spinz

Youth Suicide Prevention

Community Information Kit

Acknowledgements

This community kit has been written by:
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Other publications that have been used in compiling this kit are listed under References.

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About the Kit

The SPINZ community kit has been developed as a result of a national consultation with individuals, groups and organisations involved in youth suicide prevention activities. The content of the kit is based on the needs identified through the consultation process and therefore has a focus on community development.

A community development approach to youth suicide prevention recognises that there are issues specific to each community.

The challenge is for groups in communities to work in partnership to access the skills, strengths and local knowledge to enable communities to actively participate in youth suicide prevention initiatives.

This kit is designed to enable communities to develop a framework for responding to the issue of youth suicide using a public health approach as outlined in the New Zealand Youth Suicide Prevention Strategy. Central to this approach is the need for young people to be active participants in a community development approach to youth suicide prevention. We hope this kit will help communities to:

- enable young people to make a contribution and have the resources available to assist them in their development
- work in partnership and collaboration with a range of individuals, groups and organisations to prevent youth suicide
- access information about youth suicide
- build a local community network of groups/organisations involved in youth suicide prevention activities
- formulate or further develop a response plan to youth suicide.

A word of caution: It is unrealistic to expect a rapid and widespread reduction in the New Zealand suicide rate. However, working with young people in building their resiliency and promoting their value in the local community can only assist in this long-term goal.

Communities and Young People: Working Together to Promote and

Support the Healthy Development of Young People

Young people, particularly during adolescence, are experiencing rapid physical and emotional changes. It is a time for trying on different roles - a bit like trying on clothes - to see what fits best. It is a time of trial and error where young people are involved in a process of:

- examining identity issues such as "Who am I?"
- questioning goals and values defined by their parents
- searching for appropriate goals, values and beliefs that are their own
- seeking confirmation and approval in their peer group

As communities we need to:

- examine how we include and work with young people -when we do this, we will be building a society which values and respects young people, communicates that young people are needed and vital to the overall wellbeing of our society
- involve young people at all levels of community functioning, with this involvement having meaning and purpose
- enable young people to make a contribution and have the resources available to assist them in their development
- hear and act on the voice of young people
- show that organisations, local and central government, are aware of and celebrate young people by ensuring policies are developed with young people in mind
- demonstrate as adults that we are able to reflect on our attitudes and behaviours and that we are open to learning from young people
- have the strengths as a community to be with young people when they take risks and experiment
- collectively communicate to young people about the services that are available and encourage them to reach out when they need support
- build a community that has spaces for young people to be involved in the wider community and ensure that they can safely travel within our towns and cities

If our communities achieve this we will surely have an environment that facilitates the HEALTHY DEVELOPMENT OF YOUNG PEOPLE.

Suicide and Young People

New Zealand's youth suicide rate is one of the highest in developed countries. There are many factors which may have some influence on this, such as increasing rates of depressive symptoms in young people, alcohol and drug abuse, loss and grief, sexual identity conflict, cultural alienation, changes in family structure and society as a whole, rising rates of violence, child and sexual abuse, reduced influence of religion, high unemployment and trends towards more risk taking. It is likely that all of these factors in combination with social, psychological, and biological factors contribute to increased rates of suicide.

What are some of the risk factors for young people?

- experiencing some underlying psychological distress or mental illness*
- behavioural disorders (such as conduct disorder and antisocial behaviours)
- a past history of recent suicide attempts
- a disturbed or unhappy family background
- experiencing severe distress immediately prior to the suicide such as the break-up of a significant emotional relationship or recent bereavement

It should be noted, in New Zealand, young males, particularly young Maori, have the highest rates of suicide.

What are some of the protective factors for young people?

Research into resiliency indicates a number of factors that may protect the mental and emotional wellbeing of young people.

- family/whanau and parent connectedness
- spirituality - having a belief system (not necessarily a religion) and a sense of personal identity and awareness
- connectedness to other adults outside the family who take an interest, such as teachers and the parents of close friends
- parents who set boundaries and limits, and provide love and care

**Approximately 90 percent of people who complete suicide or make suicide attempts will have had one or more recognisable psychiatric disorders (e.g. depression), alcohol, cannabis and other drug use or significant behavioural problems.*

Taitamariki Suicide

Ministry of Health statistics (2002) show that Maori continue to have higher suicide rates than non-Maori. In 2002, the rate of suicide among Maori was 12.6 deaths per 100,000 population compared with 10.7 for the total population.

