

Youthline's approach is to respect and support clients, assisting them to be safe at all times, especially when they feel suicidal. Youthline's therapeutic interventions for clients are based on safety, client preferences and needs, available resources, and international best evidence in accordance with Youthline Ethics, and Policies and Procedures.

Suicide rates among young people aged 15 to 24 years in New Zealand have declined by almost **47%** since a peak in 1995.

The 2007 rate of youth suicide was **15.3** per 100,000 youth population.

Young Maori have a higher rate of suicide and hospitalisation for suicide attempts than non-Maori in New Zealand. Recent data show that in 2007 young Māori males were more than twice as likely to die by suicide as young non-Māori males. While there is some indication that Maori female suicide rates are also higher than that of non-Maori females, there is not the same statistical evidence supporting a significant difference (Ministry of Health, 2009).

SUICIDE IN NEW ZEALAND

Suicide is a major health and social issue in New Zealand, acting as an indicator of both the level of mental health and the social wellbeing of the population. Young people, aged 15-24 years, have especially high rates of suicidal behaviour (Ministry of Health, 2008). A 2009 report on the welfare of children in OECD member countries reported New Zealand to have the highest youth suicide rate (15-19 year olds); at more than twice the *average* rate for all OECD member countries (OECD, 2009).

WHY DO PEOPLE BECOME SUICIDAL?

The loss of a young person through suicide greatly impacts on friends, family, and communities.

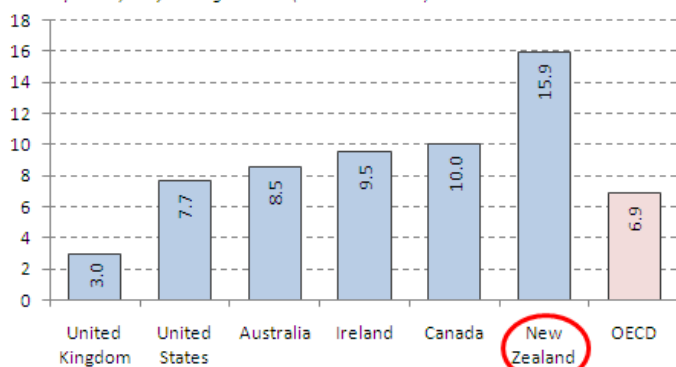
Suicidal ideation can be triggered by a wide array of biological, psychological and social factors.

Precipitating factors include:

- exposure to trauma - e.g., family violence, child abuse, bullying
- family factors - e.g., parental separation, mental illness
- socioeconomic factors - e.g., income, education, housing, mobility
- cultural factors - e.g., extent of integration, autonomy, language and/or identity
- individual factors - e.g., personality or genes (Beautrais, 2003)

Most serious suicide attempts occur when people are depressed, are using alcohol or drugs, have a range of past and present difficulties, and a current trigger or problem that seems overwhelming.

Suicides per 100,000 youth aged 15-19 (most recent data)



Whakamomori is a Māori term that is often used as a translation for suicide. It does not specifically mean suicide, but rather denotes a much broader background and meaning (Lawson Te Aho, 1998). For many Māori, Whakamomori is not the act of suicide, rather it describes feelings, thoughts, emotions, and actions that can accumulate and result in a suicide attempt (see also, Associate Minister of Health, 2006).

This information sheet outlines Youthline's approach to working with clients who feel suicidal. Please note that the most effective or preferred approach depends on the individual concerned and their personal wellbeing needs. Additionally, the context in which suicidal ideation or behaviour may arise is likely to be varied; therefore differences exist in best practice approaches according to the various situations. Furthermore, best practice continues to develop over time. Hence, this information sheet should be regarded as providing an overview only.

SUICIDE PREVENTION INITIATIVES FOR WHICH STRONG EVIDENCE OF EFFECTIVENESS EXISTS

See Beautrais et al. (2007) for a review:

Training for medical practitioners to improve identification and treatment of depression has been shown to not only improve the management of depression, but can also result in lower suicide rates (Gilbody, Whitty, Grimshaw, & Thomas, 2003; Luoma, Martin, & Pearson, 2002).

