young people to become aware of suicide in a safe space, and what they can do to keep themselves safe. Topics covered include reasons around why a young person could become suicidal, how to ask if someone is suicidal and what you can do to help them and help yourself, including the importance of resilience.

Sessions last around 45-60 minutes for 30 participants

We can provide up to 5 sessions input per college day.

Year Group Assembly

An overview of suicide awareness for a larger audience covering reasons behind why someone may become suicidal, behavioural changes, what support is out there and how they can find it.

Sessions last 15-30 minutes http://www.papyrus-uk.org/new-page-453

Oxford University publication

ByTheirOwnYoungHand

Deliberate Self-harm and Suicidal Ideas in Adolescents
Keith Hawton and Karen Rodham
with Emma Evans

Published in 2006, this book explores the findings of the first large-scale survey of deliberate self-harm and suicidal thinking in adolescents in the UK, and draws out the implications for prevention strategies and mental health promotion.

http://cebmh.warne.ox.ac.uk/csr/recentpubs.html

School resources

Self harm in children and young people

The National CAMHS service published a handbook. They note:

“Rates of self-harm have increased in the UK over the past decade and are among the highest in Europe. Moreover rates of self-harm are much higher among groups with high levels of poverty and in adolescents and younger adults.

Self-harm results in about 150,000 attendances at accident and emergency departments each year and is one of the top five causes of acute medical admission.

All staff working with children and young people, whether in universal, targeted or specialist services, are likely to encounter children or young people who self-harm at some point in their working lives. Self-harm is distressing for all concerned and many who work in children’s services feel ill equipped to deal with it.

Ignorance, fear and misunderstanding may be a reason why the National Institute for Health and Clinical Excellence (NICE, 2004) has found that staff frequently have a negative attitude towards those who carry out acts of self-harm, particularly those who harm themselves repeatedly.

This Handbook is designed to provide basic knowledge and awareness of the facts and issues behind self-harm in children and young people, with advice about ways staff in children's services can respond. It is not a definitive guide and does not replace official guidance issued by professional bodies or government policy, but provides a clear and simple starting point for easy reference.

Each section of this Handbook is accompanied by a brief summary of relevant evidence and references to source material. The full set of references is also provided at the end. It can be printed or viewed on a computer and can be navigated easily by following the links on the Contents page, or using the colour coding for each section.

All those working with children and young people need to [illegible] harm and the underlying reasons for it; be able to act sensitively and appropriately in supporting each child or young person to be emotionally well, and; and contribute to tackling the societal and professional attitudes that create stigma.

file:///Users/janetpeters/Downloads/Self-harminchildrenandyoungpeoplehandbook.pdf

Preventing suicide in England

This agency also outlines other resources and intervention that would assist young people. For example:

- The consensus from research is that an effective school-based suicide prevention strategy would include:
  - a coordinated school response to people at risk and staff training;
  - awareness among staff to help identify high risk signs or behaviours (depression, drugs, self-harm) and protocols on how to respond;
  - signposting parents to sources of information on signs of emotional problems and risk;
  - clear referral routes to specialist mental health services.

- NICE quality standards are under development on self-harm in adults and children and young people.

Stonewall's Education for All

This campaign works to tackle homophobic bullying in Britain's schools, and has a lot of resources. www.stonewall.org.uk/at_school/education_for_all/default.asp

- a new e-portal will include specific learning and professional development in relation to self-harm, suicide and risk in children and young people.

Beatbullying

This agency aims at helping young people and teachers combat bullying and cyberbullying.

http://archive.beatbullying.org/dox/resources/resources.html

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

IRELAND

Facts

Suicidal behaviour represents a global public health problem and its prevention continues to provide a major challenge to health and social services at all levels of Irish society. More people die by suicide in Ireland each year than in road traffic accidents. Currently, youth suicide rates in Ireland are fifth highest in the European Union (World Health Organisation, 2005). Older people, especially older men, may also be vulnerable and suicide is affecting increasing numbers of Irish people across the lifespan.

Deliberate self-harm is also a significant problem. According to the National Parasuicide Registry, over 11,000 cases of deliberate self-harm are seen in the accident and emergency departments of our hospitals annually and many more cases of deliberate self-harm never come to the attention of the health services.

The causes of suicide are complex and are likely to involve an inter-play of psychological, biological, social and environmental factors in the context of a person's negative experiences over a lifetime, sometimes aggravated by a recent personal difficulty. Premature death from suicide has many adverse consequences, not only for the family and friends of those who die but for all of those in the wider community who have to cope with the impact of the tragedy.

There is no single intervention or approach that will, in itself, adequately challenge the problem of suicide in Ireland. A strategic framework is required to assist all of us in identifying actions we can undertake in a coordinated way, through partnership working between statutory, voluntary and community groups and individuals, supported by Government.

Everyone has a role to play in suicide prevention – from the health sector to our schools, community groups and those in private enterprise.

http://www.dohc.ie/publications/pdf/reach_out.pdf?direct=1

National policy

The Department of Health and Children

The Department of Health and Children's statutory role is to support the Minister in the formulation and evaluation of policies for the health services. It also has a role in the strategic planning of health services http://www.dohc.ie/

Responsibilities

- Policy formulation in the area of Mental Health and suicide prevention.
- Facilitate and monitor implementation of 'A Vision for Change' – the Report of the Expert Group on Mental Health and 'Reach Out' – the National Strategy for Action on Suicide Prevention.
- Monitor and evaluate HSE performance in relation to mental health services.
- Ongoing monitoring of the Mental Health Acts 2001 and 2008 and the appropriateness of the Mental Health legislative framework.
- Oversight of Mental Health Commission.

http://www.dohc.ie/about_us/divisions/mental_health.html

Reach Out National Strategy for Action on Suicide Prevention 2005-2014

Produced by the Health Service Executive, the National Suicide Review Group and Department of Health and Children.http://www.dohc.ie/publications/pdf/reach_out.pdf?direct=1

The strategy calls for a multi-sectoral approach to the prevention of suicidal behaviour in order to foster cooperation between health, education, community, voluntary and private sector agencies. The HSE's National Office for Suicide Prevention (NOSP) oversees the implementation of the strategy.

Part of this strategy focuses on schools.

Schools

"Objective: To promote positive mental health, develop counselling services and put standard crisis response protocols in place in all primary and secondary schools.

Schools can play an important role in the promotion of positive mental health, building up resilience and in identifying and supporting students who may be vulnerable or at risk, including students who are bullied or who are suffering from low self-esteem. Students who are perceived as being different, for example on the grounds of sexual orientation or race, may be particularly vulnerable in this regard. The school response in the aftermath of a student or staff suicide is also extremely important in order to minimise the negative and distressing impact on the school and the wider community.

While the treatment of child and adolescent psychiatric problems is the responsibility of the health services, mental health promotion and the provision of supports for vulnerable students depend on cooperation between government departments, particularly the Department of Education and Science (DES) and the Department of Health and Children (DoHC).

Education about mental well-being and mental health problems should become an integral part of the school curriculum, starting in primary school. It is especially important to address the myths and stigma surrounding mental health which, for many young people, are barriers to seeking help for emotional and mental health problems. Finally, the support needs of staff in developing mental and emotional health promotion must be acknowledged and met.

The ongoing development of the Social, Personal and Health Education (SPHE) module, which is now compulsory in all second level schools at Junior Cycle, offers an important vehicle for the delivery of mental health promotion efforts. This development will build on the experience of a primary school children as SPHE is a core part of the primary curriculum. The importance of SPHE in promoting

positive mental health is further underlined by the strong working partnerships it has fostered and encouraged between the education sector and the HSE, especially with Health Promotion Officers across the regions. Links between the education and health sectors have been further strengthened through the development of the Health Promoting Schools Network.