The 2002 suicide rates for Maori males and females were 19.7 and 5.9 deaths per 100,000 population respectively and for non-Maori males and females were 15.6 and 4.8 deaths per 100,000 population, respectively.

Possible risk factors

- low self esteem - it is a struggle to maintain a positive sense of identity, while there is a constant negative around issues of being Maori
- depression
- substance abuse (this accounts for 1/3 of Maori first admissions to psychiatric hospitals)
- socio-economic disadvantage/poverty
- abuse issues (such as alcohol, other drugs, physical, emotional and sexual)
- whanau involvement
- authoritative involvement (justice, educational, family)
- cultural identity*

**A study in the USA of indigenous American youth showed that those who were totally immersed in their own culture were the highest risk group, followed by those who were totally immersed in Western American culture. The group who were the most resilient were those who could walk both roads as required. This topic is currently being researched for Maori within Aotearoa.*

Possible protective factors

- coping skills
- self esteem
- sense of belonging
- connection to whanau/school
- secure cultural identity
- supportive whanau/family/hapu/iwi
- responsibility for others
- school and social support

Although the focus at a policy level is to prevent young people from completing suicide, the majority of suicides among Maori are in the age groups older than 24 years and therefore many prevention strategies may be missing the population that may require it the most.

Culturally appropriate strategies for Maori suicide prevention must be acknowledged.

Suicide and Pacific young people

Suicide appears to be an emerging and perhaps hidden issue for this group of young people. Limited research has been carried out but preliminary findings with a group of young Pacific suicide attempters identify issues such as problems with personal identity, spirituality, relationships and poor coping strategies.

Prevention strategies must be developed in a culturally and ethically appropriate way and must be mindful of applying western psychological concepts to suicidal behaviour of Pacific young people in Aotearoa/New Zealand.

Young People - Helping and Help Seeking

Some young people find healthy ways of working through their problems. Others find it harder to think of solutions and sometimes choose less healthy options such as misusing alcohol and other drugs and dangerous driving. Very few actually choose suicide. What we do know is, at the time, a young person sees no options other than their death. Yet we know that in the longer term, with good support, things do get better for those who have considered or survived attempts.

> *"Remember this. It does get better - I never thought I'd live to see my 15th birthday, let alone my 16th, but here I am 20 years old. And I thank God that I didn't succeed because I would have missed out on so much."*

Who do young people refer to for help?

Research studies indicate that:

- young people prefer to confide in peers first and families second
- approximately 25% of young people who know a suicidal peer seek adult support

> *"It's not that I don't want to tell my parents, it's just that friends seem to understand more, they understand more about what is going on. You can discuss it with them without them judging you." 16 year old.*

Why don't young people seek help?

- fear of stigma, embarrassment, shame
- concern for confidentiality
- belief that no-one or nothing can help
- adherence to cultural or family values and attitudes restricting help seeking
- lack of awareness of resources or difficulty accessing helping resources
- negative past experiences resulting from lack of faith in adults/caregivers
- concern about adult reactions and the desire to keep a friend's confidence may prevent some young people seeking support

How can we help young people?

We need to:

- focus on the whole person, rather than the problem. This means considering all the dimensions of wellbeing - taha tinana/physical, taha whanau/social, taha wairua/spiritual and taha hinengaro/mental and emotional
- provide care and support
- establish support groups where young people can safely share their fears and concerns
- help young people to 'make meaning' in their lives through fostering their spirituality

Remember, not all young people will seek help. We need to be aware of distress and changes in young people. We may need to reach out to them.

Suicide - What are Some of the Observable Warning Signs?

- increased alcohol or other drug consumption
- disinterest in possessions - giving away prized belongings
- withdrawing from friends and social involvement
- sleeping pattern changes - may have difficulties in getting off to sleep; have interrupted sleep; early morning awakening; feeling tired after sleep; sleeping too much
- self-mutilation behaviours; e.g., cutting/gouging
- sudden and striking personality changes and changes in mood
- risk-taking and careless behaviour
- noticeable increase in compulsive behaviour
- sudden happiness after a prolonged period of depression
- apathetic. May stay indoors, stare at the TV. Loss of interest in previously pleasurable activities
- repetitive medical conditions - feeling nauseous, frequent headaches, injuries
- death or suicide themes dominate written, artistic or creative work or music
- unrealistic expectations held of self
- excessive sexual activity or loss of interest in sex
- overly dependent, clinging behaviour
- changes in eating patterns - not eating; over eating, change in weight
- verbal expression of suicidal intent or depression
- direct statements: for example: "I wish I were dead", "I'm going to end it all"
- indirect statements such as: "No one cares if I live or die", "Does it hurt to die?"

