

For example, a community-wide means restriction strategy could include any or all of the following components:

1. Raising awareness and educating the public about the link between harmful means in the home and youth suicide. At the least, parents and guardians should be educated about:
 - the safe handling and storage of guns within the home environment
 - safe methods for storing medications, particularly prescription medications and those that are dispensed in large quantities
 - safe methods for storing poisonous substances
2. Soliciting help from community gun owners and sellers to support campaigns for safe gun handling and storage.
3. Encouraging physicians and other mental health practitioners in the community to routinely ask parents or guardians about the presence of firearms in the home, especially in the homes of their most potentially vulnerable patients/clients, and to warn parents and guardians about the dangers of firearms or medications that are inappropriately stored.
4. Educating physicians practicing in the area about responsible prescribing practices including: keeping refills to a minimum and prescribing low medication dosages.

Why should we engage in means restriction?

Firearms ownership in Aboriginal communities is likely to be high

Canada’s Aboriginal people have a long history of hunting, fishing and trapping as a way of life and means of subsistence. Although data regarding firearm ownership among Aboriginal people in Canada are scarce, it is probably safe to suggest that it is high. A recent study which surveyed four East James Bay Cree communities found that the vast majority of the households (88%) contained one or more guns. These households contained, on average, 6.1 guns and almost two individuals per household identified themselves as “gun owners.” For the Crees, hunting was the primary reason for ownership (cited by almost 75% of the gun owners), while another 22% acknowledged that the purpose of gun ownership was to pass their guns down to future generations as a legacy. With respect to safe storage, the study found that 12% of gun owning households contained both a gun locker and one or more safety locks, 31% of households used one safety device, and over half of the households did not make use of either of these safety devices.

The availability of lethal methods is linked to suicide

We know that the availability of firearms (and other lethal means) increases the likelihood of self-destructive behaviours. A research study on suicide among Aboriginal people in Manitoba suggested that *access* to firearms was a pivotal factor. In the general population, studies have shown that the risk of suicide is five times higher in homes with

guns than in those without guns. Guns are also twice as likely to be found in the homes of suicide victims and attempters. These statistics tell us that distressed young people (especially young males) who live in a home with guns have a greater risk of dying by suicide than those who live in a home without guns. We also know that it is rare for a person to die by suicide using a firearm that is stored outside the home and people rarely go to the trouble of purchasing a gun with the specific intention of completing suicide.

The evidence suggests that restricting access to means has the capacity to reduce death and disability associated with suicide and suicidal behaviours. Young males facing stressful life events are particularly vulnerable to attempt suicide based on an impulse. So, if a gun or a lethal dose of medication is not readily available to them, the likelihood of an impulsive suicide attempt is reduced. Young people thinking about suicide also often show a certain degree of ambivalence towards ending their life. In other words, they do not necessarily want to die, they simply want the pain to stop. So, if a suicidal youth does not have immediate access to a gun or medications, additional time will be required to seek out an alternative method. This may provide an opportunity for family and friends, traditional healers, or other mental health workers in the community to intervene with the youth in crisis.

Suicide by firearm is a common reality in Aboriginal communities

Between 1989 and 1993, data from the Medical Services Branch, First Nations and Inuit Health Program Directorate, showed that firearms were used by 31% of suicides among First Nations people in Canada, the second most common method after hanging. Among Alaska Natives, one study found that 78% of suicides during a two-year period were the result of gunshot wounds. A study of suicide among Aboriginal people from Manitoba found that between 1988 and 1994, 26% of the suicides were using a firearm, while hanging was used in 52% of suicides. In a study of deaths by suicide among the Inuit of northern Quebec, the most common methods of suicide were hanging (54.9%) and gunshot (29.6%) in victims 15 to 24 years of age.

**How do we know
that means
restriction holds
promise?**

Research shows that reducing access to guns can make a difference

On a broader scale, stricter handgun control laws have been associated with lower suicide rates. In Canada, researchers found that the number of suicides by firearms dropped significantly immediately following the introduction of the Canadian gun control legislation in 1978, especially in Canadians under the age of 40. In these younger Canadians, the rate of deaths by suicide with firearms declined, and suicides with other methods did not increase to compensate, so the total suicide rate declined as well. In Britain, a sharp decrease in suicides was recorded when more lethal domestic gas made from coal was replaced by natural gas which has a much lower carbon monoxide content. These and other results strongly suggest that decreasing the availability of lethal means within the home environment can have a definite impact on the number of suicides.

Experts recommend this strategy

Although more research is needed in this area, the Canadian Association for Suicide Prevention, the American Association of Suicidology, as well as many suicide experts believe that the evidence is sufficiently powerful to recommend that communities undertake specific measures to restrict access to dangerous means. The Canadian Pediatric Society also strongly advocates restricting access to firearms for young people as a preventive measure towards reducing firearms deaths. The International Association for Suicide Prevention has endorsed the World Health Organization’s six steps for the prevention of suicide, four of which pertain specifically to means restriction including: gun possession control; detoxification of domestic gas; detoxification of car emissions; and control of toxic substance availability.

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

Setting up for
success

1. Familiarize yourself with the facts

Statistics related to deaths by firearms and medication overdoses tell a powerful story about the dangers associated with firearm and medication availability. By becoming familiar with such statistics, you will be able to make a strong case to others regarding the importance of the safe handling and storage of firearms and safe prescription and storage practices of potent medications. For more information, see the box *A place to start*.

2. Educate yourself and your group about the safe handling and storage of guns

In order to plan a successful education campaign, you must first educate yourself and your group about safe handling and storage practices of firearms and medications. For this purpose, a number of organizations have developed helpful and user-friendly information kits for individuals and groups planning public education initiatives.

For example, the Canadian Firearms Centre recommends the following storing practices for firearms:

- store all firearms unloaded and unable to be fired by using a secure locking device, by removing the bolt or bolt carriers, or by locking in a sturdy, secure container or room that cannot be easily broken into
- store in a place where ammunition for the firearms is not easy to obtain

For more information, see *A place to start*.

3. Encourage cooperation between community members and organizations

Educating community members, physicians, and other professionals about means restriction represents an ambitious undertaking. This will best be accomplished by encouraging cooperation between concerned individuals, relevant community organizations, local government decision-makers, and the media.

4. Be prepared for potential resistance

Your group is likely to encounter a certain degree of resistance from certain groups like gun sellers and even gun owners themselves. It is important to remind ourselves, and those who will potentially oppose the effort, that the aim of this strategy is not to interfere with individuals' rights to possess firearms, but rather to ensure their safe storage so that they are inaccessible to potentially vulnerable children and adolescents.

Are there any concerns associated with this strategy?

Wouldn't a determined suicidal person seek out another method?

Some have pointed out that decreasing access to certain means of suicide will only make a determined suicidal person choose another method. However, it has been shown that a significant number of suicidal people may actually be discouraged from proceeding further. In the event that a youth is very determined to end their life, he or she may be forced to choose another method that is less lethal, allowing for a greater possibility of medical rescue. There have been several examples in which a reduction in access to a particular lethal method resulted in a reduction in suicide rates, without an increase in suicide by other methods.

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

You will know that your means restriction 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 means restriction 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 *	Is the link between suicide and access to firearms being reinforced to community members using a variety of communication strategies (articles in newspapers, community information sessions, poster campaign, etc.)?	<ul style="list-style-type: none"> ➤ keep track of the number of articles, community gatherings, and posters which address this issue and ensure that the correct information is provided to community members
SHORT TERM *	Are community members (including youth, parents, guardians, gatekeepers, and physicians) more knowledgeable about the role of firearms and other lethal means in youth suicide?	<ul style="list-style-type: none"> ➤ measure community knowledge about the association between firearms in the home and gun deaths among youth before and after the implementation of the means restriction program and compare results to determine whether the program has made a difference
MEDIUM TERM **	Do community members and gun store owners have more favourable attitudes regarding the safe storage of firearms and medications?	<ul style="list-style-type: none"> ➤ measure attitudes of community members regarding the safe storage of guns and medications
MEDIUM TERM **	Are community members practicing safe storage of firearms and medications?	<ul style="list-style-type: none"> ➤ measure percentage of homes with safely stored guns and medications
LONG TERM ***	Are suicide and suicidal behaviours among youth decreasing?	<ul style="list-style-type: none"> ➤ 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)



**Shamattawa First
Nation Central
Storage Program**

Location: RCMP detachment
General delivery
Shamattawa, Manitoba
R0B 1K0
Telephone: (204) 565-2351
Fax: (204) 565-2201

Contact person: Sgt Dario Cecchin

Program description: The community of Shamattawa is located along the north shore of the intersection of God's River and Echoing River, approximately 1,277 air kilometers north of Winnipeg and 365 air kilometers east of Thompson. The on-reserve population is approximately 900 and the native language is Cree. The economic base of the community is commercial fishing and trapping. The reserve is inaccessible by road, although a winter road may be constructed when heavy equipment is required in the area. The community maintains a gravel airstrip and is serviced by scheduled air flights out of Thompson. There is an RCMP detachment located on the reserve.

The Shamattawa Central Firearms Storage Program was started in 1988 in response to a very high number of shootings occurring the previous year. The Chief and Council passed a Band Council Resolution (BCR) stating that all firearms be placed in a central storage facility when they were not being used for hunting. The program is technically voluntary but the existence of the BCR provides a strong incentive for community members to use the program.

