# Premier’s Anika Foundation Youth Depression Awareness Scholarship

Youth Suicide: Prevention through Positive Proaction

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**Introduction**

The positive promotion of adolescent mental health has become a leading concern for educators and others working directly with young people. According the to Australian Bureau of Statistics Gender Indicators report, mental health can be defined as *“a state of wellbeing in which individuals can cope with the normal stresses of life, work productively and fruitfully, and are able to make a contribution to their community”.* Educators working with young people in schools have the ethical responsibility of ensuring that they are developing young people to reach their full academic potential, fulfilling their obligations in ensuring that structures and policies assist them to develop as strong, confident individuals, capable of thriving in society by leading positive, productive lives. Recently, in my work as Pastoral Care Coordinator, it has been my experience that schools are increasingly equipped with knowledge, expertise and strategies to support students diagnosed with a mental health disorder. However, I feel there is greater potential for schools to be more proactive in building resilience in all students, rather than operating reactively after a diagnosis. The focus of this study is the exploration of how a positive, proactive approach through programs, structures, policies and education can assist schools to be more proactive in the enhancement of adolescent mental health, and the ways that this can contribute to suicide prevention within the school context.

**Rationale**

According to *Mindframe*, Suicide is a prominent public health concern and is an overall indicator of social cohesion. Australian Bureau of Statistics data shows youth suicide rates continue to be of significant concern, particularly for those working with adolescents in both education system and mental health.

The Australian National Suicide Prevention Strategy was launched in 1995 when the Department of Health and Aging (DoHA) initiated ‘Here for Life’, which focused on young people at higher risk of suicide. This brief then lead to the development of the National Suicide Prevention Strategy launched in 1999. While the ultimate goal of adolescent suicide prevention efforts is self-evident, a critical intermediary goal is directing youth toward effective sources of assistance. According to a study of the impact of suicide prevention strategies on help seeking behaviours published by Kimes-Dougan, Klingbeil and Mellor, only limited evidence exists that prevention programs facilitate help-seeking. This study concluded that “increasing help-seeking is critical in connecting problem recognition with service utilization” and that “continued cooperation between educators and researchers is needed to develop effective programs and to successfully apply research findings in school settings so that the goal of suicide-prevention efforts can be optimally recognised.”It is significantly that educators are equipped to detect students who may be experiencing mental ill-health and the knowledge regarding how best to connect these young people with service providers both within and outside the school context.

Teachers operate in a context where they have day-to-day interactions with young people. They observe their students both in the classroom situation, and within their peer setting. Through the development of strong relationships and positive rapport, many teachers are, therefore, in an optimal position to act as a ‘link’, connecting young people to service providers, ensuring that they get assistance most suited to their particular needs.

**Focus of Study**

The Anika Foundation Scholarship enabled me to attend two conferences that focused on the prevention of suicide and the enhancement of adolescent mental health. The conferences were the International Association for Suicide Prevention World Congress in Olso, Norway and the International Youth Mental Health Conference in Brighton, England. The tour also enabled me to compare issues relating to adolescent mental health across schools in the United Arab Emirates, England and America.

**Significant Learning**

**United Arab Emirates: School Visits**

***Dubai Gem Private School***

Meeting with Mrs Elizabeth George, School Counsellor

The students at Dubai Gem are primarily from Indian, Pakistani and Sri Lankan background. The majority of these students come from very strong homes where the connectedness of the family is valued much more significantly than career or money.

According to Ms George (pictured above right), students at Dubai Gem faced few issues to do with depression and anxiety because they were given careful attention by their parents who are involved in all aspects of their lives. There are mental health services available in Dubai, however, they are few in number and quite expensive. Culturally, there is a strong stigma associated with accessing mental health services; thus concerns are handled within the family context. Culturally, students tend to be very quiet about their family issues, meaning that there are many concerns that students simply wouldn’t come to school and discuss.

***Al Diyafah High School***

Meeting with Mrs Kritika Ghosh, School Counsellor, and Mrs Neetha Shetty, Assistant Principal

Al Diyafah High School is located outside Dubai in the Al Nahda region. This school consists of prep classes (students as young as 3) to Year 13 (the equivalent of the NSW HSC). The biggest concern for School Counsellor, Mrs Ghosh (pictured above left) was cyberbullying. According to survey results 90% of students using the internet are being bullied online; however, 99% of teachers are ignorant of the phenomenon.