Changes in behaviours

- loss of interest in work, hobbies or activities which were once enjoyed
- increases in drinking alcohol or drug taking
- finds decisions really difficult to make and is unable to address issues like the reality of financial problems
- has real difficulty in staying still or conversely is really lethargic and unable to get motivated
- sets self up for rejection by family, friends or workmates. Takes on role of victim
- projects personal difficulties onto others; e.g. bullying/aggressive behaviours/irritable & snapping for no apparent reason
- excessive risk taking

Changes in relationships

- stops going out with friends; shows no interest in being in group/social settings
- marked increase or decrease in sexual activity
- expresses negativity about family/friends and has more than usual conflicts or problems relating with family or friends
- traumatic relationship loss or break-up

Changes in thinking, feeling and perception

- expresses inappropriate guilt about things
- expresses hopelessness - nothing to look forward to/no point in carrying on
- preoccupied with self; withdrawn, feelings of not being good enough
- cries easily, looks sad, feels alone or isolated
- fears about having to be perfect. Fearful about doing something bad

Physical changes

- appetite has changed considerably - lost or gained a substantial amount of weight
- changes in sleeping patterns - either can't sleep at night or sleeps too much
- restlessness, agitated (pacing, wringing hands) or has really slowed down (spends hours staring in front, finds it hard to move)
- lots of constant minor physical ailments with no apparent cause

Note. Many of the listed items may be present within the one person - other signs, not listed, could also be present. Some people may not have any obvious warning signs.

Stressful events:

- loss of an important person. For example, break-up of a relationship, death, divorce
- recent suicide of a friend or relative
- exposure to violence, incest or rape
- loss of position. For example, loss of status, loss of employment, loss of business
- unwanted pregnancy
- major disappointment or humiliation
- 'coming out' and associated issues re sexuality and identity

- in trouble with authorities or police. Impending court appearance
- refusal by significant other to provide anticipated help, support or love
- dispute with parents/whanau family/friends
- serious physical illness
- sudden loneliness/isolation/change of environment
- anniversary of a death
- emotionally charged festivals (Christmas, birthdays, etc.)
- major gambling loss

A group of young people describe what they saw as having been the warning signs of a suicidal friend. In their descriptions were three key themes:

1. Personality changes ...*not their normal selves.*
2. Risk-taking behaviours...*getting into cars with drunk drivers, drug use.*
3. Unusual actions...*they give their stuff away, wind things up.*

How to help

If you recognise the warning signs in a young person it is important to find out if they are thinking about or planning suicide. If you suspect a young person is at risk of suicide you can ensure their safety. Show them you care, determine the risk of suicide, and get help.

Show you care

- believe the person's statements or your suspicions
- be calm and understanding
- tell the young person you care
- listen non-judgmentally/show respect. Problems such as the break-up of a relationship can be significant for a young person
- show concern, listen carefully and ask constructive questions about how the young person is thinking and feeling
- be sensitive to the relative seriousness of the thoughts and feelings
- acknowledge the young person's feelings of hopelessness
- convey a message of hope
- show a willingness to discuss the issue of suicide openly and frankly
- use terms like "harm yourself" and "kill yourself"
- avoid debating suicide as an option, moralising or challenging the young person
- accept what has been said and suggest that any action the young person is considering be postponed until other options have been explored
- point out the consequences of suicide for the young person and those left behind
- don't promise secrecy or make promises that cannot be kept
- if possible, follow-up and monitor progress after the immediate crisis is over

Determine risk

When determining risk, ask questions in a way that conveys to the young person that you care.

Ask about:

- recent losses
- family/friends' suicide
- available support

Below are five critical areas that need to be explored. They are concerned with assessing the seriousness of the young person's intent. Seek this information in a way that is appropriate to you and your relationship with the young person.

- "are you thinking about killing yourself?"
- "on a scale of 1 (low) to 10 (high) how strongly do you feel like killing yourself?"
- "have you ever attempted suicide?"
- "do you currently have a plan to kill yourself?"
- "how do you see yourself in the future?"

