Community Renewal Strategies

Interagency Community and Coordination

What is interagency communication and coordination?

Interagency communication and coordination involves the coming together of various key agencies and organizations within a geographic area in order to facilitate a coordinated response to the behaviours of youth-at-risk. The end product of this interagency process usually entails the development of protocols which guide the actions of all local agencies following, for example, a youth suicide or suicide attempt.

The aim of this strategy is two-fold. The development of interagency protocols ensures that at-risk and vulnerable youth will receive coordinated, timely, and effective support (assessment, treatment and follow-up) from the network of community service providers. Following a suicide, interagency protocols also ensure that the appropriate postvention steps will be undertaken to effectively support family, friends and other community members and prevent cluster suicides.

Goals

More specifically, the goals of interagency communication and coordination are to:

- clarify the roles and responsibilities of various service agencies within a community
- increase awareness of the range of community services available to at-risk and vulnerable youth as well as their families
- increase accessibility of community services for at-risk and vulnerable youth as well as their families
- increase coordination between agencies
- open communication channels between agencies
- ensure a timely flow of client-related information between agencies, while respecting rules of confidentiality
- avoid service duplication, agency confusion, and inappropriate referrals
- identify gaps in services for at-risk youth and determine which agency is best equipped and mandated to meet the identified gap

Target population

The strategy of interagency communication and coordination is designed to enhance the coordination of services to at-risk and vulnerable individuals. Once developed, interagency protocols should guide the actions and improve the coordinated response of a number of community agencies and services including mental health centres, hospitals, mobile crisis teams, child protection offices, distress lines, counselling centres, medical clinics, police/RCMP, schools, and religious organizations.

Brief description

This strategy brings together representatives from key agencies within a community (preferably those with some decision-making authority) in order to develop community-wide intervention and postvention protocols that will benefit at-risk youth and their families, as well as survivors and those exposed to a suicide. Protocols are formal, written statements that document the procedures to be followed by each community agency in the aftermath of a youth suicide attempt or suicide in the community.

Typically, an interagency protocol incorporates the following elements:

- detailed description of an intervention (procedures undertaken to prevent a potential suicide) and postvention (procedures undertaken following a death by suicide) components (see the box on next page for more detail)
- list of key service agencies within the community, along with respective roles and responsibilities, contact names and telephone numbers, and even copies of their internal procedures
- training plans and expectations of key personnel from community agencies
- directions as to how the protocol will be communicated, reviewed, and evaluated

Guidelines related to intervention and postvention

Interagency protocols should provide guidelines for intervention and support (to be activated once a suicidal youth has been identified) as well as postvention (to be activated after a suicide has taken place).

1. ***Intervention.*** *The intervention component of the protocol deals with the intake, assessment, treatment, and follow-up of at-risk individuals at the system-level. Some of the points to be addressed include:*

   - *Which agency(ies) will be responsible for the assessment and treatment/support of a suicidal youth at low risk? At medium risk? At imminent risk? Following a suicide attempt?*
   - *How will client-related information flow from one agency to another (e.g. when a youth who has attempted suicide is discharged from the hospital for follow-up treatment/counselling, what, if any, information will be shared with the mental health centre? child protection? the school?)?*
   - *How will parents become informed and supported?*
   - *How will issues of confidentiality be respected?*
   - *In what circumstances will a case management approach be utilized and who will act as case managers?*
   - *What types of linkages will be established with the school system?*

Guidelines related to intervention and postvention

Interagency protocols should provide guidelines for intervention and support (to be activated once a suicidal youth has been identified) as well as postvention (to be activated after a suicide has taken place).

2. ***Postvention.*** *The postvention component of the protocol refers to the manner in which an agency or community responds to a suicide death and specifies how vulnerable and at-risk survivors will be identified and provided with immediate and follow-up services. Some of the points to be addressed include:*

   - *How will information about the suicide be disseminated to the various service agencies? To parents? To school staff and the student body? To the media?*
   - *Is there a need for a crisis response debriefing team?*
   - *Which agency(ies) will be responsible for identifying, assessing, and treating/supporting vulnerable and at-risk survivors?*
   - *How will information be shared across agencies?*
   - *How will issues of confidentiality be respected?*
   - *Where will postvention services be provided, on-site or agency-based?*
   - *In what circumstances will a case conference take place to ensure all survivors have been properly identified and supported?*
   - *Who will participate in a follow-up review process to determine what was done well and what can be learned for the future?*

Why should we invest in interagency communication and coordination?

It is wise for community agencies to put plans in place in advance of a crisis

There are a number of different service agencies in existence in every community. Each of these agencies is guided by its own mandate and each provides a specific service to community members. The process of bringing together representatives of these agencies, prior to the emergence of a crisis, to develop a coordinated system-wide approach to the management of at-risk and suicidal youth reduces the likelihood that vulnerable young people will "fall through the cracks." The process also provides an opportunity for agencies to work out any disagreements, turf-issues, or feelings of competitiveness; issues which in the long run only serve to disrupt the effectiveness of the community-wide suicide prevention effort.

At-risk youth need immediate attention regardless of where they show up

There are a number of different ways for an individual at-risk to come to the attention of a community service provider. For example, a suicidal youth could call a crisis line, come to the attention of a teacher, or be taken to a medical facility by concerned parents. Regardless of how the problem of suicide was first identified, the suicidal youth must have an equal chance of receiving the most prompt and appropriate assessment and follow-up treatment. A well-communicated intervention protocol that specifies which agencies are responsible for seeing youth with different levels of suicide risk (low, medium, or high) facilitates fast and effective referral. Such a protocol is critical for maximizing the likelihood that the right type of assistance will be provided at the time when it is most likely to make a positive difference.

Efficient movement through the medical, mental health and school systems is important

Consider the case of a 15-year-old female who has attempted suicide by drug overdose and has been taken to the emergency room of the local hospital. Following medical clearance and discharge from the hospital, the youth now returns to school but she has been referred for follow-up counselling at the local mental health centre. In the best interest of the young girl and her family, it is important that these key organizations (hospital, mental health centre, school) communicate amongst each other regarding general treatment goals and progress, in a way that does not compromise the young girl's privacy. At this point, the family may also need support, especially if the youth resists treatment. An interagency intervention protocol can specify how this is to be accomplished, for example through a case management approach and through the use of client consent forms, in order for the youth to experience a smooth transition from one organization to the next.

After a suicide, survivors need help too

A youth suicide can deeply affect an entire community. The victim's family and friends as well as community members are likely to feel intense shock and grief. There is a real concern that adolescents exposed to a peer's suicide may be at increased risk to engage in suicidal behaviours themselves. It is therefore important for youth who knew the victim

to receive the news in an appropriate manner and that they be given immediate support. Other vulnerable youth also need to be identified to ensure that they will receive the appropriate level of follow-up care.

An "information-dissemination tree," which is a suggested component of an interagency postvention protocol, can serve to alert the victim's school, other schools, as well as helping agencies about a youth suicide before the media is informed. In addition, by identifying which agency will be responsible for responding to the needs of the survivors, the postvention protocol can facilitate the prompt and effective utilization of resources for the benefit of the community.

How do we know interagency communication and coordination holds promise?

Well-written protocols represent effective tools to guide the actions of a range of service providers

The effectiveness of interagency protocols in reducing suicidal behaviours in youth has not been specifically tested. However, we do know that written procedures and joint agreements in general represent effective approaches for improving the coordination of community-wide action in a time of crisis. Assuming that the protocol incorporates up-to-date information about "what works" in terms of intervention and postvention, and agency decision-makers and personnel are aware of the existing guidelines, then we can be confident that this strategy represents an effective tool for reducing suicidal behaviours in youth.

Setting up for success

There are five steps that should be addressed when setting up this strategy.

1. **Form an interagency working committee**

   The development of interagency protocols should, of course, involve and draw on the expertise of representatives from as many community service agencies as possible and should include the views of youth and their families who have been through the system. Family members who have survived the loss of a loved one to suicide have a very valuable perspective and often want to share their experiences with others in the hopes of preventing future suicides.

   It is therefore recommended that an interagency committee, representing a cross-section of views, be responsible for the development of the protocols. If your community already has such an interagency body in place, this may be the logical group to call upon for this task, depending on the group's composition. In the absence of such a group, a certain amount of preliminary work will be required to gather and empower key players to take on this task (see the box *Steps to interagency protocol development*).

2. Review existing interagency protocols and relevant reports

A number of communities have already developed and implemented interagency protocols. It may be valuable for your group to review a number of these protocols or speak with individuals who have had prior involvement in developing them. Doing this may speed up the process for your group and get you started "on the right track."

3. Have protocols "signed off" by the highest level of decision-making authority

Protocols that have been formally endorsed and validated by agency administrators and organizational leaders will have a greater chance of being adhered to than those that represent more informal or verbal understandings.

4. Link up with schools

A number of schools may already have their own suicide intervention and postvention policies and procedures in place. These procedures provide clear guidelines for school staff on how to respond to various situations involving students at-risk for suicide. However, school personnel often do not have the training to handle at-risk students or students bereaved by the suicide of a peer and are encouraged to refer these students to outside service agencies. It is therefore important that the procedures developed at the school or school district be compatible with the system-wide interagency protocol.

5. Publicize and disseminate the protocols to relevant community organizations and key service providers

Representatives from community agencies who have participated in the development of the interagency protocols will be responsible for ensuring they get disseminated within their own organizations. In addition, the interagency working committee should publicize and distribute the protocols to physicians, community gatekeepers, and other service providers who may not be aware of their existence. Systematic dissemination of the interagency protocols represents a crucial step to ensure that services provided to vulnerable or at-risk youth and their families are timely, coordinated, and appropriate.

Steps to interagency protocol development

1. *Define what geographical area your protocol will be covering.*

2. *Identify key stakeholders to form an interagency committee, and designate a chairperson. Stakeholders are agencies which have a primary responsibility for providing services to individuals who are potentially at risk. Examples of key stakeholder agencies and individuals include RCMP/tribal police, paramedics, mental health centres, hospital emergency departments, child protection offices, mobile crisis teams, distress lines, medical clinics, counselling centres, clergy and spiritual leaders, Elders, and schools.*

3. *Develop working definitions for all key words in the development of the protocol to ensure consistency and common understanding between all key stakeholders. Examples of key words include low risk, medium risk, imminent risk, risk factors, postvention, survivors, case management, and client consent.*

4. *List services currently offered by each agency (for example, medical treatment, counselling, crisis response, psychotherapy, self-help/support groups). Compile each agency's internal policies and procedures, specifying how they deal with at-risk youth as well as survivors of suicide.*

Adapted from Dube, J. (1995). Suicide prevention in rural communities, Lethbridge, AB: Lethbridge Family Services.

Steps to interagency protocol development

5. *Examine how at-risk individuals currently move through the existing system and specify how survivors are currently identified and supported. What are the key sources of this information (anecdotal or formal records)? Identify strengths and weaknesses.*

6. *Based on the information gathered under points 4 and 5, establish subcommunities to work on various elements of the system-wide protocol: intervention procedures, postvention procedures, information dissemination tree, training requirements, monitoring and evaluation, review and renewal.*

7. *Combine the recommendations of the subcommunities into an easy-to-read draft document. Review, circulate and make changes as necessary.*

8. *Officially adopt the system-wide protocol for the community through a formal and written "sign-off." Distribute widely throughout the community.*

9. *Monitor and evaluate.*

10. *Commit to undertaking an annual review and update as necessary.*

Adapted from Dube, J. (1995). Suicide prevention in rural communities, *Lethbridge, AB: Lethbridge Family Services.*

How will we know if we're making a difference?

You will know that your interagency protocol development initiative is making a difference if you can answer yes to questions listed in the table below under the headings *short-term*, *medium-term*, and *long-term indicators*. Please note that in order to detect changes over time we typically need to make a long-term commitment to the overall evaluation process. In other words, measuring success is not something you do at a single point in time and then forget about. The timelines that are included below are only guidelines, but they should give you a good sense about the need to measure the impact of our interventions at several points in time following the initial implementation of the strategy.

Short-term indicators: Short-term indicators are changes that the strategy itself is designed to produce and are usually measured right after, or up to two months following, the implementation of a program. Depending on the type of program being developed, short-term indicators can be measured using quantitative methods (e.g. pre-and-post tests measuring changes in skills or knowledge) or qualitative methods (e.g. interviews or focus groups designed to assess attitudes, opinions, and satisfaction).

Medium-term indicators: Medium-term indicators of success capture changes that you might expect further down the road and are usually measured three to six months after the implementation of a program. Medium-term indicators can be measured using methods such as surveys, questionnaires, interviews, or observations that look at changes in well-being, attitudes, or behaviours in young people or other groups/social environments targeted by the program.

Long-term indicators: Long-term indicators of success measure the ultimate goal of a program (usually a reduction in suicide and suicidal behaviours among youth) and are usually measured on an annual basis, starting two to five years following the implementation of a program.

