



YOUTH SUICIDE PREVENTION STRATEGY



YOUTH AFFAIRS
Te Tari Taiohi

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Newsletter

September 2002

WELCOME to the New Zealand YOUTH SUICIDE PREVENTION STRATEGY NEWSLETTER.

This is the first newsletter since the Ministry of Youth Affairs took over responsibility for leading and co-ordinating implementation of the Strategy, and we plan to issue this newsletter regularly.

We aim to bring you a range of articles on research developments, innovative approaches to youth suicide prevention, government-funded initiatives that support the Strategy, projects being undertaken by government's Inter-agency Committee for Youth Suicide Prevention, and opinion pieces on topical issues.

This newsletter includes two topical editorial pieces. Maria Cotter of the Ministry of Health and I explore the evidence and issues around raising awareness about youth suicide, and what it means to be "safe, effective and evidence-based". In a climate where there are calls for awareness-raising initiatives, public debate and an expansion of community organisations wanting to tackle youth suicide, these pieces offer some challenging views and ideas.

It is extremely heartening to see services developing innovative approaches to youth suicide prevention (often without additional support and resources), within an evidence-based model.

The article about Te Ara Hou Mental Health Service's support groups for families of people who have attempted suicide is one such service.

The newsletter also includes an article about the Pacific suicide prevention programme in South Auckland, funded by the Department of Internal Affairs.

Hannah Booth, Policy Analyst - Youth Suicide Prevention (Youth Affairs), provides an update on a postvention project that aims to improve support after a suicide. She also provides some key pointers about what a community should and shouldn't do in this situation.

We've collaborated with SPINZ, the national youth suicide prevention information service, to jointly send you our respective newsletters. The prevention of youth suicide is a complex and challenging issue so access to high-quality information is paramount.

In general, good progress is being made with implementation of the Strategy. Recent statistics have shown a significant decline, which suggests the Strategy may be having positive effects. We need to work hard to maintain the momentum.

We hope you find these newsletters helpful and thought-provoking. If you would like to contribute to future newsletters or have suggestions for topics, please let us know. In the meantime, keep up the good work!

Debbie

DEBBIE EDWARDS National Co-ordinator,
Youth Suicide Prevention, Ministry of Youth Affairs

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INTER-AGENCY COMMITTEE COMMENCES POSTVENTION PROJECT

HANNAH BOOTH

Policy Analyst, Youth Suicide Prevention, Ministry of Youth Affairs

Goal Four of the mainstream component of The New Zealand Youth Suicide Prevention Strategy (In Our Hands) is:

To give effective support to those who are bereaved or affected by a suicide, and to reduce the potential for further suicides.

The suicide of a young person can cause much distress among those connected to the young person - family, friends, teachers, health service providers and the wider community. Indeed, the evidence tells us that those who are affected by suicide are at increased risk of suicide themselves, and that the suicide copycat (or contagion) effect is real. For this reason, effective efforts to contain and limit the impact of suicide - otherwise known as postvention - are an important component in a comprehensive suicide prevention strategy.


Currently there are a few postvention initiatives in New Zealand. The Ministry of Education has developed postvention resources and support for schools as part of its Traumatic Incident Planning/Emergency Preparedness initiative, and the Ministry of Youth Affairs administers the Crisis Response Fund. This small fund is available to communities for postvention activities.

In addition to these government-funded initiatives, some community organisations co-ordinate bereavement support groups. Most postvention responses in New Zealand are however ad hoc, unplanned and supported by few resources.

At its last meeting the Ministerial Committee on Youth Suicide Prevention agreed that improving postvention responses in New Zealand should be a priority as part of ongoing government work to reduce youth suicide. So, in conjunction with other government agencies, the Ministry of Youth Affairs has recently initiated the development of a postvention project.

The project's aim is to identify approaches to postvention that will reduce the negative impact of suicide and minimise the likelihood of further suicides. The project will involve a review of relevant literature and research, consultation with consumers and key stakeholders, and co-ordination of government responses. The focus will be on identifying how to:

- enhance support for people bereaved by suicide
- develop appropriate community responses, and
- improve agency protocols and resources where necessary.

