ACT LEGISLATIVE ASSEMBLY

Inquiry into Youth Suicide and Self Harm in the ACT

Willie & McCormick Consulting Pty Ltd, trading as:

SUICIDE PROGRAMS
Prevention - Intervention - Postvention

CEO: Sandra Willie

[redacted]

E: sandra@suicideprograms.org.au

CONTENT: **Page**

Introduction

Not only have I been individually affected by the devastation of loss through suicide, but I have taught in the area of suicide for a number of years. During my time working professionally in the area of suicide training and prevention, I've noticed an increasing number of youths taking their own lives. It's occurred to me that suicide in youth is not a regional problem, it is not a state problem, it's not even just a National problem, it's an International problem.

My research into youth suicide has led me to review a number of programs both in Australia and internationally, that specifically address the issue of youth suicide. To my knowledge there was not an effective or comprehensive program in Australian schools that dealt with suicide and particularly not one with a whole school community approach.

The program I discovered through my research is *Lifelines Trilogy;* it's an evidenced based holistic program with proven results in preventing and reducing youth suicide within school communities, particularly areas of suicide contagion.

I have trained in the delivery of *Lifelines Trilogy* and it's a program I passionately support and wish to introduce to Australian schools on a National level.

Youth suicide findings in Australia

- About one in thirteen (7.5%) 12-17 year olds had seriously considered attempting suicide in the previous 12 months. This is equivalent to around 128,000 young people aged 12-17 years.
- One in twenty (5.2%) had made a plan.
- One in forty (2.4%) or around 41,000 12-17 year-olds reported having attempted suicide in the previous 12 months. One quarter or 0.6% received medical treatment as a result of their injuries.
- Suicidal behaviours were more common in females than males and in 16-17 year-olds compared with younger adolescents.
- Around one in seven (15.4%) females aged 16-17 years had seriously considered attempting suicide and one in twenty (4.7%) had attempted suicide in the previous 12 months.
- The rates of all suicidal behaviours were markedly higher in young people with major depressive disorder. These were even higher for young females with major depressive disorder.
    - Approximately half (56.4%) of females aged 12-17 years with major depressive disorder (based on self-report) had seriously considered suicide and just over a fifth (22.1%) had attempted suicide in the previous 12 months.
    - 13.8% of males aged 12-17 years with major depressive disorder (based on self-report) had attempted suicide in the previous 12 months.

Figure *(**Source:** A survey of the mental health and wellbeing of Australian children and adolescents was conducted by the Telethon Kids Institute at The University of Western Australia in partnership with Roy Morgan Research in 2013-14. Source –The Mental Health of Children and Adolescents)*

The development of curriculum to reduce youth suicide

- Extensive research was undertaken in the USA in the 80's due to an epidemic of youth suicides within schools, in fact rates of youth suicide had tripled in the preceding 30 years. At that stage, school-based programs to address these concerns were virtually non-existent.
- Maureen Underwood L.C.S.W a Clinical Social Worker with over 35 years' experience in mental health and crisis intervention and John Kalafat Ph.D. a Community Psychologist and expert in youth suicide prevention, were approached to develop the curriculum to reduce youth suicide. They were able to translate the mental health concepts of suicide awareness and prevention into practical, easily understood lessons.
- The curriculum they developed was tailored to fit into the regular school schedule and be taught by staff members to reinforce for students that they could find approachable, helpful adults within the school system.
- The program titled *Lifelines Trilogy* was piloted, tested and revised numerous times, then implemented into a number of schools.
- *Lifelines* content is grounded in several areas of research, it reflects research that determined that **most suicidal youths confide their concerns more often to peers than to adults,** and that adolescents, particularly males, do not respond to troubled peers in an empathic or helpful way.
- It also addresses the fact that **25% or less tell an adult about a troubled peer** and that adults are often adolescents' last choice as confidants for suicidal concerns.
- It finally reached a point where evaluation data demonstrated that **well-constructed, school-based programs can be effective tools in youth suicide awareness**.
- It also evidenced that getting help from their peers is beneficial for youths, and participation in helping interactions that shape positive social behaviours and reduce problematic behaviour.
- Findings also support teacher acceptance of the program and increased student confidence in the schools ability to respond to a t risk youth.
- Final evaluation data was submitted to the **NREPP** (National Registry of Evidence-based Programs and Practices)
- *Lifelines Trilogy* is promoted and produced by the Hazelend Betty Ford Foundation

Questions frequently asked:

- Do school programs really have an impact?
- Can talking about suicide in a school cause more suicide?
- What are the risk factors and warning signs of teen suicide and why should schools implement a suicide prevention education program?