The firearms are stored in a locked room with barred windows located in a secure building within the RCMP compound. Numbered racks were installed to organize the stored firearms. Each user is assigned a number corresponding to the location in the rack where their firearms are stored. A registration form for each user listing name, address, number of firearms, and types of firearms is kept in a binder in the storage room. When the firearm is needed, the registered owner can sign it out of the storage facility between the hours of 10:00 a.m. and 2:00 a.m. (operating hours of the Shamattawa RCMP detachment). No one other than the registered owner may check out a firearm unless the owner gives permission in-person, or has provided a signed note indicating permission to release the firearm to another person. The only conditions on the release of firearms are that the person must be sober, and must not be prohibited from possessing firearms. There are approximately 250 firearms currently stored in the storage facility. It is estimated that over 90% of firearm owners use the central storage facility for their guns.

Target groups: All gun owners within the community of Shamattawa.

Partners involved: Shamattawa First Nation Band and local RCMP detachment.

Years in operation: The Central Storage Program was started in 1988.

Source of funding: There were almost no initial costs associated with the central storage program, since it was set up in an existing building. The only cost incurred was a minimal amount for the lumber used to construct the storage stalls. There are no personnel costs associated with the program since it is administered by the RCMP members as part of their duties. It is noted, however, that the members' workload increases significantly during hunting seasons.

Evaluation findings: A study done in 1998 revealed that participants believe the central storage program has benefits for the community including: safety, reduced break-ins, reduced accidents, fewer shootings, and the protection of children. The survey also showed that satisfaction with the central storage program was very high, with 93.5% of those respondents using the program reporting that they are satisfied with the way it works. A local RCMP officer reports that, since he has been in the community (the last two years), there have only been two minor incidents involving firearms, and these were not suicide-related.

Advice to others interested in starting this type of program:

- The existence of a BCR promoting central storage of firearms is a major factor in the high rate of use of the facility. In First Nation communities overall, BCRs carry a great deal of weight because they reflect the will of the community. The discussions leading up to the passage of a BCR serve to unite the community around the issue being considered. These discussions also serve to inform the public of the dangers of unsafe firearms storage and use, as well as the benefits to community peace and safety that central storage may yield.
- The central storage program needs to be well publicized, e.g. through notices in high traffic areas (Band office, nursing station, and local stores), announcements on local radio and television stations where available, and community information meetings.
- Convenience of the program in terms of broad hours of operation is also important in order to maximize success.



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
E-mail: siec@suicideinfo.ca
Web site: www.suicideinfo.ca

This is the largest English-language suicide information resource and library in the world, with extensive information on suicide prevention, postvention, and intervention. SIEC offers an information kit called *Gun Control and Suicide* which can be ordered for a nominal cost.

American Association of Suicidology (AAS)

Suite 408, 4201 Connecticut Avenue, N.W.
Washington, DC
20008
USA
Telephone: (202) 237-2280
Fax: (202) 237-2282
E-mail: info@suicidology.org
Web site: www.suicidology.org

In 1996, the AAS developed a *Consensus Statement on Youth Suicide by Firearm* which has now been endorsed by 30 major organizations including national mental, public, and physical health associations; public policy organizations; and child and youth welfare advocacy organizations. You can order this document directly from the American Association of Suicidology.

The Brady Center to Prevent Gun Violence

1225 Eye Street, NW, Suite 1100
Washington, DC
20005
USA
Telephone: (202) 289-7319
Fax: (202) 408-1851
Web site: www.bradycenter.org

The Brady Center works to reform the gun industry and educate the public about gun violence. The Center has developed the following program, which is available by contacting the organization:

Steps To Prevent Firearm Injury In The Home (STOP2) is a counselling tool that prepares health care providers across a wide range of disciplines (nurses, social workers, psychologists, health educators, counsellors, etc.) to talk with their clients and their families about the danger of keeping a gun in the home. The STOP2 kit includes a Health Care Provider Reference Manual, family brochures, and posters.

Suggested reading

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Gabor, T. (1994). *The impact of the availability of firearms on violent crime, suicide, and accidental death: A review of the literature with special reference to the Canadian situation*. Ottawa, Ontario: Department of Justice, Research and Statistics Directorate.

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Kellermann, A.L. et al. (1991). The epidemiologic basis for the prevention of firearm injuries. *Annual Review of Public Health*, 12, 17-40.

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Malchy, B. et al. (1997). Suicide among Manitoba's aboriginal people, 1988 to 1994. *Journal of the Canadian Medical Association*, 156(8), 1133-8.

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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.

School Strategies

School Gatekeeper Training



What is school gatekeeper training?

School gatekeeper training is an educational and skill-building effort designed to improve the knowledge and competency of school personnel in the recognition and crisis management of potentially suicidal young people. In the field of suicide prevention, the term “gatekeeper” is usually used to refer to those individuals who typically come into contact with youth as part of their daily routine. By virtue of their existing relationships with young people, school personnel are naturally well-placed to detect changes in the behaviour of students that may signal distress or suicidal thinking.

Goals

More specifically, school 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

All adults who work within the secondary and middle school systems, including teachers, guidance counsellors, administrators, coaches, and other school-based staff and volunteers.

Brief description

School gatekeeper training is typically provided within the educational settings where school personnel work. Training sessions vary in length from one to two-day workshops.

The following themes are usually covered:

- 1. The problem of youth suicide.** School gatekeepers are provided with information about youth depression; the seriousness of the problem of suicide; risk and protective factors for youth suicide; warning signs; guidelines for responding; school policies; and community resources.
- 2. Attitudes.** School staff is provided with an opportunity to explore their attitudes about the issue of youth suicide, and are helped to understand how certain attitudes can help or hinder an effective response. Helpful attitudes include willingness to initiate dialogue with a potentially suicidal adolescent; adopting a non-judgmental approach; openness to seeking consultation, taking responsibility for making referrals; and having a sense of optimism regarding the role of professional helpers.

- 3. **Identification of youth at potential risk.** School staff is provided with the opportunity to learn basic intervention skills for determining the level of risk and providing a rapid and effective response. Skills include how to initiate an intervention; how to estimate the level of suicide risk; how to develop an action plan for safety; how to respond to an acute crisis; and how to communicate with parents.
- 4. **Community referral sources.** School personnel are provided with information about available helping agencies in the community, how to access professional help for consultation purposes, and how to make a referral for a student-at-risk.
- 5. **School policies and procedures.** School staff are introduced to or reminded about the school's policy and procedures related to the management of suicidal youth. The roles and responsibilities of each staff member are reviewed.

Why should we provide school gatekeeper training?

It is consistent with the overall mission of the school

While the primary role of the school is to educate students, it is equally clear that students will not be able to learn if their overall health and well-being is compromised. Hence, any strategy that enables the adults to promote and protect the safety and well-being of their students will be consistent with the overall educational mission of the school system.

School staff have existing relationships with young people

Since school personnel will generally have regular (daily) contact with large numbers of students which typically lasts throughout the school year, they are in an ideal position to serve as gatekeepers. The ongoing contact with young people affords school-based staff with the opportunity to establish fairly enduring relationships with students which may in turn allow them to detect some of the more subtle changes, including signs of depression and emotional distress, in their students.

Further, since teachers and other school staff have so much contact with young people in general, they will often be better than parents at discriminating between behaviour that is typical or normative for a particular age group, or time period, and those student behaviours or attitudes which appear out-of-character or noticeably inconsistent over time. By providing school staff with the necessary knowledge and skills to recognize and assess potential risk, young people at-risk for suicide will be more easily detected and directed to the proper helping resources.

Adults working in the school system deserve to be supported

A sad reality of our times is that many young people feel suicidal in the face of unbearable stress and many of these students are coming to the attention of school-based personnel. It is essential that we enable school staff to become knowledgeable, skilled, confident and well-supported in their roles as gatekeepers. If the adults within the school system regard the topic of suicide with anxiety and fear, if they are reluctant to intervene

How do we know school gatekeeper training holds promise?

with a student who is suspected to be suicidal, and if they dismiss the importance of suicide prevention efforts in general, we will be missing a tremendous opportunity to reduce the number of adolescent deaths by suicide.

Gains in knowledge and improvements in attitude have been noted

Research studies have demonstrated that participants in school gatekeeper training have shown increased knowledge of warning signs, increased knowledge of community resources, as well as an increased willingness to make referrals to mental health agencies. Further, many gatekeepers report increased confidence in their ability to provide assistance to a suicidal youth following the training. Participants also report feeling satisfied with the training they have received.

More students have been referred for follow-up

Other researchers have reported an increase in the number of students referred for further evaluation following the gatekeeper training.

Experts recommend this strategy

The Centers for Disease Control included school gatekeeper training in their summary of recommended strategies for addressing the problem of youth suicide. Other experts have suggested that school gatekeeper programs could reduce youth suicide by about 12%. The Canadian Association for Suicide Prevention has also recommended suicide prevention training for school personnel as a key strategy for reducing youth suicide and suicidal behaviour.

Setting up for success

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

1. Use or adapt existing training programs

Several high-quality school gatekeeper training programs have already been developed (see *In our own backyard* and *A place to start*). While program modifications may be desirable, there is no need to develop a new program from scratch. In general, school 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?”; 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; document)*

2. Focus on knowledge and skills acquisition

The best approach to training for school gatekeepers should include the presentation of high quality information offered in the context of a safe environment where participants can watch and learn from others, practice their new skills, receive feedback, and have easy access to expert consultation once the training has been completed. Refer to the box *What areas should the training focus on?* for more information.