Keep in mind that the indicators listed in the table below represent examples only and we invite you and your group to develop indicators that are in line with the specific goals and activities of your own interagency protocol development initiative. Identifying relevant indicators of success for your own program (and the methods by which these will be measured or monitored) represents one of the most important steps of your overall evaluation plan (see the section *Evaluate your community-wide suicide prevention efforts* in chapter 5)

Methods to evaluate

	Ask a Key Evaluation Question	Measure the Success
SHORT TERM*	Has your community developed and adopted a system-wide protocol in accordance with the guidelines described in this section?	➢ review the adopted protocol to ensure that it includes the following elements: • role and responsibilities of each community agency • detailed description of the intervention (related to a suicide crisis) and postvention (related to a death by suicide) components • list of contact names and telephone numbers of community service agencies • specifications about how the protocol will be communicated, reviewed, updated and evaluated
	Has the system-wide protocol been communicated to all relevant service agencies, hospitals and clinics, schools, police/RCMP, religious institutions, and other relevant community organizations?	➢ verify that the protocol has been properly communicated to all relevant individuals and groups
	Are all relevant individuals aware of the protocol, its purpose, and its contents and do they understand their respective roles and responsibilities?	➢ measure level of knowledge and understanding of the system-wide protocol among relevant community individuals ➢ measure understanding of respective roles and responsibilities
MEDIUM TERM**	In the event of a clear suicide risk (e.g. young person imminently at-risk for suicide or an actual suicide), is the protocol correctly implemented?	➢ review the actions taken by involved individuals during the incident and ensure that these are in accordance with the contents of the system-wide protocol ➢ collect feedback from at-risk youth, families, service providers and agency personnel regarding the quality and usefulness of various components of the protocol (intervention measures, postvention measures) ➢ measure client satisfaction (ease of access, timeliness, level of personal stress/disruption based on transitions from one agency to another, expectations met)

**** Short-term** (measured immediately to 2 months following program implementation)*
***** Medium-term** (measured 3 to 6 months following program implementation)*

Methods to evaluate

	Ask a Key Evaluation Question	Measure the Success
MEDIUM TERM**	Are young people imminently at-risk for suicide correctly being identified and referred for further assessment and treatment?	➢ measure the number of youths referred by community individuals and the appropriateness of these referrals
	In the event of a youth suicide, are there any other suicide attempts or completions directly related to the first one?	➢ record the number of copycat attempts or suicides following the suicide of a young person in your community
LONG TERM***	Are suicide and suicidal behaviours among youth decreasing?	➢ measure the number of deaths by suicide and attempted suicides in the community and compare to previous statistics

*** **Medium-term** (measured 3 to 6 months following program implementation)*
**** **Long-term** (measured 2 to 5 years following program implementation)*

First Nations Suicide Prevention Protocol

Location: Dilico Ojibway Child & Family Services
200 Anemki Place
Fort William First Nation
Thunder Bay, Ontario
P7J 1L6
Telephone: (807) 623-8511
Fax: (807) 626-7999
E-mail: dilico@tbaytel.net
Web site : www.dilico.com

Contact person: Arnold Devlin, District Mental Health Supervisor and Chair of the Dilico Suicide Prevention Protocol Committee.

Program description: Dilico Ojibway Child & Family Services is a multi-purpose, integrated First Nation agency located in Northwestern Ontario that provides Child Welfare Services, Community Health Nursing Program, Long Term Care Services, and Child and Adult Mental Health Services. The latter includes a District Mental Health Service, a Child and Family Counselling Program, a Family Resource Team, a six-bed residential treatment program, day treatment program, and an adult drug and alcohol treatment program. In total, Dilico employs 180 full-time staff and over 300 foster homes.

Through these programs, Dilico serves the thirteen Robinson Superior First Nations and the Aboriginal populations in the urban communities of Northwestern Ontario such as Thunder Bay, Marathon, Geraldton, and Nipigon.

Alarmed by high number of suicides in clients who had been discharged from care, the agency set out to develop a Suicide Prevention Protocol that would build the capacity of staff to address these high rates of suicidality. As a result, the Dilico Suicide Prevention Protocol Committee was formed in September 2000 and continued meeting twice a month until September 2001. The Committee initially included 5 representatives from the various Dilico mental health programs. In June 2001, additional representatives from Child Welfare and Health Care Services were added as the work of the Committee began to move towards implementation.

The Committee first conducted a survey which revealed that only 8% of employees and foster parents felt capable of managing a person who was at risk for suicide, while 56% reported that they encounter persons whom they suspect may be suicidal at least once a month. Following the survey, the Committee set out to develop policies and procedures

regarding suicide to be followed by the entire agency. These policies and procedures include the following:

- program-specific flow charts that identify what staff are to do if they encounter a person who expresses suicidal thoughts, feelings, or behaviour
- procedures for the initial assessment of suicide risk
- procedures for care planning
- intake/referral/assessment procedures for suicidal clients
- definitions of immediate, moderate, and mild risk
- procedures for the management of suicidal clients at immediate risk
- procedures for clinical recording
- procedures for discharging clients from Dilico care who pose a risk for suicide
- postvention procedures for supporting a First Nations community who has lost a loved one to suicide
- death review procedures

In addition, two instruments have been developed as part of the Suicide Prevention Protocol to identify suicide risk. The first is the ASAP Suicide Screening Tool to be used by frontline staff (except mental health workers), supervisors, senior managers, support staff, maintenance workers, and foster parents. The second instrument is the Dilico Anishinabek Suicide Risk Assessment which is a thorough five-part assessment that will be used by mental health staff.

Training for all staff is crucial to the success of the Suicide Prevention Protocol and the appropriate use of the two instruments. Mental health workers will receive more intensive training (two days in length) that will focus on the use of the Risk Assessment instrument, intervention and counselling skills. The training for staff in all other programs will focus on the ASAP Screening Tool they will be using. Training for Health and Welfare staff will be accomplished in one day while Senior Management, support staff, and foster parents will participate in a half-day training session.

Target groups: The First Nations Suicide Prevention Protocol has been designed to guide the actions of all employees and foster parents working for Dilico Ojibway Child & Family Services (including administrative staff and senior management) when coming into contact with children, adolescents, and adults at-risk for suicide.

Partners involved: Although the project was initiated by Dilico Ojibway Child & Family Services, a link is currently being established with the Thunder Bay Regional Hospital (more specifically with the child & adolescent inpatient psychiatric unit as well as the Emergency department). Longer-term plans involve linkages with the First Nations schools, First Nations Policing, and the Crisis Response Teams from neighbouring communities.

Years in operation: The development of the First Nations Suicide Prevention Protocol began in September 2000 with the formation of the Dilico Suicide Prevention Protocol Committee. Staff training on policies and procedures as well as the use of the screening and risk assessment instruments began in 2003.

Resources: Dilico Ojibway Child & Family Services developed and began implementing the protocol using internal resources only as the agency was unsuccessful at securing external funding for the project. The agency also employed summer students from Lakehead University and the University of British Columbia to work on this project.

Evaluation findings: The agency has developed a tracking form that will be filled out by staff as they come in contact with suicidal clients. This information will thereafter be entered in a database. This system will allow for the tracking of suicide-related incidences as well as provide information as to whether the protocols and instruments are being used appropriately by agency staff.

Advice to others interested in starting this type of program: The implementation of suicide-related protocols in a large organization such as Dilico Ojibway Child & Family Services can be time-consuming and challenging. Therefore, individuals involved in the development and implementation of such protocols should be patient and prepared to meet with some resistance. In order to facilitate the process in your own organization, you should:

- get support and approval from senior management/Board
- locate and enlist the help of people in each program or department who are supportive of the process and the proposed changes

Available reports and materials:

- Dilico Suicide Prevention Manual (includes all policies and procedures as well as all relevant forms for documenting client suicidality, the ASAP Suicide Screening Tool, and the Dilico Anishinabek Suicide Risk Assessment)

A Place to Start

Organizations

Centre for Suicide Prevention
Suicide Information & Education Collection (SIEC)
Suite 320, 1202 Centre Street S.E.
Calgary, Alberta
T2G 5A5
Telephone: (403) 245-3900
Fax: (403)245-0299
Email: siec@suicideinfo.ca
Web site: www.suicideinfo.ca

SIEC is the largest English-language suicide information resource and library in the world, with extensive information on suicide prevention, postvention and intervention. The collection includes many samples of actual interagency protocols from communities across Canada. SIEC will copy the information and deliver the materials for a nominal cost.

Suggested reading

Dube, J. (1994). *CISPP subcommittee: Protocol meeting, February 4, 1994, Lethbridge*, AB: Lethbridge Family Services.

Dube, J. (1995). *Suicide prevention in rural communities*. Unpublished manuscript, Lethbridge Family Services, Alberta.

May, P. (1990). A bibliography on suicide and suicide attempts among American Indians and Alaska Natives. *Omega*, 21(3), 199-214.

Paul, K. (1995). The development process of a community postvention protocol. In B.L. Mishara (Ed.), *The impact of suicide* (pp.64-72). New York, NY: Springer Publishing Company.

Paul, K. (1993). *Post-vention (after-suicide) protocols*. Unpublished manuscript, Some Other Solutions, Fort McMurray, AB.

White, J. (1994). After the crisis: Facilitating the suicidal student's return to school. *Guidance and Counselling*, 10(1), 10-15.

White, J. & Jodoin, N. (1998). *Before the fact interventions: A manual of best practices in youth suicide prevention*. Vancouver, BC: Suicide Prevention Information & Resource Centre of British Columbia, Co-operative University-Provincial Psychiatric Liaison (CUPPL), University of British Columbia.

Community Education Strategies

Peer Helping

What is peer helping?

Peer helping programs select and train a number of children and adolescents to become "helpers" for other youth within their own peer groups. These programs serve to strengthen and improve the bonds and natural helping networks that already exist within peer groups. While peer helping programs have become a popular suicide prevention strategy in school settings across North America since the early 1980's, efforts to implement this strategy within Aboriginal communities are relatively more recent.

Goals

A peer helper program is generally structured around any or all of the following goals:

- to train selected students in basic helping and communication skills
- to promote the development of young people participating in the peer helping training in such areas as self-confidence, communication skills with adults and peers, problem-solving and decision-making abilities
- to provide peer helpers with action skills that can thereafter be used to influence certain risk and protective factors related to suicide including: substance abuse, self-esteem, loneliness, academic and personal achievement
- to utilize peer helpers in schools and other settings in a role of support for their peers
- to provide a source of referral for counsellors and teachers for young people experiencing such problems as isolation and poor achievement
- to provide a bridge between troubled youth and professional counselling resources
- to contribute to the development of a positive and caring environment in schools and other settings

Target population

This strategy targets young people from a range of diverse backgrounds to become peer helpers. The strategy also indirectly targets all youth who subsequently benefit from the helping work of the peer helpers.

Brief description

Peer helper programs train and support adolescents to provide supervised assistance to other adolescents who may be experiencing certain concerns or problems. Peer helping programs can be implemented in schools or any youth-friendly settings.

While these programs are all based on similar principles, they typically differ in terms of program goals, type of training and supervision provided, and roles and responsibilities assigned to peer helpers. How a school, organization, or community chooses to organize a peer helper program will depend on the particular needs of the organizing group as well as the resources that are available to implement and maintain the program.

There are five major components of peer helper programs:

1. *Selection of peer helpers.* The selection of young people who will be trained to become peer helpers usually begins by a nomination process (by self, peers, teachers, counsellors) followed by interviews (collective or individual) to validate the interest, commitment, and abilities of the young people.

2. *Training.* Training can be provided in many different ways. It can be offered as part of a formal school curriculum or on a volunteer basis. The length of the training will depend on the organization as well as the particular roles the peer helpers will be expected to fulfill. Typically, training focuses on any or all of the following:
   - knowledge of oneself
   - verbal and nonverbal communication skills
   - empathic listening, problem-solving and decision-making skills
   - referral process
   - ethics and confidentiality
   - information on community resources
   - special issues training (such as suicide, death and dying, drug and alcohol abuse, peer pressure, sexual issues, family issues)

3. *Peer helper roles.* Peer helpers are taught to recognize the signs of distress in their peers and will seek the help of a responsible adult if necessary. As such, they can be thought of as a bridge between troubled friends and the appropriate professional resources. Peer helpers can be trained and supervised to provide any of the following services:
   - listening and understanding
   - friendship and support
   - problem-solving assistance
   - referral to professionals
   - tutoring and academic help
   - orientation of new students
   - role modelling for younger children
   - career and educational assistance (for example goal-setting and course selection)
   - support for gifted children
   - one-to-one listening
   - conflict mediation
   - prevention programs (for example drug abuse and bullying)
   - referral to professionals

4. *Supervision.* Supervision and support of peer helpers can be done by qualified individuals such as school counsellors, teachers, community mental health workers, as well as former peer helpers. The amount and level of supervision will depend mostly on the roles and responsibilities of the peer helpers.

5. *Advertising the services of peer helpers.* A number of strategies can be used to market the program to the other youth within a school or community. These include posting on bulletin boards, introduction of peer helpers at school assemblies or other gatherings, or a story describing the program in a school newspaper or community paper. Some programs will prefer to avoid publicizing the names of the peer helpers in order for the helping relationship to develop in a more informal and spontaneous manner.

Why should we provide peer helping programs?