In the meantime, the Ministry of Youth Affairs has compiled postvention information for communities. Basic guidelines developed as part of this information are outlined in the table opposite. 

WHAT TO DO:

- Identify roles and responsibilities, i.e. appoint a co-ordinator (to facilitate the community response) and a liaison person to handle media inquiries (using the resource 'Suicide and the Media').
- Collect and share accurate information.
- Ensure that (culturally appropriate) support is available to the bereaved.
- Identify those at risk and ensure appropriate help is available.
- Ensure that those working with the bereaved can recognise warning signs and provide appropriate assistance.
- Provide safe and effective services.
- Ensure coordination of services.
- Normalise the situation as soon as possible.

WHAT NOT TO DO:

- Do not create panic/hysteria.
- Do not glorify the incident (e.g. avoid large public displays, memorials).
- Do not speculate.
- Do not place blame.
- Do not share personal information without the consent of those involved.
- Do not involve young people or the bereaved in the postvention meeting (they may be vulnerable). There are more appropriate settings where they can be provided with support.

If you would like a copy of this information, or if you are keen to participate in the consultation part of this project please contact Hannah Booth:

phone 04 916 4948

email: booth@youthaffairs.govt.nz

THE OLA MATINOA PROJECT

HAROLD SOI
OLA MATINOA

The Youth Development Fund is an initiative that supports the New Zealand Youth Suicide Prevention Strategy. The fund is administered by the Department of Internal Affairs (with support from Pacific Island Affairs, Te Puni Kokiri and the Ministry of Youth Affairs). It was established in 1998 to support community-based youth development projects to address some of the known risk factors that contribute to youth suicide. A second round of funding has recently been approved.

Ola Matinoa is a project that was successful in receiving funding for a second round (2002-2005). The project helps address suicide for Pacific people in Papakura, Auckland.

In 1998 when the project was proposed, Papakura was an area with a high level of youth suicide and associated risk factors. These included:

- Peer/social pressure
- Unemployment
- Substance, drug and alcohol abuse
- Lack of community activities specific to young people and their interests
- Truancy
- Poor housing/low socio-economic status
- Hopelessness/stress in individuals and families
- Family breakdown
- Lack of positive role models
- Lack of financial ability to pay for specialist services, e.g. counselling.

These issues were of particular concern for the local Pacific Island community, which lacked resources and, as relatively recent arrivals to the area, had fewer social and support networks than the general population. The growth of the Pacific youth population was significant too.

Pacific World Incorporated Society made an application to the fund with a proposal to address these issues by forming an agency that would work with Pacific Island youth within the structure of their families and communities. The application was successful and the Ola Matinoa Project emerged.

Ola Matinoa works in six target areas to address the identified risk factors for Pacific young people. The areas are:

1. Early identification and management
2. Responsiveness
3. Community diversity and collaboration
4. Wellbeing development programme
5. Mentoring and monitoring
6. Ongoing research and development.

The development of Ola Matinoa has helped to fill a gap in the South Auckland Pacific community, and the professional development of the workers has increased the local Pacific resource capacity. The services of Ola Matinoa are steadily permeating the community and reaching out to a significant number of youth and will continue to do so in the next three years. 📍

GUIDELINES UPDATED

The guidelines for primary health care providers have been revised.

These guidelines, subtitled Detection and Management of Young People at Risk of Suicide, were published by the Ministry of Youth Affairs in 1999, and subsequently implemented by the Ministry of Health.

The aim of the guidelines is “to assist primary care providers to recognise young people at risk of suicide and to provide appropriate management or referral”.

Stocks of the guidelines have dwindled, so the Ministry has taken the opportunity to update the document before reprinting it. The revised material includes increased and improved Maori

content, updated statistics and research, and an outline of other relevant guidelines. Drs Annette Beautrais and Chris Cunningham were contracted to undertake this work.

Before the reprint becomes available the Ministry will work with other agencies to find ways of encouraging primary health care providers to apply the new improved guidelines.