Do school programs really have an impact?

School-based suicide prevention programs for students began in the 1980s. These programs tried to "normalise" suicide as a stress response as a way to encourage student discussion. Unfortunately, the programs gave the impression that feeling suicidal was a normal response to stress. Follow-up studies indicated that some of these programs achieved modest gains in student knowledge and positive attitudes toward help-seeking for suicide, while others had no effect or actually received negative student response. In light of the limitations of these early programs, emphasis shifted toward programs that emphasised skills training (including improvement of student coping skills), the education of school personnel, and in-screening students for risk through self-report and individual interview.

Evaluation studies of contemporary programs have shown them to be mostly well received and sustainable. Controlled studies show knowledge gains, improved attitudes toward help-seeking behaviour, actual increases in help-seeking and decreases in self-reported suicide attempts.

There is also evidence that certain programs are not effective. One-time programs such as assemblies do not provide enough exposure to the message of suicide prevention, nor do they allow for monitoring of student reactions. Programs that use media depictions of suicidal behaviours or speeches by teen show have made suicide attempts should not be used, as they could have modelling effects for at-risk teens.

Can talking about suicide in a school cause more suicide?

One attitude particularly prevalent is that suicide should not be spoken about in a school setting for fear that it may activate suicidal behaviours.

- There are four main arguments in response to the myth that talking with kids about suicide will "plant" the idea:
    - Students are already well aware of suicide from their experience with suicidal peers and the media.
    - In the program developers thirty years of crisis line experience and twenty years of school-based suicide prevention programming, there has never been a case of planting the idea. The facts in regard to stimulation of suicidal behaviour are best summarized by the following quotes from the Centres' for Disease Control and Prevention: "There is no evidence of increased suicidal ideation or behaviour among program participants" and…"furthermore, numerous research and intervention efforts have been completed without any reports of harm."
    - Several evaluation of school-based programs show increased likelihood that program participants will tell an adult about a suicidal peer as opposed to keeping that information to themselves
    - Two long-term follow-up studies in countries where suicide prevention programs were provided show reductions in youth suicide rates in the country, while state rates remained unchanged or increased for the same period of time

    *Remembering, educational programs are not aimed at suicidal feelings per se, but instead emphasise knowing the warning signs, taking action, and obtaining help.

What are the risk factors and warning signs of teen suicide?

While the causes of youth suicide are complex and determined by many factors, mental health professionals have learned some things about the population of students who may be at increased risk for suicide. Current knowledge about the risk factors and warning signs of teen suicide comes from clinical sources and 'psychological autopsy" studies of youth who have completed suicide. Researchers interview the family members, friends, school staff, and other significant people who know the deceased and try to discover the factors that may have contributed to the death.

Findings learn from these clinical studies, translated into a formula that might be useful in a school setting:

- The vast majority of youth who died by suicide has significant psychiatric problems, including depression, conduct disorders, and substance abuse problems
- Between one quarter to one third had made a prior attempt
- A family history of suicide greatly increased the risk
- Stressful life events such as interpersonal losses, legal or disciplinary crises, or changes for which the teen felt unprepared to cope were also reported.

Teens that are suicidal don't just wake up one day and decide that life is no longer worth living; complex dynamics underlie suicide attempts and completions. These dynamics provide important foundation for our understanding of suicidal youth, but this information may not be accessible or even relevant in a school setting. What is more relevant to those in a school are the "warning signs" of suicide. These warning signs are attitudes or behaviours that *can be* observed when a student may be at risk for suicide. The *Lifelines* program organises these warning signs with the acrostic FACTS which stands for feelings, actions, changes, threats and situations.

