GATEKEEPER TRAINING

SUICIDE PREVENTION

WORKSHOP HANDOUTS

Education and Training Officers

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Country cont….	
North West	9192 3322
Nullagine	9176 2010
Peel	9531 8080
South Hedland	9172 1644
Tom Price	9189 1199
Other	
Medical Practitioners: See Medical Practitioners entries in the Yellow Pages	
Emergency Hospitals:	
Royal Perth Hospital	9224 2244
Sir Charles Gairdner Hospital	9346 3333
Fremantle Hospital	9431 3333
Princess Margaret Hospital	9340 8222
King Edward Memorial Hospital	9340 2222
Alcohol and Drug Information Service	9442 5000
Family Helpline	1800 643 000 or 9221 2000
Parent Drug Information Service	9442 5050
Aboriginal Medical Service	9421 3888
Graylands	9347 6666
Aboriginal Psychiatric Service (Graylands)	9347 6888
Aboriginal Legal Service	9265 6666
Alma St, Fremantle	9431 3400
Armadale Clinic	9391 3400
Avro Clinic (Subiaco)	9381 9055
Bentley Clinic	9334 3800
Inner City Mental Health	9224 1720
Joondalup Mental Health	9400 9599
Mirrabooka Clinic	9344 5400
Osborne Clinic	9346 8350

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Ministerial Council for Suicide Prevention

Useful Contact Numbers (Western Australia)

Telephone Counselling, Information and Referral Services	
Crisis Care, 24 Hour Crisis Line	1800 199 008 or 9223 1111
Kids Help Line	1800 551 800
Lifeline	13 1114
Mental Health Direct	1800 220 400
Poisons Information Centre	13 1126
Psychiatric Emergency Team	1300 555 788
Samaritans Suicide Emergency Service	9381 5555 or 1800 198 313
Samaritans Youth Line	9388 2500 or 1800 198 313
Child and Adolescent Mental Health Services (Perth Metropolitan Area)	
Bentley Child and Adolescent Mental Health Service	9334 3736
Fremantle Child and Adolescent Mental Health Service	9336 3099
Kelmscott Child and Adolescent Mental Health Service	9390 1135
Peel Community Child and Adolescent Mental Health Service	9535 8722
Selby Child and Adolescent Mental Health Service	9382 0873
South Metropolitan Child and Adolescent Mental Health Service	9336 3099
Swan Child and Adolescent Mental Health Services	9347 5540
Warwick Child and Adolescent Mental Health Service	9448 5644 / 9448 5544
YouthLink	9227 4300
Country	
Albany Child and Adolescent Mental Health Service	9892 2440
Broome / North West Mental Health Service	9192 3322
Bunbury Child and Adolescent Mental Health Service	9791 4355
Busselton / South West Mental Health Service	9754 4744
Carnarvon / Gascoyne Mental Health Service	9941 4141
Coastal and Wheatbelt Mental Health Service	9621 0999
Derby / North West Mental Health Service	9193 1633
Esperance / South East Coastal Mental Health Service	9071 7677
Geraldton	9921 7833
Kalgoorlie	9021 6200
Karratha	9144 0346
Katanning	9821 2815
Kununurra	9168 3055
Manjimup	9777 1877
Margaret River	9757 3547
Narrogin	9881 4888
Newman	9175 1361
continued over.....	

Ministerial Council for Suicide Prevention, Telethon Institute for Child Health Research, PO Box 855, WEST PERTH WA 6872

