

## Grassroots Suicide Prevention in a Youth Education Setting

Joanna Brown, BA (Psych), Dip Couns.  
YMCA Education Centre, Christchurch, NZ.

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### INTRODUCTION

In the reception of the YMCA Education Centre we have a whakawhanaungatanga (connecting) wall. The wall has student's and staff's first names and the culture they identify with. For instance: Jacob, Māori (Kia Tahu). As well as being a way for the centre to affirm our existing connections to our culture, anyone who comes into the centre can start to make connections with others by finding common identity. The connecting wall is one of the ways to help students to feel connected to each other so that they may approach other students and staff if they need support. Feeling connected to others is a vital part of our grassroots suicide prevention plan. In this article I describe a pragmatic approach to translate research results into action plans

### BACKGROUND

Frontline workers delivering health and social care do not have the luxury of researching and experimenting with the delivery of available care. Instead, with health and social policies continually changing, e.g. possibly due to change in government, ministerial changes, new research findings, frontline workers along with their clients have become pseudo-experimental units. Therefore, the gap between recommendations from research and actual health and social outcomes is often a source of frustration for frontline workers. However, provided with appropriate and relevant information frontline workers can contribute effectively to prevent or reduce the incidence of undesired outcomes.

A series of workshops on youth suicide prevention at grassroots (May 2013) provided information and training that policy makers and every frontline workers must have at their disposals if they are to plan successful delivery of care in order to prevent suicide and other undesired outcomes (see (Shahtahmasebi, 2013)). The training workshop on adolescent development and youth suicide prevention was delivered by Professor Omar (also see (Omar, 2005)).

The YMCA Education Centre caters for young people who want a second chance at achieving a high school qualification. There are many reasons why mainstream schooling hasn't been effective for them, e.g. behavioural issues, victim of school bullying, issues outside of school, such as living away from their families, lost focus or motivation, or undesired outcome such as problems with the police and judiciary. The population of young people who use our services exhibit the adverse life outcomes such as a feeling of being marginalised and judged by mainstream schooling; multiple chronic pressures in their lives, and a lack of social support; with a limited ability to self-soothe; recreational drug use and binge drinking at weekends are not uncommon; a history of self harm and

attempted suicide. As mentioned earlier, frontline workers do not have the luxury to research and investigate the cause and effect, i.e. which process outcome cause and lead to others, e.g. recreational drug and addiction lead to life pressures or individual characteristics (self-esteem and confidence) affect behavioural outcomes and social vulnerability to peer and social pressures. Nevertheless, frontline workers have to deal and respond to the observed symptoms presented and associated outcome, e.g. a self-harm or suicide attempt.

One of the ways that frontline workers can deliver evidence-based care is to adopt approaches that may help prevent adverse outcomes for a given population. This is no easy task because frontline workers by default deal with marginalised populations which means prevention of adverse outcomes is already too late and frontline workers must intervene. However, in the context of youth suicide prevention frontline workers who work with a given population can utilise services that are available to them to improve individuals' resilience to suicidal behaviour.

In order to be able to adopt such an approach we need to understand more about adolescence and adolescent development. As mentioned earlier the youth suicide prevention at grassroots workshop provided appropriate and relevant information. For example, the workshop provided evidence that adolescent suicide is more likely to be the outcome of a 'same day crisis' rather than months of planning. When a young person is the victim of bullying, is dumped by their girl or boy friend, when they find themselves without accommodation, they may not see many options for ending their pain. Over a few hours following a trigger event suicide may seem an attractive option, particularly for young people who are still learning healthy ways to self-soothe.

The main problem is that if students become depressed or contemplate suicide we have past the point of prevention. The intervention they need at that point is a comprehensive specialist care. We aim to help students see that they are supported and that they have many choices and skills so that, when a crisis hits, they can soothe themselves in a healthy way, seek appropriate support and find practical solutions. Assuming all other factors being equal, if a connection exists between a young person at the time of or following a trigger event, the young person is less likely to isolate themselves and perceive suicide as the only option. For whatever reason young people lose their connections with their community, even within those populations who seemingly have family and friends around them, we must find a way to reconnect with our adolescents. A reconnection can only be achieved at grassroots.