In the meantime, photocopies of the first version are available from the Ministry of Youth Affairs, or electronically from the following websites:

- 📍 Royal NZ College of General Practitioners (www.rnzcgp.org.nz)
- 📍 National Health Committee - Guidelines Group (www.nzgg.org.nz)

NEW SUICIDE PREVENTION PROGRAMME



NAOMI COWAN *Manager, Te Ara Hou Mental Health Services*

A new suicide prevention programme is being offered by Te Ara Hou Mental Health Services on Auckland's North Shore.

The service is shaped by two key principles: firstly, the body of evidence which identifies previous suicide attempt(s) as a significant risk factor for completion of suicide; and secondly, the growing commitment among mental health services to work with families and carers of people with mental illness to support their recovery.

Together, these principles suggest that reducing suicidal behaviour among those who have attempted suicide by focusing on supporting families and carers will help to prevent completed suicide. And this is exactly what the new suicide prevention programme aims to do - reduce suicide risk by working solely with the family or carers of the suicidal person. The suicidal person receives benefit through the increased capacity of the family/carers to support them, in addition to their ongoing direct access to mental health services.

Social system theories underpin the programme's rationale that the risk factors can be significantly reduced if the support persons or carers are equipped to deal with the dynamics (and the danger areas) of the situation. The carers are normally considered to be "significant others" in relation to the at-risk person, so potentially have a major impact on outcome for the at-risk person.


Risk is reduced primarily when the emotional/affectional environment of the at-risk person is improved. By providing the carers with skills and understanding they will almost without exception make a significant contribution to stabilising the emotional turmoil typical of at-risk individuals.

Secondly, risk reduction occurs when carers' coping skills and resources are improved. Once carers have a clear picture of what is expected of them, how to obtain resources and how they should

protect themselves from burnout, they are invariably better able to sustain their support role in relation to the person at-risk.

The groups are based on a pilot group developed by psychologist Renier Greeff. Renier ran a four-year pilot group in Auckland from 1997. Ten families involved in that pilot had family members who collectively had made over 25 serious attempts on their lives. During the pilot, only one of those suicidal family members made a further attempt.

In June last year, Te Ara Hou established two groups on the North Shore of Auckland, involving 20 families. To date both groups have reported similar outcomes to the pilot group. More groups will commence shortly. The programme is regularly fine-tuned and likely to be formally evaluated in the future.

Te Ara Hou is keen to help establish groups throughout the country and is offering training for potential facilitators. 

If you are interested in joining or facilitating a group, please contact Naomi Cowan, Manager of Te Ara Hou Mental Health Services

phone 09 478-4499

email:naomic@tearahou.org.nz.

THE STRATEGY'S ON-LINE

The New Zealand Youth Suicide Prevention Strategy is in two parts: the general population strategy *In our Hands* and a strategy specifically for Taitamariki - Maori young people - *Kia piki te ora o te taitamariki*.

Each part is provided as a separate publication, and both of these publications are freely available from the Ministry of Youth Affairs website. The two background documents, which detail the evidence that went into each strategy, are also on the website.

To see the strategy simply go to www.youthaffairs.govt.nz and from the right-hand menu on the homepage select "Youth Suicide Prevention". From there choose "A summary of interventions for *In Our Hands*" and "A summary of interventions for *Kia Piki te Ora o te Taitamariki*". The reviews of the evidence are both available under "*Evidence-based research*".

CAN 'AWARENESS' MAKE THINGS WORSE?

MARIA COTTER

Team Leader - Public Health Policy, Ministry of Health

More than ever before suicide in New Zealand is in the public arena. We are seeing a proliferation of awareness raising initiatives such as fundraising events, media campaigns, music festivals and programmes targeting whole school populations. It is argued that greater awareness about suicide results in fewer suicides.

On the face of it this seems logical yet broad awareness approaches have never been part of the New Zealand Youth Suicide Prevention Strategy. It is timely, therefore, to examine suicide awareness and the reasons for growing concerns.

Firstly I acknowledge that such a ground swell of public concern about New Zealand's high rate of youth suicide is great. However, like any health issue, all our efforts must be safe, effective and evidence-based. At the very least we need to know that our efforts won't worsen the problem. Safety is the crux of these concerns.

Suicide prevention is a life or death issue. When we talk about programmes being 'safe' we mean that they don't have unintended consequences that increase the risk of suicide. Suicide prevention is no place for just good intentions, instincts or personal experience because the consequences of getting it wrong can be fatal.