Peers naturally confide in each other so it makes sense to train youth to help their friends

Young people have a natural tendency to turn to their own peers and friends whenever problems or concerns arise, well before they will go to an adult, professional or other resource. As a result, peers are often the most knowledgeable about which young people may be experiencing certain problems like feelings of depression, drug and alcohol abuse, or an eating disorder. In addition, we know that the majority of suicidal adolescents will select a friend as the first person they will confide in. Young people also want to help each other but they do not always know how to do it.

Training young people in basic helping skills serves to capitalize on existing peer networks and enables peers to help each other, while facilitating referrals to appropriate professionals. There are several reasons why peer helpers represent a particularly effective way of reaching troubled youth:

- peer helpers can have more credibility with young people in contrast to adult professionals
- compared with adult helpers, peers may have a better understanding of the concerns and pressures facing young people their own age
- peer helpers are more likely to interact with other young people on a daily basis outside more formal settings such as a classroom

Peer support can enhance protective factors while tackling many risk factors for suicide

It is well known that having a healthy support network can act as a protective factor against suicide for young people. On the other hand, when youth perceive that they are being negatively received by their peers, they are more likely to develop emotional problems. The strategy of peer helping seems particularly well-suited to reducing risks factors for suicide which typically include isolation, alienation, withdrawal, and low social supports.

Peer helping also makes sense for Aboriginal communities

While the strategy of peer helping has found strong roots in non-Aboriginal settings, there is evidence that the strategy is also well suited to Aboriginal communities. For example, there are certain values naturally found in many Aboriginal communities (e.g.

kinship, generosity, respect) that can be further developed within the boundaries of a peer helping program.

We also know that Aboriginal children and adolescents form strong bonds with their peers. Some say that this is due, in part, to the fact that many parents have difficulty properly nurturing and educating today's youth because of their own past experience with residential schools and alcohol abuse. The lack of parental guidance and attachment problems between parent and child may therefore contribute to the importance of peers and peer groups in the eyes of many Aboriginal teenagers.

Finally, Aboriginal young people participating in a 1995 suicide prevention forum indicated that they knew when their peers had suicidal thoughts and feelings but didn't know what to do or say to stop them, nor where to send them to get further help.

How do we know peer helping holds promise?

Although peer helping has become a popular strategy in the fight against youth suicide across North America, there have not been many comprehensive outcome evaluations conducted to determine the effectiveness of this type of program. This is partly due to the multipurpose goals, diversity of peer roles and responsibilities, and range of target populations that characterize peer helping programs.

Impact on peer helpers and youth who come in contact with them

A number of research studies have noted that peer helping programs have a number of positive impacts on helpers themselves. These include: increased self-esteem, increased confidence, higher social and moral values, and increased decision-making ability. Studies have also shown that youth are generally satisfied with the support of a helping peer and that they would make use of the service again. The number of youth experiencing significant difficulties that have been referred to mental health professionals has also been shown to increase following the implementation of a peer helping program.

Evidence is emerging from Aboriginal settings

The US Centers for Disease Control recently published a report on the evaluation of a program implemented in 1990 in an Athabaskan tribe in rural New Mexico. This particular tribe has implemented a comprehensive suicide prevention program as a response to a high rate of youth suicide. One of many prevention activities implemented as part of the overall program was a school-based "natural helpers" program. The study showed that the level of suicidal acts had been significantly reduced following the implementation of the program and that this improvement was sustained over time. Of course, it is not possible to ascertain how much of that impact was due to the "natural helpers" program or the other components of the comprehensive suicide prevention initiative, but the results of the study are encouraging.

Experts and young people themselves recommend this strategy

Support for this strategy was found in the Aboriginal suicide prevention literature. Young Aboriginal people participating in recent suicide prevention forums and workshops have endorsed this strategy, especially when it is implemented in the schools and becomes part of the school curriculum.

Setting up for success

There are a number of steps that should be addressed when setting up a peer helper program in the school system or in a community-based setting.

1. **Become familiar with peer helping**

   The individuals involved in the development of a peer helping program must be able to anticipate and answer as many questions as possible about the topic. A good way to learn about peer helping is visit schools and organizations that have implemented peer helping programs or talk with the people involved with the programs. Studying the administrative and program procedures of other programs will help identify concepts and ideas that can be easily be transferred to your setting. You will also find a lot of books and articles that have been written on the topic. We invite you to refer to the boxes *A place to start* and *In our own backyard*.

2. **Gain the support of relevant stake holder groups**

   It is always important to gain the support of relevant groups when youth programs are being planned by a community. This becomes especially important when the long-term goal of the program is to have an impact on suicide rates, as suicide always represents an emotional and anxiety-provoking topic. As such, the rationale for the program, proposed training, as well as roles for trainees should be endorsed by all relevant individuals and groups. Such important stake holder groups include: youth themselves, parents, community members, caregivers, Elders, teachers, school administrators, and community professionals. Members of these stakeholder groups can also be invited to sit on an advisory committee that will oversee the planning and implementation of the program.

3. **Plan for your peer helping program**

   Planning for a peer helping program begins by setting clear goals and objectives that are related to the specific needs and concerns of the school or community. Once you have identified program goals and objectives, you can then focus on program design.

Planning involves answering the following questions:

- *Who will train the peer helpers?*
- *What roles and responsibilities will the peer helpers have?*
- *Who will supervise the peer helpers?*
- *How will the peer helpers be selected?*
- *How will the peer helpers be trained and by whom?*
- *How will the program be advertised?*

Research has identified a number of standards that should be present for a peer helping program to be successful:

- The program must be led and supervised by adults specifically trained and experienced in peer helping. The trainers and supervisors must be able to demonstrate and model the skills peer helpers are expected to learn. After a peer helping network has been well established, the initial helpers can become mentors/ trainers to the new peer helpers working side by side with the professional counsellors.

- Selection criteria must ensure that the trainees are representative of the social composition of the school or community. In other words, it is important to ensure that there is representation from all known natural "peer groups" within the school or organization. At the same time, trainees should include teens that have exhibited risk behaviours or suicidal tendencies as well as youth who have not. It is a good idea to approach children and adolescents who are already natural helpers within their own peer groups.

An innovative selection process

The Community Resource Centre serving the regions of Goulbourn, Kanata & West Carlton, in Ontario uses an innovative way to select peer helpers for their program. Implemented at the high school level, the program selects and trains both students and adults to become "Community Helpers." The selection process begins by anonymously asking all students to identify two youths and two adults they would likely approach for help with their personal problems. Adults and youth identified through this process (by at least three students for the future youth helpers and two students for the future adult helpers) are then asked for their participation as community helpers and go on to receive the appropriate training. This selection process ensures that the selected student helpers represent a true cross-section of the student population.

- The program must include structured training sessions for the selected future peer helpers that will be based on a proven curriculum (see *A Place to Start*). The training should be relevant to the needs of the group as well as the goals and of the group initiating the program. Curriculum content should be adapted for and relevant to the Aboriginal communities in which the training is being instituted.

- Children and adolescents selected as trainers must feel that their training is special and based on their needs and existing skills. Training must encourage enjoyment, involvement, and self-management. The trainees must gradually be involved in the determination of training activities, as well as the development and distribution of program information and services.

- Training methods must be interactive and experiential using coaching and feedback and include role rehearsal, homework, and practical assignments. Training sessions should be energetic in order to keep the kids entertained and focused. A training curriculum should include approximately 12-16 training sessions (two hours in duration) over a period of several weeks.

- Peer helpers must have on-going supervision during their term and continuing opportunities for learning are recommended. Supervisors should cultivate a good quality relationship with the peer helpers. This is important so that the work of the peer helpers can be adequately monitored and to allow for referrals to be made to professionals. Trainers can retain a resource role following the initial training.

4. **Consider using a peer helping training curriculum**
   There are several well established and well-accepted training curricula that can be readily implemented or modified to meet the specific needs of your school or organization (see the box *A place to start*). When selecting a curriculum, keep in mind that it should fit with the goals and objectives of your peer helper program. On the other hand, you may also invite professional trainers to come to your community to train your future peer helpers (again, see *A place to start* for some suggestions).

Are there any concerns associated with this strategy?

Some say peer helping is too much responsibility for young people

A number of people have voiced a concern related to the level of responsibility placed on the young helpers who are expected to provide a service for which they may not be adequately prepared or mature enough to handle. Some critics have reported that many peer helping programs attempt to address conditions that are much more serious than academic and developmental problems. Additionally, the heavy reliance on one-to-one helping roles suggests that we may be placing far too much responsibility on some peer helpers in dealing with potentially serious issues.

We need to keep peer helping programs in perspective

There is a real need for both professional counselling services and peer helping programs to coexist within a community. By assisting with the promotion of social and interpersonal wellness, peer helping programs can be seen as an extension of professional counselling services. However, we have to be vigilant and ensure that the focus of the peer helping programs remains on training young people to become helpers, not counsellors, and that their roles remain limited to academic and developmental issues.

In particular, peer helpers should be given a clear message that they need to involve an adult or professional whenever a potentially serious situation arises. As such, it is essential that the adult coordinator maintain contact with the peer helpers and schedule regular meetings to provide support for the peer helping team, with a strict emphasis on referring the more serious problems to the professional counselling team.

How will we know if we're making a difference?

You will know that your peer helping program is making a difference if you can answer yes to questions listed in the table below under the headings *short-term*, *medium-term*, and *long-term indicators*. Please note that in order to detect changes over time we typically need to make a long-term commitment to the overall evaluation process. In other words, measuring success is not something you do at a single point in time and then forget about. The timelines that are included below are only guidelines, but they should give you a good sense about the need to measure the impact of our interventions at several points in time following the initial implementation of the strategy.

Short-term indicators: Short-term indicators are changes that the strategy itself is designed to produce and are usually measured right after, or up to two months following, the implementation of a program. Depending on the type of program being developed,

short-term indicators can be measured using quantitative methods (e.g. pre-and-post tests measuring changes in skills or knowledge) or qualitative methods (e.g. interviews or focus groups designed to assess attitudes, opinions, and satisfaction).

Medium-term indicators: Medium-term indicators of success capture changes that you might expect further down the road and are usually measured three to six months after the implementation of a program. Medium-term indicators can be measured using methods such as surveys, questionnaires, interviews, or observations that look at changes in well-being, attitudes, or behaviours in young people or other groups/social environments targeted by the program.

Long-term indicators: Long-term indicators of success measure the ultimate goal of a program (usually a reduction in suicide and suicidal behaviours among youth) and are usually measured on an annual basis, starting two to five years following the implementation of a program.

Keep in mind that the indicators listed in the table below represent examples only and we invite you and your group to develop indicators that are in line with the specific goals and activities of your own peer helping program. Identifying relevant indicators of success for your own program (and the methods by which these will be measured or monitored) represents one of the most important steps of your overall evaluation plan (see the section *Evaluate your community-wide suicide prevention efforts* in chapter 5).

Methods to evaluate

	Ask a Key Evaluation Question	Measure the Success
SHORT TERM*	**About the peer helping training process:**	
	Are peer helpers satisfied with the training program?	➢ measure satisfaction regarding the training (e.g. materials, methods, trainers), supervision (e.g. process, supervisors), and program (e.g. helper roles, commitment)
	Do peer helpers hold more favorable attitudes related to helping a peer after after the training sessions?	➢ measure attitudes of peer helpers (e.g. favorable to help, non-judgmental) before and after the training and compare results to determine whether the training sessions have made a difference
	Do peer helpers show more knowledge related to helping after the training?	➢ measure knowledge of peer helpers (e.g. about confidentiality, referral process) before and after the training and compare results to determine whether the training sessions have made a difference
	Do peer helpers demonstrate more skills after the training?	➢ measure skills of peer helpers (e.g. questioning skills, empathy and listening skills, problem-solving skills) before and after the training and compare results to determine whether the training sessions have made a difference
	Are peer helpers showing improvements in their own personal resources and strengths?	➢ measure personal development (e.g. self-esteem, self-confidence, interpersonal abilities) before and after the training and compare findings to determine whether the training sessions have made a difference
	About youth receiving a peer intervention:	
	Are young people accessing peer helpers?	➢ measure number of contacts with peer helpers by the youth of the community
	Are young people in the community satisfied with the service provided by the peer helpers and do they feel it is a useful service?	➢ measure satisfaction regarding the "helping" experience from those who have accessed a peer helper for assistance

**** Short-term** (measured immediately to 2 months following program implementation)*

Methods to evaluate

	Ask a Key Evaluation Question	Measure the Success
SHORT TERM*	**About the peer helping training process:**	
	Are peer helpers satisfied with the training program?	➢ measure satisfaction regarding the training (e.g. materials, methods, trainers), supervision (e.g. process, supervisors), and program (e.g. helper roles, commitment)
	Do peer helpers hold more favorable attitudes related to helping a peer after after the training sessions?	➢ measure attitudes of peer helpers (e.g. favorable to help, non-judgmental) before and after the training and compare results to determine whether the training sessions have made a difference
	Do peer helpers show more knowledge related to helping after the training?	➢ measure knowledge of peer helpers (e.g. about confidentiality, referral process) before and after the training and compare results to determine whether the training sessions have made a difference
	Do peer helpers demonstrate more skills after the training?	➢ measure skills of peer helpers (e.g. questioning skills, empathy and listening skills, problem-solving skills) before and after the training and compare results to determine whether the training sessions have made a difference
	Are peer helpers showing improvements in their own personal resources and strengths?	➢ measure personal development (e.g. self-esteem, self-confidence, interpersonal abilities) before and after the training and compare findings to determine whether the training sessions have made a difference
	About youth receiving a peer intervention:	
	Are young people accessing peer helpers?	➢ measure number of contacts with peer helpers by the youth of the community
	Are young people in the community satisfied with the service provided by the peer helpers and do they feel it is a useful service?	➢ measure satisfaction regarding the "helping" experience from those who have accessed a peer helper for assistance

