Information Guide for Suicide Prevention & Post-vention Strategies for NSW Education Based Environments

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Purpose of the Information Guide

This Information Guide provides insight into the risk factors for suicidality and overview of the current evidence based suicide prevention and post-vention strategies with links to current NSW policies and currently available resources for education based environments in NSW. This Guide is useful for teachers, counsellors, welfare workers and broader education staff as a background information tool for those endeavouring to implement suicide prevention and post-vention strategies in an education based environment.

Introduction to Mental Ill-Health and Suicide in Young People in Australia: Key Facts

It is well understood that mental disorders including depression, psychotic illnesses and eating disorders are associated with a higher risk of suicide (Mindframe 2016), and that the peak time for the onset of mental illness generally occurs in adolescence (Mission Australia 2012-2014: 5). Mental illness can also be compounded by additional factors such as forming an identity and establishing relationships throughout adolescence to young adulthood which may cause intense psychological distress and mental ill-health leading to suicidality.

1 in 4 young Australians currently have a mental health condition, with evidence suggesting that half of all adult mental health conditions emerge by age 14, and 3 in 4 by age 24. (Beyondblue 2015). The Youth Survey by Mission Australia shows that approx. 1 in 5 young people from NSW identified mental health as a major issue in Australia, with mental health having risen in the last 2 years as an issue of national concern (Mission Australia 2016: 80).

Suicide is still the leading cause of death for Australians between the ages of 15-44 accounting for 34.8% of males and 26.1% of females (aged 15-19) out of the percentage of Australians who ended their own life in 2013 (SBS 2015). Similarly, the World Health Organisation reports that suicide is among the leading causes of death worldwide in adolescents aged 10-19 years (Cox et al. 2016).

The ‘NSW Suicide Prevention Strategy 2010-2015’ identifies depression as the most common diagnosis for young people who had ended their lives by suicide. While mental ill health is a risk factor, it is not the only potential cause for the acute psychological distress which usually leads to suicide (Department of Health: 2010). An additional major risk factor for suicide include previous suicide attempts; young people who have attempted suicide are 18 times more likely to try it again; and are 40 times more likely to die by suicide in future.
Other risk factors include a prior history of mental health issues (anxiety, bipolar, PTSD), history of substance abuse, relationship difficulties i.e. with parents or partners, legal/disciplinary problems, recent death of a family member or other loved one, bullying, physical illness/disability, losing a loved one to suicide, and access to items such as medication and/or weapons (Beyond Blue 2016).

At risk groups include young people who identify as LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer and/or Intersex), and Aboriginal and Torres Strait Islander (ATSI) students. Recent studies have shown that the suicide rate ATSI populations is 2.6 higher than the non-Indigenous population (Beyond Blue 2016).

Research shows that nearly 90% of all attempts at suicide are associated with a diagnosable mental health or substance abuse issue (Glorioso et al. 2012). In addition, depression and bipolar are the most common disorders among people who attempt suicide. A range of feelings can contribute to an individual attempting suicide, such as feelings of hopelessness, isolation and despair.

It is critical that young people have appropriate evidence based supports available to them within an environment that is not only safe, but supportive of fostering positive mental health free of stigma. For this purpose it is critical that education based environments adopt a consistent and standardised prevention and post-vention suicide strategy across the state to safeguard young people from falling victim to unaddressed mental ill-health which can lead to suicide.

### Contributing Factors in the Aftermath of Suicide to Risk of Suicide

Glorioso et al. (2012) identifies risk factors for an individual experiencing suicidal ideation in the aftermath of their loved one suiciding such as: feeling perceived responsibility, anger and shame, guilt, confusion, rejection and the pain of dealing with the loss. Combined with the stigma associated with suicide, this form of grief may be considerably different to grieving for other forms of death. In a comparable study that examined individuals bereaved by suicide from across 41 studies and compared those bereaved by other forms of death, individuals experienced higher rates of rejection, blaming, shame and stigma (Glorioso et al. 2012). Those bereaved by suicide have reported difficulty in relating and talking to others about the suicide, which often contributes to feelings of social isolation. This can act a barrier for those grieving and inhibit the healing process.

Early research indicates that the increased risk of negative social and economic outcomes, including discontinuing engagement with education or being unable to maintain employment, is linked to the social stigma of mental ill-health and suicide (Wheeling 2016). Wheeling further identifies that these negative outcomes trace back to the social stigma arising from having a loved one suicide, as respondents identified increased social stigma when death was from suicide rather than another cause of death. If the social stigma from suicide was appropriately addressed, the significant probability that negative outcomes stemming from suicide would decrease (Wheeling 2016).