3. Emphasize the specific prevention roles of school personnel

School gatekeeper training should include very practical, “how-to” information that focuses on the recognition and referral of potentially at-risk youth. School staff needs to be supported to understand how their role “on the front lines” can be pivotal in ensuring that students at-risk receive an appropriate and timely response through their own early detection efforts. School policies that support staff in their roles as gatekeepers should also be highlighted.

4. Link school gatekeeper training with other suicide prevention strategies in the community

In order to develop a more comprehensive approach to addressing the problem of youth suicide, schools and community mental health organizations need to work together. To facilitate more collaboration between these two key sectors, schools are encouraged to participate in the development of joint protocols with community mental health agencies which specify the roles, expectations, and responsibilities of each system, should a student become suicidal (refer to the *Interagency communication and coordination* strategy).

Are there any concerns associated with this strategy?

Schools are responsible for educating students, not managing social problems

An area of tension that sometimes emerges in discussions about school gatekeeper training pertains to questions about the appropriate roles and responsibilities of school personnel, particularly in relation to distressed and potentially suicidal students. Many educators believe that the only role of the school is to teach students the required course content and they do not support efforts to prepare school personnel to respond to potentially suicidal students. Further, they argue that teachers, administrators, and, to a lesser extent, counsellors, are not trained to deal with issues of risk assessment and crisis management in their professional training programs, and thus should not be expected to perform these functions.

We do not live in an ideal world

While all of these assertions are true – schools should be held accountable for the provision of high quality education to their students and the management of social problems like substance abuse, violence, and suicide, should be left to qualified professionals – the reality is that we do not live in an ideal world where we can rigidly adhere to these beliefs. Despite what is specified in the school professional’s job description, emotionally distressed students will often seek out their favorite teacher or

principal to talk with about their suicidal feelings and suicidal students will routinely be present in school hallways and classrooms throughout this country.

Being prepared is always best

At least by having some basic skills in the recognition and assessment of suicide risk and by knowing what to do to help a student in crisis, school gatekeepers will be ready to respond effectively, if and when such a situation arises.

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

You will know that your school 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.

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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 school gatekeeper training 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*	Is school personnel satisfied with the training program?	➤ measure participant feedback regarding the training and their overall satisfaction with the materials presented
	Are school 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 school gatekeepers hold more favourable 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 school 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 school 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 school gatekeepers retaining the skills learned?	➤ measure retention of skills over a period of time
	Are school gatekeepers correctly identifying and referring students at-risk for suicide?	➤ track the number of youths referred by school staff ➤ 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)



School personnel training in suicide prevention

Location: Labrador School Board District 1

Labrador East Office
 P.O. Box 1810, Station B
 Happy Valley-Goose Bay, NL
 A0P 1E0
 Telephone: (709) 896-2431 ext. 237
 Fax: (709) 896-9638
 E-mail: dfeener@lsb.ca
 Web site: www.k12.nf.ca/labrador

Contact person: Darryl Feener, Program Specialist

Program description: The Labrador School Board District #1 is responsible for a total of 19 schools located in 14 Labrador communities. Of these communities, there are two Innu communities (Sheshatshiu and Davis Inlet-Utshimassit) with a total population of approximately 1,500 people and five Inuit communities (Nain, Hopedale, Postville, Makkovik, and Rigolet) with a total population of approximately 4,000 people. There is one school (Kindergarten to grade 12) in each of these Aboriginal communities.

In the last few years, the Labrador School Board District has been sponsoring a number of suicide prevention initiatives which include: training of school personnel, suicide awareness education for students, youth leadership training (with an emphasis on suicide prevention), and youth gatherings (which include a suicide prevention component). The training of school personnel in the area of suicide prevention has been ongoing since 1998. To date, approximately 300 teachers have been trained and there are currently at least three people in each school who are fully trained in suicide prevention and intervention.

The trainer is a staff member of the School Board District who travels to each community twice a year or more, depending on the local needs. Participants in the training sessions include local school personnel as well as other individuals from various community groups (health sector, Band council, RCMP members, etc.). The two-day ASIST curriculum (for more information on this curriculum, see *A place to start*) is used and 15-20 participants are trained at a time. Recently, 15 individuals from various local communities participated in a Train-the-Trainer session and are now qualified to deliver the ASIST workshop.

Target groups: School personnel (administrators, teachers, assistants, counselors) as well as community members.

Partners involved: Labrador School Board District #1, Band Councils, as well as a number of local community agencies.

Years in operation: Training has been ongoing since 1998.

Source of funding: The following organizations have contributed funds to this initiative: Labrador School Board District #1, Band Councils, Labrador Inuit Association, Innu Nation, Health Labrador Corporation, RCMP, Aboriginal Policing (Ottawa), Torngasok Cultural Centre, provincial government, as well as major private corporations.

Evaluation findings: A feedback evaluation form is filled out by participants at the end of each workshop. This serves to highlight the strengths and weaknesses of each workshop. On a broader scale, staff of the Labrador School Board District monitors the program on an on-going basis.

Advice to others interested in starting this type of program:

- Include all relevant Aboriginal and non-Aboriginal organizations and groups from each community.
- Combine the training of school personnel with a suicide awareness education component for the student body (grades seven and up) and other young people involved in community youth groups.



A Place to Start

Curricula

ASK.ASSESS.ACT

While not specific to Aboriginal populations, ASK.ASSESS.ACT is a solid suicide intervention training program for school personnel developed and delivered by the BC Council for Families. The goal of the program is to improve the overall competency of school personnel in the recognition and crisis management of potentially suicidal youth.

ASK.ASSESS.ACT is a one-day workshop presented in three modules covering the following topics:

- Statistics on youth suicide
- Individual and societal attitudes towards youth suicide and intervention
- Teen stressors
- Suicide warning signs
- How to ASK about suicide
- How to ASSESS the risk of suicide
- Steps to ACT using your school suicide intervention protocol

Target groups for this training program include teachers, school counsellors, youth care workers, youth probation officers, youth correction officers, mental health workers, school administrators, and RCMP members. The workshop is presented by certified suicide intervention trainers using lectures, experiential exercises, viewing of a video, large and small group discussions as well as role plays. The BC Council for Families organizes the training workshops on a fee-for-service basis.

Results of a formal evaluation (1998) indicated that 100% of surveyed participants would recommend ASK.ASSESS.ACT to colleagues. An increase in knowledge about suicide intervention as well as observable appropriate suicide intervention skills during workshop simulations were also detected during the evaluation. Finally, as a direct result of the workshop, most of the participating school districts took a closer look at their suicide intervention protocols and wrote or rewrote their policies. In some cases, schools used this opportunity to begin developing this important policy.

For more information on the program, please contact:

BC Council for Families

#204 - 2590 Granville Street

Vancouver, BC

V6H 3H1

Telephone: (604) 660-0675 or 1-800-663-5638

Fax: (604) 732-4813

E-mail: bccf@bccf.bc.ca

Web site: www.bccf.bc.ca

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 assess the risk of suicide, effective suicide intervention techniques, and 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

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, 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 (it is not specific to teachers). 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)

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

**Suggested
reading**

Angerstein G., Linfield-Spindler S., & Payne, L (1991). Evaluation of an urban school adolescent suicide program, *School Psychology International*, 12, 25-48.

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School Strategies

School Policy



What is a school policy?

A policy is a written statement that tells people what to do in certain situations by providing guidelines for action and by outlining various staff responsibilities. In the field of suicide prevention, a school policy mandates and guides the effective handling of crisis situations within the school environment.

The purpose of having a policy to guide the management of crisis situations is to ensure the safety of students at risk for suicide or a suicide attempt and to minimize the potentially negative consequences that could arise following a death by suicide. In addition, by developing such a policy, a school clearly communicates its commitment towards suicide prevention to staff, parents, and students.

Goals

The overall goals of a suicide prevention school policy are to:

- ensure that suicidal crises are handled in an appropriate, effective, and coordinated manner
- provide school personnel with clear guidelines as to their roles and responsibilities with regards to a suicidal student, a student returning to school after a suicide attempt, or a death by suicide
- ensure that students identified as potentially suicidal by peers or school personnel are promptly referred for assessment and treatment
- facilitate the re-integration of students returning to school following a suicide attempt
- minimize the levels of stress and bereavement in the student and staff population following a suicide
- reduce the risk for suicide contagion (imitative suicidal behaviour) among the student population, following a suicide

Target population

This strategy targets the school system, which includes members of the school community (faculty, staff, and students) and the school environment.

Brief description

This strategy involves the development and endorsement of a written school policy that will mandate and guide the effective handling of suicide crisis situations within the school environment.

Typically, a school suicide prevention policy (with accompanying procedures) should contain the following components:

- role and responsibilities of the school with respect to the problem of suicide in the student population
- detailed description of the steps that are to be taken when confronted with a suicidal student or a death by suicide
- directions on how the policy will be communicated, reviewed, and evaluated
- expectations regarding professional development, materials or other administrative measures
- list of names and telephone numbers of community emergency responses
- links with other school-based suicide prevention efforts

Guidelines related to intervention and postvention

A school policy should provide clear guidelines for intervention (to be activated once a suicidal student has been identified) as well as postvention (to be activated after a suicide has taken place).