Training at Youthline Staff are trained to recognise risk factors for suicide and make appropriate referrals. All clients are screened for suicide risk upon entering the service.

The restriction of suicide methods (e.g. restriction of gun possession, control of toxic substances, and restricting various prescription drugs) have been shown to reduce suicide risk among some clients who are suicidal (Beautrais, 2001; Hawton, 2002).

The restriction of suicide methods at Youthline Where there is risk of suicide the first step is to remove the means to suicide.

Gatekeeper education is another intervention which is strongly supported by evidence for effectiveness. Gatekeeper education involves enhancing the skills of those who work with youth (including those who work in schools, prisons, juvenile detention and welfare centres, and workplaces) to improve the identification and referral of young people vulnerable to risk-taking behaviour and emotional problems that can lead to suicidal behaviour (Knox, Litts, Talcott, Catalano-Feig, & Caine, 2003).

Gatekeeper Education and Youthline Youthline actively works with community groups to assist in the identification of risk factors and appropriate interventions. Youthline deliver a crisis intervention module to those completing the diploma of youth work.

INITIATIVES THAT APPEAR PROMISING

See Beautrais et al. (2007) for a review:

- Providing support after a suicide attempt
- Pharmacotherapy
- Psychotherapy and psychosocial interventions for mental illness, including:
 - Cognitive Behavioural Therapy (CBT)
 - Interpersonal Behaviour Therapy (IBT)
 - Dialectical Behaviour Therapy (DBT)
 - Some forms of problem solving therapy (PST).
- Public awareness education and mental health literacy
- Screening for depression and suicide risk
- Crisis centres and crisis counselling
- School-based competency and skill enhancing programmes
- Encouragement of responsible media coverage of suicide
- Support for family, whānau (extended family), and friends bereaved by suicide

INITIATIVES FOR WHICH EVIDENCE OF HARMFUL EFFECTS EXIST

See *Beautrais et al. (2007)* for a review:

- School-based programmes that focus on raising awareness about suicide
- Public health messages about suicide and *irresponsible* media coverage of suicide issues
- No-harm and no-suicide contracts
- Recovered or repressed memory therapies

YOUTHLINE'S APPROACH

Healthy youth development is pivotal to Youthline's approach, which is aligned with the Youth Development Strategy Aotearoa (YDSA: Ministry of Youth Development, 2007). To encourage recovery and support young people who are feeling suicidal, Youthline employs an approach which promotes and nurtures healthy youth development.

The Principles of Healthy Youth Development:

1. Youth development is shaped by the 'big picture'

Youthline counsellors and therapists recognise the importance of a young person's environment, including their wider social, cultural, and economic context.

Youthline conduct a thorough assessment of and regularly monitor safety, self harm, severity of mood, and other mental health issues that may contribute to suicidal behaviour. Counsellors address the difficulties which underlie the feelings of suicide – for some this will mean addressing issues such as substance abuse, financial trouble, mental health concerns, or other problems. For some clients the use of medication or referral to a specialist mental health service will be appropriate.

2. Youth development is about young people being connected

Healthy development depends on young people engaging in pro-social relationships. As part of a client's treatment plan, Youthline might encourage the young person to get involved in activities, events, or development programmes, etc. to increase positive connections with others. These connections can then help protect the

young person and reduce the impact of future negative experiences.

3. Youth development is based on a consistent strengths-based approach

Positive reinforcement is an important element in a client's recovery process and Youthline therapists maintain a consistent strengths-based approach during therapy sessions to nurture healthy development and wellbeing. The therapist will assist the client to build resiliency and develop the skills to cope with difficult feelings and experiences.

To fully support the young person, crisis management approaches are employed when a client is identified as being at current suicidal risk. This includes restriction of means to suicide and enlisting the support of others such as mental health crisis teams or emergency services and family members. This need is carefully considered with the young person and issues of privacy, safety, client wishes and Youthline Policies. The safety of the young person is paramount.

4. Youth development happens through quality relationships

This principle is fundamental to the progress made in Youthline therapy and counselling sessions. The strength of the client-therapist relationship helps determine the efficacy of the treatment. Therefore, to ensure a productive therapeutic relationship, care is taken during the first phase of treatment to ensure a good match between therapist and client. This relationship should be based on safety and trust.