In 2009, Harvard Medical School reported that people who have lost a loved one due to suicide are at a 65% increased risk of thinking about, planning or attempting suicide, compared to if their loved one died of natural causes (Harvard Health Publications 2009; The Medical Daily 2016). Internationally, this phenomenon has been coined ‘suicide contagion’, wherein people exposed to suicide, particularly young people, may be more likely to contemplate attempting suicide themselves after exposure to suicide (Headspace 2012).
Consequently, the media coverage of suicide deaths has changed in order to avoid ‘glamorising’ suicide which can contribute to suicide contagion. Experts assert that news reporting on suicide should include organisations that offer counselling around suicide, and information on how suicide can be avoided. They also assert that media coverage not use language such as ‘an escape for a troubled person’ which can mislead perceptions that the person who completes suicide achieves a resolution for their distress or problems (Sanger-Katz 2014).

Farzana Ali (2015) reports that there are a lack of professional and support services for those bereaved by suicide which poses a barrier to help-seeking behaviour, with many people receiving blanket approaches to their treatment and support needs. It is suggested that a co-design approach with those bereaved by suicide in designing support services would help improve service provision for this vulnerable group.

**NSW Suicide Prevention in Education in the Policy Context**

The ‘NSW Suicide Prevention Strategy 2010-2015’ is a whole of Government Strategy administered by the NSW Department of Health. The Strategy promotes a holistic whole of community approach; including involvement, collaboration and shared responsibility with individuals, families, schools, workplaces and local communities. The Strategy requires that schools build resilience and wellness within the school community, and support young people seeking help by:

- Taking a universal approach to suicide prevention which is within the PDHPE curriculum.
- Manage risk of suicide, specifically via programs such as School Link.
- Manage critical incidents which occur within schools and develop an emergency plan to deal with a suicide/attempted suicide and its effects (NSW Suicide Prevention Strategy 2010-2015: 18)

The NSW Department of Education (DoE), like inter-state counterparts has a legal obligation to protect a student from foreseeable risk of harm, and to do what is reasonably practicable to ensure the safety of students and staff. To play its part in the state wide plan, the DoE and has developed a set of Guidelines ‘Responding to Student Suicide – Support Guidelines for Schools’ (July 2015) which details the appropriate response when a student suicides or attempts to, in the first 24-48-hour period, in both the short and long term. While independent and Catholic schools in NSW do not have to follow the NSW DoE policies, the policy document as well as the supporting guidelines and tools are available to them as resources in responding to suicide.

The DoE Guideline details resources for schools to use for suicide post-vention including a principal checklist in the incident aftermath, sample support plan for students at risk, and support handouts for students, parents and teaching staff. The DoE guideline is not publicly available for the wider community however is available for individuals within the DoE. Promotion for the guideline is being conducted by the DoE and through a series of seminars held across NSW for education staff.

In these Guidelines the DoE state that is important to ‘proactively plan to reduce the potential of, or appropriately respond to incidents that may take place at school or affect the operations including incorporating the potential need to respond to a student’s suicide or attempted suicide into the school’s proactive planning for an emergency response’ (P.g7 2015).

Current suicide prevention initiatives by the NSW Government include School-Link. This is a joint initiative between NSW Health and the Department of Education and Training which supports child and adolescent mental health services. This includes prevention, identification, treatment, management and support (NSW Suicide Prevention Strategy 2010-2015: 47). The NSW Ministry of Health funds Local Health Districts and Specialty Networks to employ School-Link Coordinators to implement the School-Link Initiative across approximately 3,000 NSW schools and TAFEs in partnership with teachers.
The Initiative equips schools and TAFE staff to more confidently identify and manage emerging mental health issues in their students and to strengthen their understanding of where to refer young people to for help. School-Link assists staff to better understand what the young person and their family may be experiencing, provides support in the education environment and referral to specialist mental health services (NSW School Link Strategy and Action Plan 2014-2017: 2). While evidence based suicide prevention and post-vention strategies currently exist, there is still a need for focus and attention at the local implementation level to ensure appropriate strategies are adopted (Good Therapy, 2011).

Addressing the Aftermath of Suicide in Education Based Environments: Do’s & Don’t’s

Initiating open and healthy discussions around mental health and wellbeing should be routine practice in order to remove the stigma associated with experiencing a mental illness, and as such reduce the barriers young people face in seeking help for mental health issues. It is important to note that uninformed interventions can be unhelpful and should be avoided.