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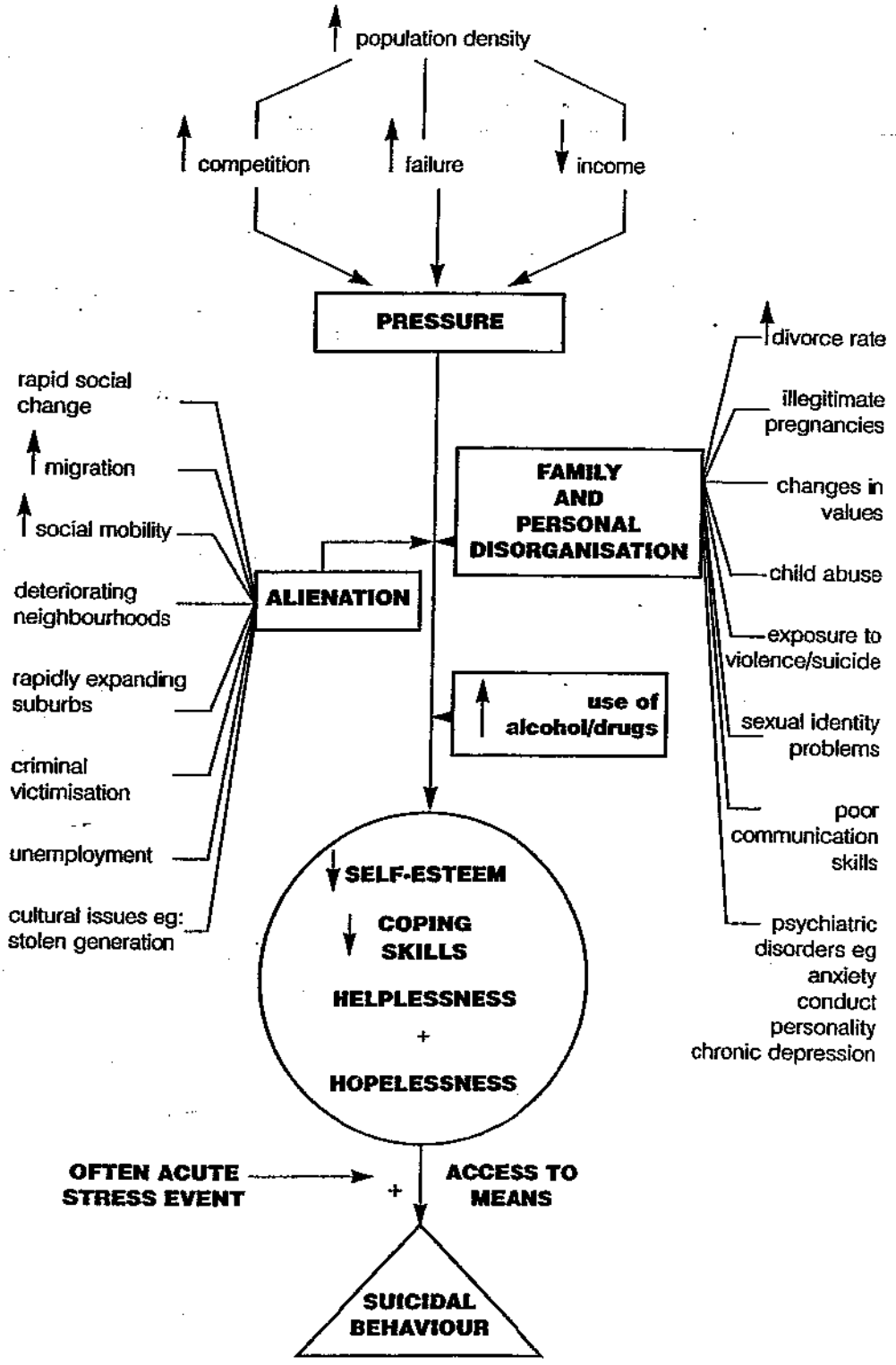
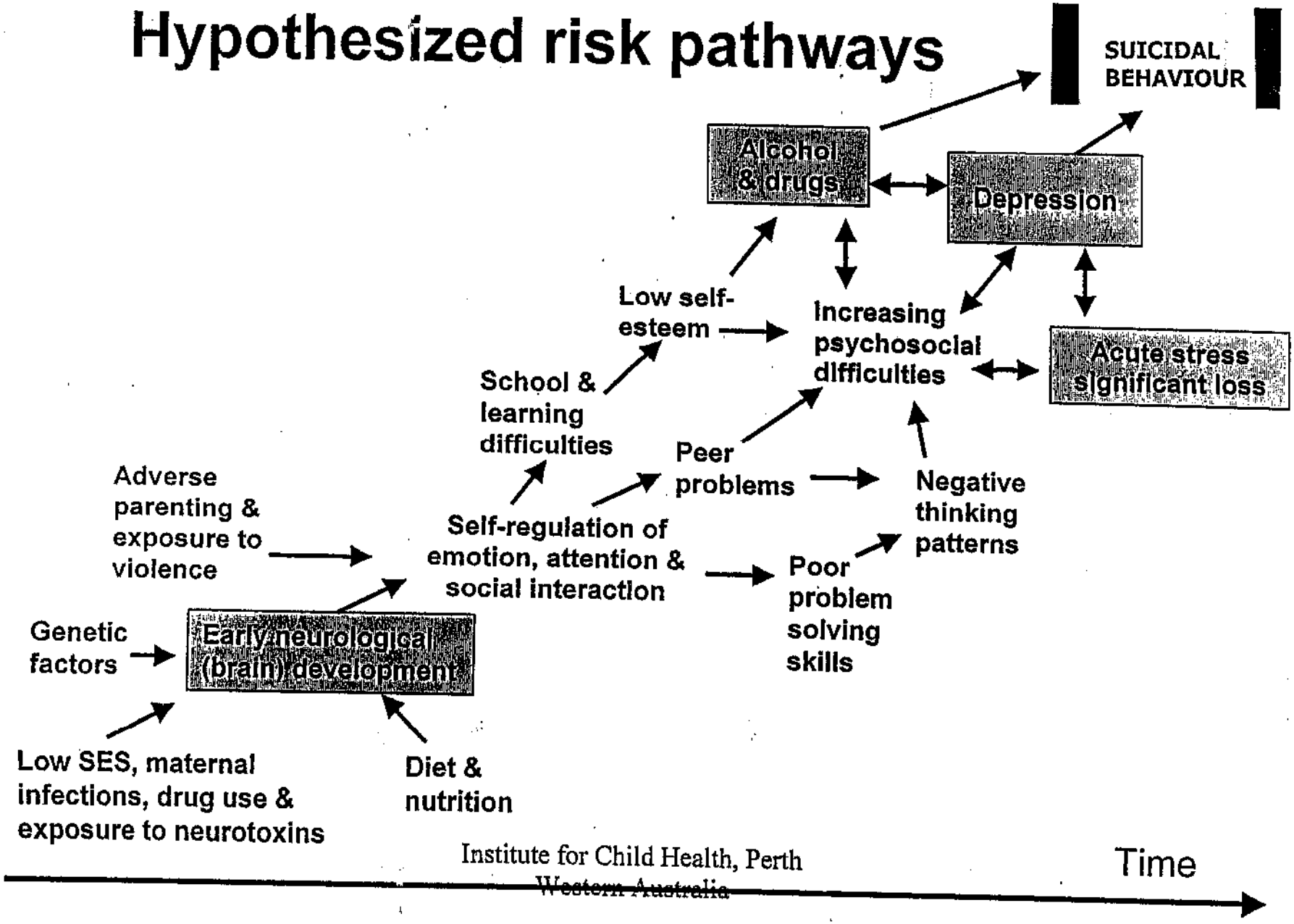
HANDOUT 4

PSYCHOSOCIAL AND BIOLOGICAL FACTORS LINKED WITH INCREASES IN ADOLESCENT SUICIDAL BEHAVIOUR



Adapted from Jeanneret, O., (1992). A tentative epidemiologic approach to suicide prevention in adolescence. Journal of Adolescent Health, 13:4909-414.