What to do next

If a young person has a current or specific plan for suicide, has suffered a recent loss, and has immediate access to their intended means, they are at a high risk for suicide. In a **high risk** situation you must

- act quickly
- inform the young person you must act on the information and inform others. Don't be sworn to secrecy or make unrealistic commitments
- identify family, friends, counsellors who can support the young person
- get immediate help from parents, police or hospital emergency as necessary
- negotiate with the young person how they will get help. Help them make a plan to ensure their immediate safety
- if the young person refuses or is incapable of seeking help, immediately consult with a health or welfare professional for advice on how to handle the situation. Whenever possible this should be done with the parents'/caregivers' involvement. However, in emergencies, direct action without the consent of the parents/caregivers may be necessary
- don't leave the young person alone. This may involve having a close friend or family member staying with the young person
- ensure that 24-hour emergency contact numbers are available to the young person and their support people
- ensure that there is not access to lethal weapons and medications
- involve appropriate professional support. Don't assume sole responsibility for the young person

When in doubt: Make safety a priority issue. Assume the situation is a high risk.

If a young person is **not in immediate danger of suicide** but has suicidal thoughts or exhibits warning signs you still need to respond:

- help the young person express feelings
- focus on the problems
- help determine options
- identify past methods of coping
- ask the person to identify situations that provoke suicidal thoughts and help them develop strategies for working through these situations
- provide life-affirming options to suicide
- find out what the young person has to live for
- assist the young person in making immediate changes that will alleviate their pain or fears
- don't work alone. Know when and where to refer for further support
- **know what resources are available in your community for suicidal young people**

The person helping the young person may need support for themselves too. Sometimes, no matter what you do you may be unable to prevent a suicide.

Suicide Bereavement

Coming to terms with bereavement is a slow process - where people begin to sort out their ideas and experiences in relation to death. This in turn helps them to find a way of living with the death. Mourning a loss by suicide is a difficult type of bereavement because the loss is premature, unexpected and shocking.

Suicide leaves behind a network of family, close friends and community to cope with the pain of this type of loss. The effects on survivors of death as the result of suicide, cause extreme distress. Although individual reactions may vary, feelings such as horror, shock, shame, guilt, bewilderment, hopelessness, emptiness, disbelief, sadness and anguish are to be expected.

After a suicide, family members often go over the pre-death circumstances and events, blaming themselves or others for things they should, or should not have done. While this can make the situation more complicated, it is often a common response. It is not uncommon to see individual family members and friends desperately trying to understand 'why' the person has killed themselves. The question of 'why' is central to the recovery of wellbeing, yet in suicide it is this question that is the most difficult to answer.

Young people's grief and suicide

For young people, grief can be an isolating, private experience. Along with their grief are the usual developmental tasks and pressures of everyday life.

Young people may find it difficult to express their emotions. The difficulties others have in identifying or supporting the needs of young people may lead to grief that is dealt with slowly or in intermittent outbursts.

Grief responses to suicide include:

- rehearsing the details of the death
- heightened intense shock
- disbelief
- greater sense of loss in bereavement
- sleep disturbances
- nightmares and dreams about the suicide
- conflicting emotions of excessive guilt, anger, powerlessness, withdrawal, and isolation, shame, outrage, rejection and betrayal
- feeling judged
- loss of security and self-worth
- difficulty in concentration
- loneliness

Helping young people bereaved by suicide

Early support, learning about grief, peer and family involvement and self-help approaches seem to be the best ways of working with young people bereaved by suicide. However, for some young people cultural norms and practices may limit their opportunities to talk about their loss and grief.

- spend time and really listen
- let them know that what they are feeling and experiencing is grief and that this is okay
- encourage them to express their feelings in their own way - young people often find music, poetry and writing helpful
- accept their behaviour - crying, screaming, being quiet, laughing
- try to understand and accept them - everyone is different
- allow expressions of anger, guilt and blame
- reflect on their words and let them know you understand what they are saying
- indicate that grief takes time
- maintain contact personally or by phone
- give hugs where appropriate
- talk about the lost person

A word of caution

It is important to focus on the young person and their experience. Do not:

- trivialise their loss
- compare it to other losses
- provide false reassurance
- inhibit them by offering advice
- take the focus away from what they are saying
- put your feelings into the situation
- give details of your grief
- abandon them if the going gets too heavy

Note: Young people and their families can become even more isolated when the help they receive feels very clinical and impersonal.