Do’s:

- Address students’ feelings about what has happened; these conversations should be initiated in safe places and allow for open discussion.
- Offer support and counselling.
- Discuss the impacts that suicide may have on schools and the wider community. By discussing the impacts of suicide on the wider community, students may be encouraged to seek help and support when they are experiencing mental health issues.
- Dispel myths and promote resilience (Good Therapy 2011).

Don’ts

- Do not hold whole of school meetings to discuss the death of a student by suicide.
- Do not use triggering words such as “wanting to end the pain” or refer to the suicide as an “escape”. Some students will have differing levels of distress and these phrases may trigger further psychological distress and mislead their perception of what constitutes healthy coping mechanisms (Good Therapy, 2011).
Strategies for reducing stigma in schools include:

- Community awareness campaigns e.g. through school newsletters, community information nights, information brochures, participation in mental health events e.g. RUOK Day.

- Curriculum based learning programs that teach students about mental health issues and wellbeing, practical tips, and resources.

- Developing a safe and supportive environment for students, staff and community members who might have a mental health issue, have experienced a mental health issue or have a loved one/care for someone with a mental health issue (Reachout 2017).

- Staff training in Mental Health First Aid/Youth Mental Health First Aid, and training students in Teen Mental Health First Aid/Aboriginal and Torres Strait Islander First Aid.

- Train students and staff to recognise signs and symptoms of distress in others and what to do about it.

- Remove barriers to help seeking e.g. make school counsellors accessible to students by ensuring they have enough time to meet the needs of students, and ensuring they are known figures to the student community.

- Allow counsellors to facilitate education sessions with students including stress management, emotional regulation, and the importance of help seeking (Brownson 2013).

- Integrate talking about mental health and wellbeing in daily classes.

Keep mental health discussions going all year round – don’t wait for an incident to occur to initiate discourse. Encouraging speaking about it on a regular basis will help to normalise mental health and wellbeing. This could also be through simple exercises such as breathing exercises (or other coping techniques) in class, creating a Facebook/website page dedicated to positive mental health promotion and referrals to support services, working on projects in class that target positive mental health, giving students a small amount of time in class to write about how they are feeling or their worries, or encouraging your students that they can approach you if they have any concerns (Rizvi 2014).

Research conducted by the Blackdog Institute demonstrates that mental health stigma can be stopped at school. Groups of year 9 and 10 students from 10 secondary schools across NSW were randomly selected to conduct either the mental health literacy programme ‘HeadStrong’ or the standard PDHPE curriculum. Students who received the HeadStrong Programme had significantly better mental health literacy, and stigmatising attitudes in that group were also significantly lower (Blackdog 2014).
Suicide Post-vention Resources

Headspace Suicide Post-vention Toolkit

The Headspace Suicide Post-vention Toolkit has been developed for secondary schools. The Toolkit was designed for schools to plan and manage their response to a completed, attempted or suspected suicide within the student community. The Headspace toolkit suggests that schools need to make sure that students are not left alone in the aftermath of any serious incident, as it is a traumatic experience and they need to be supported until family arrives.

The Toolkit advises that in the first 24 hours following a suicide in the school community the school should:

- Identify the vulnerable young people who are at risk in order to be able to support them.
- Contact mental health services in order to help manage post-vention responsibilities.
- Set up a support room for students equipped with staff who are adequately informed.
- It is critical that staff should not inform the students of the method/attempted method of suicide.

It is favourable for schools to establish relationships with the mental health services in their area as these services can assist by:

- Offering counselling for students
- Assist in identifying other people at risk
- Provide information sessions

It is imperative to speak to students in small groups (based on their level of intimacy with the victim), as opposed to whole school assemblies where it is difficult to support the different levels of distress adequately in such a broad public environment. Headspace recommends that students be spoken to in home/class/year level groups. Schools need to inform parents, the wider community, and the media.

Students who were friends of the student who suicided will need to be spoken to individually or in small groups. Students in the same year level as the student who suicided need to be approached differently, as do students who share a class with any siblings.

Within the first week schools should ensure that their regular routine is not disrupted, usually 3 days after the incident. Schools should liaise with the affected family during this time, conduct regular staff meetings, and monitor students who might be at risk. Page 19 of the Toolkit details how to ensure young people are identified and assessed. It is critical that only mental health professionals conduct the assessment for students at risk.