*1. **Intervention.** Intervention activities include the following: early recognition of suicide potential, direct contact with the student involved, and referral to the appropriate mental health professional or other outside resources for assessment and care. Specifically, a school policy should address the following intervention issues:*

- person(s) to be contacted if a staff member learns or suspects a student may be suicidal*
- how to assess a suicidal student and determine the level of risk*
- what type of intervention should be initiated within the school*
- when should the parents be notified and by whom*
- guidelines for intervention*
- which community resources (e.g. suicide prevention agency, crisis centre, hospital emergency room, private psychiatrist or psychologist, police) can provide assistance and how these resources can be contacted*
- whether and how the student will be taken to an appropriate agency such as the hospital emergency room or mental health centre if necessary*
- how school staff will be informed about the incident*
- how the suicidal student's return to school will be coordinated*

Guidelines related to intervention and postvention

2. **Postvention.** *Postvention activities include a range of activities undertaken in a school or community following an adolescent suicide death with the aim of providing support to survivors and preventing suicidal contagion, i.e. imitative suicidal behaviour among vulnerable youth exposed to a suicide death. Specifically, a school postvention policy should include step-by-step procedures covering the following issues:*

Short-term

- *identification of a school-based (district-level) person in charge*
- *how to mobilize and receive outside help, if necessary*
- *who will communicate with the bereaved family and with the media*
- *how will support staff handle telephone calls and requests for information from the community*
- *how will information be communicated to all parents (and neighbouring schools) regarding the school's response*
- *how and by whom will staff and students be informed of a death by suicide*

Longer-term

- *how to provide support to staff for dealing with students' reactions*
- *how to inform staff and students regarding funeral arrangements*
- *how to reduce the sensational and emotionally-charged climate that surrounds a suicide death in the school community*
- *how to identify and manage students at high-risk following the suicide*
- *what type of support and counselling services will be provided for peers and school personnel and how will these be coordinated*

Why should we develop a school policy?

A suicidal crisis is usually a sudden and unexpected critical incident

Given what we know about the prevalence of suicidal behaviours among youth, it is very likely that a school community will be faced with a suicide crisis at some point or another. Due to the fact that crises are unpredictable, tending by definition to be sudden in their onset, and due to the strong emotions that are typically involved, it may be very difficult for school personnel to react and make decisions in a prompt and effective manner if they have engaged in no previous crisis response planning.

That is why it is important for schools to develop a detailed policy and procedures document prior to the onset of a crisis and for staff to thoroughly understand what is expected of them. Well-written guidelines can minimize the initial sense of helplessness and anxiety, increase the chances that students will receive the required support and assistance, and diminish the negative impact on the school community.

School staff deserves to be supported

Teachers and other school staff may have never been faced with a student in crisis before. In addition, many may view the prospect of having to intervene in such a crisis with anxiety and fear. It is therefore important to provide school staff with clear expectations about their roles-and the accompanying limitations-as well as detailed directions about how to carry them out. Finally, the development and existence of a school policy could potentially serve to protect the staff and school from lawsuits due to negligence.

Students in crisis should be recognized and referred in a prompt manner

Students who are experiencing a crisis and who are suspected to be at risk for suicide require immediate attention. These children and adolescents will most often need assistance beyond what the school system can offer and will need a referral to an appropriate mental health resource in the community. The presence of a clear school policy can facilitate an efficient process that is in the best interest of distressed youth.

After a suicide, peers need help too

Following the suicide of one of their peers, friends and acquaintances will feel intense shock and grief. There is also a real concern that adolescents exposed to a peer's suicide may be at increased risk to engage in suicidal behaviour themselves. Obviously, all children and adolescents exposed to a suicide will need some type of support, while those closer to the victim or those who were already emotionally vulnerable prior to the suicide may need more intense follow-up and counselling support. Well written school procedures will outline what needs to be done, and for whom, in order for peers to be supported in a timely and appropriate manner.

How do we know school policy development holds promise?

Policies and procedures represent effective tools to guide the actions of staff

The effectiveness of a school policy in reducing suicidal behaviours and completions has never been specifically evaluated. However, we do know that policies and procedures represent effective tools for guiding the behaviours and actions of an organization’s staff members. So if a policy is well-written and communicated to all school staff, and if the staff is supported in their implementation efforts, we can reasonably expect that the policy will achieve its intended effects. Furthermore, if the contents of the policy are based on research findings about “what works,” then we can be confident that the impact of the policy will be maximized.

Experts consistently recommend that every school should have a policy in place

There is a general consensus in the suicide prevention field that the development of school policy and procedures represents a very critical component of comprehensive school-based suicide prevention programs. The Canadian Association for Suicide Prevention has recommended the development of such policies at the school and district levels, especially when this strategy is combined with other suicide prevention efforts including trained faculty and staff, informed parents, informed students, and adequate linkages with community resources.

Setting up for success

There are five issues that you should address when developing a school policy.

1. Use a participatory approach

Policy statements are written to serve the population of the school. Although the development of your policy will be led by a working group, you should ensure that there are ample opportunities for staff, students, parents, and community members to have input into the development, implementation, and evaluation of the policy.

2. Base the contents of your school policy on “what works” in terms of intervention and postvention

The ultimate goal of developing a school policy is to help suicidal students get the necessary help and to support the peers of a suicide victim or attempter come to terms with their feelings in the most effective manner. As such, the contents of the policy (e.g. what steps should be taken and by whom) should be based on the recommendations of experts as to what works. Local mental health professionals possess the technical knowledge and have the clinical expertise to be of great help in the development of the policy. You can also review examples of policies that other schools or districts have developed. For more information, refer to the publications and sample policies highlighted in *A place to start*.

3. Establish effective referral links with community resources

Dealing effectively with a highly suicidal student or managing in the aftermath of an actual suicide will usually require more assistance than schools can reasonably provide. Because of the emergency nature of most crises, rapid access to resources is required. It is important that resource links be developed with local hospitals,

emergency response units and mental health centres for assessment and treatment assistance prior to the emergence of a crisis. Such links with community resources must be described in the policy along with up-to-date contact persons and telephone numbers. The agencies must be made aware of the school's policies and programs, and written protocols for referral and follow-up assistance should be discussed (refer to the *Interagency communication and coordination* strategy).

4. Disseminate the policy and provide training for staff members

It is important to ensure that the school policy is thoroughly disseminated to all school personnel. This may be accomplished by providing a copy of the policy to staff and faculty members and holding a meeting to discuss its contents. Staff members should thereafter be reminded of the policy and its contents on a yearly basis, preferably at the beginning of each school year.

Staff members who are in direct contact with students will also require training (refer to the *School gatekeeper training* strategy). In addition, staff that is expected to perform a specific role in the event of a crisis, as outlined in a school policy, must have the necessary competencies to accomplish that role and should receive appropriate training.

5. Ensure that the policy is reviewed on a regular basis

A school policy which highlights the management of crisis situations should be reviewed every 6 to 12 months to ensure that the contents and procedures are still appropriate and to update any changes related to emergency contact persons and telephone numbers.

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

You will know that your school policy 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 school policy. 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 school developed and adopted a policy in accordance with the guidelines described in this section?	<ul style="list-style-type: none"> ➢ conduct a review to ensure that the policy includes the following elements: <ul style="list-style-type: none"> • role and responsibilities of the school with respect to the problem of suicide in the students population • detailed description of the steps that are to be carried out for difference scenarios (suicidal student, death by suicide) and by whom • list of names and telephone numbers of community emergency responses • expectations regarding professional development, materials, or other administrative measures • links with other school-based suicide prevention efforts • directions as to how the policy will be communicated reviewed and evaluated
	Has the policy been communicated to all school personnel?	<ul style="list-style-type: none"> ➢ verify that the existence of the policy has been properly communicated to all school personnel
	Are all school staff aware of the policy, its purpose, and its contents and do they understand their respective roles and responsibilities?	<ul style="list-style-type: none"> ➢ measure level of knowledge and understanding of the school policy among school gatekeepers ➢ measure understanding of respective roles and responsibilities
MEDIUM TERM **		<ul style="list-style-type: none"> ➢ review the actions taken by school personnel during the incident and ensure that these are in accordance with the contents of the policy ➢ measure feedback from staff, students, and parents regarding the overall postvention efforts (e.g. satisfaction with communication, follow-through on referrals made for counselling, satisfaction with support provided by community resources or other outside experts)

* *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 **	In the event of a student suicide, are any other suicide attempts or completions directly related to the first one?	➤ measure number of suicides and suicide attempts in your school following a student suicide
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)



A Place to Start

Organizations

Centre for Suicide Prevention

Suicide Information and Education Collection (SIEC)
 Suite 320, 1202 Centre Street S.E.
 Calgary, Alberta
 T2G 5A5
 Telephone: (403) 245-3900
 Fax: (403) 245-0299
 E-mail: 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. SIEC offers two information kits to help schools develop policies and procedures: *School Postvention* and *School Intervention and Prevention*. SIEC also has copies of several existing school policies that you can use as a starting point. SIEC will send you the materials for a nominal cost.

Suggested reading

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School Strategies

School Climate Improvement



What is school climate improvement?

This strategy aims to organize the educational setting in ways that will enhance the well-being and health of students and staff. The climate of a school refers to all the physical and social qualities of a school that affect how staff and students feel and behave while they are there. Each school has a unique atmosphere and it is never neutral. While a positive school climate can contribute to the growth and adaptation of children and adolescents, a negative school climate may have the opposite effect.

Goals

More specifically, school climate improvement concentrates on the following goals:

- focus attention on what students, teachers, administrators, and parents think about key issues related to the climate of the school
- provide a solid basis for the development of strategies to overcome deficiencies
- improve certain factors of the school climate
- provide a wholesome, stimulating, and productive learning environment conducive to the academic and personal growth of students

Target population

This strategy targets the entire school system, which includes members of the school community (faculty, staff, and students) as well as the school environment.