Hypothesized risk pathways



DEFINITIONS

Suicide (i)

Completed suicide is certified by a coroner on the basis of evidence indicating intentional certified death.

(Adapted from Berman and Jobes, 1991)

Suicide (ii)

Suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution.

(Shneidman, 1993, p.4.)

Suicidal Behaviour

Suicidal behaviour consists of thoughts, threats and actions which, if carried out, may lead to serious self-injury or death.

(Pfeffer, 1981)

This behaviour can be defined as involving the intent to die or the acceptance of death as a likely consequence.

Attempted suicide

Attempted suicide is an attempt to suicide. As such it involves an action by the individual that is intended to cause their death.

(Adapted from Berman and Jobes, 1991)

Self-harm

Self harm is a direct and deliberate physically damaging form of bodily harm which is intentionally not life-threatening, often repetitive in nature and socially unacceptable.

(Adapted from Walsh and Rosen, 1988)

Self-mutilation

Self-mutilation is the act of altering or destroying the body in some way with little or no intent to cause death, eg. wrist cuts and cigarette burns. The function is to decrease tension or other intense affect, diminish a sense of alienation, or terminate dissociation.

(Adapted from Berman and Jobes, 1991)

Depression refers to a mood state

A mood is an emotion that temporarily colours all aspects of your life. ... When a mood outlives its context, it can become a serious liability to healthy emotional functioning.

(Copeland, 1992, p.11.)

Depressed mood:

The presence of sadness, unhappiness, or blue feelings for an unspecified period of time.

(Petersen et al, 1993)

Depressive Disorder:

Disturbances in emotional, behavioural, (physical) and cognitive functioning.

(National Health & Medical Research Council, 1996, p.10-11)

Contagion

Contagion is the process by which one suicide facilitates the occurrence of a subsequent suicide.

(Gould et al, 1989)

Clustering

Clustering is "the occurrence of more than one suicide at nearly the same time or place".

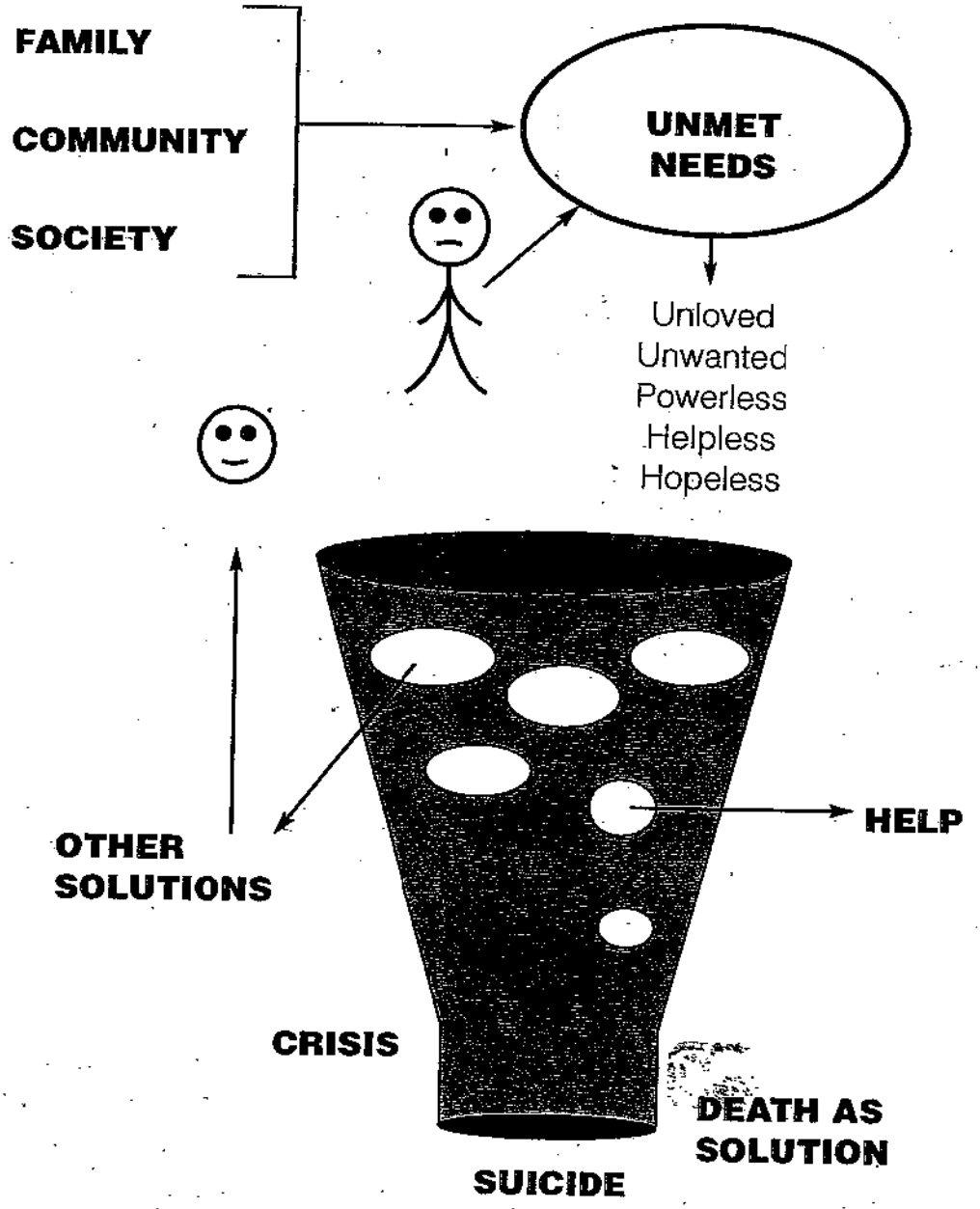
(Barrett Hicks, 1990, p.46)

Postvention

Term used to describe the process put in place following a completed suicide to support the bereaved and those at risk in order to reduce the potential for contagion.

