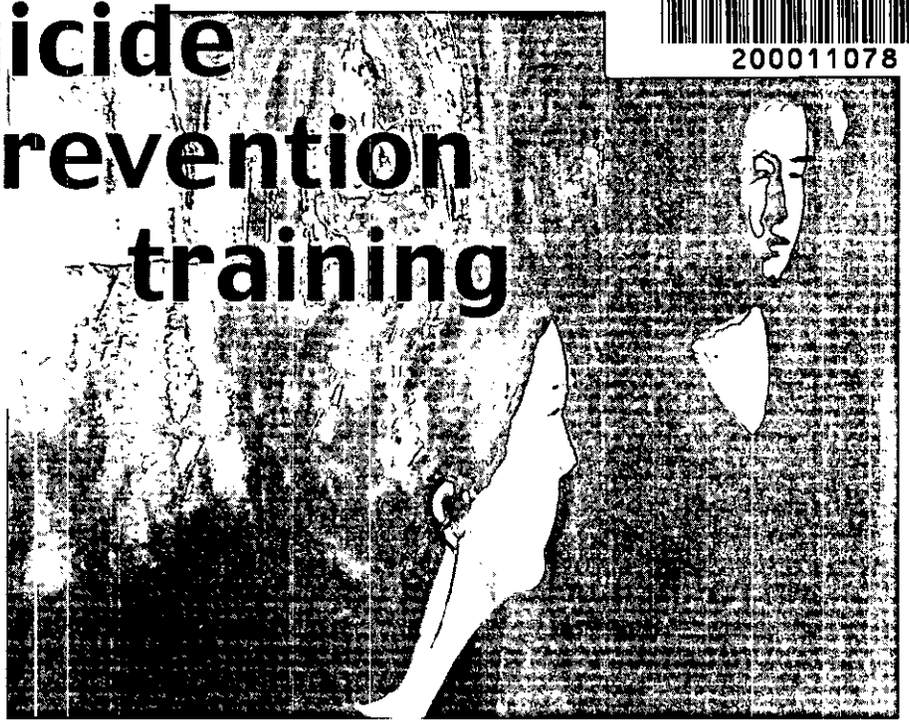
# A workshop



# Suicide prevention training



Student art: Amie Fielder-Gill

Aspects of the ***Out of the Blues*** demonstration project, which was funded under the National Youth Suicide Prevention Strategy to provide a service for young people at risk of suicide, have been discussed in previous issues of *Youth Studies Australia* (v.17, n.4 and v.18. n.3). Another component of the project involved the design of a workshop format to educate staff from youth residential centres in Adelaide in the recognition and initial management of depressed and suicidal young people. The format was subsequently used with social workers, teachers and volunteers in a range of settings.

**by Sharon Wright and Graham Martin**

IN 1995, the Commonwealth Department of Human Services and Health (DHSH) produced a report titled *Youth Suicide in Australia: A background monograph* which outlined the serious public health issue of youth suicide in Australia and a range of approaches to suicide prevention. One approach described was "specific community awareness courses for young people, parents and/or workers who are likely to come into contact with 'at risk' young people" (DHSH 1995).

Those who have daily contact with young people, including residential youth workers, teachers, welfare workers and volunteer workers, often identify young people who are at risk and lacking in appropriate adult supports and assistance. Workers may suggest medical or therapeutic interventions but often these are not taken up by young people and the burden of ongoing care falls back on workers' shoulders.

These key members of our community are in an excellent position to identify suicide risk, manage crises and refer to the health system when appropriate, but often they have had very little training in issues related to depression, self harm and suicidal behaviours. With an increase in the awareness of depression and youth suicide risk in the community, it is vital that those working with young people feel that they can adequately address such issues and "do no harm" if they choose to intervene.

With these training issues in mind, a workshop format was designed as part of the Out of the Blues demonstration project, to provide people working with young people with basic skills to handle sensitive situations, to know when to refer to a health professional and to know how to continue to manage their clients' care while waiting for specialist services.

The aims of the workshop were to:

- educate participants to recognise the signs of youth suicide and depression,
- educate participants on the use of the Suicide Risk Assessment Scale,
- inform participants how to access and refer to mental health services, and
- provide some information on preliminary management.

Workshops were held in the participants' place of work to maximise attendance. In addition, a number of participants attended on rostered days off which highlighted the high level of interest and perceived need for training in this area. Often it was necessary to take time to debrief staff regarding their own experiences in working with young people and accessing appropriate mental health services.

## Workshop format

### Introduction and welcome

During the initial part of the workshop, the presenter needs to engage the group and introduce them to the format. Participants' pre-existing views regarding youth suicide or their personal experiences in the area may be negative or upsetting. It is important that presenters take care of participants and make them aware of the presenter's position on youth suicide. This might involve presenters relating a short story about how they became interested in this work, or providing information about the service they represent, how it works or who they work with. Presenters also need to mention that the workshop is a safe place for sharing but that participants should feel free and comfortable to make a clear choice regarding sharing personal experiences.

