

**Update Nov 2014****Grassroots Suicide Prevention in a Youth Education Setting**

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Preamble (by Said Shahtahmasebi)

This article embodies the grassroots approach (Shahtahmasebi 2013) and provides a practical example of preventing risky behaviour (including suicide) in an already high risk group. The inclusion of culture (see Saxby 2014) that encompasses behaviour through spiritual beliefs, reactions to health, social and environmental norms, and so on, has, to some extent, helped understand how to prevent risky behaviour and adverse outcomes such as suicide. This is significant progress: we do not understand suicide but we can affect changes in behaviour to improve outcomes.

As is demonstrated in this update the suicide prevention policy is centred on the needs of clients rather than being led by a presumption or theory. For example, creating a supportive environment, and including and demystifying health and social care support agencies, in order to reduce the impact of “same day crisis” and encourage young clients to make contact and involve others to support them through a crisis. To have persons from various agencies attend informal BBQs or other social sessions with students to mingle and chat informally is quite innovative but a simple and grassroots activity, which is also economical and sustainable. Helping to familiarise students with support agencies through personal contacts will remove the myths of such agencies and make it easier for young people to see them as possible options rather than obstacles.

**INTRODUCTION**

Since the last article (Brown 2014), we continue to work in a holistic way with our students and to help them make connections with professionals who may be a source of support when students are in crisis. We recognise that youth suicide is often linked with a “same day crisis”. We aim to teach practical skills that will grow resilience and then empower students to choose who they would like to support them. A sense of having options at a time of crisis may help prevent suicide.

**BACKGROUND**

Students I work with at the YMCA Education Centre are aged between 16 and 18 and want a second chance at achieving a high school qualification. Thirty-two percent of our students last year (2013) were Māori and 68% were Pākehā or identified with several cultures. There are many reasons why mainstream schooling hasn't been effective for them. Some have had behavioural issues and have been asked to leave school, some have been bullied at school and others have had issues outside of school which have meant that they have lost focus or

motivation. Sixteen of the 61 students this year are living away from their families. Some have already had several court appearances. Almost all of the young people who come to us feel marginalised and judged by mainstream schooling. As a result of multiple chronic pressures in their lives, a lack of social supports and a limited ability to self-soothe, most of our students have engaged in recreational drug use and most binge drink every weekend. Many of the students describe themselves as having a history of self harm and several trust us enough to share that they have attempted suicide.

More often than not youth suicide may be the result of a “same day crisis” (Omar 2013). 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. Suicide can seem an attractive option, particularly for young people who have few supports and are still learning healthy ways to self-soothe. If students are depressed or contemplating suicide we are past the point of grassroots prevention (Shahtahmasebi 2013). The intervention they need at that point is 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.

At the Education Centre we have a suicide prevention plan. I have used 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 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 ahuia/atmosphere to make students feel safe and accepted on the one hand, and on the other make staff trusted and helpful.

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

## **Connect**

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 (Kai 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 a 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.

We have continued to help students to make a personal connection with helping organisations so that they are able to make informed choices about who they might choose to help them should they need support. When a crisis hits, students are more likely to reach out for support if they know who to contact. All agencies who visit the centre are invited to events where they can mingle with the students, enabling students to ask questions that they wouldn't ask in a group education session. This year we have had visits from Family Planning, members of Alcoholics Anonymous, Pacific Trust (who shared an experience of living with depression and stigma). Michael Hempseed from 298 Youth Health helped the students find ways to address bullying.

### **Practical skills and self soothing**

Last year, and in the first half of this year, we spent a lot of time supporting students to reduce or end drug use. There have been far fewer instances of students attending courses while under the influence of drugs since the banning of synthetic cannabis. Consequently we have had very little demand for referrals to Alcohol and other drug counsellors. Use or misuse of alcohol and other drugs can lead to a chaotic lifestyle and breakdown in relationships. With the reduction in alcohol and drug use we have also had a reduction in conflict among students. Conflicts that have occurred for example have been insensitive comments or the occasional name calling incident.

In the second half of 2014 we focused more on social skills, particularly how to handle conflict and also sexual health. By increasing students' relationship skills we predict that they can reduce the number and severity of relationship crises.

We have continued to help students identify emotions. Giving them techniques to help get through stressful times, e.g. helping them identify outcomes that they can control and outcomes that they can't, breaking issues down into what they can work on right now and what they can't. Reinforcing that it's normal to have a few small conflicts and that this is our opportunity to practice assertiveness skills.

Professionals who have visited the centre have supported staff's efforts to help students learn social and practical skills which can lead to resilience in a crisis or in fact prevent crisis. The Family Planning Association have run sessions around consent, sexuality, and stereotyping as well as contraception.

Last year we had students who were in the youth justice system because of physical assaults. We talked with students about assertiveness and had professionals run sessions in order to avoid students causing fights. This year the focus has been on helping students find safe ways to defend themselves against bullying. Open discussion of bullying and direct teaching of methods to stand up for themselves and support friends may help students feel

they have more in control when they meet a conflict situation. A sense of control over what happens to them may help prevent students from attempting suicide helping them actively seek other options.

### **Choice**

Having met members of Alcoholics Anonymous, an educator from Family Planning, a youth worker from the free youth medical centre and Pacific Trust support workers, students have the opportunity to contact these agencies if they are in crisis. 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?" We aim to help students see that there are always several options when they are in a crisis.

### **Wairua/ Ahua**

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 open to 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 but if students recognise that we genuinely care they will still come to us in times of need. Students who trust that we have their interests in mind 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.

For example, there have been cases where students have been confident enough to talk to a friend about their crisis, or if they have feelings of not wanting to live. These events are major positive outcomes for our prevention plans as we have been able to intervene successfully, sometimes involving external services, with the full cooperation and willingness of the persons involved. From these experiences it transpired that staff would not have been contacted because of being afraid of inpatient care and having felt powerless and being afraid because of inpatient treatment in the past. This can be considered a modest breakthrough and in line with the main goals of our suicide prevention plan.

### **Measures of student wellbeing**

Wellbeing can be difficult to measure. The suicide prevention plan was written last year and I am collating data on indicators of student wellbeing. The indicators I have chosen are: the number of times students state that they are contemplating suicide or attempt suicide, the number of assaults on staff and fights between students and the number of pregnancies.

Ninety six students have attended the Education Centre this year.

Since October 2013 we had to deal with suicidality once which was the result of a “same day crisis”. Again as mention in the example above, the case confided to a fellow student which triggered an intervention with the full cooperation and willingness of the case. This would have been unlikely with a possible adverse outcome before the introduction of our suicide prevention plan.

A major problem that limits the progress of our students is that we can only influence behaviour of our students and have no control over external forces. For example, although we feel we have reduced Cyber and physical bullying in the last six months but now bullying has come from people they know outside the centre.

There have still been no physical assaults on staff or students at the Education Centre.

There have been no pregnancies in the centre this year.

### **Comments from student survey**

In a recent in house survey of 19 students surveyed, 18 made general comments about their experience at the centre. Of the 18 comments from students “changing their life for the better” was mentioned 4 times and “feeling cared about” was mentioned 6 times. Twelve of 19 students surveyed said they didn’t feel they were accepted at school before coming to the YMCA.

Fifteen of the 19 students surveyed said the Education Centre had made a large amount of difference to their life. Due to the impacts that our prevention plan has made with regards to connectedness, recognition of external agencies as sources of help, and feeling comfortable and confident to share crisis with others, etc, future surveys will be extended to address these issues. Then we will have an indication of how students are feeling connected so that we can support and gauge their perception of choice/ options.

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