**** Short-term** (measured immediately to 2 months following program implementation)*

Methods to evaluate

	Ask a Key Evaluation Question	Measure the Success
SHORT TERM*	**About community caregivers:**	
	Are community caregivers satisfied with the service provided by the peer helpers?	➢ measure caregivers' levels of understanding of the program, their experiences with the peer helpers, and their opinions about the program's impact
MEDIUM TERM**	Are young people who are making use of the peer helping program showing improvements in emotional well-being?	➢ measure depression, self-esteem, and healthy adaptation (e.g. peer relationships)
	Are youth identified as requiring additional counselling support being appropriately referred for professional help as needed?	➢ measure perceived effectiveness and appropriateness of these referrals
	Are young people in the community demonstrating improved social well-being?	➢ measure well-being (e.g. young people can identify personal supportive contacts, young people report experiencing a sense of belonging, young people report feeling cared about)
LONG TERM***	Are suicide and suicidal behaviours among youth decreasing?	➢ measure the number of deaths by suicide and attempted suicides in the community and compare to previous statistics

**** Short-term** (measured immediately to 2 months following program implementation)*
***** Medium-term** (measured 3 to 6 months following program implementation)*
****** Long-term** (measured 2 to 5 years following program implementation)*

Peer Helpers of the Native Alcohol and Drug Abuse Counselling Association

Location: Native Alcohol and Drug Abuse Counselling Association
70 Gabriel St., P.O. Box 7820
Eskasoni, Nova Scotia
B1W 1B4
Telephone: (902) 379-2262
Fax: (902) 379-2412

Contact person: Dawna Gillis-Prosper, Special Projects Coordinator

Program description: This peer helping program is sponsored and coordinated by the Native Alcohol and Drug Abuse Counselling Association (NADACA), in Eskasoni, Nova Scotia. To date, over 160 young people from 12 First Nations communities have been trained as peer helpers.

Training is offered once a year in three different central locations. Prior to the delivery of the training session, the program is advertised in the neighboring First Nations communities. Interested young people are invited to contact their local Community Addictions Counsellor to discuss the program and register if they decide to participate. Parents of prospective peer helpers are informed about the purpose of the program and the contents of the training session.

The two-day training session focuses on interpersonal communication skills as well as expected roles and responsibilities as peer helpers. Peer helpers are trained to listen to their peers, recognize a variety of warning signs, and make appropriate referrals to the Native Alcohol and Drug Abuse Counselling Association of Nova Scotia Counsellors in their respective communities. Peer helpers also attend additional two-day workshops, in their own communities, that usually deal with specific topics such as suicide, loss and grieving, and drug abuse. These workshops are facilitated by various professionals who are hired by the Native Alcohol and Drug Abuse Counselling Association of Nova Scotia. In addition, peer helpers have the opportunity to attend regional youth rallies where they are able to exchange and share their respective experience in helping other youths.

In addition to their role as peer helpers, trained youth are also expected to act as role models for their peers and younger children in their communities. As such, they all volunteer for the local Boys and Girls Club chapter. Peer helpers help organize "diversion activities" for all youth in their respective communities. For older youth, this may entail dances, karaoke nights, camps while activities for younger youth include storytime, science, arts and crafts, and movies. Peer helpers also act as youth advisors for various organizations/programs in their communities.

Once the peer helpers are trained, the local Community Addictions Counsellors of the Native Alcohol and Drug Abuse Counselling Association of Nova Scotia become responsible for supervising and supporting the efforts of the peer helpers. Local group meetings are regularly scheduled to give peer helpers the opportunity to share their experience and learn from each other.

Target groups: In and out-of-school youth ranging in age from 13 to 19 years old are targeted to become peer helpers.

Partners involved: The Native Alcohol and Drug Abuse Counselling Association in partnership with several other local organizations.

Years in operation: This peer helping program has been in operation since January 1999.

Resources: The program is mostly funded by the Native Alcohol and Drug Abuse Counselling Association. There is also some cost-sharing with the local bands and other local organizations.

Evaluation findings: The training sessions are evaluated by youth in an open forum. The information gathered is used by the trainer to improve the format and contents of the training sessions. Focus groups and community feedback are also solicited.

In addition, the Coordinator of the program is in regular contact with Field Counsellors in order to stay informed about what is happening in each community. The Coordinator of the program writes a quarterly report which is presented to the Board of Directors of NADACA (all Chiefs of Nova Scotia).

Advice to others interested in starting this type of program: The most important advice is to involve young people right from the start in the development of a peer helper program. Throughout the life of the program, you should make sure to implement young people's ideas quickly in order for them to stay "on board."

Available reports and materials: Please contact the Special Projects Coordinator for more information about the program.

Organization

Peer Resources
1052 Davie Street
Victoria, BC
V8S 4E3
Telephone: 1-800-567-3700
Fax: (250) 595-3504
E-mail: info@peer.ca
Web site: www.peer.ca/peer.html

Peer Resources is a national, nonprofit organization with the most experienced and published experts in peer, mentor, and coach systems in Canada. The organization delivers training workshops, administers the National Certification system for peer helper trainers, and publishes the Peer Counsellor Journal as well as training manuals and other information resources. The organization also provides consultation in peer helping to school, post-secondary institutions, professional groups, corporations, First Nations and other cultural organizations, as well as community agencies. This organization distributes the following resources:

- The Peer Counselling Starter Kit. The starter kit is a comprehensive training manual for teen and adult peer programs. The manual includes 12 training sessions and activities for 36-48 hours of training of youth to work in peer programs. Another portion of the manual deals with setting up a peer program. The third section of the manual offers an extensive bibliography on peer programs. This is Canada's most widely-used peer training manual.
- Peer Counsellor's Workbook. This student workbook includes activities, poems, and areas for note-taking. The workbook was written to accompany the Starter Kit.
- Peer Helping Guide for a Native Community. This author describes how to implement peer helping programs in First Nations communities.
- A Peer Counselling Program Evaluation for a Secondary School. This publication provides details and forms for evaluating school-based peer helping programs.

Curriculum

NAFC Youth Peer Counselling Project
This Youth Peer Counselling Project was developed by the National Association of Friendship Centres (NAFC) with the financial assistance of Health Canada, Addictions and Community Funded Programs, in 1994. The program was developed to deal primarily with substance abuse but it also aims to alleviate some of the many pressures facing urban Aboriginal youth. The program was implemented in Friendship Centres across Canada.

The NAFC program is not school-based so does not deal primarily with school-oriented problems. The program is designed to train young people to help other young people who live in an urban environment (not only those in school) to deal with the effects of alcohol, drug, and substances, which often interrupt young people's learning process and their lives. The training for the peer counsellors does not simply look at the problem of alcohol, drug, and substance abuse among young people, but also looks at why young people turn to alcohol, drug, and substances in the first place. The training is therefore holistically oriented.

Although this program deals primarily with alcohol, drug, and substance abuse, the training manual includes a section on suicide. That section examines suicide and suicide attempts among First Nations youth. The section outlines the warning signs of suicide, how to assess whether someone is suicidal, and how to deal with suicidal children, adolescents, and adults in both the early and the crisis stages.

For more information, contact:
National Association of Friendship Centres
275 MacLaren Street
Ottawa, ON
K2P 0L9
Telephone: (613) 563-4844
Fax: (613) 594-3428
E-mail: nafcgen@nafc-aboriginal.com
Web site: www.nafc-aboriginal.com

Workshop

Peer Helper Workshop

The Peer Helper workshop provides participants with the understanding and skills necessary to identify, support, and assist their peers in crisis to reach out to community resources. The workshop concentrates on the following topics: understanding loss and crisis; the role and responsibility of a helper; responding to a person in crisis: three steps; responsibility, consultation, and confidentiality; specific issues; and self-care for helpers. The format of the workshop is interactive and includes many exercises, practice-circles, small and large group discussion, and role plays in order to encourage the youth to share their experiences and skills and to build on their own strengths.

The workshop is geared to accommodate 25 participants or less and is facilitated by Darien Thira of Thira Consulting. Darien offers a number of workshops in a variety of fields to Aboriginal and non-Aboriginal professionals and community members.

For more information, contact:
Thira Consulting
2837 Yale Street
Vancouver, BC
V5K1G8
Telephone: (604) 255-0181
Fax: (604) 255-0181
E-mail: thira@telus.net

Suggested reading

AADAC (1994). *Peer support: Resource bibliography*. Edmonton, AB: Alberta Alcohol and Drug Abuse Commission.

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Community Education Strategies

Youth Leadership

What is youth leadership?

The strategy of youth leadership involves recruiting and training a number of young people to become youth leaders within their own communities. The approach aims to empower young people to become active participants in decisions that affect them as well as effectively address the problems faced by their peers in their respective communities. In addition to increasing the competencies and self-esteem of participating youths themselves, the approach of youth leadership can have a significant impact on other young people as well as the community as a whole.

Goals

Goals related to the youth leaders include:

- create opportunities for participating young people to develop life skills such as leadership, decision-making, problem-solving, communication, team-building, and task completion skills
- enhance the self-esteem and self-confidence of participating young people
- provide opportunities for young people to form meaningful friendships with peers sharing common experiences and/or interests
- provide youth with meaningful work experience
- give youth alternate and fun ways to spend their free time

Goals related to all youth as well as the community as a whole:

- create positive role models within communities
- encourage young people to become change agents within their communities
- empower young people to effectively address the problems faced by their peers
- facilitate the development of programs and services directed at youth that meet their needs and expectations
- foster a sense of belonging to the community
- contribute to the well-being and vitality of communities

Target population

This strategy targets young people from a range of diverse backgrounds to become youth leaders within their community. The strategy also indirectly targets all youth who subsequently benefit from the work and efforts of the trained youth leaders.

Brief description

Youth leadership programs can be implemented in schools or any youth-friendly settings. While these programs are all based on similar principles, they typically differ in terms of program goals, type of training and supervision provided, and the roles and responsibilities of the youth leaders.

How a school, organization, or community chooses to organize a youth leadership program will depend on the particular needs of the organizing group as well as the resources that are available to implement and maintain the program. There are four major components of youth leadership programs:

1. *Selection of youth leaders.* The selection of those young people who will be trained to become youth leaders usually begins by a nomination process (by self, peers, teachers, counsellors) followed by interviews (collective or individual) to validate the interest, commitment, and abilities of the young people.

2. *Training.* Once youth leaders have been identified, they undergo a formal training process. Training may include any or all of the following:
   - leadership and public speaking skills
   - needs assessment, project management, and fund raising
   - advocacy and lobbying
   - problem-solving and decision-making skills
   - personal development and self-esteem building
   - peer helping
   - suicide awareness education
   - community service delivery

   There is a real opportunity during the training session to talk about what problems youth are facing and what type of activities the participating youth would like to implement in their respective communities in order to address these problems. The goal would be for participating youth to leave the training session with a clear vision and tentative workplan of activities to be implemented.

3. *Roles of the youth leaders.* In each and every community, there are unique opportunities for young people to become involved and make a difference in the life of their peers. Examples include:
   - setting up a drop-in centre for youth
   - developing a local youth council
   - organizing recreational activities for youth
   - planning events related to health promotion and suicide prevention
   - speaking up against drug and alcohol abuse, school dropout, or school violence
   - volunteering time with younger children and acting as role models
   - representing youth at local council meetings and other community meetings

4. *Support for youth leaders.* The amount of adult support typically depends on the age of participants, their skill level, and the type of activities that they plan to implement. Overall support typically comes from an adult employee of a local organization or school. This person is responsible to check in with the team of youth leaders on a regular basis and can provide technical or logistical support, additional training, and general advice.

Youth Councils - Supporting the Leaders of Tomorrow

Several Aboriginal communities and regions across Canada are supporting the organization of Youth Councils or Youth Advisory Committees at the local, regional, or even provincial level. Typically, Youth Councils are made up of young people representing all surrounding communities but may also welcome a few ex-officio members like a paid Youth Coordinator or an Elder. Typically, the mission of Youth Councils is to provide direction to a regional Council or other structure with respect to youth-focused programs and services and any other matters pertinent to the youth population. Some Youth Councils also develop their own programs or services to directly address certain youth-related problems (like suicide or alcohol and drug abuse) that are felt to be of importance to the Council members. As well, participation in a Youth Council represents an excellent opportunity for young people to develop and strengthen their own leadership skills as training is often provided for members.

Why should we promote youth leadership?

Programs and services should be developed based on the needs of youth

Typically, decisions pertaining to programs for young people are made by adults and, at times, these decisions do not reflect young people's needs or interests. On the other hand, if young people are provided with the appropriate knowledge and skills and are supported in their efforts, we are more likely to see services and activities that more closely reflect the needs of these young people and their peers.