OVERHEAD 14B

UNDERSTANDING SUICIDE



Adapted from Jeanneret, O., (1992). A tentative epidemiologic approach to suicide prevention in adolescence. Journal of Adolescent Health, 13:409-414.

Shneidman, E. (1993). Suicide as psychache. London: Jason Aronson Inc.

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HANDOUT 42

USEFUL RESPONSES TO SELF HARMING BEHAVIOUR

When responding to the young person who has self harmed remember:

- **Don't panic or over react.**
- **Remove the young person, or others from a situation where they might attract unnecessary attention**
- **Aim to respond in a matter of fact, "neutral" manner. Avoid potentially reinforcing the behaviour through:**

  expressions of worry/concern/fear or disgust
  by taking punitive action or punishing.

- Help the young person attend to any damage they have done to themselves or their surroundings. If medical attention is required, link the young person to the appropriate personnel (school nurse, GP, local hospital).
- Link the young person to the appropriate support staff to:
  - make a thorough assessment of the behaviour and check out suicidal risk
  - provide follow-up counselling to address the main issues which underly the behaviour
  - make a referral as necessary
- Follow up to ensure the young person has accessed the necessary supports/services.
- Monitor the young person's progress.

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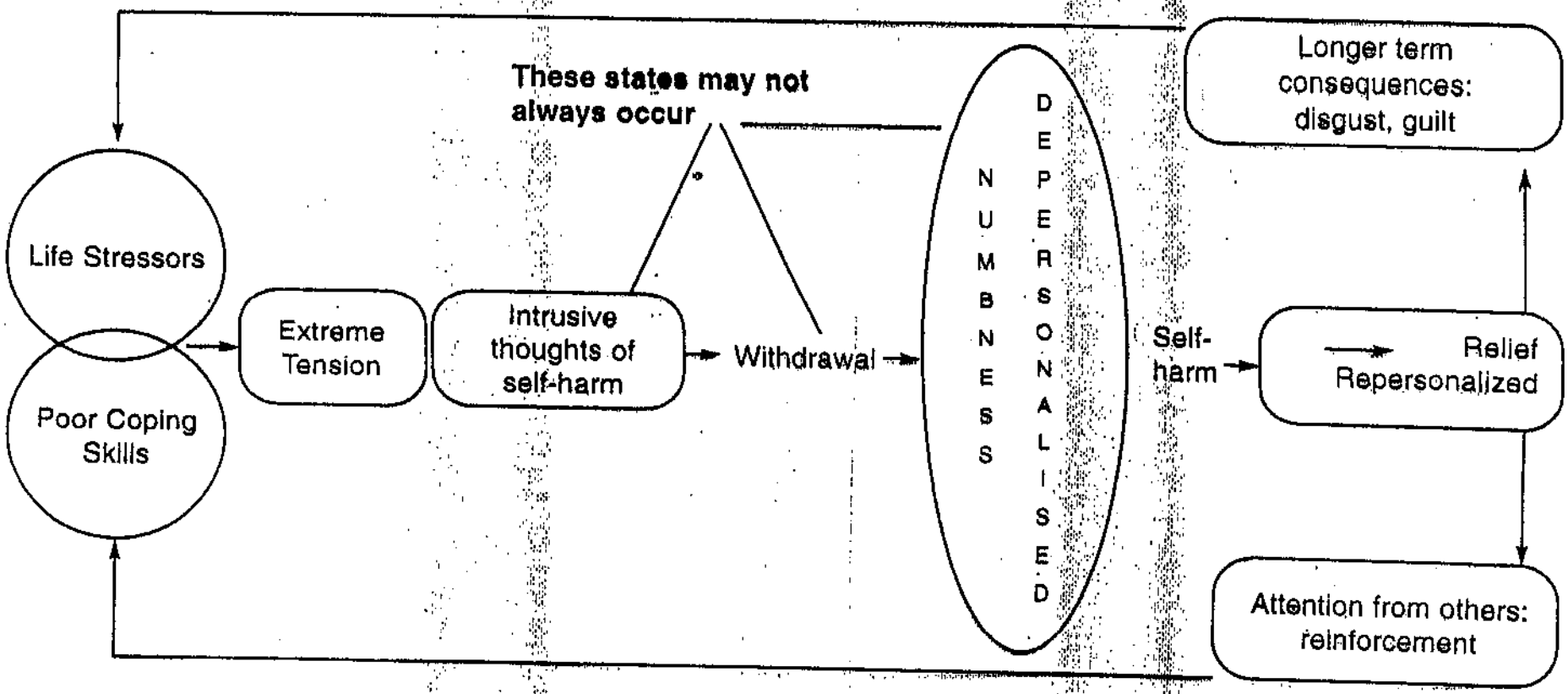
PROCESS OF SELF HARM



Adapted from Hawton, K. & Catalan, J. (1987). Attempted Suicide: A practical guide to its nature and Management. Oxford: Oxford University Press.