Action to Take

2.1 Establish an inter-departmental working group between the Department of Education and Science (DES) and the Department of Health and Children (DoHC) to develop, implement, monitor and coordinate protocols and policy for mental health promotion and critical incident response in schools
2.2 At an operational level, appoint a national coordinator in the education sector to work in partnership with appropriate HSE staff to oversee the implementation of mental health promotion activities and critical incident response in schools
2.3 Conduct a formal review, making recommendations for service development, of school guidance and counselling services to establish staffing levels, training and accreditation standards and the extent and nature of counselling provided
2.4 Survey primary and secondary schools to establish base line information in relation to mental health promotion programmes, critical incident response protocols and the Social, Personal and Health Education (SPHE) module
2.5 Review and rate the usefulness and effectiveness of all of the available mental and emotional health promotion materials and programmes, including peer support programmes, and the relevant guidelines documents for primary and secondary schools and for students, including help websites
2.6 Compile a database of statutory and voluntary mental health and social support services that schools can access for information and referral, making the database available on appropriate websites (see also 25.4)
2.7 Building on existing programmes (such as the HSE South Eastern Area schools training programme which has been independently evaluated), develop and implement a training programme for teachers at all levels and for trainee teachers on mental health promotion and crisis response
2.8 Expand SPHE in primary and secondary schools, with a focus on age-appropriate mental and emotional health issues such as self-esteem, bullying, discrimination and alcohol, requiring all schools to implement SPHE at senior cycle post-primary, informed by the review in 2.4 above
2.9 Guided by the review in 2.3, develop an independent counselling service that can be accessed through schools or in the community by school students and by early school leavers"(p.22)

Call for submissions on a new National Framework for Suicide Prevention

We want to hear your ideas and opinions about what should be contained in Ireland's new National Framework for Suicide Prevention. Submissions will inform the development of a National Framework for Suicide Prevention 2015 – 2018.
In a survey the most common problems for young people were:

- Alcohol/drink
- Drugs
- Peer pressure
- Bullying
- Exam pressure

http://www.nosp.ie/young_people_09.pdf

Northern Ireland

This country has its own suicide strategy: Protect Life: A Shared Vision, The Northern Ireland Suicide Prevention Strategy and Action Plan 2006 – 2011, September, 2006.

www.dhsspsni.gov.uk/phnisuicidepreventionstrategyactionplan-3.pdf

Agencies and activities

Good Habits of Mind

Good Habits of Mind: A mental health promotion initiative for those working with young people in out-of-school settings, NYCI and Northern Area Health Board, 2004.
www.youth.ie/nyci/good-habits-mind

Youth cafés in Ireland

A best practice guide to set up and run a youth café in Ireland, Family Support Services, NUIG
www.childandfamilyresearch.ie/publications/policy-practice

Headstrong

Headstrong was set up in response to a need to change the way Ireland thinks about youth mental health, so that young people are connected to their community and have the resilience to face challenges to their mental health.
www.headstrong.ie

For lesbian, gay, bisexual and transgender

National helpline The National LGBT helpline number is 1890 929 539. It is open from 7 - 9 pm, Monday to Friday. Their website gives an outline of supports available nationally and specific LGBT information for both LGBT people and professionals. For more information:
www.lgbt.ie

Support Groups BeLonG To is a national youth service for Lesbian Gay Bisexual and Transgender (LGBT) young people in Ireland, aged between 14 and 23 years. BeLonG To has booklets and reports on LGBT young people. It also has a training programme called ‘Stand-Up’. For more information see:
www.belongto.org

GLEN – Gay and Lesbian Equality Network, focuses on influencing policy and on working strategically and in partnership with mainstream organisations such as Government, regulatory authorities, trade unions and other social partners in order to achieve change.
GLEN is not involved in direct service delivery: www.glen.ie

Mental Health Promotion

Look After Yourself, Look After Your Mental Health: Information for Lesbian, Gay, Bisexual and Transgender People:
www.nosp.ie
http://www.nosp.ie/practical_guide.pdf

Samaritans Ireland

This agency has many links to helpful agencies for children and young people.
http://www.samaritans.org/your-community/samaritans-work-ireland/additional-sources-help-ireland

Children / young people

Childline Ireland

Part of the ISPCC (The Irish Society for the Prevention of Cruelty to Children). Childline has two parts. There is a telephone service and there is an online and mobile phone texting service.
Tel (Under 18s only): 1800 66 66 66
Tel (24 hour, for parents): 01 6767960
Website: http://www.childline.ie

Dáil na nÓg

The national youth parliament of Ireland that gives young people the chance to let the decision makers in Government know what they think of issues that affect their daily lives.
Website: http://www.dailnanog.ie

Department of Children and Youth Affairs

Focuses on harmonising policy issues that affect children.
Website: http://www.omcya.ie

HeadsUp

An automated 24hr text service that is set up to show young people where to get help.
Website: http://www.headsup.ie

Headstrong

A national organisation that works with communities to ensure that young people are better supported to achieve mental health and well-being.
Website: http://www.headstrong.ie

Jigsaw

Jigsaw projects across Ireland work with communities to better support young people's mental health and well-being. The Jigsaw programme has been developed and supported by Headstrong, the National Centre for Youth Mental Health.
Tel: 01 4727 010
No national number.
See website for local Jigsaw project: http://www.jigsaw.ie

Let Someone Know

Focuses on mental health - aims to help young people understand more about what's getting them down and to help them get started in the right direction.
Website: http://www.letsomeoneknow.ie

National Youth Council of Ireland
An organisation for voluntary youth work in Ireland which acts on issues that impact on young people.
Website: http://www.youth.ie

Please Talk
Provides details of the support services available to students on college and university campuses (funded by the HSE NOSP).
Website: http://www.pleasetalk.ie

Reach Out
Aims to improve young people's mental health and well-being by building skills and providing information, support and referrals in ways we know work for young people.
Website: http://ie.reachout.com

SpunOut
An independent youth powered national charity that works to empower young people to create personal and social change (part funded by the HSE NOSP).
Website: http://www.spunout.ie

Young Social Innovators
A national social awareness and active citizenship programme for young people that raises social awareness among 15-18 year olds in Ireland by providing social awareness education (part-funded by the HSE NOSP).
Website: www.youngsocialinnovators.ie

School resources

Suicide Prevention in the Community … a practical guide

This document has a section on schools.

Working with schools
Schools are one of the most important settings in which to promote the mental health of young people. Schools are not just places to learn – they are also places for young people to grow and develop emotionally and socially.
Mental health promotion and suicide prevention can be addressed at three different levels in a school:

- primary prevention;
- intervention; and
- postvention (provision of crisis support and assistance for those affected by a completed suicide).

Guidelines for activities in these three areas are given.

Other resources cited in this document:

- **Secondary school social and emotional wellbeing**

  National Institute for Health & Clinical Excellence, Guidance Documents, Promoting Children's Social and Emotional Wellbeing in secondary schools, September 2009.

http://www.nice.org.uk/nicemedia/live/11991/45484/45484.pdf

- **Primary school social and emotional wellbeing**

National Institute for Health & Clinical Excellence, Guidance Documents, Promoting Children's Social and Emotional Wellbeing in Primary Education, March 2008.
http://www.nice.org.uk/nicemedia/live/11948/40117/40117.pdf

Well-Being for Post Primary Schools; Guidelines for Mental Health Promotion and Suicide Prevention

These Guidelines are based on national and international evidence and best practice, and were informed by a national consultation process and a literature review. The Guidelines adopt a comprehensive, whole-school approach to mental health and well-being, focusing on the entire school community, not just individual young people with identified needs.

http://www.mentalhealthireland.ie/publications/mhi-leaflets-and-other-publications/viewdownload/14-other-resources/91-well-being-in-post-primary-schools-guidelines-for-mental-health-promotion-and-suicide-prevention.html

Mental health matters

As mental health problems are increasing, it is now more important than ever for people to be introduced to the concept of positive mental health.
The Mental Health Matters programme is designed to be realistic and help people identify and access relevant support so they can respond in appropriate ways to emerging mental health difficulties in their lives. The programme aims to trigger discussions and role-play on issues such as substance misuse as well as bullying, relationship difficulties and family conflict. The programme also addresses the issue of stigma, and aims to reduce stigma associated with mental health, by encouraging participants to talk openly about their emotions and mental health difficulties.

It is hoped that through participation in this project people will be better equipped to identify crisis in their lives and feel able to seek help should they need it. This essential foundation of good mental health learned through the programme will aim to help reduce depression amongst people and assist in reducing rising suicide rates, as participants acquire positive coping strategies for responding to various crises that may affect them.