Support groups

People bereaved by suicide may feel socially isolated as a result of reactions to suicide as a socially unspeakable loss. Support groups can be particularly helpful as a way of providing a supportive environment to assist the survivor's search for understanding and grief.

For adolescents, a peer support group facilitated by a competent and trustworthy adult can be especially helpful in enabling them to :

- express their feelings of anger and sadness in a safe supportive environment and be heard
- experience genuine acceptance from peers
- share stories and feelings
- explore coping strategies and support systems
- learn about grief
- develop communication skills to enable them to express their needs to family members, friends and teachers
- examine the important role of helpful and supportive peers
- create a durable link with the deceased and develop a picture of themselves (without the deceased) for the future

A word of caution
There is evidence to show that young people affected by suicide are at increased risk of suicide themselves. Providing them with opportunities to talk about the event and the impact on them can help minimise this risk. Refer Postvention section.

Postvention

Postvention assists individuals, families, friends and organisations who have been recently bereaved by a suicide death. It's purpose is to reduce the negative impact arising from the death and to reduce further suicidal behaviour among survivors.

Postvention refers to all the activities and support that help with the traumatic after-effects among survivors of profound loss experiences. Postvention involves a community-based response which includes school-based programmes.

The goal of postvention programmes is to build resilience while reducing the risks. Postvention helps young people deal with their shock and grief through discussion and empathetic support. Some young people may need individual counselling.

Schools occupy a unique position within young people's lives and can easily provide excellent postvention programmes. They need to acknowledge that death of a young person (or staff or school community member) by suicide has a profound impact on the total school community - students, staff and parents. By having a developed postvention plan the impact of a suicide is more likely to be managed well and it may reduce the risk of further suicides.

Objectives of postvention

- **to maximise resilience and to minimise risk**
- **to establish structures and networks to deal with suicide**
- **to establish a debriefing procedure and assist with the grieving process**
- **to ensure that those responsible for the care and education of young people can recognise early warning signs and provide appropriate assistance**
- **to prevent suicide by contagion. Ensure survivors understand that suicide is not a good choice and that help is available**
- **to normalise the situation as soon as possible. Everyone in that community has to deal with what has happened and restore normal everyday structures**

Lewis Rivers, in his book *Young Person Suicide*, divides traumatic incidents into the following stages:

"
- the period of pre-impact is all the time before the incident. There may or may not have been indicators that a traumatic incident was about to happen
- the impact period is the time when the incident happened
- post-impact is the period when the event seems to be over but the full story is not known
- recovery is the time when individuals, families and communities resume normal life. Note. With suicide the question of 'why' will remain for a long time, if not forever. This is why it is so difficult for the survivors of suicide (the friends and family) to shift from post-impact to recovery

"

A postvention plan should include:

- appointing a postvention coordinator
- a media plan - media need to be notified and issue needs to be handled sensitively
- notifying other staff, key community members etc, - telephone trees work well
- informing the wider community i.e. the young people/students. Consistency of terms and facts needs to used (it can be useful to provide staff with a written statement). Doing this in small groups assists in identifying high-risk survivors. Close friends of the person who has committed suicide should be monitored. Referrals should be made where appropriate
- avoid speculation and professional jargon
- providing a staffed space for young people to 'drop-in' to if they wish
- immediate provision of small group and individual counselling
- continuing support for family and friends
- supporting postvention team
- on-going care and follow-up

- **funerals and unveilings belong to the family/whanau. Students can attend, but it is appropriate that their attendance is with the permission of their parents or guardians**
- **memorials and memorial services can act as triggers**
- **be aware of cultural differences and, where possible, involve healthcare workers, ministers etc from the appropriate cultural background**

Young Person Suicide by Lewis Rivers and the Ministry of Education's *Prevention, Recognition and Management of Young People at Risk of Suicide - development of guidelines for schools* provide good detailed information for developing a postvention plan.

Myths and Attitudes About Suicide

Your attitude about suicide prevention is important.

Before we can help a suicidal young person we need to examine our attitudes and beliefs about suicide. If we are unaware of our reactions to suicide we may miss an opportunity to help a suicidal young person.