Ms Shetty, the Vice Principal of Al Diyafah (pictured above right), discussed concerns related to the management of students, parents and staff in a dynamic school environment, which are very similar to those evident in New South Wales. In regard to mental health and wellbeing of students there are few services in Dubai and these rarely reach out to schools. Both schools stated that youth suicide seemed to be a bigger concern with the Emirates Citizens, rather than among those who have settled in the UAE from other countries.

**Oslo, Norway: 27th World Congress for the International Association for Suicide Prevention (IASP)**

***Pre Conference Workshop: Mindfulness Based Cognitive Therapy***

Workshop Conducted by Catherine Crane and Bergljot Gjelvik from the Oxford Mindfulness Centre

Studies into the effectiveness of MBCT have shown that the practice of specific meditation skills is effective in reducing the likelihood of another bout of depression. Also, in the case of relapse, it can assist a person to recognise the signs and process the emotions more productively.

MBCT is conducted alongside traditional cognitive based therapy. There are two main aims of MBCT:

1. To expose yourself to your inner mind and environment –training the mind to come back in a gentle way.
2. To be curious about how emotion and thought is affecting the body - referred to as ‘decentering’. To be more aware of the thoughts that are ‘on loop’ in a person’s mind, recognising the potential to ‘short circuit’ unproductive thoughts in a way that is compassionate, friendly and gentle.

***Key Conference Findings***

It is through education that stigma and ignorance about this significant social problem can be broken down. There has been a recent trend towards providing suicide prevention/intervention training for those working with young people daily. The term coined for this kind of training is ‘Gatekeeper Training’ (those who open the gates and connect people to mental health professionals and services). One such example is the ASIST Suicide Prevention Program. During their session we learnt that most schools invite them to deliver the program after they have lost a student to suicide. The key presenter expressed how important it is that the training is proactively.

Another training package for teachers is the ‘STORM’ training (Skills based Training on Risk Management). A joint pilot study is currently being conducted through the University of Melbourne to evaluate this program.

***Key Statistics:***

* Globally approximately 1 million people take their own life each year
* Every 40 seconds someone takes their life
* By 2020 suicide amongst teenagers is expected to double
* Suicide is the third leading cause of death for teens
* There are an estimated 10 – 20 million suicide attempts each year

***Trends:***

The means by which young people choose to take their lives varies considerably. When dealing with adolescents, one key finding from research is regarding impulsivity – due to their stage of cognitive development, adolescents are much more likely to act out of impulse, rather than logical detailed thought processes – thus it is essential to restrict access to means. Rates of suicide were reported as being much lower in circumstances where access to means has become more difficult.

***Overall Findings/Conclusions:***

1. Suicide is a global health concern and has been recognised by the World Health Organisation that needs to be addressed
2. Suicide is a problem that is contextually unique and affects both poor and developing nations as well as first world nations. No country is immune and all need to learn from each other how best to support their citizens in their own unique social contexts.
3. There are many causes for suicide and much research is still being conducted around precursors. The volume of research is very heartening, with many studies showing evidence of efficacy of certain interventions.
4. Mental health is seen to be a key factor in many suicides, but increasing evidence is showing that mental health is not in itself a ‘cause’– there are usually a number of contributing factors.
5. The correlation between alcohol consumption and suicidal ideation is very strong – this is of great concern in countries with a culture of excessive consumption, such as Australia.
6. Although the focus of many of the sessions in this conference was on ‘intervention’, most experts agree that equal attention must be given to ‘prevention’ and ‘postvention’.
7. Numerous studies are being conducted all over the world on various aspects of suicidal behaviour. The conference featured a number of sessions outlining current research as well as resources that have been developed following detailed investigation (see ‘Resource’ section at the end of the this report)
8. Suicide is preventable. There have been many initiatives from all over the world, which are in evolution – from online crisis counselling in Australia to lock boxes for pesticides in rural communities in China – the world is responding in a variety of different ways to the dynamic phenomenon of suicide.
9. A collaborative partnership is needed to most successfully care for people experiencing suicidal tendency – this means that mental health professionals need to work with families, other care providers, gatekeepers and medical practitioners to maximise outcomes.
10. Much can be learned for the prevention of suicide from studying suicidal clusters in certain areas, as well as the contagion effect. Postvention is having more of an emphasis as further studies are being conducted into how best to care for those who attempt suicide unsuccessfully and also the bereaved of suicide victims.