Youth have the knowledge to take action against suicide and other teenage problems

Youth suicide is a reality and a specific concern among young people. Youth involvement makes sense because most young people have direct experience with the issue of youth suicide as well as the other relevant problems faced by their peers such as drug and alcohol abuse and school violence. The same young people also possess valuable insight as to how these issues should be tackled at the community level.

Does youth leadership work?

There are benefits to participating youth

Once involved, youth are generally pleased and satisfied with the opportunity to participate, especially when their work and opinions get recognized and taken into account. There is also some anecdotal evidence that exists to suggest that participation can positively influence a number of protective factors against suicide, like improving self-esteem, creating opportunities for meaningful peer relationships, and enhancing specific skills like decision-making and problem-solving.

Experts and young people themselves recommend this strategy

Aboriginal youth participating in a number of suicide prevention conferences held in recent years indicated that they want to be involved in decisions that affect them and participate in meaningful ways. It is empowering to create opportunities for young people to speak in their own voices and run their own programs, as doing so gives them a sense of responsibility. Youth are generally very open to sharing their own experience and knowledge and participating in the development of solutions. In addition, experts working in the area of adolescent health recommend that young people themselves need to be given more opportunities to define the issues that most affect them.

Setting up for success

1. Build significant ties with relevant organizations within the community

The youth leadership program as well as the specific roles youth leaders take on must have the support of relevant groups, organization, and caregivers in a community. Relevant organizations and individuals in the community need to be aware of the program and its goals, the names of the youth leaders, as well as their proposed activities. This is important to ensure that the whole community is understanding and supportive of their efforts.

2. Plan for your youth leadership program

Planning for a youth leadership program begins by setting clear goals and objectives that are related to the specific needs and concerns of youth as well as the school or community sponsoring the program. Once you have identified program goals and objectives, you can then focus on program design.

Several Aboriginal communities and regions across Canada are supporting the organization of Youth Councils or Youth Advisory Committees at the local, regional, or even provincial level. Typically, Youth Councils are made up of young people representing all surrounding communities but may also welcome a few ex-officio members like a paid Youth Coordinator or an Elder. Typically, the mission of Youth Councils is to provide direction to a regional Council or other structure with respect to youth-focused programs and services and any other matters pertinent to the youth population. Some Youth Councils also develop their own programs or services to directly address certain youth-related problems (like suicide or alcohol and drug abuse) that are felt to be of importance to the Council members. As well, participation in a Youth Council represents an excellent opportunity for young people to develop and strengthen their own leadership skills as training is often provided for members.

During the planning phase, keep in mind the following:

- *Use wide selection criteria*. Selection criteria must ensure that the trainees represent the social composition of the community in which they will be working so that their future efforts stand a better chance of reaching all youth. As such, trainees do not need to include only young people who are considered "good kids" but should also include at-risk teens.

- *Provide adequate training.* Children and adolescent selected as trainees must feel their training is special and based on their needs and existing skills. This is important in order enable the youth to become effective leaders of change as well as to keep them interested, motivated, and empowered. This would involve structured training sessions or retreats using a combination of curricula (depending on the type of training provided). Training contents should be adapted to and contain materials relevant to the Aboriginal communities in which the training is being instituted. After a youth leadership program has been well established, the initial leaders can become mentors/trainers to the new apprentices.

- *Offer on-going support and supervision*. Although the youth leadership training program will initially help youth in developing a vision and planned suicide prevention activities, their efforts will need to be supported over time. Therefore, each community where the program is implemented should have one motivated and committed adult or group of adults who would be responsible for supporting the on-going efforts of the youth leaders or providing additional training. Initial trainers can retain a resource role following the initial training.

3. Choose a curriculum

There are several well-established and well-accepted training curricula that can be readily implemented or modified to meet the specific needs of your school or organization. When selecting a curriculum, keep in mind that it should fit with the goals and objectives of your own youth leadership program. On the other hand, you may also invite professional trainers to come to your community to train your future peer helpers (again, see *A place to start* for some suggestions).

How will we know if we're making a difference?

You will know that your youth leadership program is making a difference if you can answer yes to questions listed in the table below under the headings *short-term*, *medium-term*, and *long-term indicators*. Please note that in order to detect changes over time we typically need to make a long-term commitment to the overall evaluation process. In other words, measuring success is not something you do at a single point in time and then forget about. The timelines that are included below are only guidelines, but they should give you a good sense about the need to measure the impact of our interventions at several points in time following the initial implementation of the strategy.

Short-term indicators: Short-term indicators are changes that the strategy itself is designed to produce and are usually measured right after, or up to two months following, the implementation of a program. Depending on the type of program being developed, short-term indicators can be measured using quantitative methods (e.g. pre-and-post tests measuring changes in skills or knowledge) or qualitative methods (e.g. interviews or focus groups designed to assess attitudes, opinions, and satisfaction).

Medium-term indicators: Medium-term indicators of success capture changes that you might expect further down the road and are usually measured three to six months after the implementation of a program. Medium-term indicators can be measured using methods such as surveys, questionnaires, interviews, or observations that look at changes in well-being, attitudes, or behaviours in young people or other groups/social environments targeted by the program.

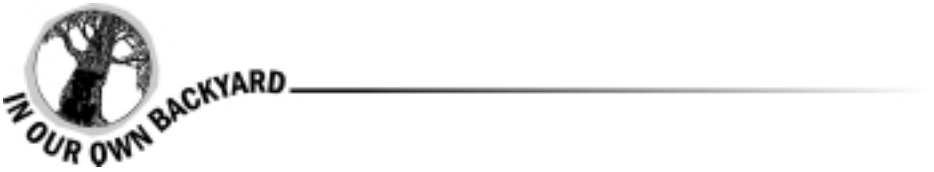
Long-term indicators: Long-term indicators of success measure the ultimate goal of a program (usually a reduction in suicide and suicidal behaviours among youth) and are usually measured on an annual basis, starting two to five years following the implementation of a program.

Keep in mind that the indicators listed in the table below represent examples only and we invite you and your group to develop indicators that are in line with the specific goals and activities of your own youth leadership program. As the strategy of youth leadership may not easily lend itself to traditional evaluation methods, nor to the use of typical quantitative methods for measuring success, we invite you to be especially creative when choosing indicators and finding ways to measure the strategy's effectiveness. Identifying relevant indicators of success for your own program (and the methods by which these will be measured or monitored) represents one of the most important steps of your overall evaluation plan (see the section *Evaluate your community-wide suicide prevention efforts* in chapter 5).

Methods to evaluate

	Ask a Key Evaluation Question	Measure the Success
SHORT TERM*	Are youth leaders satisfied with the program?	➢ measure satisfaction regarding the experience, training received (e.g. materials, methods, trainers), perceived learning, as well as adult involvement and support
	Are youth leaders demonstrating more skills in decision-making, leadership, and project management?	➢ measure skills in peer leaders (decision-making, leadership, project management, etc.) before and after the training/participation in the program and compare findings to determine whether the program has made a difference
	Are project goals as set out by the youth leaders being met?	➢ measure project success such as outcomes achieved, timelines and budget respected
	Are young people in the community satisfied with the projects or activities organized by the youth leaders?	➢ measure satisfaction with the components of projects or activities organized by the youth leaders
MEDIUM TERM**	Are youth leaders showing improvements in personal resources?	➢ measure personal development (e.g. self-esteem and self-confidence) in youth leaders who have participated in the program
	Do young people in the community feel that projects/activities organized by the youth leaders have brought positive personal benefits in their lives?	➢ invite young people to share how their participation in the projects/activities organized by the youth leaders has made a difference in their lives and what positive benefits were generated
LONG TERM***	Are suicide and suicidal behaviours among youth decreasing?	➢ measure the number of deaths by suicide and attempted suicides in the community and compare to previous statistics

**** Short-term** (measured immediately to 2 months following program implementation)*
***** Medium-term** (measured 3 to 6 months following program implementation)*
****** Long-term** (measured 2 to 5 years following program implementation)*



Youth Leadership Initiative

Location: Assembly of Manitoba Chiefs
200 - 260 St-Mary Avenue
Winnipeg, Manitoba
R3C 0M6
Telephone (204) 956-0610
Fax (204) 956-2109
E-mail: jasonw@mb.sympatico.ca
Web site: www.mfnyc.mb.ca

Contact person: Jason Whitford, Youth Initiatives Coordinator

Program description: The Youth Leadership Initiative is a program coordinated by the Assembly of Manitoba Chiefs. The goal of the program is to set up youth leadership structures/drop-in centres in Aboriginal communities across Manitoba in order to empower young people to effectively address the problems faced by peers in their respective communities. A current focus is the establishment of Youth Resource Centres in Manitoba First Nation Communities. The ultimate goal is a positive environment for all youths to gather and partake in organized activities.

The AMC Youth Secretariat and the Youth Advisory Committee are the main structures behind the program. The Youth Secretariat is comprised of a Regional Youth Coordinator and a Youth Coordinator's Assistant. The Youth Secretariat is supported by a 17-member Youth Advisory Committee. This Committee include young people (Youth Coordinators or other youth) representing all 5 tribal groups in Manitoba (approximately 12 urban and rural communities). This Committee meets 4 times a year to give advice and input on youth-related issues at the Assembly of Manitoba Chiefs level. Training is also provided to the members in the areas of leadership, suicide prevention, decision-making, team building, and self-governance, as well as culture. The members of the Advisory Committee are expected to report back to each of their areas and facilitate the development of local youth leadership structures or drop-in centres in their own communities. They are encouraged to share the information and training received with their peers and empower them to identify and work on locally relevant problems.

Recently, the Youth Advisory Committee recognized that training in suicide intervention was needed in local communities. A project will soon be submitted for funding which plans to train 20 youth to be suicide interveners and eventually to train 10 Youth or Youth Coordinators from across the province to become suicide intervention trainers. These youth would then train other youths in their own or adjacent communities in suicide intervention skills.

Once a year, a larger gathering is organized where youth leaders from communities across the province meet to share their experience, take part in further training opportunities, and build networks. These large gatherings are an opportunity to recognize and reward the local achievements of youth leaders. As such, youth leaders who have made a significant contribution in their own communities are given the spotlight and the chance to share their ideas and successes with their peers.

The Coordinator of the program, based at the Assembly of Manitoba Chiefs, is responsible for supporting the process of setting up and maintaining local youth leadership structures in individual communities, organizing the gatherings/meetings, and acting as a resource to the Youth Advisory Committee.

Target groups: This program targets youth from teenagers to young adults.

Partners involved: Assembly of Manitoba Chiefs

Years in operation: The program has been in operation since September 1998.

Program costs: Funded by Heritage Canada, HRDC, Indian & Northern Affairs Canada and fund-raising initiatives.

Evaluation findings: Surveys are filled out by participants of the regional gatherings. Feedback by participants has been very positive. Youth have indicated that they appreciate the opportunity to meet other youths and they feel they are taking home very valuable information to their communities. An evaluation of the Youth Advisory Committee is being planned.

Advice to others interested in starting this type of program: Please refer to the section “Start your own Youth Council” (on the web site www.mfnyc.mb.ca) for suggestions on how to start a youth council.

Available reports and materials: A description of the Youth Leadership Initiative is available by contacting the Youth Initiatives Coordinator.

A Place to Start

Organizations

The White Stone Project: An Aboriginal Youth Suicide Prevention Program

The White Stone Project: An Aboriginal Youth Suicide Prevention Program trains youth from First Nations communities to deliver life skills sessions to other youth in their own community. The White Stone Program was developed in a partnership between the RCMP National Aboriginal Policing Services and the Suicide Prevention Training Programs (SPTP), Calgary, Alberta. The vision for and the curriculum of the White Stone Project was informed by Aboriginal youth focus groups, current literature, participant feedback, and a review of programs in Canada, the United States and Australia. The term White Stone comes from an Ojibwa concept: one who teaches others how to grow old.

Aboriginal and Inuit youth 18-25 years of age who have been identified as natural leaders by their community and community-based service providers (youth worker, teacher, nurse, police etc.) are invited to take part in a *Training for Youth Educators* workshop. The five-day workshop is divided into two components: youth suicide prevention training (16 hours) and leadership training (19 hours). The suicide prevention training component focuses on: exploration of beliefs around suicide, dynamics of suicidal behaviours, discussions around the role of culture of origin, risk and protective factors, and intervention skills, as well as practice through simulations. The leadership skills component of the training concentrates on enhancing knowledge and experience in: group dynamics, planning and preparation of a Youth Education Session, presentation and leadership skills, working with vulnerable youth, as well as self-care and community implementation.

Learning takes place in a skill-affirming environment: simulations, individual and group presentations, pen and paper activities, group discussions, personal reflection, talking circle, stress busters, and random acts of leadership. In an open and flexible environment participants are encouraged to take charge of their learning through individual and group learning contracts, as well as by providing daily feedback. Responsive to the needs of participants, the training format can be modified to reflect their vulnerability, strengths, as well as their skills and abilities.

Following the training, youth leaders return to their community and work in partnership to offer Youth Education Sessions to other youth. The Youth Education sessions are intended to be presented to youth over the age of 16 who are not known to be actively at risk of suicide. The sessions are designed to be flexible and responsive to local needs. The sessions have a life skills development focus that incorporate self-esteem, problem solving, goal setting, as well as communication and coping skills. It is expected that the Youth Education Sessions would be offered as part of a larger community suicide prevention strategy.