Suicide prevention is no place for just good intentions, instincts or personal experience because the consequences of getting it wrong can be fatal.

The tenth principle in the *New Zealand Youth Suicide Prevention Strategy* clearly states:

Initiatives to prevent suicide must be informed by research and best practice to ensure that these initiatives do not put people at further risk of suicide.

When developing any new initiative the literature must be reviewed, expert input sought, and a comprehensive evaluation strategy included at the onset. Evaluation is a must.

So what does the evidence say? With an ever-increasing body of knowledge about suicide, there is still insufficient evidence to support mass media events and awareness raising.

The evidence against such initiatives is drawn primarily from evaluations of awareness programmes in schools and research looking at the impact of media portrayal of suicide.

Reservations about school-based suicide awareness programmes centre on their lack of thorough evaluation. Further, the evaluations

CRISIS RESPONSE FUND

The Crisis Response Fund, administered by the Ministry of Youth Affairs, is a small fund available to communities affected by the suicide of a young person.

This fund assists communities by paying for any postvention support, over and above what is already available in the community.

Further information on the Crisis Response Fund is available from Hannah (on 04 916 4948). Alternatively visit our website www.youthaffairs.govt.nz and select "Youth Suicide Prevention", then "Youth Suicide Crisis Response Fund" from the menu on the left.

undertaken suggest that awareness programmes may not be as effective as originally hoped, and some evidence shows that they actually increase the risk of suicide amongst those who are already vulnerable (Beautrais, Coggan and Lewis 1997). The New Zealand suicide prevention guidelines for schools clearly state that school-based suicide awareness programmes directed at students should **not** be undertaken (ibid).

Research on media's coverage of suicide has demonstrated a causal association between exposure to some media portrayals and suicidal behaviour (Ministry of Health 1999; Pirkis and Blood 2001).

Two effects may apply. One is the *modelling effect*, where a vulnerable individual identifies with someone, their situation or circumstance and their suicidal behaviour, and imitates the behaviour (sometimes referred to as the 'copycat effect'). The second is a *normalising effect*, where suicidal behaviour is seen as a normal (and acceptable) response to despair or a crisis, resulting in the general acceptance of suicide.

Conducting blanket 'one-size-fits-all' suicide awareness campaigns is risky because these campaigns do not discern between those who may be vulnerable to suicide from those who are not.

The evaluations undertaken suggest that awareness programmes may not be as effective as originally hoped, and some evidence shows that they actually increase the risk of suicide amongst those who are already vulnerable.

The rationale for most suicide awareness programmes is that if the public or students can be taught to recognise the signs that someone is at risk of suicide, or that they themselves are feeling suicidal, they will take the appropriate steps to get help.

The problem with this approach is that if someone is suicidal or at risk of suicide, they are likely to be in an emotional state that


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interferes with their rational thinking. People who are in this disturbed state will often not see the choices and options that they have but will focus instead on stopping their misery. Suicide can seem an attractive solution to some people, and they may seek out messages that inadvertently reinforce suicidal behaviour.

It is crucial, therefore, that all prevention initiatives are clear about whether they are targeting those who are suicidal (potential victims) or those who can be of assistance (potential helpers).

The unease with suicide awareness initiatives is not dissimilar to concerns about public education programmes to prevent illicit drug use. A review of programmes to reduce drug-related harm found that mass media campaigns using simplistic anti-drug messages (e.g. “Just say no”), scare tactics, or too much information (often inaccurate) were found to be ineffective and possibly counter-productive (Alcohol and Public Health Research Unit 1999). It concluded that, at best, stand-alone mass media campaigns or media events appear to reinforce the views of those already opposed to drug use, and at worst, stimulate interest in drugs for those who are already at risk.

Often it is said that not enough is being done to prevent suicide and that suicide prevention activity is invisible. Yes, more could be done. However, not all public health initiatives need to be in the public arena to make a difference. Some of the most significant initiatives have been those targeting the helpers, such as school counsellors, Child, Youth and Family social workers, and primary health professionals. Moreover, not all suicide prevention needs to focus on suicide per se, but rather the antecedents to suicide such as depression, child abuse or bullying in schools.