**Brighton, England: International Youth Mental Health Conference**

***Pre Conference Workshop: Twitter ain’t just for Twits: using technology to improve the mental health and wellbeing of young people***

This workshop was coordinated by Associate Professor Jane Burns, CEO of the *Young and Well Cooperative Research Centre* and partner organisations including *Headspace*, *Orygen Youth Health Research Centre* and the *Inspire Foundation*. Some key points from the workshop are outlined below:

* Australia has many organisations catering for mental health needs in new and innovative ways.
* The future direction of youth mental health in Australia suggests the path now is to work horizontally to ensure that each unique service is connected to streamlining service access and utilisation to help young people receive the right service at the right time.

***Key Conference Findings***

The official launch of the International Declaration on Youth Mental Health: the composition of this Declaration has involved collaboration and input from a wide variety of stakeholders – including many Australian researchers and organisations. This particular Declaration calls us to imagine a world where *“every young person has a meaningful life and can fulfil their hopes and dreams.”* It has 5 key objectives and 12 ten-year targets – the first of which being a 50% (minimum) reduction in the rate of youth suicide.

Professor Stallard: Study of whether classroom based CBT is effective and cost effective in reducing symptoms of depression in ‘high risk’ adolescents aged 12 – 16:

This longitudinal study concluded that CBT had no effect in improving the levels of depression in the students. The researchers then compared this finding to four other similar independent studies (Sawyer, Araya, Challen) with the same outcome. Professor Stallard concluded that, ultimately, the improvement of wellbeing comes down to the leadership and culture of the school, whereby, the leadership, teachers and students all accept wellbeing as relevant and as part of the common language.– In a setting such as this an embedded pastoral care program has the potential to make an impact.

***Conclusions:***

The true difficulty of mental illness lies in two areas: the ‘invisibility’ and the ‘stigma’. In most cases identification relies on the young person’s ability to articulate their symptoms and their experiences. Australia is ahead of many other countries in regard to initiatives addressing youth mental health. Despite bi-partisan support, the concern still remains. Youth suicide is still the leading cause of death in young people aged 15 – 24 and although 1 in 4 young people in this age group are touched by mental ill-health only 10% ever present to hospital for help.

**Glasgow, Scotland: Glasgow Centre for Confidence and Wellbeing**

***Meeting: Morag Kerr***

Morag Kerr spoke passionately about the need to make adolescents more aware of their behaviours by assisting them to understand the motivation behind the behaviour. We also talked at length about the importance of resilience in young people and the potential for programs such as ‘Bounce Back’ to be really effective tools in the school context. In order for these programs to be successful, there needs to be backing by leadership – they need to understand and endorse it – teachers also need to be aware of the reasons for implementation and the possible benefits that can come from a program of this nature.

**School Visit: United Kingdom**

***Wellington Academy, Berkshire***

Meeting with Mr Ian Morris

Ian Morris has designed and implemented a wellbeing program that runs across all year groups within Wellington Academy. The program is fully supported by the school executive and has now been actively running in the school for eight years. It has undergone several revisions as new and different areas of interest or concern surface.

**Youth Suicide Research: Los Angeles**

***Meeting: Richard Lieberman: Coordinator of the Suicide Prevention Unit for the Los Angeles Unified School District.***

For many years Richard ‘Rich’ Lieberman has been pioneering the strategies in all areas of youth suicide prevention, intervention and postvention. The district of California is the second largest in the US (New York being the biggest) with over 800000 students.

Richard spoke about a range of topics from preventative strategies including Gatekeeper training, risk assessment screening, hotlines, means reduction – right through clusters, contagion, media intervention and how best to support those students and families bereaved by suicide. Some clear points for consideration following this discussion:

* A planned and collaborative approach is necessary
* Schools should have a clear and well defined crisis management plan with protocols and appropriate responses should the community be bereaved by suicide.
* Research shows that those exposed to suicide are more likely to engage in suicidal ideation later in life. Support must be appropriate, timely and consistent. Recent approaches to suicide are shifting – such that messages should be focussed on prevention, collaboration and evidence based treatments for all of the risk factors that come with suicidal thoughts and behaviours.
* Gatekeeper training for staff working with young people is obvious and essential. It is evidentially clear that talking about suicide appropriately with young people does not increase the likelihood of suicidal behaviour.
* In the event that suicide does occur it is important to acknowledge that there is never one definitive cause nor point of ‘blame’ or ‘responsibility’. Schools need to have clear ‘prevention’ ‘intervention and postvention’ strategies known by all staff and part of ongoing training and discussion.