The programme materials include; a booklet of six modular based units - each of which explores different themes and a DVD which features the personal case studies / testimonies of individuals affected by mental health problems. The resources can be used in either schools or through any forum working with people such as youth groups or community organisations.

http://www.mentalhealthireland.ie/mental-health-matters-othermenu-58.html

Zippy's Friends'

An example of a mental health-promoting programme designed for primary school children,the 'Zippy's Friends' programme is designed to promote the emotional health of children from five to eight years of age. It does this by helping them develop different ways of coping with the problems of day-to-day life. Zippy's Friends was developed by Partnership for Children.
www.partnershipforchildren.org.uk

NEW ZEALAND

Facts

Around 500 people die each year by suicide. The overall suicide rate in 2011 was 10.6 suicides per 100,000 population, while the youth suicide rate was 19.3 suicides per 100,000 population.

In 2011 the suicide rate for Māori was 1.8 times higher than for non-Māori. The suicide rate for young people aged 15 to 24 years was 2.4 times higher for Māori than non-Māori.

New Zealand's overall suicide rate reached a peak in 1998 – with an age-standardised rate of 15.1 suicides per 100,000 population. Between 1998 and 2011 the overall suicide rate decreased by 29.8 percent.

http://www.health.govt.nz/our-work/mental-health-and-addictions/suicide-prevention/suicide-rates-new-zealand

National policy

The New Zealand Ministry of Health leads work on suicide prevention. The documents below are from the MOH website:

http://www.health.govt.nz/our-work/mental-health-and-addictions/suicide-prevention/suicide-prevention-strategy-and-action-plans

New Zealand Suicide Prevention Strategy 2006–2016

The New Zealand Suicide Prevention Strategy 2006–2016 (launched in June 2006) provides a framework for New Zealand's suicide prevention efforts over the next 10 years. Its overarching aim is to reduce the rate of suicidal behaviour and its effects on the lives of New Zealanders, while taking into account that suicide affects certain groups more than others.

The strategy has seven goals:

1. Promote mental health and well-being, and prevent mental health problems.
2. Improve the care of people who are experiencing mental disorders associated with suicidal behaviour.
3. Improve the care of people who make non-fatal suicide attempts.

4. Reduce access to the means of suicide.
5. Promote the safe reporting and portrayal of suicidal behaviour by the media.
6. Support families/whānau, friends and others affected by a suicide or suicide attempt.

New Zealand Suicide Prevention Action Plan 2013–2016

The New Zealand Suicide Prevention Action Plan 2013–2016 outlines a programme of actions that the Government will implement over the next four years. It is a cross-government Action Plan bringing together the work of eight agencies. The Action Plan builds on the previous action plan covering 2008–2012. Both action plans reflect the goals of the New Zealand Suicide Prevention Strategy 2006–2016.

The Action Plan includes actions designed to:

- address the impact of suicide on families, whānau and communities by strengthening support for family, whānau and communities
- build the evidence base, specifically around what works for Māori and Pasifika
- extend existing services, specifically addressing geographical gaps in the coverage of services
- strengthen suicide prevention targeted to high-risk populations who are in contact with agencies.

Responsibility for implementation

Eight government agencies are responsible for leading implementation of actions under the New Zealand Suicide Prevention Action Plan 2013–2016: the Ministries of Health, Education, Justice, Social Development and Youth Development; Child Youth and Family; the Department of Corrections and New Zealand Police.

The Ministry of Health is responsible for leading cross-government suicide prevention efforts and coordinating the implementation of the Strategy and the Action Plans. At a government agency level, the Inter-Agency Committee on Suicide Prevention coordinates and supports implementation of suicide prevention activities.

http://www.health.govt.nz/our-work/mental-health-and-addictions/suicide-prevention/suicide-prevention-strategy-and-action-plans

Recently a Maori and Pasifika research agenda has been established with funding for grants available from the Ministry of Health.

http://www.wakahourua.co.nz/sites/default/files/Te%20Ra%20o%20Te%20Waka%20Hourua_Released%20280314.pdf

Agencies and activities

Suicide Prevention Information New Zealand

This agency provides information on safe and effective suicide prevention activities. They aim to improve your understanding of suicide prevention and your capacity to help those around you. They are a non-government, national information service run by the Mental Health Foundation of New Zealand. http://www.spinz.org.nz/page/5-Home

Waka Hourua

This is New Zealand's Māori and Pasifika suicide prevention programme. It responds directly to the expectations of the New Zealand Suicide Prevention Action Plan. As noted by Le Va, the four year programme is delivered by Te Rau Matatini and Le Va, who have formed a strategic relationship. Waka Hourua has five key components.

- National leadership

This will be achieved by the National Leadership Group, Pacific and Māori leaders who will monitor the performance of the programme and provide a distinctive and informed voice for Māori and Pacific suicide prevention.

- Pacific community suicide prevention

A national coordination centre for Pacific community suicide prevention.

- Māori community suicide prevention

A national coordination centre for Māori Community Suicide Prevention.

- Community fund

A one-off contestable fund for Māori and Pacific families, whānau, hapū, iwi and communities to establish community based suicide prevention initiatives and effective community based responses when suicide has occurred.

- A strategic research agenda

A strategic research agenda includes a one-off funding pool that will be allocated in April 2014 to contribute to the evidence base of what works for Māori and Pacific.

Le Va leads the Pacific programme and manages the Pacific components of the $2 million community fund and $600k Te Ra o Te Waka Hourua research fund. The Pacific community programme focuses on four interconnected and interdependent work streams.

1. Engage

Community engagement and awareness raising is key to enhancing understanding of suicide and suicide prevention in Pasifika communities and families. Community engagement will also contribute to developing approaches and solutions that are culturally relevant for Pasifika communities.

2. Inform

Gather, fund, translate and disseminate information, knowledge, research and best practice relevant to suicide and suicide prevention for Pasifika communities in New Zealand.

3. Equip

Developing appropriate resources and effective training for those people working with or connected to Pacific communities in New Zealand that focuses on building resilience and leadership in suicide prevention.

4. Lead

A national suicide prevention hub for Pasifika communities that will provide access to relevant information and grow and promote leadership for Pasifika suicide prevention.
http://www.tepou.co.nz/assets/library/tepou/files/handover-issue-27-autumn.pdf

Supporting Whanau through suicidal distress

This resource is developed with whānau in mind. It is aimed at helping whānau and friends to support someone who is in crisis or distress. This resource gives you information about what to look for and how to help someone who may be feeling suicidal.

A person who is distressed might not ask for help, but that doesn't mean that help isn't wanted. Most people who attempt suicide don't want to die – they just want to stop hurting. Support and connection with whānau, friends and culture can help them to find a way through.

To support someone who is in crisis or distress, it is important to identify the supports or tokotoko they need, and also the support that you need to be a source of strength for them. You might need to be prepared to have difficult conversations and talk about mamae (hurt, pain).

This resource is based on a framework of He Tapu: kia tika, kia pono, kia mārama developed by Dr Te Huirangi Waikerepuru. The framework identifies six key poutoko or principles that emphasise the importance of te tapu o te tangata (the value of human life) and the individual and collective responsibility to protect tapu.

Nō reira e hoa mā, kia kaha, kia maia, kia manawanui. Keep strong, have courage, commitment and determination to support whānau and friends through difficult times.
http://www.spinz.org.nz/page/362-supporting-whanau-through-suicidal-distress

Other activities

Other government funded (or part-funded) strategies related to children and youth are:

The Prime Minister's Youth Mental Health Project

In April 2012, the Prime Minister announced a package of 22 initiatives aimed at improving the mental health and wellbeing of young people aged 12–19 years with, or at risk of developing, mild to moderate mental health issues.

A report from the Prime Minister's Chief Science Advisor, Improving the Transition: Reducing Social and Psychological Morbidity During Adolescence, raised a number of concerns in the period when young people move from childhood to adulthood including depression and other mental health disorders, cannabis use and harmful use of alcohol, and youth suicide.

The initiatives will be implemented over a four year period from 2012 to 2016. These include measures ranging from:

- increased school based health services
- more youth workers in low decile schools
- expanded primary mental health services
- implementing an internet based e-therapy tool
- reviewing how well services are integrated across the different settings and making recommendations for improvement.