In exercising caution we can still make a difference, and I believe we are. We cannot afford to play Russian roulette with our approaches. The risks of getting it wrong are just too great. 

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A HEADS-UP LOOK AT SUICIDE BY DROWNING

BRENDON WARD
Project Manager,
Water Safety New Zealand



Each year in New Zealand an average of 20 people die by suicide through drowning.

This figure is only about 3% of the total number of suicides, but it is about 13% of the total drowning toll each year. It is an area that Water Safety New Zealand will be addressing by working in conjunction with the Ministry of Youth Affairs and other members of the Inter-agency Committee on Youth Suicide Prevention.

Analysis of DrownBase™¹, the official drowning database of Water Safety New Zealand, shows that drowning-related suicides occur throughout the year with the December and January months being slightly higher than the rest.

Males usually account for between 80% and 90% of the total drowning toll yet for suicides the gender split is more even with females accounting for 42% of the drowning suicides and males 58%. The age of drowning suicide victims is also widespread with ages ranging from 15 to 97 and no particular age group more at risk than others.

Similarly, there is no particular site where drowning suicide occurs. Rivers (23%) and harbours (22%) are both significant, as are baths (10%) and calm water beaches (9%).

The wide demographic of drowning suicide victims, and the number of sites that these can occur in, mean unfortunately there isn't one quick fix.

Water Safety New Zealand would like to hear from any person or organisation interested in developing and implementing initiatives that can positively impact on the number of drowning suicides in New Zealand.

*In addition, if anyone would like further analysis of the drowning figures for a specific region or site please contact **Brendon Ward, Project Manager, Water Safety New Zealand, on 04-801 9600 or email: bward@watersafety.org.nz***

¹ DrownBase™ statistics used are based on provisional statistics from 1/1/1982 to 31/12/2001.



COLLECTIVE RESPONSIBILITY, BUT...

DEBBIE EDWARDS

*National Co-ordinator - Youth Suicide Prevention
Ministry of Youth Affairs*

Everyone can play a part in helping to reduce youth suicide. We can do this by supporting young people, by responding to suicidal young people in a helpful way, and by being better informed about youth suicide. While it is extremely heartening that many people and organisations want to do more than this, a serious caveat needs to be added to these good intentions.

If we really want to reduce youth suicide, every initiative needs to demonstrate that it is “safe, effective and evidence-based”. The Ministry of Youth Affairs is committed to working with communities and community organisations to support this approach, but what does it mean exactly?

The notions of safety, effectiveness and evidence are drawn from medical and community development disciplines like epidemiology, quality, public/community health, Maori health, psychology and psychiatry.

If we really want to reduce youth suicide, every initiative needs to demonstrate that it is “safe, effective and evidence-based”.

Safety means that a suicide prevention intervention or initiative does no harm to any aspects of the recipients’ wellbeing. As Maria Cotter explained in her article on page 5, there is potential to do harm with suicide prevention programmes, particularly to those who are already at risk. When a one-size-fits-all approach does not identify at-risk individuals or provide additional support it is probably unsafe. For example, a Canadian review of suicide prevention programmes for children and youth revealed that some led to increases in suicidality amongst those already vulnerable¹. This is the group we should, of course, be most concerned about. The bottom line when developing an initiative should be consideration of the possible negative effects on young people already at risk, and unless a programme can demonstrate (as a minimum) it does no harm it’s better to do nothing.

¹ Guo B and Harstall C (2002) *Efficacy of Suicide Prevention Programs for Children and Youth*. Alberta Heritage Foundation for Medical Research.

² SPINZ will soon be printing a Fact Sheet which summarises current information about the effectiveness of suicide prevention initiatives. Refer to www.spinz.org.nz or phone 09 638 7364.

Effectiveness of programmes in an environment where resources are limited is paramount - we can’t be wasting anyone’s money on programmes that don’t make a positive difference. While we have a good deal of information about risk factors associated with suicidal behaviour, we have limited information about programme effectiveness². Identifying and measuring effectiveness of suicide prevention programmes is problematic because suicide is statistically a rare event. This means that it is difficult to link a specific intervention to an outcome that is influenced by a very wide range of factors.