For more information about this program, contact:
Centre for Suicide Prevention
Suicide Prevention Training Programs (SPTP)
Suite 320, 1202 Centre Street S.E.
Calgary, Alberta
T2G 5A5
Telephone: (403) 245-3900
Fax: (403) 245-0299
E-mail: sptp@suicideinfo.ca
Web site: www.suicideinfo.ca

Youth Councils: What A Great Way To Lead The Future
This workshop was developed and is being offered by Dave Jones, an Ojibway of the Garden River First Nation through his company, *Turtle Concepts: Options for People*, located in Garden River, Ontario. The workshop assists with the formation of an effective youth council, structuring and promoting your youth council and how to keep it active.

For more information, contact:
Turtle Concepts: Options for People
580B, Highway 17 East
Garden River First Nation, ON
P6A 6Z1
Telephone: (705) 945-6455 or toll Free: (877) 551-5584
Fax: (705) 945-7798
E-mail: info@turtleconcepts.com
Web site: www.turtleconcepts.com

Suggested reading

Coggan, C., Patterson, P., & Fill, J. (1997). Suicide: Qualitative data from focus group interviews with youth. *Social Science & Medicine*, 45(10), 1563-1570.

Collins, S. & Angen, M. (1997). Adolescents voice their needs: Implications for health promotion and suicide prevention. *Canadian Journal of Counselling*, 31(1), 53-66.

Hart, R.A. (1992). *Children's participation: From tokenism to citizenship*. Florence, Italy: UNICEF.

Kohler, M.C. (1982). Developing responsible youth through youth participation. *Child & Youth Services*, 4(3-4), 5-12.

Nishnawbe-Aski Nation Youth Forum on Suicide (1996). *Horizons of hope: An empowering journey*. Thunder Bay, ON: Nishnawbe-Aski Nation.

Nishnawbe-Aski Nation (2000). *Proceedings and resolutions from the conference: The Journey Continues: A Change for Our Children*, January 25-27, 2000. Thunder Bay, ON: Nishnawbe-Aski Nation.

White, J. & Jodoin, N. (1998). *Before the fact interventions: A manual of best practices in youth suicide prevention*. Vancouver, BC: Suicide Prevention Information & Resource Centre of British Columbia, Co-operative University-Provincial Psychiatric Liaison (CUPPL), University of British Columbia.

Community Education Strategies

Community Gatekeeper Training

What is community gatekeeper training?

Community gatekeeper training is an educational and skill-building effort designed to improve the knowledge and competency of certain community members in the recognition and crisis management of potentially suicidal young people. In the field of suicide prevention, the term "gatekeeper" refers to those individuals who typically come into contact with youth as part of their professional duties or volunteer responsibilities. Training community members in suicide risk recognition, imminent risk reduction, and referral procedures extends the work of youth suicide prevention to the whole community, thus maximizing the opportunity for youth at-risk to be recognized and appropriately referred to mental health professionals.

Goals

More specifically, community gatekeeper training aims to achieve the following goals:

- increase attitudes favourable to intervention
- increase knowledge about depression and the problem of youth suicide
- improve competency in the identification and crisis management of potentially suicidal adolescents
- increase awareness of helping resources

Target population

Community gatekeepers include parents, foster parents, health care professionals, child and youth care workers, police officers and RCMP members, corrections staff, coaches, natural helpers, and can be extended to include other youth-oriented service providers in the community such as recreational facility staff.

Brief description

The main purpose of this strategy is to train a number of "community gatekeepers" in suicide prevention and intervention. Community gatekeepers may or may not have a specific or explicit mandate to provide clinical assessment and crisis intervention, but are generally not in a position to provide continuing supportive counselling services to vulnerable youth.

Training is typically provided within the local community with the length of training varying from two to five-day workshops. The following topics are usually covered:

Knowledge. Community gatekeepers are provided with basic information about the magnitude of the problem of youth suicide; youth depression; risk and protective factors; warning signs; basic considerations for assessing risk; and community resources.

Attitudes. Participants are helped to understand how their attitudes will generally determine how they behave towards potentially suicidal youth. For community gatekeepers who hold attitudes that are incompatible with effective helping (e.g. "suicidal youth are just looking for attention, so it's best to ignore them") this aspect of the training – through the provision of basic knowledge and facts about the suicidal process – can serve to modify these detrimental attitudes.

Skills. Participants are given the opportunity to learn basic intervention skills for accurately assessing the level of risk and for providing a timely and effective response. Skills include how to initiate an intervention; how to assess the current level of risk; how to establish an effective plan for safety and follow-up; how to reduce imminent risk; and how to engage other helpers.

Referral sources. Participants are given information about local helping resources; how to access them; and how to make an appropriate referral for a suicidal young person.

Why should we provide community gatekeeper training?

Community gatekeepers have existing relationships with young people

Since those community members who are targeted to receive gatekeeper training are those who already have regular contact with youth by virtue of their occupations or volunteer roles, most of them will have natural skills for relating to young people. It is their level of contact with youth and the fact that they typically have existing relationships with groups of young people that make community gatekeepers ideal candidates to serve as "early detectors" of young people who are at potential risk for suicide.

Many community gatekeepers have never received any formal training

Health professionals, foster parents, police and RCMP members, coaches, volunteers do not typically receive formal training in suicide risk detection and intervention as part of their professional development. Community gatekeeper training will support them to develop some basic competencies in this area.

Suicidal young people do not always access the existing services

Vulnerable and suicidal youth can be found in a variety of settings within a community and many of them never seek out the services of a formal helping agency when they are feeling vulnerable. Therefore, we cannot rely on the efforts of the formal helping system alone to identify all potentially suicidal youth. It therefore becomes important to increase the number of people in a community who are skilled in the early detection and recognition of those who may be vulnerable, thus increasing the likelihood that suicidal youth will be identified and referred for appropriate follow-up.

How do we know community gatekeeper training holds promise?

Positive results have been noted

Research studies conducted in the general population have demonstrated that participants in community gatekeeper training programs have shown greater knowledge of warning signs and of community resources, as well as more confidence in dealing with high-risk youth when compared with the general public. Investigators have also reliably established that a two-day suicide intervention workshop can lead to improvements in the skills of participants and find that these skills can be maintained up to six months later. Following gatekeeper training, some participants have also shown an increase in their use of community resource networks when dealing with a potentially suicidal individual.

A recent study done on the south coast of New South Wales, Australia, evaluated a series of community gatekeeper training workshops which aimed to increase the potential of members of the Aboriginal community to identify and support people at risk of suicide and to facilitate their access to helping services. The results of the evaluation study demonstrated an increase in participants' knowledge about suicide, greater confidence in identification of people who are suicidal, and high levels of intentions to provide help. The project indicated community members could be successfully trained in the recognition of individuals at risk of suicidal behavior.

Experts recommend this strategy

The Centers for Disease Control, Australia's Youth Suicide Prevention Plan, and the United Nations' Expert Working Group have all included community gatekeeper training in their summary of recommended strategies for addressing the problem of youth suicide.

Setting up for success

There are five steps that should be addressed in setting up a successful community gatekeeper training program.

1. **Target the right people to receive the training**
   Community gatekeepers are those who have significant and existing relationships with young people but do not necessarily have a formal mandate to provide crisis intervention or mental health services. They typically lack formal training in the area of youth suicide risk assessment and intervention strategies. When offering a community gatekeeper training workshop, program planners should ensure that significant groups have not been overlooked. Conversely, the training should *not* be a priority for those who have little face-to-face contact with youth.

2. **Use or adapt an existing training program**
   Several excellent community gatekeeper training programs have already been developed (see *In our own backyard* and *A place to start*). While program modification may be desirable, there is often no need to develop a new program from scratch. In general, community gatekeeper training programs should be organized around specific, results-oriented goals, and program developers should be able to easily answer the following question, "What will participants do or understand differently as a result of the training?"

What areas should the training focus on?

At a minimum, training efforts should seek to achieve results in the following areas:

Attitudes

- *favourable to intervention*
- *non-judgmental*
- *willingness to make referrals/seek consultation*

Knowledge

- *warning signs*
- *risk factors*
- *role of school*
- *school policies*
- *referral sources*

Behaviours

- *initiate intervention (establish rapport, reflect back what you have noticed/understood, ask the question "are things so bad that you are considering suicide?"and be specific, direct and unambiguous)*
- *assess risk (actively explore and consider the following dimensions: specificity of plan, availability of method, lethality and availability of support)*
- *develop action plan (share information, make referral, consult with others, contact parents, make a structured plan for safety and document)*

3. Focus on knowledge and skills acquisition

Training programs should be designed to influence attitudes, improve knowledge, and enhance skill levels, reflecting an appreciation for the fact that changing human behaviour is a complex undertaking and it requires a comprehensive approach (see the box *What areas should the training focus on?*). Information-only efforts are inadequate for promoting the development of new skills, particularly in the area of suicide risk detection and crisis response; interventions which by definition require active involvement.

4. Emphasize the active participation of learners

Adult learners bring a wealth of knowledge, skill, and relevant experience to the training endeavour and will be more responsive to an approach that involves them in the learning process. An active, participatory approach to learning that recognizes the participants' existing knowledge level is superior to a passive or lecture-style-only approach. Training for community gatekeepers should include plenty of opportunities for doing or practising what has been taught.

5. Heighten awareness about community services

Community gatekeepers need to be informed about the existing and available local services and should know how to contact them. Services that gatekeepers ought to be aware of include the following: 24 hour distress lines, suicide and crisis response programs, hospital emergency services, police/RCMP and other emergency personnel, mental health centres, child abuse hotline, child protection services, family support programs, and local private practitioners.

Are there any concerns associated with this strategy?

Aren't we in danger of overwhelming the mental health system?

Some mental health professionals worry that by heightening the awareness of community gatekeepers we may be guilty of setting off a chain of events that could prove ultimately problematic for caregivers and suicidal people alike. They see things this way: as a result of community gatekeeper training, more potentially suicidal people will be identified which will lead to increased referrals to mental health centres, which in turn will put increased pressure on an already taxed mental health system. As a result, mental health professionals will become even more overwhelmed and, even worse, potentially suicidal people will have to be turned away because the system cannot respond to the high level of need.

Suicidal people will exist in spite of the lack of services available

Of course we do not want to identify suicidal persons only to have them denied appropriate service because the system cannot keep up with the increased demand. On the other hand, the fact remains that suicidal people will continue to be present - in community centres, in schools, on sports teams - regardless of whether someone recognizes them as such. Suicidal people will exist in spite of the fact that there are waiting lists at the mental health clinics and no beds available at the hospital.

We should anticipate the impact of our training activities and plan accordingly

These observations are not meant to discount the reality that an increase in community awareness about suicide will inevitably have an impact on the formal helping system and we clearly need to attend to this issue in our planning efforts. We should be as proactive as possible in our planning efforts, both by anticipating the impact of our training activities, and by increasing the capacity of the helping system to respond to a potential increase in the recognition of suicidal people.

We need to be realistic and creative

We need to be both realistic and creative in our use of limited resources, while always ensuring that those at moderate to high risk for suicide – who require the resources of the formal system – consistently receive a timely and appropriate response. For community gatekeepers, training must always include information about how to make appropriate referrals. This way, the resources of the formal mental health system will always be appropriately engaged and reserved for those individuals who truly require that level of service.

How will we know if we're making a difference?

You will know that your community gatekeeper training program is making a difference if you can answer yes to questions listed in the table below under the headings *short-term*, *medium-term*, and *long-term indicators*. Please note that in order to detect changes over time we typically need to make a long-term commitment to the overall evaluation process. In other words, measuring success is not something you do at a single point in time and then forget about. The timelines that are included below are only guidelines, but they should give you a good sense about the need to measure the impact of our interventions at several points in time following the initial implementation of the strategy.

Short-term indicators: Short-term indicators are changes that the strategy itself is designed to produce and are usually measured right after, or up to two months following, the implementation of a program. Depending on the type of program being developed, short-term indicators can be measured using quantitative methods (e.g. pre-and-post tests measuring changes in skills or knowledge) or qualitative methods (e.g. interviews or focus groups designed to assess attitudes, opinions, and satisfaction).

Medium-term indicators: Medium-term indicators of success capture changes that you might expect further down the road and are usually measured three to six months after the implementation of a program. Medium-term indicators can be measured using methods such as surveys, questionnaires, interviews, or observations that look at changes in well-being, attitudes, or behaviours in young people or other groups/social environments targeted by the program.

Long-term indicators: Long-term indicators of success measure the ultimate goal of a program (usually a reduction in suicide and suicidal behaviours among youth) and are usually measured on an annual basis, starting two to five years following the implementation of a program.