The Werry Centre for Child & Adolescent Mental Health

This agency provides training and research focusing on children and young people.

HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety) Assessment

HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety) Assessment allows for early identification of mental health, Alcohol and Other Drug (AOD) issues and other information to assist young people in their development.

Funded by The Ministry of Health as part of the Prime Ministers Youth Mental Health Initiative, The Werry Centre in collaboration with key agencies have developed the online eLearning module – Introduction to HEEADSSS. The short course provides an introduction to the HEEADSSS assessment framework and other key information to support professionals working with young people.

The module is a 3 hour online resource design for professionals working in Primary Care - Target audiences include School Nurses, School Counsellors, Youth Workers, Practice Nurses, General Practitioners, Primary Mental Health and AoD professionals and Social Workers. However, professionals working in other sectors will find the course of value.

http://www.werrycentre.org.nz/?t=16

Incredible Years

The Werry Centre is funded by the Ministry of Health and the Ministry of Education to develop, support and train the Child and Adolescent Mental Health workforce. In acknowledgement of the vital role parenting support plays within the sector, the selection of an effective Parent Management Programme for delivery by these services has been a core workforce development component. The Werry Centre selected the Incredible Years parent programme to develop in New Zealand, with the first training occurring in 2004. The Incredible Years was selected as it met all of the criteria identified as key factors for an effective Parent Management Programme, in addition to a strong international evidence base.

http://www.werrycentre.org.nz/416/Background

The Lowdown

The Lowdown is an interactive website for young people, providing information and online support for depression. It is part of the National Depression Initiative.

Skylight

Provide support and resources for children, young people and their families experiencing change, loss and grief.

Updated evidence and guidance supporting suicide prevention activity in New Zealand Schools 2003 - 2012

This document updates the two existing New Zealand evidence reviews about suicide prevention activities in secondary schools. It supports Preventing and responding to suicide Resource kit for schools (Ministry of Education 2013) which provides practical guidance for staff in New Zealand schools.

The role of schools

The factors that contribute to the likelihood of a young person considering suicide lie mainly outside the school setting; however schools are the social institution with access to the greatest number of young people over extended periods of time (King, 2001; Coggan et al, 2003). They are therefore an ideal setting in which to base activities to promote health and social wellbeing, including physical and mental health, suicide prevention and attitudes and behaviours related to health and social and individual responsibility (WHO, 1995). Because school is such a major context for young people, it also has the potential to moderate risk behaviours and to identify and secure help for at-risk individuals (Kalafat, 2003).

It has been suggested that schools should be involved in the primary prevention of suicide for five main reasons:

1. to develop productive and mature citizens, including developing psychological health
2. to resolve problems that interfere with education
3. to utilize resources that the school has for resolving problems, such as school counsellors
4. to teach health education, and
5. to acknowledge the schools duty of care.

These are consistent with the philosophy that school programmes should address adolescent health concerns more broadly, as many programmes focusing on issues such as alcohol and drug misuse, bullying prevention, and awareness of and help-seeking for mental health issues are in fact addressing risk factors for suicidal behaviours.

This evidence review suggests there are a number of key aspects to successful suicide prevention, recognition and management of risk, and postvention in schools. The executive summary of this document is a very good summary of these.

http://www.nzac.org.nz/viewobj.cfm/updated_guidelines_for_schools_suicide_prevention.pdf?file_name=updated_guidelines_for_schools_suicide_prevention.pdf&objID=766

Resources for schools

Preventing and responding to suicide: Resource kit for schools

Ministry of Education 2013

This resource kit provides information for creating a positive, safe environment in schools. It is an update and synthesis of two previous guides for schools on suicide prevention:

- Young People at Risk of Suicide: A guide for Schools (1998)
- Youth Suicide Prevention in Schools: A Practical Guide (2003)

The advice provided in this resource kit is based on the best research evidence available.

This very practical guide has several interrelated components:

1. Quick reference checklists and tools
2. Guidelines for prevention
3. Guidelines for responding to suicidal behaviours
4. Prompts for developing policies and procedures to prevent suicidal behaviours and promote wellbeing
5. Scenarios
6. Contacts and information

http://www.minedu.govt.nz/~/media/MinEdu/Files/TheMinistry/EmergencyManagement/SuicidePreventionOCT2013.pdf

Managing Suicidal Behaviour in a School Environment

A PP presentation by Tim Andersen, Ministry of Education at the Canterbury Suicide Prevention Conference 2014

http://www.nzsuicideprevention.org/uploads/8/2/0/8/8208328/sp_conf_slides_-_andersen-.pdf

Travellers – on the road to resilience

Travellers™ was developed, piloted and evaluated under contract for the New Zealand Ministry of Health by Skylight in partnership with the University of Auckland's Injury Prevention Research Centre.

Travellers, a school-based programme, is run by trained facilitators from within the school environment, who guide students through fun yet relevant activities, using the Life is a Journey metaphor. The programme is in its tenth year and currently more than 100 secondary schools across New Zealand offer Travellers to their students. Skylight has trained over 300 facilitators to run the programme in their schools.

Travellers supports students at school by helping them to build resilience and enhance connections through:

- exploring their change, loss and transition experiences;
- navigating their movement through change, loss and transition in safe and adaptive ways;
- linking how they think and feel about change, loss and transition situations and how their thoughts and feelings influence how they cope and respond;
- enhancing supportive environments and improving their learning outcomes.

http://travellers.org.nz/the+programme

SCOTLAND

The interesting thing about Scotland (for the reviewer) is that it has a suicide prevention strategy that is disseminated to all areas of the country in a systematic way.

Facts

- There were 7621 deaths by suicide in Scotland in 2012 (deaths from intentional self harm and events of undetermined intent). This equates to an age-standardised rate of 14.0 deaths per 100,000 population.
- Based on three-year rolling averages there was an 18% fall in suicide rates between 2000-2002 and 2010-2012.
- In 2012, the suicide rate for males was almost three times that for females.
- Suicide rates generally increase with increasing deprivation, with rates in the most deprived areas of Scotland significantly higher than the Scottish average. Suicide rates in the most deprived decile were double the Scottish average.
- There is a 20% decrease in the suicide rate for males from (26.7 to 21.3 per 100,000) and a 10% decrease in the suicide rate for females from (8.1 to 7.3 per 100,000).
- Suicide rates vary among NHS Board and local authority (LA) areas. Between 1983 – 1987 and 2008 – 2012, no NHS Board or LA had a statistically significant increase or decrease. In 2008 – 2012 the only area to differ from the Scottish average for persons was Perth and Kinross LA which was significantly lower.

http://www.chooselife.net/Evidence/statisticssuicideinscotland.aspx

[1] In 2011 the National Records of Scotland (NRS) changed its coding practice to take account of changes made by the World Health Organisation (WHO) to coding rules for certain causes of death. As a result there is a difference in how death data were coded for 2011 and 2012 compared to previous years data with some deaths previously coded under mental and behavioural disorders now being classed as 'self -poisoning of undetermined intent' and consequently as suicides. As a result of new coding 830 people died by suicide during 2012. However due to retrospective data not being provided for previous years, we cannot provide year on year comparisons.

National strategy

Suicide Prevention Strategy 2013-2016

This paper sets out the Scottish Government's work to reduce suicide from now until the end of 2016. It focuses on key areas of work that we believe will continue the downward trend in suicides in Scotland that we have seen over the past 10 years. We want this strategy to deliver better outcomes to people who are suicidal and who come to services, to their families and carers, to those not in contact with services, and to improve our knowledge of what works in this field.

The strategy marks another milestone in the progressive story of suicide prevention in Scotland. It continues the trend in previous strategies to focus on where the evidence leads. It echoes key messages – learned from practice and research – that suicide is preventable, that it is everyone's business and that collaborative working is key to successful suicide prevention. National leadership by the Scottish Government on reducing suicide – supported by NHS Health Scotland – together with the retention of local Choose Life coordinators, will provide support and direction for national and local work.