OVERHEAD 32

HANDOUT 38

STRENGTHENING PROTECTIVE FACTORS AND REDUCING RISK FACTORS

AIM: To reduce the effect of factors that cause distress to the individual and to effect a positive change in their life.

Strategies might include:

- problem solving difficult issues,
- contingency planning,
- goal setting,
- developing skills in accessing social and community supports and resources, such as financial assistance, housing, education and job training;
- developing/strengthening social networks, such as social and recreational activities,
- developing personal coping strategies and social skills, such as anxiety reduction, positive self-talk, assertiveness, conflict resolution, anger management, relaxation, safe sex and safe alcohol/drug use.

HANDOUT 19

RAISING THE ISSUE

When you are concerned that a person may have suicidal thoughts it is important to raise the issue and ask. The following suggestions have been adapted from the American Association of Suicidology (1977).

IF YOU DON'T ASK YOU WON'T KNOW ...

IF YOU DON'T KNOW YOU CAN'T HELP TO GET A CHANGE.

1. Begin by listening, listening and linking.

Check out with them the feelings that they seem to be having, eg.

"It sounds as though you are really down, everything seems hopeless".

"You sound really desperate".

"You're saying that there's just too much pain".

2. If their reply confirms your thoughts acknowledge what they are saying.

Respond with a reflective statement, eg.

"Life seems hopeless at present".

"It sounds like you've had enough".

3. Check out their intent.

When you are listening the person may make some comments about not thinking too much about the future "There's not much point" or "I could top myself". Such throw-away remarks need to be followed up by questioning to check out what is being implied.

You may be able to pick up on their comments, eg.

"When you say that you wish it would all end do you mean that, at times, you wish you were dead?"

"You've had enough to the point where you would end it all?"

"So you reckon you should top yourself and end life?"

You may need to ask:

"Do you think about ending it all?"

"Do you sometimes wish you were dead?"

4. If they answer "yes" ask directly to ensure you have understood, eg..

"Have you been thinking about killing yourself?"

"Do you think about killing yourself....would you kill yourself?"

"Are you thinking about killing yourself?"

"Are you intending to kill yourself?"

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RECOGNISING WHEN YOUNG PEOPLE MAY BE AT RISK OF SUICIDE

If we are aware of the kinds of things that can greatly distress young people (risk factors) and the ways in which that distress might show (indicators) then we have a chance to hear their issues and be supportive.

Most young people considering suicide give signs that they are not coping. Few are intent on dying, it is more that they do not want to continue with life as it currently is. Sometimes ending their life is seen as a way of getting back a degree of control over things, including over people close to them who may not be aware of their pain. This is often interpreted by parents and workers as manipulative or attention seeking. In believing this there is a danger that the underlying pain of the person will be ignored. This makes it even harder for the young person to communicate their need directly and openly to the people who are able to help them.

RISK FACTORS

Anything can be a risk factor depending on how the person sees it and this depends partly on the

(i) ways in which the person has learned to think about themselves and cope with problems, eg. their level of confidence in their ability to bring about changes in their life,

(ii) person's ability and opportunity to cope, which can be affected by their physical health, other pressures at school, home or with the police, and

(iii) availability of good support from parents, friends, carers and professionals. The situations and events listed do not cause suicide but may cause a young person to feel vulnerable and to consider suicide.

Situations:

- a history of depression or other mental illness in self, parents or carers
- severe difficulties in the family, eg. conflict, domestic violence or history of abuse - physical, emotional or sexual
- conflict over sexual identity or other sexual issues
- misuse of alcohol or other drugs
- patterns of poor communication with others, especially family or friends.

Events:

These may be any major loss, disappointment, humiliation or anticipated loss, especially if adults or others expect or demand strength and competence. Could include

loss of close person through death, divorce or moving
recent suicide of friend or relative
break-up with boy or girl friend
considering themselves to have failed academically or with work
unwanted unemployment or retrenchment
being in trouble with authorities at school, work or police
change of school or residence, particularly if enforced against wishes
sudden disability or serious illness
feared pregnancy
change in ability to gain approval or acceptance from important others.

INDICATORS

Listed are some of the changes or behaviour that may indicate there is some sort of personal crisis for the young person. These often occur in clusters:

Sudden changes in their usual pattern of relating to others

withdrawing from family/friends, or not wanting to be left alone
not wanting to be touched
loss of interest in usual social activities
developing violent, argumentative or disruptive behaviour
loss of humour, or unusual change to acting the 'clown'.

Marked personal changes

decline in school or other work, disinterest in studies or the future
apathy about dress and appearance
changes that suggest depression or other mental health problem eg.
lack of concentration, changes in sleeping pattern,
delusions or hallucinations
sudden happiness after a lengthy period of depression

Impulsive and/or risk-taking behaviour

running away from home, truanting
careless, accident-prone behaviours, taking personal risks, eg. not looking after oneself when sick or playing 'chicken' on the road
increased or heavy use of alcohol or other drugs.

Making final arrangements

making a will
giving away prized possessions
organising own funeral.

Self-harm and suicide attempts

Marked weight increase or decrease
self -mutilation, eg. cigarette burns,cutting oneself
having made previous suicide attempt(s) is one of the most important and reliable indicators of risk.

Verbal expressions - direct or indirect

'I wish I were dead'
'You won't have to bother with me any more'
'I think dead people must be happier than when they were alive'
'I'd like to go to sleep and never wake up'.