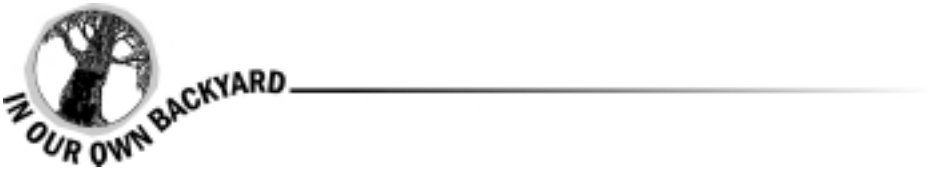
Keep in mind that the indicators listed in the table below represent examples only and we invite you and your group to develop indicators that are in line with the specific goals and activities of your own community gatekeeper training program. As the strategy of cultural enhancement may not easily lend itself to traditional evaluation methods, nor to the use of 'typical' quantitative methods for measuring success, we invite you to be

especially creative when choosing indicators and finding ways to measure the strategy's effectiveness. Identifying relevant indicators of success for your own program (and the methods by which these will be measured or monitored) represents one of the most important steps of your overall evaluation plan (see the section *Evaluate your community-wide suicide prevention efforts* in chapter 5).

Methods to evaluate

	Ask a Key Evaluation Question	Measure the Success
SHORT TERM*	Are community gatekeepers satisfied with the training program?	➢ measure community gatekeeper feedback regarding the training and their overall satisfaction with the material presented
	Are community gatekeepers more confident in their abilities to intervene with a potentially suicidal youth?	➢ measure perceived comfort and confidence before and after the training and compare results to determine whether the training has made a difference
	Do community gatekeepers hold more favorable attitudes?	➢ measure attitudes (e.g. favourable to intervention, non-judgmental, willingness to get help) before and after the training and compare results to determine whether the training has made a difference
	Are community gatekeepers more knowledgeable?	➢ measure knowledge (e.g. warning signs of suicide, available community resources) before and after the training and compare results to determine whether the training has made a difference
	Do community gatekeepers demonstrate appropriate intervention and referral skills?	➢ measure skills (e.g. ask the question, assess the level of risk, make a plan for safety) before and after the training and compare results to determine whether the training has made a difference
MEDIUM TERM**	Are community gatekeepers retaining the skills learned?	➢ measure retention of skills over a period of time
	Are community gatekeepers correctly identifying and referring youth at-risk for suicide?	➢ track the number of youths referred by community gatekeepers ➢ measure the appropriateness of these referrals
LONG TERM***	Are suicide and suicidal behaviours among youth decreasing?	➢ measure the number of deaths by suicide and attempted suicides in the community and compare to previous statistics

**** Short-term** (measured immediately to 2 months following program implementation)*
***** Medium-term** (measured 3 to 6 months following program implementation)*
****** Long-term** (measured 2 to 5 years following program implementation)*



Northwest Territories Suicide Prevention Training Program

Location: Primary Community Services Unit
Integrated Community Services Division
Northwest Territories Department of Health and Social Services
P.O. Box 1320
Yellowknife, NWT
X1A 2L9
Telephone: (867) 873-7926
Fax: (867) 873-7706
E-mail: sandy_little@gov.nt.ca

Contact person: Sandy Little, Mental Health Consultant

Program description: In response to the dramatic increase in suicide rates in the Northwest Territories during the 1980's, the Department of Social Services held a series of regional forums in order to address community concerns and develop recommendations for solutions. A key recommendation of the report was that suicide prevention training should be developed and made accessible to community members across the Northwest Territories. In response, the Department of Health and Social Services, in collaboration with the Canadian Mental Health Association, the Department of Education, Culture and Employment, the Dene Cultural Institute, the Nunavut Social Development Council, and other agencies, developed the Northwest Territories Suicide Prevention Training Program (NTSPT). The goal of the NTSPT is to create community expertise in recognizing and intervening with those at risk of self-harm.

Basic training. The NTSPT is a three-week course consisting of 15 full working days. The first component of the training, "Grieving and Healing," helps participants address their own grief and loss issues as well as healing needs. The second program component, "Prevention, Intervention and Postvention Skills," provides participants with the knowledge and the skills that are needed to manage a suicide crisis in the community. Finally, the third training component, "Leadership Skills and Community Based Strategies," supports and encourages participants to take a leadership role in their own communities to address the problem of suicide. Each of these program components takes a week to complete.

Program participants include caregivers in paid positions as well as natural community helpers. Participants complete a detailed application and submit personal references in order to be screened for leadership potential and commitment to self-care and personal wellness. The training is delivered in the local communities by trained facilitators.

Training sessions usually accommodate between 10 and 20 participants. Training methods include group exercises, video presentations, role-plays or guided practice with feedback to participants. Interpreters are available at training sessions as needed.

To date, the NTSPT has been delivered to the following regions: Inuvik, Kitikmeot, Baffin, Keewatin, and Hay River. A total of 124 participants were trained in the Northwest Territories and Nunavut from 1996 to 1998. Since division of the Northwest Territories and the creation of Nunavut Territory, two additional courses have been held in Fort Good Hope and Hay River (NWT).

Train the Trainer Program (TTP). The Government of the Northwest Territories plans to have the NTSPT offered to as many NWT residents as possible. In order to meet the demand for local training at a reasonable cost, it was essential to build a group of Trainers capable of delivering the NTSPT. The four-week Train-the-Trainer Program (TTP) was designed by the Dene Cultural Institute in consultation with the Tatigiit group. The primary purpose of the TTP is to train individuals who have already completed the basic training, and who have the willingness and aptitude to become NTSPT Trainers. The secondary purpose of the TTP is to train participants to develop more effective communication and self-care skills, suicide assessment and intervention skills, and to provide them with an opportunity to explore more extensively their own feelings, biases, and judgements regarding the issue of suicide.

In order to be accepted into the TTP program, potential trainees undergo an extensive selection process. Every applicant submits a seven-page application form, provides references, and undergoes an interview. A Selection Committee (made up of members of the Steering Committee as well as community members) is responsible for reviewing the applications and selecting the trainees. It is necessary for the trainees to have strong support from the community and the Band Council in order for these individuals to fulfill their responsibilities following participation in the program. To date, the TTP has been delivered once (in 1998) and produced 19 graduates, seven of whom reside in the NWT and twelve in Nunavut. At present, there are no plans to offer a second Train-the-Trainer course until the first graduates have experience delivering the program.

Target groups: Community caregivers and natural community helpers.

Partners involved: Current partners: GNWT Department of Health and Social Services, with territorial Steering Committee (representatives from GNWT Department of Education, Culture and Employment; Canadian Mental Health Association, NWT Seniors Society, and community representatives from NTSPT Phase 1 and Phase 2.

Years in operation: The program has been in operation since 1996.

Program costs: A local training session costs approximately $25,000. A regional training session incurs higher travel and accommodation costs for participants in neighbouring communities.

Resources: Program costs are funded by the Northwest Territories Department of Health and Social Services. Communities are encouraged to contribute funds or in-kind support to demonstrate community support for the training.

Evaluation findings: An evaluation done during the testing period of this program showed that it was well-received in the NWT communities. Trainees agreed they had gained useful knowledge. After three years of active use of this program, an evaluation was conducted with participants from Phase 1 and Phase 2. Results indicated:

- Positive feedback to maintain the curriculum components
- Experiential learning and time to address personal reactions was seen as different from other suicide prevention programs and more successful for northerners
- Caregivers requested ongoing Department support, links with other suicide prevention caregivers, and a desire to be further integrated into community interagency groups

Advice to others interested in starting this type of program:

a) Fifteen days is a lengthy and intense training, but feedback from community members deeply affected by suicide indicates that it is a worthwhile commitment.

b) While community members are very keen to take the training and have no difficulty making arrangements for time away from work/family, the program may be limited by lack of support from community leadership (such as Band council, Regional and Community Health and Social Services Boards). The Suicide Prevention Steering Committee feels that education about suicide in the NWT and the potential benefits of the NTSPT is needed before caregivers will receive support from their communities, employers, and boards. A suicide awareness campaign is underway, brochures supporting the NTSPT caregivers' role and training have been distributed, and stronger links with Health and Social Services Boards are being developed. The Train the Trainers have proven to be an excellent resource in promoting the NTSPT and delivering community awareness workshops.

c) Youth Suicide Prevention requires a different approach in the NWT. This curriculum is not recommended for delivery to youth without consideration of best practices in youth suicide prevention and subsequent modification.

Available reports and materials:

- Northwest Territories Suicide Prevention Training Manual
- Trainee handouts
- Evaluation report
- NTSPT Caregiver's Brochure

A Place to Start

Workshops

Aboriginal Community Suicide Prevention Workshop

This workshop has been presented throughout Canada, in every province and territory. Many of the workshops have been presented as part of suicide prevention strategy of the Royal Canadian Mounted Police (RCMP), National Aboriginal Policing Services. The Suicide Prevention Training Programs (SPTP) developed the program for the RCMP, making it the first national initiative to address suicide prevention in Aboriginal Communities.

The workshop targets community based frontline workers including mental health workers, school counsellors, Aboriginal police, teachers, nurses, and other community members. The workshop is presented over five days (35 hours) with a maximum group of 30 participants.

While the format of the workshop is fairly generic, each program is tailored to fit the needs of the particular community. The workshop is interactive and engaging, involving small and large group discussions, videos, practice role plays, Talking Circles and group strategy sessions. When appropriate, local Elders are invited to speak about local traditions and to conduct ceremonies.

While the program is flexible and is retooled before each workshop, the following outlines the core components that are most often used:

Day 1 and 2: ASIST

The first two days are spent in the Living Works/SPTP ASIST (Applied Suicide Intervention Skills Training). The training is divided into five modules which focus on attitudes, knowledge and interventions critical to the prevention of youth suicide. The training is designed to improve the gatekeeper's ability to intervene until either the immediate danger of suicide is reduced or additional assistance or resources can be accessed.

Day 3: Critical Incident Stress Debriefing (CISD)

This component of the workshop is grounded in the belief that caregivers working on the frontline need to have a system that allows them to deal successfully with the stress of their job. Burnout, identifying stressors and strategies for dealing with stress are discussed.

Day 4: Talking Circle

It is important to understand how your life experiences impact you ability to be an effective caregiver. The full-day talking circle gives participants the opportunity to

explore their own feelings and fear about suicide in a very sage and supportive environment. This segment is generally co-facilitated by a SPTP Trainer and a local Elder.

Day 5: Development of a Suicide Prevention Strategy
It is essential that communities develop practical strategies to address their high rate of suicide behaviour. This segment introduces the concept of community development and encourages groups to examine gaps in services and develop a realistic plan for suicide intervention/prevention.

For more information, about this workshop contact:
Centre for Suicide Prevention
Suicide Prevention Training Programs (SPTP)
Suite 320, 1202 Centre Street S.E.
Calgary, Alberta
T2G 5A5
Telephone: (403) 245-3900
Fax: (403) 245-0299
E-mail: sptp@suicideinfo.ca
Web site: www.suicideinfo.ca

Through the Pain: Community-Based Suicide Prevention
Through the Pain is a community-based suicide intervention and prevention workshop with a focus to mobilize professional as well as informal resources within a community. The main goal of the workshop is to deliver the skills and information required to:

- recognize a suicidal person
- offer a suicidal person immediate support
- assist a suicidal person to reach out to community resources
- assist a community to respond to the suicide of one of its members

The target groups for this workshop include community-based human service providers and natural helpers, as well as any other community members. The workshop is presented over the course of five days (35 hours) with a maximum of 30 participants. The workshop covers the following contents:

- Crisis and the community
- History, tradition, and healing
- Understanding suicide
- Signals of suicide
- Role and attitude of caregiver
- Three step-method of response
- Confidentiality and responsibility issues
- After a suicide
- Culturally sensitive counselling
- Care for the caregiver

The workshop uses an interactive approach which includes: practice circles, small and large-group discussions, questionnaires, role plays and other exercises in order to encourage the participants to share their experience and skills with one another.

The workshop is facilitated by Darien Thira of Thira Consulting. Darien offers a number of workshops in a variety of fields to Aboriginal and non-Aboriginal professionals and community members.

For more information, contact:
Thira Consulting
2837 Yale Street
Vancouver, BC
V5K1G8
Telephone: (604) 255-0181
Fax: (604) 255-0181
E-mail: thira@telus.net

ASIST – Living Works training

The ASIST workshop is the most widely used suicide intervention training workshop in the world. The goal of the ASIST workshop is to provide community caregivers with emergency "first aid" skills for helping persons at risk of suicidal behaviors. The workshop provides participants with an understanding of: their own attitudes about suicide; how to recognize and estimate the risk of suicide; effective suicide intervention techniques, as well as community resources for caregivers. As such, the workshop is divided into five modules: introduction; attitudes; knowledge; skills intervention; and resourcing / networking. Providing the basis for skill development are: mini-lectures, group discussions, simulations, role plays, and award-winning audio-visuals.

This workshop is designed for anyone who may come in contact with a person at risk of suicide. This may include mental health professionals, volunteers working in the community, physicians, nurses, police, teachers, counsellors, clergy, youth workers, and others. Aboriginal and Non-Aboriginal trainers come together to present this two day workshop (14 hours). While the information presented is basically the same as workshops presented in Non-Aboriginal communities, the trainers working with Aboriginal groups are experienced in adapting the material so that it is relevant to the group.