At the Education Centre we have a suicide prevention plan, which is based on the "Pou Wairua" model (Tamanui, 2007) as the framework for assessing and addressing the students' needs. The model looks at all aspects of our lives as containing elements of thinking /emotion (hinengaro), connecting and relationships (whanau), physicality (tinana) and spirit (wairua). Wairua is stressed in this model because it's the element which influences how all the other elements work together. When wairua is healthy all other aspects will be in balance. The wairua of the centre needs to be of genuine care for the students' total wellbeing. Just "going through the motions" would not be successful in creating an ahua /atmosphere where students may feel safe and help is at hand.

The method used in our suicide prevention plan focuses on strengthening connections, providing choice, and teaching practical help and self soothing skills.

Staff help students to connect in a variety of ways to a variety of social supports, give them practice in choosing the support they get, assist them to get practical help, and learning to self-soothe. We use the pou wairua model to ensure that students make and maintain a useful variety of connections (whanau in the pou wairua model), learn practical skills that fulfil their emotional, physical, spiritual and connection needs. Helping the students learn to self-soothe effects thinking and emotion (hinengaro), relationships (whanau), physical health and spiritual wellbeing. Using the Pou Wairua model helps ensure that we look at student needs from many sides and think more broadly when we seek ways to meet student needs.

## CONNECT

One of the ways of reconnecting with our students is to help them chose and develop their own network. Instead of producing leaflet after leaflet telling our students where the mental health units or social workers and what their contact numbers are, the various professionals come to us. To remove the barriers and encourage a reconnect we have developed a group of trusted professionals known as 'Friends of the Centre' who meet with our students and staff in a 'safe' social environment. They include Alcohol and other Drug counsellors, a free medical service for youth, Family Planning Educators, mental health professionals, youth coaches and youth aid officers. We have regular get togethers where Friends of the Centre mingle with staff and students. We have had sausage sizzles and BBQs and always include an activity which requires students to interact and to participate in organising the event.

We are also creating a board for the student common room which will have a picture of each Friend of the Centre, how they can support students and also some personal information that they are comfortable sharing, e.g. their hobbies or interests. This provides another way for students to get to know who is available to help them. More importantly, encourages a reconnect because through the various activities students are encouraged to feel that someone can help; if not it is not any of the Friends of the Centre then help may well be available from a friend, staff member, family (whanua). When a crisis hits they can gain some sense of control by making an informed choice about who they would like to talk to. Students are more likely to approach support people early if they feel a personal connection to them. Getting help early may provide students with the knowledge and support to feel hopeful when they are in a crisis so that suicide doesn't seem like the most attractive option.

Another way to encourage students to support each other is to encourage them to come up with improvements for the centre and then work together to make the change happen. For instance, some of the students would like to have a "formal" like they would have if they had stayed at high school. The interested students have formed a group and (with some support from staff) will present a proposal to the education manager. In other words, students' self-esteem and confidence is allowed to flourish by trusting them with responsibility to affect change in their environment.

By the same token, one of the main outcomes of student participation in affecting change can in turn lead to upskilling and higher self-esteem. As an example, it has been noted that over the years some students come to the Centre hungry for various reasons which could impact their learning. We have proposed and are seeking funding to support preparation of meals by students. We can also

use preparing a meal together and eating together as another way to connect with students and for students to feel they can support each other. Staff can be present and listen to what is going on for the students, to find others we can connect them with and perhaps to give some practical advice.

Reconnecting with students or the adolescent population cannot be achieved in a top-down approach. In addition to students' participation to affect change, students are notified about community donations and gifts to support the learning facilities or help provide hot meals. Although, community support is too general for students to associate to as a friend but it is aimed at reconnecting students with the community and generate a sense of belonging in order to reduce the effect of marginalisation. It can help generate the feeling that it's worth seeking help because the world is a caring place. This is an important message for young people who often feel labelled and casted out by mainstream schooling.

## CHOICE

Due to having formed relationships or even just a familiarity with professionals (outside of the professional boundaries, i.e. in a social setting) including counsellors, doctors and police, students are in the position of being able to make an informed choice about who they would like to speak with about their issue. Suicidal ideation seems more likely when people don't feel they have options. Staff constantly point out to students the power they have in their own lives. "These were your choices today. What were the consequences? What other choices might you have? Who might you go to for ideas or support?"