Presenters should appear interested and not bored (a difficult task if they have presented the material numerous times), friendly and informal (but not too informal – because of the seriousness of the subject), and informed about the topic (without appearing to be an "expert"). They need to remember that a workshop is a process where participants engage in learning about a topic or issue together, rather than a lecture, a teaching session or a seminar. Often presenters who are professional health workers, particularly those from mental health, can appear to be out of touch with the issues affecting youth workers or welfare workers as traditionally they work in different ways and have different training. This is an opportunity for the health worker to learn about the youth sector, and for the participants to learn about the health sector and ways of managing depression and suicide.

### Video: *Recognising the signs*, 2nd edn, by G. Martin

This video provides a good starting point for discussion of youth suicide. It includes statistics and information on risk factors as well as suggesting how a young, at-risk person might present to a teacher, counsellor or health worker.

After the video has been shown, the presenter raises for discussion the following major points:

Types of questions:
- the use of closed versus open-ended questions
- the use of visual analogue scales
- the language used by professionals

Communicating with young people:
- talking about the things you know about the young person
- talking about things you observe about the young person such as their clothes, hairstyle etc.
- informally discussing their interests and other topics to build rapport and encourage more open communication

Asking about risk factors including:
- hopelessness
- depression
- family
- future
- drug and alcohol use
- sleeping and eating patterns
- suicidal thoughts, threats, plans, self harm and previous attempts

Taking time:
- the amount of time it might take to talk about these issues
- being patient
- issues of confidentiality and what this means in practice
- not being sworn to secrecy by a young person regarding suicide risk

### Break

A break is a very important part of the workshop because it gives participants time to recharge themselves for the second session and reduces the risk of diminished attention. The heaviness or overwhelming nature of the topic may not be obvious to health professionals if they have become desensitised; however, they should remember that this subject may trigger participants' memories or feelings about their own experiences as adolescents, or about young people they know personally or have worked with.

The break often stimulates informal discussion about the subject and gives participants an opportunity to ventilate feelings and debrief regarding the current issues facing them in their work. Often participants want to share a story about their management of a situation, or "check out" their assessment of a young person they know. There may be a sense of hopelessness or even anger about the poverty of opportunity facing many young people who live in deprived or damaging settings. It is important that presenters be aware that while ventilation is helpful, a balance needs to be maintained, and some optimistic reframing may prevent things from spiralling into gloom and despair. The presenter should maintain a sense of hope by recounting their positive experiences in this work while acknowledging the feelings and thoughts of workshop participants.

### Talking about depression and suicide

The workshop provides the opportunity to discuss the complexities of broaching the topics of depression and suicide with young people. Often young people will appear angry or difficult and it takes some courage and time for workers to feel okay about asking personal questions. One option at this point in the workshop is to conduct a two-way discussion involving participants' stories and experiences of what works and what doesn't.

Once a worker has established face-

to-face communication with a young person, they can ask about symptoms and assess a situation more effectively. This may involve asking about symptoms associated with depression, neurovegative features such as sleeping and eating disturbances and severe mood changes associated with loss of energy. Disturbed concentration and feelings of agitation are common, as are changes to social activities, hobbies or interests. For some, a loss in the family or stress can can result in symptoms of depression which make coping and recovering much more difficult.

Young people are creative, imaginative and energetic. When feelings of depression, hopelessness and suicide have been exposed and explored, and have received a supportive and understanding response, many clients report feeling slightly better. This is often the first step towards more practical assistance, and the beginning of a solution.

## Scaling questions

Scaling questions can be helpful for both worker and client, and can mark progress over time. A visual line or a score out of ten can be an easy reference if clients feel comfortable using them. Goals can be scored, as can relationships, friends, food and accommodation.

## Key issues in suicidal behaviours

The following five points provide the worker with a simple guide to evaluate the level of suicidal risk in young people. The guide includes a numerical scoring system.

*Thoughts*

Asking about the presence of suicidal thoughts is the first step in assessing suicide risk. Workers should start by inquiring whether the young person has had thoughts of not wanting to be here or of wanting to hurt themselves. If workers use an introductory question like "Have you felt like life might not be worth living?", and the answer is "no", there is probably no need to continue questioning any further if the worker is satisfied that the response is accurate.

The argument that asking questions about suicidal thoughts will put the idea of suicide into someone's head is commonly raised. The authors believe it is a myth; however, it is important that workers state their commitment to the client in this situation and demonstrate genuine interest and concern. Workers must allow sufficient personal space and time for a response that is honest, and not rushed or embarrassed by the presence of other people.

Suicidal thoughts score one.