HEARING AND SUPPORTING

Often the young person is trying desperately to make sense of their situation or to change it in some way. They often feel isolated and unheard.

Thoughts and feelings often experienced:

- sense of hopelessness and/or helplessness, of having no control over one's life persistently thinking things will never get better and that no-one can help
- feeling overwhelmed by the expectations of oneself
- loneliness, fear, feelings of abandonment and not being heard
- consistently high levels of anxiety and/or anger
- difficulty expressing emotions, eg. difficulty expressing or accepting affection or having outbursts of uncontrolled anger
- preoccupied with thoughts of death or dying.

By showing your concern and caring enough to become involved you can help young people express their thoughts and feelings. You can make a difference. Help them to achieve their needs in other ways and to seek help, don't keep the secret or assume that things 'will be okay'.

RISK ASSESSMENT FORM
Questions To Ask

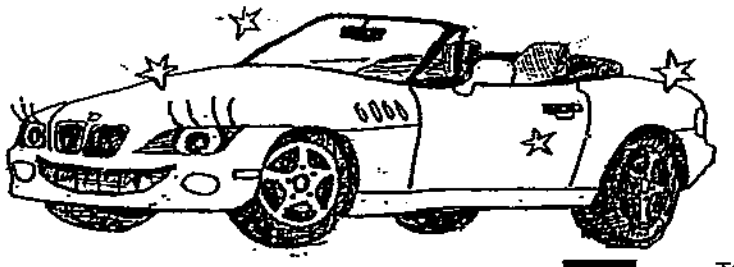
For each category, assess whether the risk is low, medium or high. Then give a total risk rating.

Category & Questions	Risk: Low	Medium	High
1. Present thoughts and feelings • It sounds as though it's hard to get these ideas out of your head. • How have you been feeling? How long have you felt like this? How often do you feel like this? • You feel as though you've got no control over what's happening? • Do you ever see or hear things that tell you to harm yourself? • Have you been feeling: really sad or unhappy? Uptight or stressed? Worried about anything? angry? Like you want to break something or want to hurt someone? • How bad are these feelings? Really bad all the time, bad sometimes, or OK they don't happen often?	❑	❑	❑
2. Seriousness of current plan + any past attempts • How would you kill yourself? How far have you got in this plan? • When do you intend to do this? Where would you do this? • Have you thought about how to get hold of a car (gun, pills)? Are you able to get hold of these? • Have you ever tried to kill yourself before? What did you expect to happen? • Did you expect to die? How did you feel when you didn't? • On this circle I've drawn, colour in how much you want to die (i.e. 10%, 50%?)	❑	❑	❑
3. Events coming up which could increase stress? • Court, anniversaries, exams, funerals, recent suicide • What has been happening for you lately? What has made you feel so awful? • Is there anything coming up in the next week that is worrying you? • Do you know anyone who died violently or killed themselves?	❑	❑	❑
4. Openness to other solutions? (reverse rating) • How have you sorted out problems in the past? • What else could you do that might change the situation? What have you done when you've felt like this before? • What has made others stop and listen before?	❑	❑	❑
5. Thoughts, feelings and beliefs against suicide (reverse rating) • Have you thought about what might happen if you try and kill yourself but you don't die? • What things make you have second thoughts about killing yourself? • What do you think happens when people die? • What helps you to keep going?	❑	❑	❑
6. Available social supports/how involved they can be (reverse rating) • Who do you usually share problems with? Are they able to listen and help? What would they do, or say, if they knew your plans? Who would you like to have here with you? What would you like to have happen?	❑	❑	❑
7. Overall rating of risk	❑	❑	❑

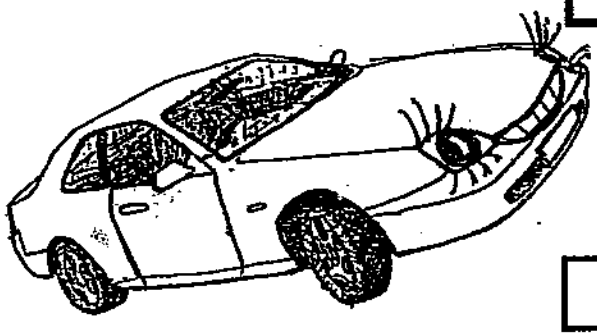
Adapted from YouthLink WA & Health Dept of WA (1994) / Health Dept of WA & Education Dept of WA (1998)

HANDOUT 10

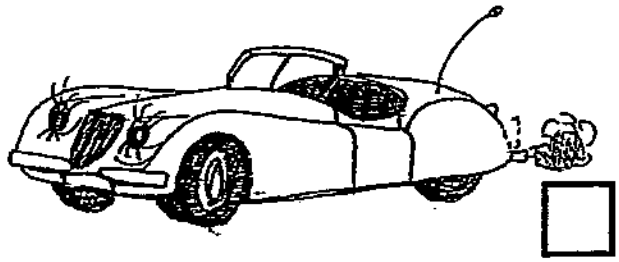
HOW DO YOU FEEL?