## PRACTICAL SKILLS AND SELF-SOOTHING

We coach the students in basic mindfulness to help them identify when they are struggling before their emotions reach crisis point. Tutors are open to allowing the students to experiment with methods of riding emotions out. For instance, students are encouraged to speak up early if they are feeling stressed. They can leave the classroom for a short period of time to speak with a staff member of their choice, make a hot drink or go for a short walk. Not only are the students learning to recognise and accept disruptive emotions, but they are also constantly practicing asking for support and looking for practical solutions.

Staff and visiting professionals talk directly about how students can support each other. For instance, we have discussions about how students might help if they see someone being bullied and how they could support a friend who is feeling overwhelmed. Students are often together outside of course hours and can remind each other of the support and skills they have if a crisis occurs outside of the centre.

Students may also avoid physical fights if they have learned some practical skills to help them communicate and cope with rejection. Avoiding physical fights not only improves the atmosphere in the centre, but means that students have fewer dealings with the justice system and all the stress that it can cause them and their families. Involvement with the justice system often leaves youth with fewer choices and the additional burden of feeling judged and less connected to others.

## WAIRUA/ AHUA ABOVE ALL

Truancy is a major reason why our students haven't achieved in mainstream schooling. We have to get the students to attend to get them to achieve. Having a hot meal together in the winter, having our cultural identity acknowledged, having a say in how the centre is run all help with attendance. When students attend we are able to build a trusting relationship with them and we have a chance to help with practical issues like alcohol and drug abuse, conflict at home, homelessness.

The wairua/ ahua (spirit/ attitude/ atmosphere) of the Education Centre is endeavouring to be one of being open to hear students needs and support them wherever they are. To be ready to meet their physical, emotional, family/ connection and spiritual needs. The spirit is perhaps the most important aspect as we are sometimes not able to meet all the students' needs ourselves. For students to come forward to open up and share a problem and ask for help they must believe that they can trust us. When a mutual trust is established students are usually happy for us to introduce them to another service which is able to meet their need for intensive emotional support, help with alcohol and other drugs, coaching around health or violence issues.

## OUTCOMES

The suicide prevention at grassroots plan for the Centre has only recently been developed. The Centre has developed a database to collect indicators and outcome measures in order to be able to assess and associate change over time to the suicide prevention plan. Of interest will be academic achievements, reduction in the number of episodes students feel suicidal, number of times they contemplate suicide, number of assaults on staff and number of fights between students, number of pregnancy, alcohol and drug dependency and so on.

Unfortunately we do not have access to records from past years. However, it is encouraging to note that of the 114 students we have had in the centre there has been no suicidal talk or behaviour witnessed by or reported to staff since October 2013.

There were no assaults on staff in 2013 and there was one physical fight between students. There has been one pregnancy to a student at the centre in 2013. Academic measures also show signs of improvement and we have records for the previous year to compare with. Last year we had an average of 30 credits per student per year and in the previous year it was 18 credits per student per year.

We have some improvements for the future. We would like to provide a hot lunch for students through winter as a way to support learning and their basic physical needs. Staff will continue to look for ways to acknowledge students cultural identity and find services which they feel comfortable being introduced to. One possibility is to find someone who can help students trace their whakapapa. We will use each new initiative as a way to increase our connections, sense of choice, practical skills and self-soothing.

## CONCLUDING COMMENTS

It can be noticed that a grassroots approach can lead to desirable outcomes with small funding. All the positive effects and changes that may have been achieved in our students' lives may be rendered useless if grassroots approach is undervalued or other organisations do not have a similar youth suicide prevention approach. For example, first, some of the activities described above might seem simple and just for fun, "extras" that might be first to go when budgets are cut without realising the important role they play in affecting change. Second, if a youth having to face the judiciary in an unsupported fashion it may lead to a hardened disconnection. However, it was reassuring to see the representatives from many organisations including the police, health services, education in the youth suicide prevention at grassroots in May 2013.

## REFERENCES

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