Here’s a hypothetical example: a programme was introduced into schools nationwide for two years, and during this time school population suicides declined significantly. At first glance the programme appeared to be very effective. However, a look at the bigger picture over the same period revealed some events which may (or may not) have been influential. They included an upturn in the national economy, low unemployment, more and better mental health services for young people, a series of youth development initiatives and a series of wins by the All Blacks. And random variation also needs to be considered. It becomes very difficult to single out the impact of that specific programme on the suicide rate in schools.

We owe it to young people and their families to ensure that youth suicide prevention initiatives are evidence-based.

A programme is most likely to be effective if it is based on research evidence. In the absence of strong evidence on effectiveness of suicide prevention programmes, effectiveness can be inferred if a programme can demonstrate it either reduces known risk factors, or strengthens known protective factors. This involves measurement and analysis of the risk/protective factors before and after the intervention, while controlling for possible biases, confounding effects and random variation. It’s complicated and problematic. There are, for example, ongoing efforts to develop tools with adequate sensitivity and specificity to accurately identify and measure aspects of suicidal behaviour. The only way to clarify effectiveness is to undertake thorough, scientific, rigorous evaluation. Clearly, anecdotal reports by non-experts are insufficient to claim effectiveness.

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YOUTH DEVELOPMENT LITERATURE REVIEW

The Ministry of Youth Affairs has recently published the document Youth Development Literature Review: Building Strength - A review of research on how to achieve good outcomes for young people in their families, peer groups, schools, careers and communities.

The purpose of the review is to inform discussion on youth development and assist future policy, programme and service development. It also supports the implementation of the *Youth Development Strategy Aotearoa*. The review was written for the Ministry by Kaye McLaren.

Copies of *Youth Development Literature Review: Building Strength* are available from the Ministry of Youth Affairs, PO Box 10-300, Wellington, fax 04 471 2233 or email info@youthaffairs.govt.nz


An electronic copy is also available on the Ministry of Youth Affairs' website www.youthaffairs.govt.nz

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“Evidence-based” is an increasingly important concept in health and social services circles, though some debate continues about what constitutes evidence. Being evidence-based means that the rationale, objectives and service delivery mechanisms of a suicide prevention programme align with, and are supported by, evidence derived from research and evaluation. It is important to consider the weight of evidence at all levels of suicide prevention - policy, funding, and service development and delivery.

Assessing the quality of evidence can be difficult, and the limitations and strengths of research methods and results must be considered. Often evidence is ambiguous, or even contradictory, so assessment is complex and requires expert analysis. It is also important to incorporate cultural knowledge and wisdom where this is appropriate. Again, one thing is clear, anecdotal ‘evidence’ or opinion from non-experts, on its own, is insufficient.

We owe it to young people and their families to ensure that youth suicide prevention initiatives are evidence-based. The *New Zealand Youth Suicide Prevention Strategy* is evidence-based and provides a framework for a wide-range of youth suicide prevention initiatives. It's crucial to check that any youth suicide prevention activity sits within this framework, whether or not the activity is government funded.

The current lack of evidence around effectiveness of suicide prevention initiatives means that priority must be given to evaluation. We should be trying innovative approaches, as long as they align with what evidence we do have, and then evaluate, evaluate, evaluate... This will strengthen our evidence base and increase the likelihood of initiatives being safe and effective. 

Steps can be taken by those working to prevent youth suicide to ensure programmes are safe, effective and evidence-based. The steps are:

1. Seek expert advice, including cultural input.
2. Undertake analysis of the evidence in terms of risk/protective factors and effectiveness.
3. Develop the initiative so that it is aligned with the evidence and the *New Zealand Youth Suicide Prevention Strategy*.
4. Incorporate plans to undertake evaluation.
5. Be prepared to alter (or cease) the programme if harm is being done.
6. Maintain strong linkages with others working in this area.

**THIS NEWSLETTER IS
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The views expressed are not necessarily those of the Ministry of Youth Affairs.

ANY FEEDBACK? *This is the first newsletter since the Ministry of Youth Affairs took over leadership of the Strategy. If you have any feedback or comments about this newsletter, or suggestions for future newsletters, we would love to hear from you.*

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