Myths / Misconceptions

- *People who talk about killing themselves rarely complete suicide.*
  Fact. Anyone who talks about suicide needs to be taken seriously. Most people who complete suicide give clues or warning signs of their intent. These may be spoken or they may be actions (see page 9 on warning signs in this kit).

- *A suicidal person clearly wants to die.*
  Fact. The majority of suicidal people give clues about their intent to die. If they were intent on dying, they wouldn't communicate any intention. The overwhelming majority of people don't want to die - they want to end the emotional pain they are experiencing.

- *If you promise to keep someone's suicidal plan 'a secret' you should always keep that promise.*
  Fact. This is one secret you cannot keep. You may lose a friendship temporarily, but you may save your friend's life.

- *Suicidal feelings are permanent*
  Fact. Suicidal feelings are a temporary response to an overwhelming situation. Young people need to know suicidal feelings will pass and that help is available.

- *Asking or talking about suicide with a suicidal person increases the risk of suicide.*
  Fact. Talking about suicide shows you are concerned about a young person and willing to listen. Allowing young people to speak openly about suicide will be likely to reduce the risk of suicide rather than give them the idea to try it.

- *Suicidal thoughts and behaviours are rare in young people.*
  Fact. A study by Horwood and Fergusson showed that up to 25% of young people in NZ may hold suicidal thoughts, with the majority not acting on them. A 1999 survey of a Central Otago school showed that 4% of pupils surveyed had attempted to commit suicide during the previous year. This is thought to be 1% lower than the national average.

- *Most suicidal people never seek or ask for help with their problems.*
  Fact. Quite the reverse is true. There is evidence that people considering suicide often tell their friends of their thoughts and plans.

- *All suicidal young people are depressed.*
  Fact. While depression is a contributory factor in most suicides, it need not be present for suicide to be attempted or completed.

- *There is a typical person who completes suicide*
  Fact. Although research has identified clear warning signs and risk factors associated with suicide and attempted suicide, these do not have to be present and there is no typical person who is likely to complete suicide. Research has also shown that many people who have completed suicide have symptoms of depression. However, an Auckland study showed that only 10% of people who completed suicide had been involved with mental health services.

- *People who have previously attempted suicide have eliminated the idea from their system and are therefore less likely to attempt it again.*
  Fact. This is far from true. There is a proven link between past suicide attempts and subsequent completion of suicide.

- *Suicide is painless.*
  Fact. Many suicide methods are very painful. Fictional portrayals of suicide do not usually include the reality of the pain.

- *Sudden improvement following a suicidal crisis means the risk is over.*
  Fact. Though the person may appear to be 'happier', the risk of suicide may actually be higher. The apparent lifting of feelings may mean the person has made a firm decision to suicide and feels better because of this.

- *Most suicides occur with little or no warning.*
  Fact. It is likely that some suicides in young people are impulsive reactions to a loss or a humiliation. But even in these cases warning signs and/or prior problems (e.g. low self-esteem) are likely to have been visible before an attempt.

Supporting and Building Youth Resiliency in Your Community

A local action plan

Supporting, accessing and building youth resiliency is one way that communities can protect the mental and emotional wellbeing of young people and enhance their connectedness to their community.

These steps are intended to provide a very broad framework for developing a community action plan. Each community will have unique issues, which demand unique solutions. Nevertheless there are common threads. We hope the following steps assist communities along the path to supporting the health and wellbeing of their youth/rangatahi.

1. Make contact with local workers who may already be working in this area.
   (e.g. public health, health promotion agencies, youth health services)

   Their support is essential and these people already hold a great deal of expertise and will know what groups already exist.

2. If an appropriate network of people already exists that has the time and energy to work on this issue put the topic on their agenda.

   If not- you may wish to consider the following:

3. Call a meeting with key community decision-makers to discuss local community action for supporting and building youth resiliency.
   (e.g. Church leaders, mayor, local police, managers of local youth, community and health and mental health services, school principals, representatives from local iwi, other cultural groups in the area, local service organisation (such as Rotary), sports groups, student councils.

   At this stage it is important to involve key decision-makers from these groups to ensure their group's future participation/commitment.

4. Create a core working group and a secondary interest/resource group. Agree on core responsibilities, timeframes and lead role. Ideally this working group should consist of 6-10 people.