Suicide is a complex phenomenon and it is difficult to attribute increases or decreases in the overall national suicide rate to particular changes in circumstances, services or policy, but there are a number of factors which may explain why the experience of lower rates of suicide in Scotland has been different from elsewhere:

- The emphasis on tackling problem drinking – this work has been in place since 2008 and in the most recent year to end March 2013, over 61,000 alcohol brief interventions were delivered in primary care, A&E and antenatal care settings with a further 33,000 interventions carried out in other locations, exceeding the target by 55%.

- The increased focus on identifying and treating depression in primary care settings – since 2006 the GP contract has targeted this work with the consequence that more people who are ill receive treatment, with that treatment since 2008 being more likely to be through access to an evidence-based psychological therapy.

- Local patient safety improvements introduced on the basis of evidence developed by the UK-wide National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, in particular work on discharge planning taken forward as part of the previous reducing readmissions target.

- Work to increase workforce knowledge and understanding of suicide – by September 2013 more than 50% of frontline NHS staff had received at least one specific course on suicide intervention (STORM, ASIST, safeTALK or SMHFA).

- Having a 10-year national strategy and action plan that has been regularly evaluated and refreshed, giving us a sustained focus on suicide prevention actions and outcomes.

http://www.scotland.gov.uk/Resource/0043/00439429.pdf

Refreshing the National Strategy and Action Plan to prevent suicide in Scotland - Report of the National Suicide Prevention Working Group

http://www.scotland.gov.uk/Resource/Doc/328405/0106170.pdf

Choose Life

Choose Life is Scotland's national strategy and action plan to prevent suicide in Scotland.
The Choose Life framework ensures action is taken nationally and locally to build skills through training, improve knowledge and awareness of good suicide prevention practice, and to encourage improved co-ordination between services. http://www.chooselife.net/Home/index.aspx

Agencies and activities

Training in Scotland

"Anyone can have thoughts of suicide. Everyone can learn to help".

Choose Life offers suicide prevention training programmes covering awareness and exploration to suicide first aid skills. Courses are organised and delivered at a local level by qualified trainers.

The Choose Life National Training Support Team supports trainers, quality assure the courses and are responsible for Training for Trainers in relation to suicide prevention. We also support local boards to meet the suicide prevention training standard with support on courses and implementation.

A two-day workshop that offers practical help to enable caregivers to recognise and intervene to prevent the immediate risk of suicide.
ASIST course outline

A three-hour training, which gives you the skills to recognise when someone may have thoughts of suicide, and to connect that person to someone with suicide intervention skills.

safeTALK course outline

A short exploration and awareness-raising session, of one to three hours. It is flexible to meet the needs of each group. suicideTALK is aimed at all members and groups within communities.
suicideTALK course outline

Training to help you develop, through rehearsal, the skills needed to assess and manage a person at risk of suicide. The STORM course takes four half-days. It was created for frontline workers in health, social and criminal justice services.
STORM course outline

More questions than answers - Supporting people bereaved by suicide

Course outline
Contact Cruse Bereavement Care Scotland at mqta@crusescotland.org.uk

Supporting looked after children

Choose Life national project: The Choose Life National Team and partners developed a programme of work to support people who work with looked-after and accommodated children and young people.

http://www.chooselife.net/uploads/documents/104-NPSSupportingLookedAfterChildren.pdf

Supporting Children and Young People at Risk of Self-Harm and Suicide

The principal aim of this guidance is to provide support for individuals and professionals supporting young people who are either self-harming or at risk of self-harm or suicide.
http://www.chooselife.net/Publications/publication.aspx?id=71

School resources

Mental Health First Aid – young people

SMHFA: YP was developed to meet the increasing demand for a similar type approach for adults who support or care for young people aged between 11 and 17. SMHFA: YP is a 14-hour blended course, which is designed to support all adults to recognise mental health problems and provide guidance and immediate assistance to a young person in crisis. SMHFA: YP was launched in 2013.
http://youngpeople.smhfa.com/about-smhfa/programme.aspx

see me – anti stigma campaign

'see me' is dedicated to tackling the stigma of mental ill-health among young people. We want to help young people to understand the problems that they might face and what they can do to look after each other. This resource pack is intended to assist you when introducing the subject to your class or youth group.

The main theme of the pack is to encourage young people to 'show support' which then leads to them making a commitment by signing up to our wall of support. We've also designed the pack to let you build your own lesson plan to give you more control and to help keep things quick and easy.

A resource for teachers
http://www.seemescotland.org/whatsonyourmind/sites/default/files/CYP%20Activities%20in%20one%20file.pdf

see me factsheet on suicide
http://www.seemescotland.org/whatsonyourmind/sites/default/files/factsheets/SEE23285%20Suicide_0.pdf

The Choose Life Strategy and Action Plan (Scottish Executive, 2002) identified children and young people as a priority risk group. It also recommended that we enable teachers to identify when early interventions are necessary and provide access to appropriate support and services. It is also recommended that teachers and other practitioners be equipped with the knowledge, skills and training to enable them to talk openly about self-harm to those groups most at risk and continue to develop and expand school based programmes on positive mental health and well-being.

On Edge is a resource pack for teachers and other practitioners working with young people. It comprises four lesson plans designed to give pupils a rounded view of self-harm and the support available. Each lesson builds on the previous one. To achieve the best results they are best delivered in the correct order within a four-week period.

Lessons

Lesson 1: Teacher Resource; Lesson PDF; Lesson Powerpoint
Lesson 2: Teacher Resource: Lesson PDF; Lesson Powerpoint
Lesson 3: Teacher Resource: Lesson PDF; Lesson Powerpoint
Lesson 4: Teacher Resource: Lesson PDF; Lesson Powerpoint
Please click here to view the On Edge film

http://www.seemescotland.org/getinvolved/590-on-edge-learning-about-self-harm

Scottish Association for Mental Health (SAMH)

SAMH is building five national programmes designed to address wider societal needs for information, resources and services. The programmes focus on:

- Anti-stigma
- Anti-bullying
- Suicide Prevention
- Trauma
- Physical Activity and Sport

respectme
Scotland's Anti-Bullying Service

Downloads

- Bullying...what can I do
- Cyberbullying - What you need to know

SWEDEN

Information to follow

USA

Facts

- Suicide is the 10th leading cause of death, claiming more than twice as many lives each year as does homicide.
- On average, between 2001 and 2009, more than 33,000 Americans died each year as a result of suicide, which is more than 1 person every 15 minutes.
- More than 8 million adults report having serious thoughts of suicide in the past year, 2.5 million report making a suicide plan in the past year, and 1.1 million report a suicide attempt in the past year.
- Almost 16 percent of students in grades 9 to 12 report having seriously considered suicide, and 7.8 percent report having attempted suicide one or more times in the past 12 months.

http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/overview.pdf

National policy

National Strategy for Suicide Prevention 2012: Goals and Objectives for Action

A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention

Outlines a national strategy to guide suicide prevention actions. Includes 13 goals and 60 objectives across four strategic directions: wellness and empowerment; prevention services; treatment and support services; and surveillance, research, and evaluation.

The National Strategy‘s goals and objectives fall within four strategic directions, which, when working together, may most effectively prevent suicides:

1. Create supportive environments that promote healthy and empowered individuals, families, and communities (4 goals, 16 objectives);

2. Enhance clinical and community preventive services (3 goals, 12 objectives);

3. Promote the availability of timely treatment and support services (3 goals, 20 objectives);

and

4. Improve suicide prevention surveillance collection, research, and evaluation (3 goals, 12 objectives).

Contents

The 2012 National Strategy for Suicide Prevention contains five sections and seven appendices. Major contents include:

- An introduction to suicide prevention and overview of the 2012 National Strategy.
- A section on each of the four strategic directions and their respective goals and objectives. Each section includes suggestions on what different groups can do to support the goals and objectives.
- A crosswalk from the 2001 goals and objectives to the 2012 goals and objectives.
- Information and resources on groups identified as having increased suicide risk.
- Other general suicide prevention resources.