Brief description

School climate improvement is a deliberate and planned process whereby a school takes an in-depth look at certain elements of its climate and then takes steps to positively influence these. The strategy of school climate improvement involves an orderly process, usually headed by a project team, which typically includes representation from the following groups: administration, guidance and counselling staff, teachers, parents, and students. Typically, the project team will: raise the awareness of staff, students, and parents; assess the current climate; identify improvement priorities and develop an action plan; and accomplish the tasks identified in the action plan.

What does school climate mean?

The concept of school climate may, at first, seem rather abstract. So it may be useful to think about school climate as encompassing four main areas:

1. Personal growth and development. *This area refers to the extent to which the school fosters continuous personal growth and self-enhancement for both students and staff.*

Important elements include:

- *degree of emphasis on academic achievement*
- *degree of emphasis on personal skill-building*
- *degree of emphasis on cooperation vs. competition among students*
- *level of freedom and safety for students to take risks and learn equally from their failures as well as their achievements*
- *level of teacher autonomy*
- *opportunities for staff development*

2. Communication and participation. *This area refers to the intensity and nature of personal relationships within the school environment, the extent to which people are involved in creating change in their surroundings, and the degree to which people support and help one another.*

This area includes elements such as:

- *quality of relationships among students*
- *quality of student relationships with teachers (personal and instruction related)*
- *quality of relationships among staff*
- *quality of relationships between staff and the administration*
- *quality of relationships between staff and parents*
- *degree of parental involvement and support*
- *degree of participation of students and staff in decision-making*

What does school climate mean?

3. **Maintenance.** *This area refers to the extent to which the environment is able to support and convey clear expectations and maintain control over individuals as necessary. This area includes elements such as:*

- *clarity of rules*
- *student level of awareness regarding the consequences of rule infractions*
- *consistency in assigning consequences*
- *degree of emphasis on behaving in an orderly and polite manner*

4. **Physical environment.** *This area refers to the extent to which physical surroundings contribute to a pleasant school environment. Important elements include:*

- *attractive surroundings*
- *safety of surroundings*
- *adequacy of instructional resources for teaching/learning*

Why should we be concerned with school climate?

Environments shape the way in which people feel and behave

There is a relationship between the characteristics of environments and the way in which people feel and behave in these environments. For example, we know that people tend to be more satisfied and have higher self-esteem when they live in environments characterized by a high degree of interpersonal involvement and mutual support. This is not to say that every person reacts the same way to a particular environment. However, it is clear that the quality of our social environments—those places where we live, work, and play—has a lot to do with how we feel about ourselves, our relationships with others, and our overall sense of well-being.

Schools play an important role in young people's lives

The way youth develop and adapt is shaped especially by the settings in which they spend the majority of their time, namely the family and the school. In fact, school climate has been shown to be related to student achievement, student behaviours, and the way students feel about their schools, themselves and others. Because children and

youth spend a great deal of their formative years in school, improving the climate within schools becomes a key strategy for the prevention of maladjustment and the enhancement of well-being in youth.

The negative impact of an unhealthy climate is related to risk for suicide

The characteristics of an unhealthy school environment are relevant to the problem of youth suicide. School settings that do not create opportunities for youth to be involved, where academic performance is valued to the exclusion of all other student efforts, where school staff make no time for cultivating meaningful, caring relationships with students, and where staff themselves feel unsupported, can all contribute to youth-especially those who are already vulnerable-feeling devalued, isolated, and at risk for a range of high-risk behaviours, including suicide. So, by improving the climate within a school, the educational system can make a meaningful contribution to reducing suicide risk among youth.

How do we know that school climate improvement holds promise?

School climate improvement efforts can influence key risk and protective factors of youth suicide

The specific effects of classroom restructuring (which is one example of a school climate improvement effort) have been investigated to determine how environmental modifications within the school might reduce risks for a range of youth problems, including youth suicidal behaviour. For example, an evaluation of an American program designed to help students make the transition from one school environment to another showed that participating students were less likely to show declines in academic performance, decreases on indicators of positive mental health, and increases in emotional and behavioural difficulties when compared with non-participating students.

In addition, a number of large and long-term school climate initiatives have been found to have an impact on several of the contributing and protective factors related to youth suicide. The Yale-New Haven primary prevention project, which focused on creating a desirable social environment in schools, found improved academic achievement and attendance, reduced incidence of behaviour problems, improved staff attendance, reduced staff turnover, and markedly improved parent involvement in school activities.

A follow-up study of the same project found that there were long-term positive effects associated with school climate improvement. Students who had attended a school where the project had been implemented showed improved school performance as well as perceived school competence. In addition, students reported higher levels of self-competence, which meant that they felt better about themselves and their functioning, both in and out of school, than did students who were not part of the intervention.

Suicide prevention experts are recommending this type of intervention

Several experts in suicide prevention have noted that our efforts will be limited if we focus exclusively on changing individual behaviours. They recommend that the

educational system has a key role to play in youth suicide prevention by improving the quality of the social environments in which youngsters interact on a day-to-day basis. Many experts have urged program planners to direct attention to the organization of the school itself within which many of these environmental risk factors manifest themselves. “Students are not high risk, circumstances are” (Felner, et al., 1993). In addition to reducing the negative impact of social and environmental risk factors for suicide, many have noted that school climate improvement initiatives can contribute to positive growth enhancement.

**Setting up
for success**

The following issues are important to the success of a school climate improvement initiative.

1. Set up a project team to lead your school climate improvement project

A school climate improvement project will have a better chance of succeeding if a core group of committed individuals takes overall responsibility for the project. As such, it is recommended that a “school climate improvement project team” be set up before any activities are undertaken. This team should not act as an advisory group that simply studies a problem and then makes recommendations. Rather, the team should function as a working group that, together with school administration, plans and coordinates the school climate improvement activities in the school. The team should be composed of staff, parents, and students, who are willing to work to make the school a better place for everyone.

2. Follow a step-by-step process in the development of your project

It is recommended that your working group follows the following step-by-step guide to project development:

- a. *Raise the awareness of staff, students, and parents.* People first need to understand what school climate is, how it affects them and others, and what can be done to make a difference. So to start, it is important to plan a series of awareness-raising workshops or other activities where staff, students, and parents can learn about the proposed climate improvement project and become convinced that the initiative can benefit their school.
- b. *Assess the current school climate.* Once key groups have been informed about the project, the next step involves assessing the current school climate. To this end, the project team must first decide which elements of the school climate will be assessed. Then, an assessment survey is developed that asks how well the school is doing with respect to these elements. Major groups to be surveyed include parents, students, faculty, and other school staff. Options for surveying these groups include written questionnaires, interviews, focus groups, staff meetings or some combination of these. Assessment results are then analyzed, interpreted, and communicated to staff, students, and parents.

c. *Identify improvement priorities and develop an action plan.* Based on the results of the assessment, the top priorities for improvement are selected. For each priority, the project team, in consultation with the key stakeholder groups, then determines what they would like to see happen (goals and objectives) and proceeds to develop an action plan.

The action plan spells out how the goals will be met, and who will do what and when. Finally, the written action plan is shared with students, parents, school staff, and the community.

d. *Accomplish the tasks identified in the action plan.* The next step involves the implementation of the action plan. There must be sufficient commitment on the part of administration and staff to free up the necessary time and resources. During the implementation phase, it is important to schedule regular meetings with the project team and key interest groups in order to make sure that all components of the action plan are being implemented correctly.

e. *Review your efforts.* The last step of a school climate improvement project should be an evaluation of the results. This involves ensuring that the project has met the goals and objectives that your group identified in the beginning. In addition, you should take the time to find out whether participants in the project were satisfied with the experience and whether there were any unforeseen positive or negative outcomes of the project.

3. When in doubt, start small

The prospect of analyzing and attending to your school’s climate may at first seem like an overwhelming and difficult undertaking. If circumstances at your school do not allow for a school-wide and comprehensive climate improvement project, why not begin small by focusing on one element of the environment that seems particularly problematic? You may even opt to hand over the process to a group of dedicated and enthusiastic students. A successful small improvement project may just pave the way for more or larger undertakings in the future.

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

You will know that your school climate improvement 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 school climate improvement 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
<p>Is there increased satisfaction among members of the school community in general?</p>	<ul style="list-style-type: none"> ➤ measure student and teacher satisfaction with respect to the school in general before and after implementation of the program and compare results to determine whether the program has made a difference
<p>Is one or more of the following indicators are showing improvements?</p>	
<p>a) student academic achievement</p>	<ul style="list-style-type: none"> ➤ measure percentage of students earning high/low grades before and after implementation of the program and compare
<p>b) student participation in extra-curricular activities</p>	<ul style="list-style-type: none"> ➤ measure percentage of students involved in at least one extra-curricular activity before and after implementation of the program and compare
<p>c) attendance of students and staff</p>	<ul style="list-style-type: none"> ➤ record total year and monthly attendance rates for staff and students before and after implementation of the program and compare ➤ record attendance at school sponsored events (cultural, athletic, or social events) before and after implementation of the program and compare
<p>d) level of vandalism and theft</p>	<ul style="list-style-type: none"> ➤ calculate total and monthly repair and replacement costs before and after implementation of the program and compare
<p>e) number of discipline problems</p>	<ul style="list-style-type: none"> ➤ count records of suspensions before and after implementation of the program and compare ➤ record and analyze the numbers of students referred to the office for disciplinary action before and after implementation of the program and compare
<p>f) alcohol and drug use</p>	<ul style="list-style-type: none"> ➤ measure alcohol and drug use before and after implementation and compare

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

Methods
to evaluate

	Ask a Key Evaluation Question	Measure the Success
MEDIUM TERM**	Is the general student population is experiencing improved emotional well-being?	➤ measure student mental well-being (e.g. depression, self-esteem, perceived competence, level of stress)
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)



**Native
Pride
Program**

Location: Ernest Morrow Junior High School
1212 - 47th St. S.E.
Calgary, AB
T2A 1R3
Telephone: (403) 777-7800
Fax: (403) 777-7809
E-mail: lauriee@epals.com

Contact person: Laurie English, Coordinator

Program description: The purpose of the Native Pride Program is to provide academic and cultural support to Aboriginal and Métis children while exposing the Aboriginal culture to non-Aboriginal students. Ernest Morrow Junior High School has a student population of 600, of which approximately 50 students are of Aboriginal or Métis background. The program coordinator estimates that 35 students regularly use program services.