5. The core working group should undertake a stocktake of local youth activities and include statistics on local suicides and attempted suicides. This stocktake should incorporate some research directly with local young people to find out what gaps they perceive in local services/activities and how/if they currently seek help when they are experiencing personal difficulties.

6. From this stocktake prepare a needs assessment (i.e. What are the gaps? What other supports/activities/plans are needed?).

7. Prepare your action plan including timeframes, responsibilities and how to involve young people directly in the action plan.

   In preparing this plan ensure you have access to relevant research, statistics and resources that already exist (e.g. postvention plans, evaluations of activities already in existence).

8. Take this back to the larger interest group to get their support and commitment, and ask for input on pools of funds they may know of (e.g. Service groups, local council, Department of Internal Affairs etc).

9. Put your plan into action.

10. Regularly look at and review your plan and make changes if required.

Note. It is extremely difficult to predict suicide and to prove the effectiveness of a suicide prevention activity. However strategies to build on local youth resiliency and connectedness are realistic and achievable.

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Rose J., Hatcher S., Koelmeyer T., **Suicide in Auckland 1989-1997**, Pub
New Zealand Medical Journal, pg 324-326, Aug. 1999.

Suicide Information and Education Centre **Youth Suicide and You - Guidelines for Helping Suicidal Youth** Pub. SIEC, Canada 1999.

Victoria's Mental Health Service **Youth Suicide Prevention Information Kit**,
Pub. Victoria's Mental Health Service, Australia, Aug 1996.

Contacts

Youthline **0800 376 633**

Skylight (Grief Counselling for Young People) **0800 299 100**

Lifeline Provides 24 hour counselling **www.lifeline.co.nz** 0800 543 354 for your nearest centre

Auckland	(09) 522 2999	
Auckland / Chinese Lifeline	0800 888 880	
Auckland / Kidsline	0800 543 754	
Auckland / Mensline	0800 636 754	
Auckland / Mental Health Destigmatisation Line	0800 565 565	
Whangarei	(09) 437 5055	
Waikato	(07) 838 0719	
Taranaki	0800 538 782	0800 LETS TALK
Hawkes Bay	(06) 835 3300	
Wairarapa	(06) 370 1015	
Marlborough	(03) 578 7503	
Nelson	(03) 546 8899	
Christchurch	(03) 366 6743	
South Canterbury	(03) 684 4666	
Otago	(03) 474 9111	

Ministry of Education - Group Special Education

Group Special Education (GSE) is a group in the Ministry of Education focused on providing services - directly and indirectly - to children and young people with special education needs and is also funded to assist schools following a traumatic incident including young person suicide. They can be contacted through their National Office **(04) 463 8910**, or through local offices. These offices are listed in your local phone book under Ministry of Education.

SPINZ

Suicide Prevention Information New Zealand (SPINZ) provides resources and information on suicide prevention and services in New Zealand.

Phone: (09) 300-7035 **Facsimile: (09) 300-7020** **Email: info@spinz.org.nz**

PO Box 10318 Dominion Rd, Auckland. **www.spinz.org.nz**

Note: Agencies such as Youthline and Lifeline produce good local directories that contain detailed listings of a range of community agencies. It is worth obtaining a copy of your local directory

Networks and Contacts

On the whole, contact lists will be specific to a local area. Below we provide spaces for the phone numbers of key contacts in your area. Please complete this list while you are familiarising yourself with this kit. If you do not know the contact person or organisation, take some time to find out who they are and make contact.

Some contacts however are generic. These are listed on the previous page.

Emergency contact for help with someone who is acutely suicidal

During office hours:

Name _____ Phone _____

After hours _____ Phone _____

Local 24-hour Community Assessment and Treatment Team
(Mobile team that provides assessment and treatment in the community for people who suffer acute mental illness or distress)

Name _____ Phone _____

Other Contacts:

Maori Taitamariki and suicide issues

Name _____ Phone _____

Other major cultural groups or contacts in your area

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Gay/lesbian/transgender young people

Name _____ Phone _____

Local health service (e.g. youth health, public health, mental health)

Name _____ Phone _____

Name _____ Phone _____

With all of the above, it is preferable to refer to someone/an organisation you know of/trust/have built up a relationship with.

Mental Health Foundation of New Zealand

spinz

www.spinz.org.nz
Phone: (09) 300-7035.
Facsimile: (09) 300-7020
PO Box 10318 Dominion Rd, Auckland,
New Zealand