From encouraging dialogue about suicidal behavior to promoting policies that support suicide

prevention, the National Strategy states that suicide prevention efforts should:

- Foster positive public dialogue, counter shame, prejudice, and silence; and build public support for suicide prevention;
- Address the needs of vulnerable groups, be tailored to the cultural and situational contexts in which they are offered, and seek to eliminate disparities;
- Be coordinated and integrated with existing efforts addressing health and behavioral health and ensure continuity of care;
- Promote changes in systems, policies, and environments that will support and facilitate the prevention of suicide and related problems;
- Bring together public health and behavioral health;
- Promote efforts to reduce access to lethal means among individuals with identified suicide risks; and
- Apply the most up-to-date knowledge base for suicide prevention

http://store.samhsa.gov/product/National-Strategy-for-Suicide-Prevention-2012-Goals-and-Objectives-for-Action/PEP12-NSSPGOALS

In 1999 an earlier report from the surgeon general was a “Call to action’ with the aim of preventing suicide. This Surgeon General’s Call to Action introduces an initial blue- print for reducing suicide and the associated toll that mental and substance abuse disorders take in the United States. As both evidence- based and highly prioritized by leading experts, these 15 key recom- mendations listed below should serve as a framework for immediate action. These recommended first steps are categorized as Awareness, Intervention, and Methodology, or AIM.

Awareness: Appropriately broaden the public’s awareness of suicide and its risk factors

Intervention: Enhance services and programs, both population- based and clinical care

Methodology: Advance the science of suicide prevention

http://profiles.nlm.nih.gov/ps/access/NNBBBH.pdf

In June 2014 SAMHSA announced:

Up to $5.6 Million Available To Implement the National Strategy for Suicide Prevention

The purpose of this program is to support states in implementing the 2012 National Strategy for Suicide Prevention goals and objectives focused on preventing suicide and suicide attempts among working-age adults age 25–64 to reduce the overall suicide rate and number of suicides in the United States nationally.

http://www.samhsa.gov/newsroom/advisories/1406125518.aspx

Up to Nearly $1.5 Million in Supplemental Funding for National Suicide Prevention Lifeline

SAMHSA is providing supplemental funding for the National Suicide Prevention Lifeline to expand and enhance the currently funded chat services from 12 hours a day to 24/7 coverage.

http://www.samhsa.gov/newsroom/advisories/1406182545.aspx

Agencies & activities

Action Alliance Priorities

The Action Alliance for Suicide prevention is a public/private agency aimed at advancing SAMHSA’s NSSP.

From the revised NSSP, the Action Alliance has selected four priorities that, when accomplished, will help the group reach its goal of saving 20,000 lives in the next five years. The priorities were chosen because of their potential to produce the systems-level change necessary to substantially lower the burden of suicide in our nation. The priorities chosen are:

1. Integrate suicide prevention into health care reform and encourage the adoption of similar measures in the private sector.
2. Transform health care systems to significantly reduce suicide.
3. Change the public conversation around suicide and suicide prevention.
4. Increase the quality, timeliness, and usefulness of surveillance data regarding suicidal behaviors.

http://actionallianceforsuicideprevention.org/NSSP

The National Action Alliance for Suicide Prevention is advancing the National Strategy for Suicide Prevention. Below are some examples of the exciting accomplishments and initiatives the Action Alliance is working on:

- **Significantly expanding support for suicide prevention.**
  The Action Alliance has brought together more than 200 diverse organizations, many of which are new to the suicide prevention movement.
- **Revising the *National Strategy for Suicide Prevention* (NSSP).**
  The Action Alliance worked with leaders in suicide prevention to complete the first major revision to NSSP in more than ten years.
- **Preparing the clinical workforce to care for suicidal individuals.**
  The Action Alliance is developing training guidelines to equip clinicians with knowledge and skills to effectively support suicidal individuals.
- **Promoting suicide prevention in the workplace to CEOs by developing a comprehensive business case.**
  The Action Alliance is working with business leaders to prevent suicide among working-aged adults, the population with the most suicides per year.

http://actionallianceforsuicideprevention.org/about-us

"Zero Suicide" is a strategy from the Alliance

As noted on the website Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and also a specific set of tools and strategies. It is both a concept and a practice. Its core proposition is that suicide deaths for people under care are preventable and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept.

The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems. It represents a commitment to patient safety--the most fundamental responsibility of health care--and also to the safety and support of clinical staff who do the demanding work of treating and supporting suicidal patients.

The challenge of Zero Suicide is not one to be borne solely by those providing clinical care. Zero Suicide relies on a system-wide approach to improve outcomes and close gaps rather than on the heroic efforts of individual practitioners. This initiative in health care systems also requires the engagement of the broader community, especially suicide attempt survivors, family members, policymakers, and researchers. Thus, Zero Suicide is a call to relentlessly pursue a reduction in suicide for those who come to us for care.

The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through multiple cracks in a fragmented and sometimes distracted health care system, and on the premise that a systematic approach to quality improvement is necessary. The approach builds on work done in several health care organizations, including the Henry Ford Health System (HFHS) in Michigan. Like other leading health care systems, HFHS applied a rigorous quality improvement process to problems such as inpatient falls and medication errors. HFHS realized that mental and behavioral health care could be similarly improved. This insight led to the development of HFHS's Perfect Depression Care model, a comprehensive approach that includes suicide prevention as an explicit goal. The approach incorporates both best and promising practices in quality improvement and evidence-based care and has demonstrated stunning results—an 80 percent reduction in the suicide rate among health plan members.

Dimension of a zero suicide organisation include:

- Creating a leadership-driven, safety-oriented culture that commits to dramatically reducing suicide among people under care and includes suicide attempt and loss survivors in leadership and planning roles
- Systematically identifying and assessing suicide risk levels among people at risk
- Ensuring every person has a pathway to care that is both timely and adequate to meet their needs
- Developing a competent, confident, and caring workforce
- Using effective, evidence-based care, including collaborative safety planning, restriction of lethal means, and effective treatment of suicidality
- Continuing contact and support, especially after acute care
- Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk

http://zerosuicide.actionallianceforsuicideprevention.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/WhatisZeroSuicide.pdf

The Suicide Prevention Resource Center (SPRC)

This promotes the implementation of the National Strategy for Suicide Prevention and enhances the nation's mental health infrastructure by providing states, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide. www.sprc.org For more information relevant to schools see below.

National Best Practice Registry

The BPR is organized into three sections, each with different types of best practices. In essence, the BPR is three registries in one. The three sections do not represent levels, but rather they include different types of programs and practices reviewed according to specific criteria for that section. Click on the section name below for section-specific criteria and listings:

- **Section I: Evidence-Based Programs** lists interventions that have undergone evaluation and demonstrated positive outcomes.
- **Section II: Expert and Consensus Statements** lists statements that summarize the current knowledge in the suicide prevention field and provide best practice recommendations to guide program and policy development.
- **Section III: Adherence to Standards** lists suicide prevention programs and practices whose content has been reviewed for accuracy, likelihood of meeting objectives, and adherence to program design standards. Inclusion in this section means only that the program content meets the stated criteria. It does **not** mean that the practice has undergone evaluation and demonstrated positive outcomes. (Such programs are listed in Section I.)

http://www.sprc.org/bpr

National Suicide Prevention Lifeline

"No matter what problems you are dealing with, we want to help you find a reason to keep living. By calling **1-800-273-TALK** (8255) you'll be connected to a skilled, trained counselor at a crisis center in your area, **anytime 24/7."**

This also includes "You matter" for younger people
http://www.youmatter.suicidepreventionlifeline.org/

http://www.suicidepreventionlifeline.org/

Alaskan suicide prevention plan: Casting the Net Upstream: Promoting Wellness to Prevent Suicide 2012 - 2017

Casting the Net Upstream is a plan of action. Every single Alaskan has a job to do if we are going to prevent suicide in our families, schools, work places, and communities. We have provided resources and information to help individuals, communities, and the State of Alaska take action to achieve these goals and objectives.

http://dhss.alaska.gov/SuicidePrevention/Documents/pdfs_sspc/SSPC_2012-2017.pdf

The American Foundation for Suicide Prevention (AFSP)

This is the nation's leading organization bringing together people across communities and backgrounds to understand and prevent suicide, and to help heal the pain it causes. Individuals, families, and communities who have been personally touched by suicide are the moving force behind everything we do.