*Threats*

Rather than talk about suicidal thoughts, some people threaten to harm themselves. This is often interpreted as "attention seeking" or "manipulative behaviour". However, many young people who make threats often want to discuss their inner feelings of distress but have no other way of doing so.

Sometimes threats may be more ambiguous, for example, when overwhelmed by problems or low mood, some young people may state that "you'll be sorry" or that they have a "solution" to "fix everything".

Suicidal threats score two.

*Plans*

If young people are having suicidal thoughts or they are threatening to hurt themselves, the worker next needs to ask if they have a plan.

- Have they made a plan?
- How detailed is it?
- When?
- What have they thought of doing?
- Where or under what circumstances?

Some people have very detailed plans that they intend to carry out in, perhaps, 12 months' time. The equipment they require is not purchased and they have no intention of carrying these ideas out in the very near future. Others may have a viable plan which they intend to carry out in a few hours time. In such cases, a worker must act immediately.

Suicidal plans score three.

*Self harm*

Again, self-harming behaviour can be mistaken for "attention seeking behaviour". If a client is ignored, often the behaviour will escalate until some attention is given. Self-harming behaviours may not be accompanied by clear-cut thoughts of dying, but they increase suicide risk because they represent the potential for impulsive action. Some young people discover that the physical pain associated with bleeding or personal damage in some way releases the pain of their feelings. When the pain escalates again they may repeat the self harm even if they do not wish to die. Self-harming behaviours must be seen to be what they are – an expression of inner conflict or pain.

Questions about self harm may assess:

- How is the harm done?
- How often?
- How does this feel?
- Do clients engage in any other self-destructive behaviours (e.g. drug abuse, crime).

An episode of self harm scores four.

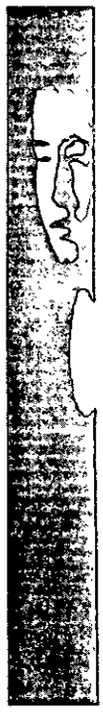
*Previous attempt*

Previous suicide attempts are major risk factors that identify which young people may be at increased risk of further attempt. In the context of a previous attempt, level of lethality, whether they intended to die and whether they want to try again are factors which may influence workers' responses.

A previous suicide attempt scores five.

*Interpreting the scores*

When using the scoring system, a level of discretion and common sense should prevail. The formula is a guide to assist the worker in gauging the suicide risk level of a client and deciding if a mental



health assessment is warranted. It also acts to provide a framework for inquiry and subsequent discussion with relevant others. It should be noted that when someone's life is in danger, it is the worker's responsibility to seek appropriate treatment and assessment by a mental health professional (Pearce & Martin 1994).

In most cases, a score of six or over is of concern and requires some intervention. The score could comprise a previous attempt (5) plus current thoughts (1), or deliberate self harm (4) plus threats of suicide (2). The intervention may involve an increase in care over a high-risk period and further reassessment, or it may involve immediate assessment in a local casualty department or by a mental health triage team.

This exercise often leads into a discussion of past experiences involving some of the above symptoms. Time needs to be taken to reflect and openly explore issues and concerns. This is an appropriate point in the workshop for a second break to debrief and discuss informally.

### Accessing mental health services

The location of the workshop and professional background of participants will determine what local services are appropriate and available for referral. Developing, with participants,, a map of local services or compiling a handout of service phone numbers and locations can be useful. Participants' organisations should provide them with after-hours contact numbers, crisis services contacts and police numbers.

In addition, these organisations should have policies in place to deal with instances where there is risk to a client or others in the facility. Interagency links should be maintained so that relevant programs and treatment options can be accessed for clients.

### Questions

It is important that sufficient time be allocated for questions. The workshop content may raise issues of management of current clients, and participants must not be left with any anxiety regarding suicide and depression in young people.

Prior to the conclusion of the session, an evaluation measure should be completed by participants. This allows for optimal return of questionnaires and immediate evaluation of the work presented.

### Evaluation

The evaluation consists of eight statements about the workshop which are scored between zero and ten, where zero means "Not at all" and ten means "Yes /Excellent". The questionnaires should be completed anonymously.

The eight statements are:

- I found this workshop useful.
- I found this workshop informative.
- I found this workshop clear.
- I found this workshop interesting.
- I now have a better understanding of mental health.
- I now have a better understanding of depression.
- I now have a better understanding of services for mental health.
- I now have a better understanding of the role I can play in assisting someone with a mental health problem.

## Conclusion

This simple format for suicide prevention training and education in the early recognition, initial management and appropriate treatment of mood disorders and suicidal behaviours in young people can be extended into any health or non-health sector.

By increasing workers' confidence in approaching the subject, assessing the risk level and exploring the options, we can increase the level of suicide prevention skills in the community and, over time, decrease the national level of completed suicide in young people.

## References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