The activities sponsored by the program include: regular cultural activities and teachings for Aboriginal students, on-going academic support and tutoring for Aboriginal students, outreach work with families, and cultural awareness events involving the whole school.

Cultural activities and teachings take place every Wednesday afternoons at the school or on field trips. The program often invites guests (representatives of the Rediscovery Program, Elders, Addictions Counsellors, etc.) to come in and teach students various topics such as drumming, Aboriginal games, wilderness survival, and arts and crafts.

The academic support component of the program takes place in the program office. Students can come in at any time to receive one-on-one support from the program coordinator or the program aide. Teachers will often refer their students to the program when they need extra help.

The program coordinator is also responsible for the outreach component of the program. She does home visits when families or students are in need of more support or referrals to other services.

Finally, the final component of the program involves exposing the non-Aboriginal student population to the Aboriginal culture in an effort to raise awareness and promote understanding. This can be done, for example, by organizing a school-wide drumming performance presented by the Aboriginal students.

Target groups: All Aboriginal and Métis children enrolled in the school. Non-Aboriginal children are also welcomed to participate in the activities organized by the program.

Partners involved: None.

Years in operation: The program has been in operation since 1995.

Source of funding: Costs related to this program include salaries (one full-time coordinator and one part-time aide) as well as administrative costs. The program is entirely funded by the United Way.

Evaluation findings: In-house evaluations are performed every year. In 2000, a survey was distributed to all participating students and to school teachers. The results from the student survey were overwhelmingly positive. Approximately 60% of the teachers thought that the program was extremely positive.

Advice to others interested in starting this type of program: The program coordinator recommends that programs such as the Native Pride program should always welcome non-Aboriginal students to participate in program activities.



A Place to Start

Organizations

BC Healthy Schools

The aim of the BC Healthy Schools program is to get students involved in learning and practicing skills for decision making towards health. Through a five step process, students are involved in creating action plans that will make their school a healthier place. Since its inception in 1990, hundreds of schools and thousands of students in British Columbia have developed ways to create school environments that are supportive of health.

The Healthy Schools Resource Guide is available for downloading (PDF document) at www.mcf.gov.bc.ca/publications/ecd/healthy_schools_website.pdf or by contacting:

BC Healthy Schools
c/o Ministry of Children and Family Development
716 Courtney Street
Victoria, BC
V8W 1C2
Phone: (250) 356-2489
Fax: (250) 356-0580
Web site: www.gov.bc.ca/mcf

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Youth/Family Strategies

Self Esteem Building



What is self-esteem building?

Self-esteem building programs aim to foster positive self-esteem in children and adolescents, which in turn may decrease the likelihood of suicide completions and suicide attempts. Such programs increase youth's awareness of how they feel about themselves and help them value their own unique sense of self, where they come from, and the things that they do.

Although there are many ways to describe self-esteem, it basically refers to how we feel about ourselves. Positive self-esteem has been described as feeling good about one's self on the basis of perceived strengths. Related to the concept of self-esteem is self-acceptance, which means to value oneself regardless of perceived weaknesses. In the most basic terms, self-esteem is the disposition to experience oneself as competent, to cope with the challenges of life and to be deserving of happiness.

Goals

More specifically, the goals of self-esteem building are to:

- help youth understand, build, and maintain their self-esteem
- help youth build a sense of self-acceptance and purpose
- facilitate the development of a sense of identity in youth
- promote understanding and acceptance of differences between people

Target population

Self-esteem building programs are directed towards ALL children within a particular age group. This strategy is proactive in that it targets as yet unaffected children and adolescents in order to strengthen their adaptive capacities.

Brief description

There are an extensive number of existing programs that aim to enhance self-esteem in youth, mostly developed for the general population. Most programs focus on all or some of the following components to achieving healthy self-esteem:

1. *Trust*. A sense of security is the first prerequisite to positive self-esteem. Individuals need this sense of security before they can look at themselves realistically or risk the possibility of failure. A sense of security means understanding limits, knowing what to expect, and feeling comfortable and safe. In order for an individual to develop trust in others, he/she must have a series of positive encounters with the people who share his/her world.
2. *Self*. Children begin to mold their self-image early in life. By creating environments in which children can feel secure about themselves and develop their strengths, adults can help children have those positive experiences.

3. *Belonging.* Belonging is the feeling of being accepted by others. When an individual feels like they belong to a group, they gain security. That security and the acceptance they feel help nurture their own self-esteem.
4. *Purpose.* Purpose is an important part of one's self-esteem development. Every individual needs to have a feeling of purpose or a mission in life.
5. *Success.* The statement, "success breeds success," is true in the development of healthy self-esteem in people. By identifying a problem or goal, by developing a plan of action, and by accomplishing an objective, children develop problem-solving skills, as well as a sense of pride.

Self-esteem programs are most often taught in schools but can also be presented in other youth friendly settings including community centres, recreational facilities, friendship centres, and family resource centres. The sessions are usually led by volunteers or staff who has been properly trained. A variety of teaching methods can be used including lectures, small group discussions, presentations by guest speakers, modelling, and role plays.

Why should we offer self-esteem building programs?

Self-esteem is important to a healthy development

Self-esteem is important to normal, psychological development. To adequately cope with the challenges of growing and developing, a person needs to believe that they have the capacity to achieve what they want to and that they are deserving of happiness and joy in life.

Self-esteem programs can impact on known risk and protective factors for suicide

Strong self-esteem acts as a protective factor against suicide as it provides youth with the knowledge that they can cope with problems and feel able to meet the challenges and downturns of life. With positive self-esteem, youth may become less vulnerable to depression and all the other symptomatology of suicide ideation. This may ultimately lead to a decrease in the number of times suicide is even considered as a solution to a negative situation.

On the other hand, studies link low self-esteem with disturbed body image, curtailed physical activity, eating disorders, substance abuse, abusive relationships and interpersonal problems. People who have low self-esteem tend to feel isolated and worthless and low self-esteem can eventually lead to anxiety disorders, depression and suicide. There is therefore a role for self-esteem programs to counteract the negative impact of the risk factors while enhancing the positive power of the protective factors.

How do we know
self-esteem
building holds
promise?

Building self-esteem is particularly important for Aboriginal youth

It is becoming more and more evident that self-esteem is an important factor in the lives of Aboriginal youth. Recent research found that a common experience for Aboriginal youth who kill themselves is the recurrent and destructive assault of their self-esteem. An example of a destructive factor on the self-esteem of Aboriginal youth is the constant negative cultural portrayal of Aboriginal people by their non-Aboriginal counterparts. Aboriginal children often grow up with images of themselves as an inferior race and are treated with extreme prejudice by the rest of Canada.

In addition, the process of having their community assimilated into a foreign culture to which they cannot always relate diminishes their sense of belonging. Many youth experience a strong feeling of cultural ambivalence in which they do not have a sense of belonging to either the majority or minority culture. Low self-esteem is usually the consequence of this alienation and assimilation process. As a result of chronic and inter-generational low self-esteem, these youth will experience great difficulty envisioning their future. It is therefore important for Aboriginal youth to develop healthy self-esteem, a sense of self-control over their destiny, as well as self-reliance and a feeling of personal power.

Although there is not, to date, any evaluative research clearly demonstrating a decrease in youth suicide following the implementation of self-esteem programs, there is enough indirect evidence to suggest that this strategy has potential for success.

Enhancing self-esteem has been shown to help suicidal youth

Aboriginal youth who have recovered from suicidal ideation assign great importance to the process of building one's self-esteem. A recent study investigating what type of strategies had helped a group of 25 Aboriginal youth from British Columbia recover from suicidal tendencies found that acquiring self-esteem/self-acceptance was *the most important successful healing strategy identified by these young people*.

Experts recommend this strategy

In the general literature, a number of authors have called for the implementation of programs that specifically target self-esteem in children and adolescents. Additionally, support can be found for this strategy in the literature on suicide prevention amongst Aboriginal youth.

Aboriginal youth recommend this strategy

Aboriginal young people participating in suicide prevention conferences often call for programs aimed at enhancing Aboriginal youth self-esteem as a means to reducing suicide rates. In a recent focus group of Aboriginal youth held in Thunder Bay, participants felt that low self-esteem, whether due to racism, language differences, learned helplessness, or taking on the victim's role, was the primary cause of the problems facing Aboriginal youth today. Participating youth indicated that improving self-esteem in youth was crucial element of any suicide prevention program.