- We strive for a world that is free of suicide.
- We support research, because understanding the causes of suicide is vital to saving lives.
- We educate others in order to foster understanding and inspire action.
- We offer a caring community to those who have lost someone they love to suicide, or who are struggling with thoughts of suicide themselves.
- We advocate to ensure that federal, state, and local governments do all they can to prevent suicide, and to support and care for those at risk.

http://www.afsp.org/about-afsp

School resources

National Education Association

State Advocacy

Only four states currently require that educators receive annual training to prevent suicide, (Alaska, Kentucky, Louisiana and Tennessee). To reduce the prevalence of suicide attempts among youth throughout the nation, school districts everywhere must take steps to have strong prevention policies in place and increase opportunities for suicide prevention training.

Recognizing the importance of suicide prevention to the nation, in 2001 Surgeon General David Satcher released the first National Strategy for Suicide Prevention. This landmark document launched an organized effort to prevent suicide in the United States, culminating in **The National Strategy for Suicide Prevention 2012: Goals and Objectives for Action**.

***Goal 6*: Implement Training For Recognition of At-Risk Behavior and Delivery of Effective Treatment** identifies teachers and school personnel as "key gatekeepers" in suicide prevention.

State Statutes for Suicide Prevention in Schools

Determine what policies your state may already have in place or may be lacking. Review statutes in other states as a reference for **model policies**.

Model School Policies

The **Model School District Policy on Suicide Prevention**, developed by national organizations leading suicide prevention efforts, can complement state law requirements and help educators and school leaders implement inclusive, comprehensive suicide prevention plans.

http://www.neahin.org/health-safety/mental/advocacy-resources-for.html

Suicide Prevention Resource Center

Three examples of expert consensus statements relevant to schools held by the SPRC are:

- ### Guidelines for School Based Suicide Prevention Programs

Program Description
Developed by the Prevention Division of the American Association of Suicidology, the Guidelines for School-Based Suicide Prevention Programs provides practical recommendations for the safe and effective implementation of school-based suicide prevention programs. Topics addressed by the Guidelines include:

- The conceptual basis for prevention programs
- Requirements for effective suicide prevention programs
- Requirements for effective program implementation
- Requirements for institutionalization and sustainability of suicide prevention programs
- Components of comprehensive school-based suicide prevention programs
- An outline of a four-lesson sample student curriculum is provided, as is a selected bibliography of suicide prevention and crisis intervention literature.

Program Objectives

Users of the Guidelines should have:

1. Increased knowledge of the conceptual and theoretical underpinnings of effective school-based suicide prevention programs.
2. Increased understanding of universal, selective, and indicated approaches to suicide prevention.
3. Increased knowledge of effective program implementation and sustainability strategies.
4. Increased knowledge of the multiple components of a comprehensive school-based suicide prevention program.

http://www.sprc.org/bpr/section-II/guidelines-school-based-suicide-prevention-programs

- ### Recommendations for school-based suicide prevention screening

These recommendations were developed by the Lessons Learned Working Group (LLWG), a partnership of multiple agencies and key stakeholders in suicide prevention. Based on a review of available research literature, Garrett Lee Smith (GLS) program screening data, and the experiences of GLS grantees, the group created these recommendations for school-based suicide prevention screening. The recommendations stress early involvement of all stakeholders and that screening

programs be developed in conjunction with a comprehensive strategic plan that assesses the local context and the available resources to address the problem.

File

Recommendations for School-Based Suicide Prevention Screening.pdf

- ## The Video Standards for Youth

These were developed by the American Association of Suicidology's video review committee and are used by the committee to review youth suicide prevention videos. The AAS video review committee is comprised of AAS members from different professional affiliations and academic backgrounds. In general use, the Video Standards should increase the likelihood of suicide prevention video effectiveness and safety. The standards are defined by the following 15 criteria:

5. The video clearly advocates suicide prevention
6. The information provided is accurate
7. Video and sound quality are high
8. The video is designed for classroom or workshop use
9. The information is age-appropriate for the intended audience
10. The suicide prevention messages are clear and appropriate for the intended audience
11. The video is sensitive to racial, ethnic, religious, and gender differences
12. Stigmatization of suicide victims, attempters and/or survivors is avoided
13. Glamorization of suicide and suicidal behavior is avoided
14. Protective factors are promoted
15. Effective suicide intervention skills are discussed, modelled and advocated
16. The video emphasizes and models help-seeking behaviors
17. Resource suggestions are included
18. A variety of presentation techniques are employed
19. Printed guidelines for effective follow-up activities are included

Program Objectives

Users of the Video Standards for Youth should have:

1. Increased knowledge of important standards for the effectiveness and safety of youth suicide prevention videos.

http://www.sprc.org/bpr/section-II/video-evaluation-guidelines-youth-suicide-prevention

Suicide Prevention among LGBT Youth: A Workshop for Professionals Who Serve Youth

This is a free workshop kit to help staff in schools, youth-serving organizations, and suicide prevention programs take action to reduce suicidal behavior among lesbian, gay, bisexual, and transgender (LGBT) youth.

Topics covered include suicidal behavior among LGBT youth, risk and protective factors for suicidal behavior, strategies to reduce the risk, and ways to increase school or agency cultural competence.

The kit contains everything you need to host a workshop: a Leader's Guide, sample agenda, PowerPoint presentations, sample script, and handouts. The workshop includes lecture, small group exercises, and group discussion. All these can be adapted to meet the needs of your audiences.

Download a Zip file for the LGBT Youth workshop kit

Preventing Suicide: A Toolkit for High Schools (the website notes this is out of stock)

Developed through a contract with the National Association of State Mental Health Program Directors in collaboration with Education Development Center, Preventing Suicide: A Toolkit for High Schools aims at reducing the risk of suicide among high school students by providing research-based guidelines and resources to assist school personnel and leadership, providers and others to identify teenagers at risk and take appropriate measures to provide help. Drawing on key elements of evidence-based programs, the toolkit offers information on screening tools, warning signs and risk factors of suicide, statistics and parent education materials that are easily adaptable to any high school setting.

http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

After suicide: a toolkit for schools

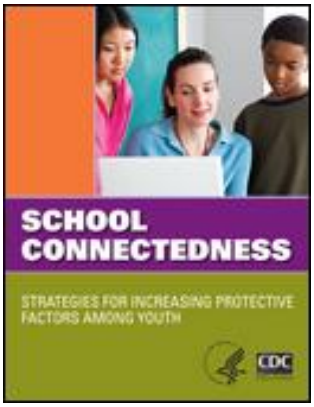
This toolkit is designed to assist schools in the aftermath of a suicide (or other death) in the school community. It is meant to serve as a practical resource for schools facing real-time crises to help them determine what to do, when, and how. The toolkit reflects consensus recommendations developed in consultation with a diverse group of national experts, including school-based personnel, clinicians, researchers, and crisis response professionals. It incorporates relevant existing material and research findings as well as references, templates, and links to additional information and assistance.

http://www.sprc.org/webform/after-suicide-toolkit-schools

Centers for Disease Control & Prevention (CDC)

School Connectedness

School connectedness—the belief held by students that adults and peers in the school care about their learning as well as about them as individuals—is an important protective factor.



School Connectedness: Strategies for Increasing Protective Factors Among Youth [pdf 1.7M]

Describes strategies that teachers, administrators, other school staff, and parents can implement to increase the extent to which students feel connected to school.

http://www.cdc.gov/healthyyouth/protective/index.htm

National Institute of Mental Health

Suicide: A Major, Preventable Mental Health Problem

Facts about suicide and suicide prevention among teens and young adults.

Suicide in America: Frequently Asked Questions

A brief overview of the statistics on depression and suicide with information on depression treatments and suicide prevention

http://www.nimh.nih.gov/health/publications/suicide-prevention-listing.shtml

The Science of Mental Illness: Grades 6-8

Students gain insight into the biological basis of mental illnesses and how scientific evidence and research can help us understand its causes and lead to treatments and, ultimately, cures.
http://www.nimh.nih.gov/health/educational-resources/index.shtml

Coordinated School Health

Coordinated school health (CSH) is recommended by CDC as a strategy for improving students' health and learning in our nation's schools. These pages outline the rationale and goals for CSH, provide a model framework for planning and implementing CSH, and offer resources to help schools, districts, and states improve their school health programs.