**School Visit: America**

***Crescenta Valley High School, Los Angeles***

Meeting with Lea Howell, School Psychologist

Lea Howell is the School Psychologist at Crescenta Valley High School, Los Angeles. This comprehensive High School is home to approximately 2800 students from the local surrounding suburbs.

Lea Howell contacted Rich eighteen months ago, directly after a terrible incident at her school where a student ended his life on the campus by jumping to his death from a third story building, in front of a large group of students. Lea explained the extremely difficult task of dealing with the immediate aftermath of this terrible tragedy, likening it to the heightened emotional trauma of a school shooting incident.

The trauma from this incident and the direct and heightened impact on the entire school community was immediate and is certainly ongoing. It was exceptionally informative to learn from Lea how the school responded during this crisis and how they have continued to show ongoing support for members of the school community. Lea shared the strategies implemented from the Toolkit provided by Richard and how the ongoing support of students has been a considered and evaluated process. As the School Psychologist, Lea is still seeing the roll on effect of this tragedy 18 months later and providing ongoing support to both staff and students alike.

The key piece of information I took away from this meeting is the importance of being proactive, not only in suicide prevention strategies, but also in having a school plan in place It is a scenario that is certainly difficult to think about and one that is uncomfortable to plan for but in the event of its happening it is important that school leadership teams know exactly what needs to be done.

***Clarke Magnet High School, Los Angeles***

Meeting with Mr Douglas Dall, Principal

Clarke Magnet is a Title One school, located in very close proximity to Crescenta Valley High School. Although classified as a “poverty school”, it has managed to achieve ‘Blue Ribbon’ and ‘Distinguished School’ status. The school contains an ethnic minority of Armenian students, 85% of whom do not speak English at home. The school has a very strong focus on literacy and academic achievement as well as wellbeing and student welfare.

Douglas Dall (pictured above right) attributes the great success achieved by students at the school to the extensive range of strategies employed to engage students in their learning.

Mental Health is a core part of the curriculum and the issue of suicide is discussed in classes. The school also focuses on careers: students participate in a range of self-reflective activities about their future.

**Overall Report Conclusion**

This study tour has enabled me to deepen my knowledge regarding a range of adolescent mental health and wellbeing, as well as examine a range of preventative factors for youth suicide. Several of the key learnings that have been outlined above, can be translated into meaningful strategies within the context of the New South Wales school system.

In order for there to be real and effectual improvements a culture of shared responsibility and open dialogue, where stigma relating to youth suicide and mental health are challenged, must continue to be fostered and modelled so that lasting change is possible. Ultimately, the improvement of adolescent mental health and wellbeing will be dependent upon each individual school community. Leadership, teachers and students must collaboratively see the importance of wellbeing as relevant and as part of the common language. It is within a setting such as this that embedded pastoral/welfare/wellbeing programs have the best chance of success. Teachers also need to be continually guided and encouraged to build positive and strong relationships and rapport with the students in their classes.

I feel that the most important program, which has the capacity to make a profound and significant improvement, is the development and implementation of a ‘Gatekeeper’ Suicide Prevention/Intervention/Postvention training module for delivery to all teachers working in DET, Private and Diocesan secondary schools in NSW. Training such as this has been proven to improve teacher confidence in suicide prevention, including for teachers in the Primary education sector.

Finally, it is also essential that every school has clearly defined suicide prevention, intervention and post-vention policies, so that each individual school approaches this issue proactively. In the unfortunate and tragic event that a school community is touched by suicide, each school should have a clearly defined set of guidelines for response, where the support of the staff and students is given emphasis. A well-coordinated plan, known by staff and swiftly enacted will minimise contagion and manage all other aspects pertaining to ongoing management.

I am extremely grateful to the New South Wales State Government and the Anika Foundation for providing me with this incredible professional development experience. I feel it has enhanced my understanding of key issues relating to the Pastoral Care of the students in my school community and enabled me to better meet their needs and enhance the skills of my team, by sharing my deepened knowledge.

**For more information:**

A full record of my experiences while on my travel tour can be obtained by accessing my online [blog](http://awakenempowerment.wordpress.com/).

An online web page containing active links to all of the resources I gathered on my study tour is available via my [blog](http://awakenempowerment.wordpress.com/youth-mental-health-resources/). This page contains active links to a range of online resources specific to the areas of adolescent suicide prevention and mental health.

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