Setting up
for success

1. Decide how you and your group will organize and structure your self-esteem building program

Self-esteem building can be offered to the youth in your community in a number of ways. First, you may choose to implement an established self-esteem curriculum in schools or other community setting. This usually involves purchasing the curriculum and then having local professionals or trained volunteers deliver the curriculum to the students over a period of a few weeks or longer. Second, you may opt to organize a self-esteem workshop or offer a presentation of self-esteem as part of a larger event such as a youth gathering. One-time workshops or presentations can be facilitated by local or outside professionals, but be aware that in general, one-time-only workshops or presentations are not particularly effective and we recommend the implementation of a series of self-esteem building efforts/ workshops which can be offered to young people over a longer period of time. Please refer to *A place to start* and *In our own backyard* for examples of curricula and workshops.

2. Be aware of the findings from recent research

The literature stresses that efforts to improve self-esteem need to be approached from both traditional and modern perspectives. A recent study examined the link between ethnic identity and Aboriginal adolescents' self-esteem by surveying a group of 164 Canadian Aboriginal adolescents in grades 10 and 11. Researchers found that self-esteem was not related to the strength of their identification with the Aboriginal culture, but instead to the strength of their identification with the non-Aboriginal culture. It was concluded that in order to foster self-esteem in Aboriginal adolescents, efforts should focus on helping young Aboriginal people cope with the demands and prejudice that may be inflicted by the non-Aboriginal culture.

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

You will know that your self-esteem building 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 self-esteem building 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 children and adolescents who have attended the sessions satisfied with the information presented?	<ul style="list-style-type: none"> ➤ measure participants' feedback regarding the self-esteem workshops and their satisfaction with the materials presented
MEDIUM TERM **	<p>Are children and adolescents who have attended the sessions showing healthy adjustment in the following areas?</p> <p>a) Emotional well-being</p> <p>b) Social network</p> <p>c) School performance</p>	<ul style="list-style-type: none"> ➤ measure depression, self-esteem, and stress levels ➤ measure perceived social support from peers, family, teachers, and other significant adults ➤ measure attendance, academic performance, and antisocial behaviour
LONG TERM ***	Are suicide and suicidal behaviours among youth decreasing?	<ul style="list-style-type: none"> ➤ 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 gathering
in
Fort Albany**

Location: Peetabeck Health Services
P.O. Box 181
Fort Albany, Ontario
P0L 1H0
Telephone: (705) 278-1131
Fax: (705) 278-1069
E-mail: luc32edwards@hotmail.com

Contact person: Lucy Edwards, Health Director

Program description: Fort Albany First Nation is located 450 kilometers north of Timmins, Ontario on the shore of the Albany River. The community has a population of approximately 1000 on-reserve and is accessible only by air, winter road, and, during the summer season, by barge.

The Peetabeck Health Centre, in collaboration with Community Education Services, organizes a yearly youth gathering which takes place in the month of August. The 4-day event takes place on a site approximately a half-hour ride from the reserve where the youth and supervising adults camp out. Last summer, the youth gathering attracted over 100 young people from the reserve and it is expected that this number will be higher this year.

Although this wellness event also touches on drugs and alcohol prevention and cultural teachings, the main goal is to strengthen youth's self-esteem and self-confidence. Through workshops, speeches, activities, and games, the youth are encouraged to focus on the positive and are taught healthy and positive behaviors. Local as well as outside speakers, facilitators and role models are invited to address the youth during the event. For example, the Self-Improvement Course has been one of the cornerstones of the event in the past (see *A place to start* for more information on that workshop). During the year, a youth committee participates in the planning and fund-raising for the event.

Target groups: The target group for this event includes all youth 11 years of age and older.

Partners involved: Peetabeck Health Centre and the Community Education Services

Years in operation: The youth gathering has been a yearly event since 1999.

Source of funding and costs per year: The youth gathering is funded through: Health Services, various donations from local and outside organizations, and local fund-raising activities (e.g. bake sales, bingo, rummage sales)

Resources: Staff from Health Services and Education Services organizes the event and supervise the events.

Evaluation findings: Participating youth provide feedback by completing evaluation questionnaires following each workshop as well as at the end of the gathering. Participating youth also get a chance to offer suggestions related to future topics and speakers as well as the overall organization of the gathering. Feedback collected from past gatherings has consistently been very positive.

Advice to others interested in starting this type of program:

- Be prepared to listen to the young people and what they want for their gathering. Include youth in the planning of the event through some form of youth committee.
- Be committed to keep the gathering going year after year.
- Don't underestimate the fund-raising component, as it can be a long process to get the necessary funds to produce a successful gathering.



A Place to Start

Workshops

Community Leadership Workshop

Designed specifically for First Nations youth, the community leadership workshop offers an opportunity for youth to better understand, build, and maintain their self-esteem while developing their sense of identity. The three-day workshop focuses on the following topics: Understanding Leadership, Leadership and You, Leadership and Self-esteem, Leadership and Communication, Leadership in Action, and Self-care for Leaders. The workshop format includes many exercises, practice-circles, small and large-group discussions, and role-plays in order to encourage the participating 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

The Self-Improvement Course

This workshop focuses on self-esteem building for First Nations people and can be adapted to all ages. It 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 Self-Improvement Course is the end product of many years of training and observation of techniques to help build self-esteem in youth.

The workshop is based on the premise that “it is okay to feel good about one’s self.” The full workshop spans over five weeks but its length can be adjusted to fit a community’s needs. The sessions focus on four major components:

- Emotional: feelings, issues, positive vs. negative, etc.
- Spiritual: pride, culture, heritage, role-models, etc.
- Physical: exercise, fitness, hygiene, foot care, oral hygiene, etc.
- Social: skill development, group dynamics, manners, conversational development, etc.

The workshop uses the fashion industry as the catalyst to empower youth to look at themselves and to bring about self-development. The notion that beauty comes from within is stressed throughout. However, each participant learns how to make the exterior look great. Each participant takes a photo shoot and looks at who they are. The course culminates with a fashion presentation known as “An Esteemed Extravaganza.” This is a night to celebrate and share in one’s new-found confidence, a chance to be appreciated for what they are, and a chance to be applauded for taking a healthy risk. For many, this is their only “claim to fame.”

Throughout the workshop, participants are taught how to praise one another, and how to accept compliments because they are worthy of them. The workshop promotes acceptance of every participant, no matter who they are and what they look like. It teaches that First Nation People, like others, are on the move. Participants are encouraged to make the necessary changes in their life so that they will be happier. It is hoped that each individual will come to realize that only they can control their own destiny. Copies of the course overview are available.

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 1-877-551-5584

Fax: (705) 945-7798

E-mail: info@turtleconcepts.com

Web site: www.turtleconcepts.com

Curricula**I’m Thumbody**

“I’m Thumbody” is a self-esteem curriculum originally developed in Alberta and adapted by the New Brunswick chapter of the Canadian Mental Health Association. Since the early 1990’s, this curriculum has been offered within the public school system of New Brunswick and it is estimated that 80 to 85% of all schools currently use the program. The program is offered in a number of schools that are attended by Aboriginal students who live in neighbouring Aboriginal reserves. In the past, the program has also been offered in an Aboriginal school on-reserve. In fact, certain materials have been translated in Micmac to better serve the needs of that particular school.

The “I’m Thumbody” program:

- promotes healthy self-concepts
- stimulates the development of self confidence
- instills feelings of self worth, individuality and responsibility
- generates an understanding of each person’s uniqueness and focuses on the value of their individual differences and strengths
- enhances self-awareness

The curriculum is designed for use at the grade three to four level. The material is presented in the classroom by trained volunteers over two one-hour sessions, with a one week interval between sessions (Session I: Awareness of the uniqueness of self and others and Session II: Identification, recognition, and acceptance of feelings). Each session has a range of activities, from the examination of thumbprints to group discussions about different types of feelings. In addition to the classroom experience, parents and teachers are provided with material to assist them in reinforcing the development of self esteem and good mental health in children. Evaluation forms are completed by teachers and volunteers to evaluate both the program delivery and content, and the volunteer training session.

Volunteers who deliver the program in the schools are selected and trained by the local CMHA chapter. They are selected for their personal suitability to the program and are requested to provide character references. Volunteers usually include retired teachers, parents, or university students. Volunteers are dispatched to the schools from the central office as well as from a number of satellite offices across the province.

For more information about this curriculum, contact:

Canadian Mental Health Association

78 Weldon St.

P.O. Box 11

Moncton, New Brunswick

E1C 8R9

Telephone: (506) 852-3270

Fax: (506) 859-9581

E-mail: cmharcwl@nb.aibn.com

**Suggested
reading**

Garland, A.F. & Zigler, E. (1993). Adolescent suicide prevention: Current research and social policy implications. *American Psychologist*, 48(2), 169-182.

Gotowiecz, A. et al. (1999). *Ethnic identity and self-esteem in Native adolescents* (Unpublished study). Toronto, Ontario: Centre for Addiction and Mental Health.

Leslie, B. & Storey, F. (n.d.). *A perspective on the fragmentation of services to Aboriginal youth*. Victoria, BC: Aboriginal Relations Branch, Ministry for Children and Families.

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

McCormick, R.M. (n.d.). Recovery from suicidal ideation: Successful healing strategies as described by Aboriginal youth in Canada. Draft paper under review: *Journal of Multicultural Counselling and Development*.

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.

Oblin, C. & Moores, K. (1997). Self-esteem: Meeting the challenge. In Oblin, C., Kirmayer, L.J., Gill, K. & Robinson, E. (Eds.), *Widening the circle: Collaborative research for mental health promotion in Native communities* (Report No.8). Montreal, Quebec: Culture & Mental Health Research Unit, Sir Mortimer B. Davis - Jewish General Hospital.