Why School Health?

The health of young people is strongly linked to their academic success, and the academic success of youth is strongly linked with their health. Thus, helping students stay healthy is a fundamental part of the mission of schools. After all, schools cannot achieve their primary mission of education if students and staff are not healthy.

- Health-related factors, such as hunger, chronic illness, or physical and emotional abuse, can lead to poor school performance.[1]
- Health-risk behaviors such as substance use, violence, and physical inactivity are consistently linked to academic failure and often affect students' school attendance, grades, test scores, and ability to pay attention in class.[2-4]

The good news is that school health programs and policies may be one of the most efficient means to prevent or reduce risk behaviors and prevent serious health problems among students.[5] Effective school health policies and programs may also help close the educational achievement gap.[6]

Why Coordinate School Health?

School health programs and policies in the United States have resulted, in large part, from a wide variety of federal, state and local mandates, regulations, initiatives, and funding streams. The result, in many schools, is a "patchwork" of policies and programs with differing standards, requirements, and populations to be served. In addition, the professionals who oversee the different pieces of the patchwork come from multiple disciplines: education, nursing, social work, psychology, nutrition, and school administration, each bringing specialized expertise, training, and approaches.

Coordinating the many parts of school health into a systematic approach can enable schools to:

- Eliminate gaps and reduce redundancies across the many initiatives and funding streams
- Build partnerships and teamwork among school health and education professionals in the school
- Build collaboration and enhance communication among public health, school health, and other education and health professionals in the community
- Focus efforts on helping students engage in protective, health-enhancing behaviors and avoid risk behaviors. http://www.cdc.gov/healthyyouth/cshp/case.htm

Body & Mind (BAM)

"BAM! Body and Mind has everything you need to know about all the stuff that matters."
This part of the CDC website is for young people and gives information about body and mind via interactive games.

http://www.cdc.gov/healthyyouth/index.htm

Psychological First Aid for Schools Field Operations Guide (PFA-S), *2nd Edition*

This is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of a school crisis, suicide, disaster, or terrorism event. PFA-S is designed to reduce the initial distress caused by emergencies and to foster short- and long-term adaptive functioning and coping. To download the guide and accompanying handouts, visit the National Child Traumatic Stress Network website.

The Role of High School Teachers in Preventing Suicide

This is a new SPRC resource that helps high school teachers identify and respond to students who may be at-risk of suicide. This free resource also helps teachers understand their roles in preparing to take action in the event of a suicide or other unexpected death of a member of the school community and in implementing a comprehensive high school suicide prevention program. *The Role of High School Teachers in Preventing Suicide* can be downloaded from the SPRC website.

Many other resources for schools are on this site:

http://www.sprc.org/search/apachesolr_search/school%20resources

University of South Florida

The Youth Suicide Prevention School-Based Guide is designed to provide accurate, user-friendly information. The Guide is not a program but a tool that provides a framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program.

First, checklists can be completed to help evaluate the adequacy of the schools' suicide prevention programs. Second, information is offered in a series of issue briefs corresponding to a specific checklist. Each brief offers a rationale for the importance of the specific topic together with a brief overview of the key points. The briefs also offer specific strategies that have proven to work in reducing the incidence of suicide, with references that schools may then explore in greater detail.

A resource section with helpful links is also included. The Guide provides information to schools to assist them in the development of a framework to work in partnership with community resources and families.

http://theguide.fmhi.usf.edu/

The Louis de la Part Florida Mental Health Institute (FMHI) at the University of South Florida under a subcontract from Nova Southeastern University completed a project to develop the Youth Suicide Prevention School-Based Guide with funding through the Drug Free Communities Program, Florida Office of Drug Control.

The following annotated bibliography was created as part of the process for the Development of a School-Based Suicide Prevention Tool Kit grant. This introduction describes the strategies for creating the annotated bibliography. The purpose of the annotated bibliography is to provide a compiled resource of a variety of publications to support the development of the Youth Suicide Prevention School-Based Guide.

http://theguide.fmhi.usf.edu/pdf/Research-Materials.pdf

The Pennsylvania Youth Suicide Prevention Initiative

This is a multi-system collaboration to reduce youth suicide and it has several resources for Schools and universities.

http://payspi.org/resources/schools-colleges-and-universities/

Alaskan School Initiative

At-Risk for High School Educators

This a research-proven online, interactive gatekeeper training simulation designed to prepare high school teachers and staff to: (1) recognize when a student is exhibiting signs of psychological distress, and (2) manage a conversation with the student with the goal of connecting them with the appropriate school support service.

At-Risk was developed with input from leading mental health and education experts. Over 120,000 teachers in the U.S. have adopted it for use. It is listed in SPRC/AFSP Best Practices Registry for Suicide Prevention Programs and is under review by SAMHSA to be designated as an evidence-based program.

In the 1-hour online training, users enter a virtual environment, assume the role of an educator and engage in conversations with three emotionally responsive student avatars that exhibit signs of psychological distress. The avatars react to users' decisions in the conversation, effectively replicating

real-life interactions. The training can be taken in more than one sitting and includes a certificate of completion.

https://highschool.kognito.com/alaska

Research found this programme to be effective.

https://resources.kognito.com/ht/kognito_study_highschool_version.pdf

Online training for educators

The courses below were developed by Clinical Tools, Inc. (CTI) with funding from the National Institute of Mental Health.

Ending Suicide for Secondary Educators Program (2 hours)

- **Introduction to Suicide: Facts, Figures, and Theories**
  How many people commit suicide each year? Where do most suicides occur? Why do people think about suicide? This course discusses suicide-related facts, statistics, and theoretical models. It presents the basic data about suicide in order to provide a strong foundation for understanding risk factors, assessment, and treatment.

- **Introduction to Identification of Risk and Protective Factors in Suicide (for Secondary Education)**
  Who's at risk for suicide? This course discusses the risk factors and protective factors associated with suicide. There are a variety of factors that increase an individual's risk for suicide, and this course highlights the most common in a community setting. Factors that protect against suicide are also discussed. Participants, including physicians, nurses, social workers, counselors, clergy, teachers, and parents, can use this course as a foundation for our other courses on assessment and treatment as well as our case studies.
  http://www.larasig.com/suicide

National Association for School Psychologists

This agency has many resources, examples below:

Save a Friend: Tips for Teens to Prevent Suicide
http://www.nasponline.org/resources/crisis_safety/savefriend_general.aspx

- Children's Mental Health
- Depression in Children and Adolescents
- Depression: When It Hurts to Be a Teenager
- School-Based Mental Health Services and School Psychologists
- Supporting Children's Mental Health: Tips for Parents and Educators
- Understanding and Responding to Students Who Self-Mutilate

Society for the Prevention of Teen Suicide

The free, interactive series, *Making Educators Partners in Suicide Prevention*, is designed to be completed at the viewer's own pace. It provides two hours of professional development credit to New

Jersey educators but is open to anyone who is interested in reviewing current strategies for youth suicide prevention in schools. **Click here to visit SPTS University**.

http://www.sptsusa.org/educators/

School Suicide Prevention Accreditation Program

Did American Association of Suicideology know that:

- Suicide is the 3rd leading cause of death for youth ages 10-24?
- One in 11 high school students made a suicide attempt in the past 12 months?
- 86% of school psychologists surveyed reported that they had counseled a student who had threatened or attempted suicide?
- 62% of school psychologists surveyed reported that they have had a student make a nonfatal suicide attempt at school?

And Yet...

Only 22% of school psychologists surveyed believed that their graduate training sufficiently prepared them to adequately intervene with a suicidal youth or to contribute to school suicide postvention activities!

Program Brochure [PDF]

AAS's School Suicide Prevention Accreditation Program teaches:

- best and evidence-based suicide prevention practices
- warning signs for youth suicide
- prevention and postvention principles
- how to reintegrate a student after a suicide attempt
- litigation outcomes
- dealing with traumatic loss
- risk factors for youth suicide
- how to assess a youth at risk
- how to deal with parents of a youth at risk
- creating safety contracts for youth at risk
- contagion, and much, much more.

http://www.suicidology.org/training-accreditation/school-professionals