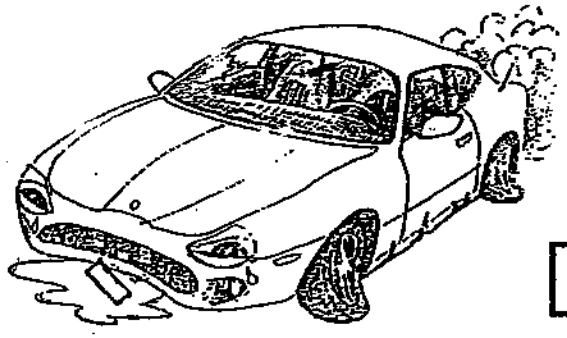
☐ TOP OF THE RANGE
EXCELLENT



☐ RUNNING WELL
FINE



☐ IN NEED OF A TUNE UP
RUN DOWN



☐ OFF THE ROAD
FLAT AND RUSTY

☐ COMPLETE WRECK
ON THE SCRAP HEAP

Art work: Chris Peace, 1998

youth SUICIDE PREVENTION

HANDOUT 14

COMMON REACTIONS TO SUICIDAL YOUNG PEOPLE

1. FEELING INADEQUATE

   Remember: **You can provide listening, support, time and acceptance.**

2. FEELING HELPLESS AND PESSIMISTIC

   Remember: **Helping the young person access support is an important first step. Get support for yourself too.**

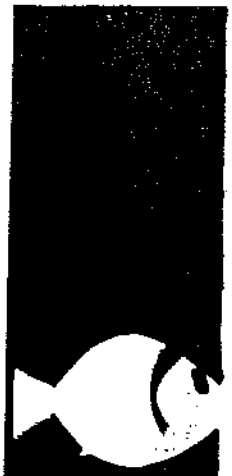
3. ANGER/FRUSTRATION/DISBELIEF

   Remember: If these feelings get in the way of you being able to assist the young person, **there may be someone else able to support this young person.**

   Consider: What is it about this young person that evokes these feelings?

4. CONCERNED ABOUT COMPETING COMMITMENTS

   Remember: **Giving them first priority now may remove the need for a long-term commitment.**



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HANDOUT 7

BASIC ASSUMPTIONS ABOUT SUICIDAL BEHAVIOUR FOR EFFECTIVE INTERVENTION

- Understandable
- Interpersonal (ie, it has a social context)
- Transient (ie, linked to situational events)
- Ambivalent
- Preventable

Adapted from Prof Bryan Tanney (1996).

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CHARACTERISTICS OF SELF-DESTRUCTIVE BEHAVIOURS

CHARACTERISTICS	SUICIDAL BEHAVIOUR	DELIBERATE SELF-HARMING BEHAVIOUR
INTENTION	To put an end to unbearable pain, to die or to risk dying.	To temporarily relieve tension, to end "numbness" not to die.
METHODS CHOSEN	Shooting, hanging, jumping from a high place deliberate car crashing, self poisoning or overdoses of substances believed by young people to be lethal.	Wrist cutting (shallow), burning with cigarette or lighter, pulling out hair, overdoses of substances believed by young people to be non-lethal.
LIKELY TO BE FATAL	Higher likelihood to be fatal, or seen by the young person as likely to be fatal.	Unlikely to be fatal, or seen by the young person as not fatal.
FREQUENCY OF BEHAVIOUR	More likely to be single, or occasional attempts.	Can happen every day, or less often; tends to be repeated over time.

Walsh, B.W. and Rosen, P.M. (1988). Self Mutilation: Theory, research and treatment. New York: Guildford Press.

HANDOUT 11B
Page 1

RECOGNISING DEPRESSION

Features of depression:

Depression is generally characterised by a loss of enjoyment in life, lasting a few weeks or longer. This can affect the person's feelings, thinking and behaviour. There may also be physical changes. The lists below give some of the common features of depression, listed from mild to more severe, with suggested questions for checking this out with the person.

1. Feelings:

- down, sad and empty,
- loss of energy; creativity and interest
- self-pity
- loss of self-confidence and self respect
- anger and frustration, and
- hopelessness

Possible Questions:

- How long have you been feeling this down?
- Are there any things that make you feel better?
- Are there any things happening in your life these days that you really look forward to and enjoy?

2. Thoughts:

- forgetfulness
- slow thinking, difficulties concentrating
- difficulties making decisions
- negative thoughts about oneself, excessive guilt
- fear without any clear reasons
- the future seems black or non-existent, and
- unable to stop thinking about certain subjects, eg.. death or suicide

Possible Questions:

- What things go well for you?
- How would you describe yourself to someone who didn't know you?
- What do you hope to be doing in two years time?

- Have you made any plans for this weekend?
- Have you been feeling so bad that you've thought about hurting or killing yourself?

3. Behaviour:

- withdrawal from others
- irritability with poor temper control and outbursts of rage
- very slow speech or no longer speaking
- very agitated and appearing highly anxious
- self-harm, and
- physical neglect, doesn't bother to wash, eat or take any self-care.

Possible Questions:

- How often are you catching up with your mates, is this different from how it used to be for you?
- How long have you felt keyed-up and on-edge?
- Are you able to get on with things as you would normally?

4. Physical changes

- changes in activity level
- difficulty falling asleep
- early waking, or sleeping much more than usual and
- changes in appetite, may see marked weight change.

Possible Questions:

- Do you have difficulty in waking up in the morning or difficulty getting to sleep?
- You look a bit different these days, has your weight changed?
- Are you eating as you would normally?

Workers who are involved with a depressed young person over a period of time will need to make comparative assessments to ensure their depressed mood is lessening and not becoming more frequent or severe. When physical changes are apparent or when the young person's mood state is not improving, it is most appropriate to consult with, and possibly refer to, a GP or mental health worker.