In the first month after the incident, it is critical that staff and student wellbeing are being monitored with the assistance of mental health professionals. A critical incident report should be conducted, and an information session for parents around signs of suicide risk, resilience and grief. Headspace School Support are able to run information sessions for parents for schools. This can be arranged by contacting the local Headspace in the area.

In the longer term, schools should continue support of students and staff and ensure that parents are kept informed on relevant information. Recommendations from the critical incident review should be implemented, and it is pertinent that a post-vention plan is included in all staff inductions. The Toolkit further discusses other factors that schools should be considerate of, including memorials, social media, and supporting staff.
Additional Factsheets & Resources

**The Suicide Postvention Toolkit - A guide for secondary schools:** This Toolkit was compiled by headspace School Support, an initiative funded by the Commonwealth Department of Health and Ageing. This document will assist secondary schools in planning and managing their response to a completed, attempted or suspected suicide within the student community.

**Suicide Bereavement and Post-vention Resources:** Beyond Blue have compiled a number of resources publicly available on their website.

**Guidelines for Schools:** Support After Suicide provide information to assist schools in responding to bereavement in their school community, particularly suicide bereavement. The aim of this information is to increase awareness of the unique issues and experiences of those bereaved in order to enable appropriate and effective support.

**School Support Program:** Headspace School Support is a suicide postvention program, which assists Australian school communities to prepare for, respond to and recover from the death of a student by suicide. It is part of a suite of Headspace programs developed to promote mental health and support young people aged 12-25 dealing with difficult issues in their lives.

**How to Talk About Suicide:** Beyond Blue provide a range of videos on tips for how to support someone on their website.

**Suicide Prevention, Knowing the Signs:** This factsheet from Beyond Blue discusses why suicide happens, the warning signs, and what to do.

**Mental Health Support Tips for Teachers:** This resource from ReachOut provides key messages in how to look after yourself and your students, and lists key signs to look out for in your classroom.

**Guidelines to assist in responding to attempted suicide or suicide by a student:** These Guidelines from State Government Victoria, Department of Education and Early Childhood Development, are designed to assist school staff in responding to attempted suicide or suicide by a student, and provides a checklist of the immediate and longer term steps that should be taken by school staff.

**Got It!** is a school-based mental health early intervention service being implemented by NSW Health Child and Adolescent Mental Health Services in partnership with Department of Education and Communities.

**Small Steps:** This program is run by WayAhead, and is a free presentation for parents and schools about recognising anxiety in young children.

**Key Resources for Aboriginal and Torres Strait Islander Students**

It is critical when looking at suicide post-vention for population groups such as Aboriginal and Torres Strait Islander (ATSI) students that it is addressed in a culturally appropriate manner. Data demonstrates that Indigenous suicide rates are double that of non-Indigenous people and five times the rate of young Australians (Australian Government 2013: 1). There have been few evaluations of the impact of Indigenous-specific suicide prevention programs on suicide rates.

In 2017 the Australian Government revealed that they will invest $10 million over 3 years to roll out a national Indigenous Suicide Prevention Plan. The Critical Response Service (CRS) is an Indigenous run initiative led by a Bunuba and Gija woman who is a national leader in mental health. CRS members help to make contact with families affected by suicide or other traumatic events, and help to coordinate support services tailored specifically to meet the family’s needs (The Australian 2017).

In addition, existing programs have been adapted to be culturally appropriate for Indigenous people such as Indigenous Mental Health First Aid. Indigenous Mental Health First Aid was shown to significantly increase participant’s knowledge of mental health including increasing confidence in being able to offer assistance to someone who may be experiencing a mental health problem (Australian Government 2013: 12).
**Yarn Safe**: The campaign is targeted to Aboriginal and Torres Strait Islander youth and provides information, posters and videos that aim to raise awareness of mental health issues and encourage help seeking at Headspace, or other appropriate mental health services.

**Self-Care for Working with Aboriginal and Torres Strait Islander people in Rural Communities**: This Headspace factsheet covers the effect of suicide on the school community and how to look after yourself following a suicide.

**How Aboriginal and Torres Strait Islander young people may respond to suicide**: This Headspace factsheet covers common grief responses, practical ways to support a grieving young person, and supporting a person to get help.

**Information for Aboriginal and Torres Strait Islander families on Suicide in Schools**: This Headspace factsheet covers how young ones may respond, how to help your community heal, and where parents and young ones can go to get help.

**Suicide Contagion for Aboriginal and Torres Strait Islander Young People**: This Headspace factsheet covers why suicide contagion occurs, who is at risk of suicide contagion and how to reduce the risk.

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