For more information about this workshop, contact:
Living Works Education, Inc.
4303D - 11 Street S.E.
Calgary, Alberta
T2G 4X1
Telephone: (403) 209-0242
Fax: (403) 209-0259
E-mail: info@livingworks.net
Web site : www.livingworks.net

Curriculum

Youth Suicide Awareness Presentation Package
The youth suicide awareness presentation is an 80-page instructional guide with a set of 32 overhead transparencies. The guide examines issues such as definitions of suicide, the magnitude of the problem, warning signs, how to help, and community resources. The package also includes participant handout masters, organizer's guide, and reading lists. Although the presentation is designed to be delivered by trainers and caregivers with some familiarity with the subject, it can also be used by the novice. The presentation is designed for an audience consisting of adults who want to know about youth suicide. Materials included in the package can be covered in a two-hour period.

For more information, please contact:
Centre for Suicide Prevention
Suicide Prevention Training Programs (SPTP)
#320, 1202 Centre Street SE
Calgary, AB
T2G 5A5
Telephone: (403) 245-3900
Fax: (403) 245-0299
E-mail: sptp@suicideinfo.ca
Web site: www.suicideinfo.ca

Suggested reading

Capp, K., Deane, F.P., & Lambert, G. (2001). Suicide prevention in Aboriginal communities: Application of community gatekeeper training. *Australian and New Zealand Journal of Pubic Health*, 25(4), 315-321.

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Whiting, N. (1995). Guidelines for the training of lay workers in suicide prevention. In Diekstra R.F.W. et al. (Eds.), *Preventive strategies on suicide*, Leiden: E.J. Brill, World Health Organization.

Community Education Strategies

Public Communication and Reporting Guidelines

What are public communication and reporting guidelines?

This strategy aims to educate the public, the media, as well as anyone reporting or speaking about suicide, about responsible suicide reporting practices. This is done in an effort to lower the negative and potentially contagious effects that sensational publicity about suicides can have on vulnerable youth.

Goals

More specifically, the strategy of public communication and reporting guidelines aims to accomplish the following goals:

- raise awareness of the public about the need to communicate about suicides in a way that reduces risks for future imitative suicidal behaviours
- raise awareness of members of the media about the potential "contagion effect" of news stories about suicide
- increase responsible reporting practices in news stories
- reduce the number of imitative suicidal behaviors

Target population

The population to be educated includes the whole community, plus media personnel including, editorial boards, local journalists, television reporters and staff, radio announcers, as well as anyone writing or speaking publicly about the topic of suicide, including Elders and spiritual leaders.

Brief description

This strategy can be implemented as a community-wide effort to educate everyone writing or speaking publicly about the topic of suicide. These individuals should be provided with:

- Information about the potential "contagion effect" of news stories about suicide on vulnerable adolescents and the rationale behind prudent reporting practices.

- Guidelines on how to report a suicide in order to minimize the potential for contagion (without compromising the independence or professional integrity of news media professionals). See the box on the next page for a summary of these guidelines.

Written information and guidelines can be distributed to all concerned individuals or can be presented during a workshop. The information and guidelines should be reviewed with all concerned on a regular basis.

Guidelines on responsible reporting of a suicide

Reports about a suicide should AVOID:

- *presenting the story on the front page of the publication or as the lead story of a news broadcast*
- *presenting simplistic cause-effect explanations for suicide such as "Teen kills himself because he failed a test"*
- *engaging in a repetitive, ongoing, or excessive reporting of suicide in the news*
- *presenting the story in a sensational manner by providing details and the use of dramatic photographs related to the suicide*
- *reporting technical "how-to" descriptions about how the method of suicide*
- *presenting suicide as a tool for accomplishing certain ends*
- *glorifying suicide or persons who die by suicide*
- *focusing solely on the person's (who died by suicide) positive characteristics in a glorifying manner*
- *mentioning other past suicides as part of the news story or hinting at a suicide epidemic*

In addition, the media should always include an educational component describing the warning signs for suicide and where to go for help (for example, counselling services, a crisis line, or a mental health centre) in any news story about suicide.

Why should we provide public communication and reporting guidelines?

Inappropriate discussions or reporting of a suicide can negatively influence vulnerable youth

People who are distressed and vulnerable can sometimes be influenced to attempt or die by suicide by being exposed to the suicide stories of other people. This "contagion" effect appears to be strongest among adolescents because of their particular developmental stage which typically includes a heightened need for acceptance, belonging, and approval from their peers. One avenue which provides adolescents with direct exposure to suicide is the mass media, which sometimes publicizes or romanticizes stories about suicides. In the general population, research has shown that prominent displays of real or fictional suicide stories on television and in newspapers can lead to a significant increase in suicidal deaths, especially among teenagers, during a one- to two-

week period following the story. The more publicity is given to a suicide story, the greater becomes the cluster of suicides.

Media exposure has been related to a number of cluster suicides in Aboriginal communities

There is a known tendency for suicides to occur in clusters among groups of Aboriginal youths. Researchers think that the high number of cluster suicides seen in Aboriginal communities could be partially explained by media exposure. It is therefore important to ensure that suicide stories run in local papers and televised newscasts be presented in a way that will lessen the likelihood of "contagion" for young Aboriginal people.

How do we know that public communication and reporting guidelines work?

Experts recommend this strategy

Based on the strong research evidence which shows that the number of suicides rises following highly publicized and repeated suicide stories, leading experts in the field of suicide prevention as well as organizations such as the Canadian Association for Suicide Prevention, the American Association of Suicidology, and the International Association for Suicide Prevention, highly recommend this strategy as a means of reducing suicide contagion. Support for this strategy is also found in the Aboriginal literature.

Setting up for success

There are a number of issues you should consider for the overall success of this strategy.

1. **Act pro-actively to develop a relationship with the local media**
   Suicide prevention program advocates should cultivate relationships with the media prior to a suicide crisis to build trust and arrive at a mutual understanding of each other's roles and responsibilities. If not, it may be very difficult to persuade media personnel to utilize prudent reporting practices in the midst of a crisis or during a period when the news media are in the throes of reporting an extraordinarily newsworthy suicide.

2. **Follow published media reporting guidelines**
   Both the Canadian Association for Suicide Prevention and the American Association of Suicidology (see *A place to start*) have published a list of recommendations on responsible reporting practices for the media.

3. **Avoid advocating for censorship of suicide coverage**
   Suicide is often newsworthy and it will probably be reported. However, if the nature and apparent mechanisms of suicide are understood, the news media are more likely to present the news in a manner that minimizes the likelihood of contagion. Therefore, your goal should be to assist reporters and editors in their efforts to be both responsible and accurate.

4. **Learn and educate others about how to work with the media**
   It helps to educate potential spokespersons on how to work with the media. These individuals will then have the opportunity to influence both the angle and content of the news story when they are interviewed by media representatives. If someone does not feel comfortable with a reporter, a spokesperson can always be engaged. Or you can write out a statement and read it to a reporter to ensure the best possible communication.

5. **Provide feedback**
   Following media coverage of a suicide in your community, let them know what you thought about their presentation of the issue, based on the considerations highlighted throughout this section. Write a letter to the editor or news director, specifically highlighting what they did well, and which aspects of their reporting practices could be improved on. Capitalize on the opportunity to educate by providing them with factual information about youth suicide and the risks of contagion, and provide them with media reporting guidelines. Make yourself or another knowledgeable person available to discuss these issues further.

How will we know if we're making a difference?

You will know that your public communication program is making a difference if you can answer yes to questions listed in the table below under the headings *short-term*, *medium-term*, and *long-term indicators*. Please note that in order to detect changes over time we typically need to make a long-term commitment to the overall evaluation process. In other words, measuring success is not something you do at a single point in time and then forget about. The timelines that are included below are only guidelines, but they should give you a good sense about the need to measure the impact of our interventions at several points in time following the initial implementation of the strategy.

Short-term indicators: Short-term indicators are changes that the strategy itself is designed to produce and are usually measured right after, or up to two months following, the implementation of a program. Depending on the type of program being developed, short-term indicators can be measured using quantitative methods (e.g. pre-and-post tests measuring changes in skills or knowledge) or qualitative methods (e.g. interviews or focus groups designed to assess attitudes, opinions, and satisfaction).

Medium-term indicators: Medium-term indicators of success capture changes that you might expect further down the road and are usually measured three to six months after the implementation of a program. Medium-term indicators can be measured using methods such as surveys, questionnaires, interviews, or observations that look at changes in well-being, attitudes, or behaviours in young people or other groups/social environments targeted by the program.

Long-term indicators: Long-term indicators of success measure the ultimate goal of a program (usually a reduction in suicide and suicidal behaviours among youth) and are

usually measured on an annual basis, starting two to five years following the implementation of a program.

Keep in mind that the indicators listed in the table below represent examples only and we invite you and your group to develop indicators that are in line with the specific goals and activities of your own public communication program. Identifying relevant indicators of success for your own program (and the methods by which these will be measured or monitored) represents one of the most important steps of your overall evaluation plan (see the section *Evaluate your community-wide suicide prevention efforts* in chapter 5).

Methods to evaluate

	Ask a Key Evaluation Question	Measure the Success
SHORT TERM*	Are members of the media as well as anyone writing or speaking publicly on the topic of suicide more knowledgeable about correct reporting guidelines to minimize the risk for suicide contagion?	➢ measure awareness and knowledge of members of the media and of anyone else writing or speaking publicly on the topic of suicide about correct reporting guidelines (before and after program implementation)
MEDIUM TERM**	Are media reports or any other public presentations on the topic of suicide reflecting appropriate reporting practices?	➢ check that media reports as well as other written or spoken information going out to the general public consistently reflect high quality reporting standards over time
	Have media organizations adopted policies regarding responsible suicide reporting?	➢ review policies of media organization to ensure that they are consistent with guidelines advocated by the Canadian Association for Suicide Prevention
LONG TERM***	Are responsible reporting practices having an impact on copycat suicide attempts or completions?	➢ measure the number of apparent copycat suicide attempts or completions following a youth suicide in the community
	Are suicide and suicidal behaviours among youth decreasing?	➢ measure the number of deaths by suicide and attempted suicides in the community and compare to previous statistics

**** Short-term** (measured immediately to 2 months following program implementation)*
***** Medium-term** (measured 3 to 6 months following program implementation)*
****** Long-term** (measured 2 to 5 years following program implementation)*

A Place to Start

Resources

The following resources are available by contacting the appropriate organizations or through their web site easily available for download on the internet or can by contacting the organizations:

- ***Media guidelines*** (n.d.)
  The guidelines were developed by the Canadian Association for Suicide Prevention (CASP) and are available on the CASP web site at www.suicideprevention.ca (go under 'Resources' and look for Media Guidelines). Alternatively, you can contact CASP at (780) 482-0198 or at casp@suicideprevention.ca.

- ***Reporting on Suicide: Recommendations for the Media*** (2001)
  This document was prepared by the American Foundation for Suicide Prevention in collaboration with the American Association of Suicidology and the Annenberg Public Policy Center. You can download the document from the American Foundation for Suicide prevention web site at www.afsp.org/education/recommendations/5/index.html or call 1-888-333-AFSP to receive a copy.

- ***Suicide and the media: The reporting and portrayal of suicide in the media: A resource*** (1999)
  This document was published by the New Zealand Ministry of Health in consultation with media organizations. You can download the document from the New Zealand Ministry of Health web site at www.moh.govt.nz/wwwsandm.nsf/Contents or e-mail moh@wickliffe.co.nz to receive a copy.

- ***Reporting Suicide and Mental Illness - a resource for media professionals*** (n.d.)
  This Australian resource was developed with assistance from media professionals, media peak bodies, suicide and mental health experts, consumer organizations, and the Commonwealth Government. You can download the document at www.mindframe-media.info or e-mail auseinet@flinders.edu.au to receive a copy.

Suggested reading

American Association of Suicidology (nd). *Guidelines for interviews*. Denver: American Association of Suicidology.

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Community Education Strategies

Means Restriction

What is means restriction?

The purpose of a means restriction strategy is to reduce young people's access to the most common and harmful means of completing suicide such as guns, poisons, and medications.

It is important to note that, in the context of this manual, the strategy of means restriction *is not related to gun legislation* such as the Canadian Firearms Act (Bill C-68). It has been the position of many Aboriginal groups and individuals that since First Nations people require the use of firearms and ammunition in the exercise of their inherent Aboriginal and Treaty rights, the passing of such legislation and its enforcement represents an infringement of those rights. On the other hand, the strategy of means restriction represents a locally-driven initiative that focuses on educating and encouraging community members to *voluntarily* keep firearms, potent medications, and poisons safely away from youth.

Goals

More specifically, the strategy of means restriction aims to accomplish the following goals:

- raise awareness of community members about the dangerous link between lethal means of suicide (e.g. firearms, potent medications, and poisons) and youth suicide
- educate the public about safe storage of guns and medications in the home
- educate physicians about appropriate prescribing practices for potent medications

Target population

The target population for this strategy includes: gun owners; parents, guardians, and other relatives; foster parents; community gatekeepers (police/RCMP members, physicians, young offender system); local government decision-makers; and youth leaders.

Brief description

The strategy of means restriction typically represents a locally designed initiative that involves educating community members about the dangers of readily accessible means (such as firearms, medications, and poisons) and youth suicide. This is usually accomplished through a public education campaign targeting gun owners, parents and guardians, physicians as well as other health workers.