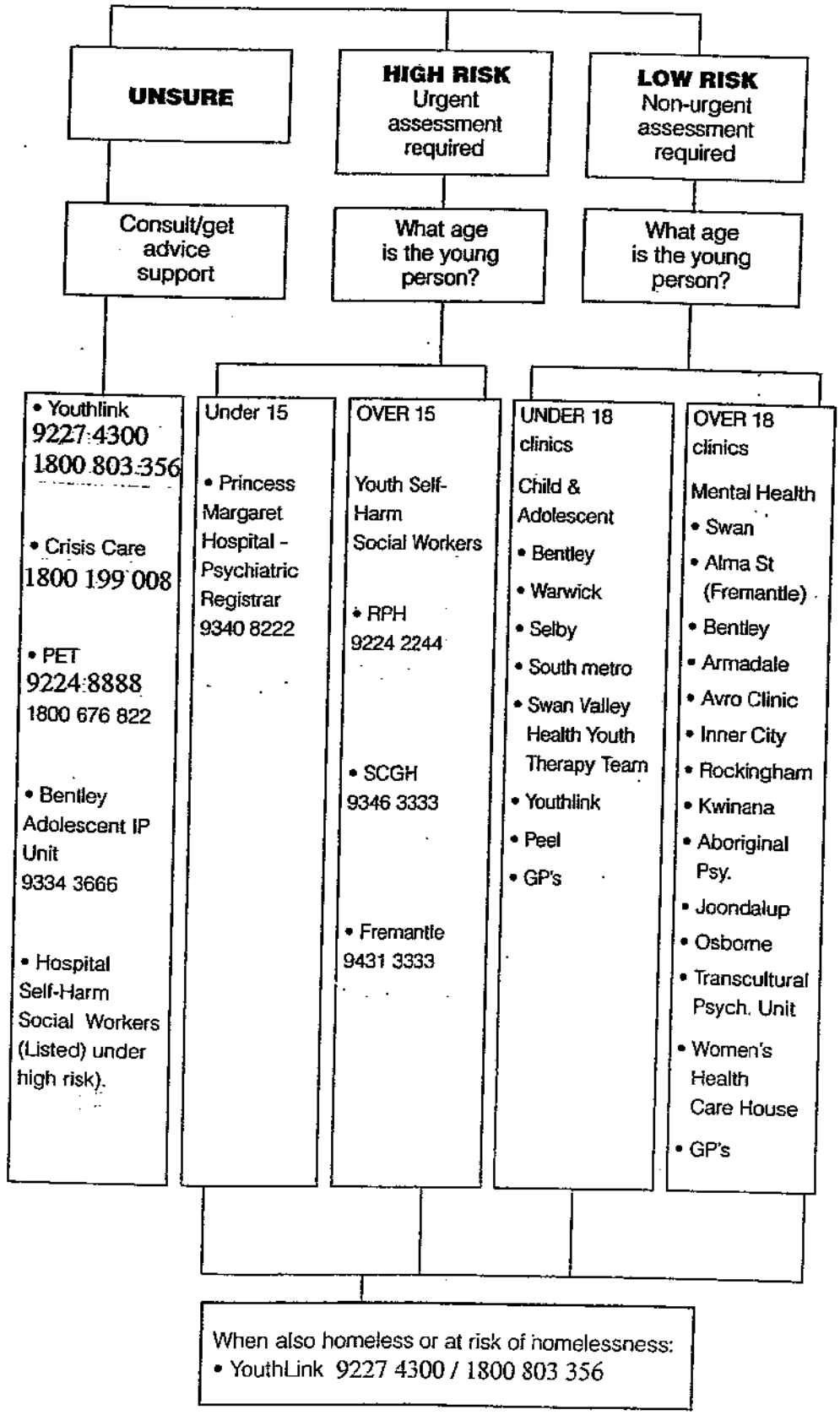
For more information about Depression in young people refer to the National Health and Medical Research Council (1997) publication with that name.

HANDOUT 16B

LINKING WITH YOUNG PEOPLE AT RISK OF SUICIDE

- Don't panic - remain calm and supportive.
- Concentrate on linking with the person and showing you care by listening with empathy.
- Be non-judgemental and avoid giving advice and solutions.
- Listen actively - use reflective statements to explore and clarify your understanding of their situation.
- Identify and highlight their personal strengths and appropriate coping behaviour.
- Normalise their experience and feelings as understandable.
- Instill a sense of hope and
- Establish an expectation that they can be helped.
- Affirm the person but negate the 'solution' of suicide. Don't accept suicide as a solution to problem(s).

CONSULTATION/ACTION TO SUPPORT



WHY REFER?

- You may lack confidence and competence in dealing with particular issues, eg. sexuality issues.
- Another agency/counsellor may be more suitable due to the person's particular needs or preferences, eg.
  - location
  - culture
  - age/gender
- Your agency may not have the resources to provide the necessary service to meet the person's needs.

MAKING REFERRALS

1 Match the person to the agency.

Clarify the issues and the young person's needs.
Consider their background including cultural identity, sexual preference, possible experience of abuse.
Know the agencies, their basic approach, key workers, referral procedures, target population, waiting lists and charges.
Try to provide the young person with information about a few agencies.
Encourage them to make choices and take responsibility for themselves.

2 Confidentiality.

Discuss this issue and let them know what information you will need to pass on. Also discuss with them what feedback may be helpful after this, particularly where there is to be co-management.

3. Attending.

Check that they have written details of the agency and how to get there. It may be appropriate for you to assist in making the appointment or to go with them to introduce them to the agency worker.

4 Follow-up

Negotiate a time for the young person to see you so that you can check as to how the referral has gone for them. If there have been problems try to identify and resolve these. If necessary, consider other options.

It is important to make sure that someone has overall case management so that the agencies and people involved are clear as to their role and responsibilities and are kept informed as to who is doing what and when.