How can people working suicide prevention change these attitudes?

- The research can be used to change attitudes around introducing youth suicide prevention programs into schools.
- It will provide knowledge and research around best practice for school-based suicide prevention programs.
- Participants will have a broader awareness of the availability of an effective evidence-based school program that takes a holistic approach in engaging students, parents and school staff to reduce youth suicide.

The focus of this submission

- This submission examines the effectiveness of existing youth suicide programs and introduces a program that is a new initiative to the Australian audience that has collected evidence-based data of its effectiveness within the school community.
- *Lifelines Trilogy* addresses some of our cultural issues around schools and attitudes towards suicide prevention programs in schools. Talking about current practices and at present an unknown educational program for Australia that is evidence-based and researched may create an awareness that will lead to acceptance of bringing suicide out into the open in our schools with *Lifelines Trilogy.*
- Teen suicide prevention can be addressed within a school setting in a holistic manner to reduce the rate of suicide without the risk of causing more suicides by addressing this issue.
- *Lifelines Trilogy* addresses the suicide rate in a context that is safe and inclusive of minorities with a proven methodology centred on a holistic approach that is far more effective than current practice
- It is a 3 day evidence-based program that is listed on **NREPP** (National Registry of Evidence-based Programs and Practices) the only one of its kind available. The program is structured to be delivered to three attending participants from one school and ideally delivered to five schools at one presentation.
- Recommended attendees from each school include a guidance officer, head or deputy head and senior administrator.
- Comprehensive manuals, resource materials , including DVD's and CD's and provide to enable schools to effectively implement this 3 tiered program – Prevention – Intervention – Postvention.

Quotes:

"Being an educator, coach, and parent that has lost a child to suicide, I truly believe that a comprehensive program such as Lifelines has the potential to help educate all those involved. If through this program we save one child's life and the pain and grief associated with this journey, it is educational time well spent"
Criag Miles, 30 year old educator, coach and speaker.

"My son's 13 year old friends knew he was contemplating suicide but did not know how to appropriately respond to this crisis. There was no suicide prevention education program at this school. Our young people are on the frontlines every day; they are typically the first potential responders for a peer at risk for suicide. It has always made sense that education is our best tool to ensure that first response was appropriate. Lifeline: a suicide prevention program is by far the most comprehensive, evidence-based program I have come across."
John Halligan, motivational speaker

"I used to think that depression and suicide were things that happened to other people, that the way I approached my life somehow prevented me from becoming a victim of mental illness. I realized just how incorrect that assumption was when my own life was turned upside down by major depression.

I first noticed that something was wrong in 8th grade. Apparently, so did one of my teachers, because she asked me if anything was wrong. Unfortunately, she did so in front of the whole class. From that day on, I put up a wall to protect myself from the embarrassment of having a stigmatized illness. I wore a mask—a façade—to cover up what I was actually going through. I didn't feel comfortable sharing my feelings with any adults in my life at that time.

My depression continued into high school. I was hoping that someone—anyone—would bring up the topics of depression and suicide, so that I wouldn't have to. In school, there were always lessons about alcohol, drugs, and safe sex—but never ONCE were depression or suicide mentioned. Maybe, just maybe, if the adults in my life had been educated in these topics, I would have felt comfortable asking for help, and I would have been spared years of suffering.

But I'm one of the lucky ones. I did get help. I'm here today as the voice of those who are not yet being heard – the child who's sitting in a class full of students thinking he or she is the only one feeling this way…or the teen who can't focus in school because he or she is trapped by the isolation and pain of depression."
A message for teens by Stacy Hollingsworth, College Student

Additional information:

http://suicideprograms.org.au/lifelines-trilogy-4-2/

http://www.hazelden.org/web/public/lifelines_national_training.page

http://www.sptsusa.org/training-programs/

http://legacy.nreppadmin.net/ViewIntervention.aspx?id=37