Healthy relationships in all areas of the young person's life are also promoted and supported during the individual's time at Youthline. To encourage this, the involvement of others who are close to the client such as family members, partners, or friends, is an option; particularly if there is an imminent or high risk of suicide or if the client is a young person.

5. Youth development is triggered when young people fully participate

A sense of empowerment is important for all young people. A suicide attempt is an indicator that the person

does not feel they have control over certain aspects of their life. Positive steps can be taken to resolve this sense of powerlessness; these include becoming an active participant. Youthline provides opportunities for young people to participate in a range of activities and youth development programmes which may increase the young person's sense of autonomy and provide opportunities to expand their pro-social connections.

6. Youth development needs good information

To ensure best practice is achieved at all times, Youthline's approach is to engage in evidence based practice that is informed by current research. We also conduct research projects to contribute to the ever expanding field of youth development and mental health.

To help the client to understand their experiences and difficulties, Youthline provide information about suicidal feelings and behaviours, and discuss available options for support. Recommendations that the client consider a doctor visit may be made. Sometimes low mood or other difficulties contributing to suicide risk are caused or exacerbated by substance abuse or by physical illness.

Therapy and approaches based on the client's needs and wishes, current best practice, and evidence and resources available within Youthline or beyond include:

- Medical support being offered where appropriate
- Referral to a specialist agency
- Family therapy/counselling
- Cognitive behavioural therapy (CBT)
- Interpersonal psychotherapies
- Dialectical behaviour therapy (DBT)
- Problem solving therapy (PST)
- Alcohol and substance abuse interventions
- Social skills, stress management relaxation training or lifestyle approaches
- Supportive counselling

Youthline therapists review their therapeutic work with professional supervisors and or the clinical services manager. If high suicide risk continues, an alternative plan, typically including consultation with specialist services, is made.

SAFETY OF CLIENTS AND OTHERS

All Youthline counsellors are familiar with and utilise Youthline Policies and Procedures to underpin their practice. Youthline is an accredited provider under the Child Youth and Family Act and Youthline's policies and procedures are assessed by Child Youth and Family.

Youthline policy manual Standard 3 outlines the protocols that Youthline staff must follow if a young person discloses their intentions to act upon suicidal thoughts or if they are in the process of suicidal behaviour.

A disclosure of suicidal ideation from a young person is always taken seriously. Youthline staff must notify a clinical supervisor or the clinical manager immediately. Decisions about the involvement of other agencies and family will occur in consultation with supervisors/clinical manager and where possible the young person. Support is provided to both the young person and Youthline staff members during this process.

Decisions about the involvement of other agencies and family will occur after consultation has taken place.

Ensuring the safety of the young person is paramount whilst the young person is in Youthline's care.

CONFIDENTIALITY

All counsellors will clearly explain confidentiality and its limits when they enter into a new counselling relationship. All information about the client is treated with confidence and will not be passed on to a third party without the client's prior consent – unless the safety of the client or others is threatened. If a client is down or has suicidal thoughts, Youthline encourages clients to involve a family member or supportive other and assists clients to do this. Where a client is actively suicidal, has an imminent plan for suicide, or is at current high risk the Youthline therapist is required to involve others. Clients are informed of this, and which information is shared and with whom it is shared can usually be agreed upon with the client.

If clients prefer, Youthline will help them to find someone from their own culture to talk to.

Youthline is able to refer clients to other community agencies if it is appropriate. Clients have the right to choose whether they see a counsellor alone, with a friend, or with family members. A translator can be arranged if required.

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FURTHER INFORMATION

- **Urge/Whakamanawa:** www.urge.co.nz
- **Youthline:** www.youthline.co.nz
24 hour contact details:
Youthline support line: **0800 37 66 33**
Free txt: **234**
E-mail: talk@youthline.co.nz

For urgent Mental Health service 24 hour cover call your local mental health service provider (see the emergency services section of the phone book) or in central Auckland call: 0800 800 717

In an emergency contact police or ambulance services –

111