Regehr, C., Holton, T., Despard, E., & Rogers, T. (2000). *Discussions of Aboriginal youth suicide: A preliminary report*. Calgary, AB: Department of Psychology, University of Calgary.

Sigurdson, E. et al. (1994). A five year review of youth suicide in Manitoba. *Canadian Journal of Psychiatry*, 39(8), 397-403.

Stivers, C. (1991). Promotion of self-esteem in the prevention of suicide. In A.A. Leenaars & S. Wenckstern (Eds.), *Suicide prevention in schools*. New York: Hemisphere.

Thira, D. (2000). First Nations community-based suicide prevention. *Lifenotes: A suicide prevention and community health newsletter*, 5(1), 7-8.

Youth/Family Strategies

Life Skills Training



What are life skills training programs?

Life skills training programs are intended to teach children and adolescents the social competencies and life skills needed to support positive social, emotional, and academic development. The aim of this strategy is to enhance young people's personal capabilities so that they may be able to adapt and deal effectively with daily tasks, challenges, and stresses.

In the context of suicide prevention, life skills programs aim at enhancing certain factors that are known to protect against suicide such as: creative problem-solving, healthy coping, and interpersonal competence, which in turn contribute to positive self-esteem.

Goals

More specifically, the goals of life skills training programs are to:

- provide children and adolescents with life-long skills that they can apply in a variety of situations
- facilitate the development of meaningful relationships with peers, family members, teachers, and other adults
- teach youngsters to recognize unhealthy social influences in the environment and make choices about those influences
- develop self-management skills for depression and anger
- increase the repertoire of health-promoting skills
- enhance personal resources such as a sense of well-being, self-esteem, and competency

Target population

Life skills training programs are directed towards ALL children within a particular age group. This strategy is proactive in that it targets children and adolescents who have never shown signs of early risk for suicide in order to strengthen their adaptive capacities.

Brief description

There are a wide variety of life skills training programs in existence. Although the programs may vary in terms of specific objectives, settings, and types of skills emphasized, they are all based on the assumption that training children and adolescents in basic life skills will have a positive impact on their ability to adapt and deal with the pressures in their lives.

Life skills programs usually focus on imparting one or more of the following sets of skills:

Social skills. The social skills component consists of a complex set of relationship and communication skills which allow children and adolescents to have successful and satisfying interactions with peers, parents, teachers, and other adults.

Problem-solving skills. Problem-solving skills include the ability to identify and define a problem, explore potential options, assess the merits and limitations of each, choose an effective means of resolving the problem and be resourceful in seeking help from others.

Decision-making skills. Decision-making skills are especially important in terms of recognizing unhealthy social influences, such as peer pressure related to smoking and drinking and making positive choices about those influences.

Coping and stress management skills. This set of skills relates to the ability to deal with stressful situations and manage anger.

Life skills training programs can be offered to children of all ages from very young children to young adults. Successful life skills programs tend to be relatively structured, with an emphasis on participants practicing specific behaviours and skills in a classroom-type situation and then transferring them to real-life settings. This is important because if this transfer does not occur, the training serves little or no purpose. The following steps are generally followed:

- a peer or adult trainer models the desired behaviour (and acts as a positive role model)
- youth practice the behaviour in role-play situations similar to ones in which the skills might be used
- the trainer or other participants provide feedback to the people participating in the role play situation about how successful they were in demonstrating the use of the behaviour
- youth are supported in their efforts to transfer the skill to real life situations

Because this strategy targets all young people, the most common setting for implementation is the school, although this type of program can also be offered in any other youth-friendly settings including community centres, recreational facilities, friendship centres, and family resource centres. Sessions or workshops are usually led by volunteers or staff who has been properly trained.

Why should we provide life skills training?

Aboriginal youth experience significant stresses and challenges

As they grow up, all young people experience a number of real physical and emotional changes. On top of these changes - which are a normal part of growing up - young people are regularly confronted with various life stressors like peer pressure, parental expectations, and school-related issues. While Aboriginal youth are faced with the same normal changes associated with adolescence, they are thought to be facing, *on average*, more numerous or more intense life stressors than their non-Aboriginal peers. Poor housing, family abuse of drugs and alcohol, and unemployment are examples of problems that are statistically known to be more prevalent in Aboriginal communities. In addition, Aboriginal youth may have observed and internalized a number of unhealthy life skills and coping mechanisms from their own family, neighbours, or peers.

There is a relationship between a lack of life skills and youth suicide

In general, young people who possess and use basic life skills in their daily lives seem to deal better with daily hassles and pressures. On the other hand, young people who are lacking or deficient in these skills are seen as being maladjusted and often experience difficulties such as social relationship problems, failure to achieve in school, involvement in health-damaging behaviours, and low self-esteem. Being deficient in life skills therefore constitutes a high risk condition that increases the probability of later maladjustment and ultimately increases the risk for suicide or suicide attempts.

Life skills programs can help young people adjust and thrive

There is therefore a strong argument to be made for implementing programs that are designed to provide children with the life skills that will allow them to deal effectively with challenges and stress so that they can experience a healthy transition into adulthood. The current consensus in the literature on youth suicide prevention is for schools and organizations to provide a health curriculum that strengthens basic skills useful for managing a variety of health and social issues instead of teaching children and adolescents exclusively about the topic of suicide. Although implementing skill-building programs will not remove the problems that are inherent in many Aboriginal communities, it can provide Aboriginal youth with useful tools that will help them address the negative consequences of adversity and build on the positive prospects for living a healthy life.

How do we know life skills training holds promise?

Extensive research has been done in the general population

Research conducted in the general population suggests that programs that teach generic, broadly applicable personal and social competencies (e.g. problem-solving skills, decision-making skills, interpersonal skills, self-control, stress management, and assertiveness) have yielded significant benefits at least one year following the training, in broad areas such as social adjustment, assertive behaviour, non-aggressive behaviour, peer sociability, and coping with stressors.

A recent American study also reported a decrease in the rate of suicide attempts and completions (but not in suicidal ideation) in a large school district with a long-standing suicide prevention program that combines life skills training (pre-kindergarten to grade 12) and a suicide awareness education curriculum.

Evidence is also emerging within the context of Aboriginal populations

One study that evaluated the impact of a life skills program on Aboriginal youth found that the program was effective in reducing hopelessness and suicide probability as well as improving anger management and problem-solving. The life skills program evaluated in that study was the American Indian Life Skills Development Curriculum (described in *A place to start*). This curriculum focuses on the following areas: self-esteem building, identifying emotions and stressors, communication and problem-solving, recognizing and eliminating self-destructive behaviour, suicide information, suicide intervention, and personal and community goal-setting.

Experts recommend this strategy

Because skill-building programs have been shown to influence a number of factors known to protect against suicide and suicidal tendencies, experts in child and adolescent mental health recommend the widespread implementation of this strategy, especially when it is combined with other strategies that enhance and strengthen the environments most common to youth (e.g. families, schools, and communities) and educate students about suicide. Additional support for this strategy can be found in the literature on suicide prevention amongst Aboriginal youth.

**Setting up
for success**

There are two steps that should be addressed in setting up a successful skill-building program.

1. Decide how you will organize and structure your life skills training program

Many of the coping, communication and decision-making skills that we use on a daily basis are learned naturally (or informally) at home, at school, and in the company of peers and other community members. Teaching new social/life skills in a formal setting is not easy, especially when the skills to be learned are not getting reinforced or practiced by other people in the community. It would probably be to your advantage, therefore, to select an existing and proven curriculum (see *A place to start*) that you may then adapt to meet the needs of your group of young people. You may also decide to sponsor a series of workshops where local or outside qualified people can be invited to speak to the youth about a particular set of skills.

Regardless of the type of training provided, it is important to keep the following in mind:

- Early is better. Life skills programs will achieve maximum benefits if they are provided as early as possible in a child's life. It makes sense to build a strong base of healthy life skills before the development of maladjustment and/or social problems, or when these problems are not so entrenched and may be easier to modify.
- Age-appropriate contents and teaching methods are a must. Children of various ages differ in their capacity to comprehend or integrate certain life skills. It is therefore important to match the level of skills as well as teaching methods to the developmental capacity of the group.
- Focus on the practice of skills. As mentioned earlier, it is important that the training curriculum uses training methods or techniques that are known to produce change in youth behaviour. For example, we know that a program will be much more effective if it includes a practice and feedback component. Therefore, the training should encourage active student engagement by using methods like modelling, role plays, performance feed-back, dialoguing, and positive reinforcement.

2. Combine life skills training with other strategies that focus on strengthening the settings where youth interact

For maximum benefit, this strategy should be combined with efforts aimed at positively influencing the environments most common to youth (e.g. families, schools, and communities). Children who grow and develop in environments that are caring, supportive and respectful will be more likely to use their newly acquired skills, especially if they receive constant positive reinforcement for their positive behaviors.

For example, a school-based skill training effort focusing on interpersonal skills will have more of an impact on students if the school itself is a place where student opinions are valued, teachers and administrators are easily accessible and friendly, and there are plenty of social activities where students can interact and form friendships. This manual highlights a number of strategies aimed at creating positive changes in the key settings where youth spend most of their time. We invite you to check out the following strategies: *Family support*, *School climate*, and *Community development*.

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

You will know that your life skills 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 life skills training 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 the youth satisfied with the information presented?	➤ measure participants' feedback regarding the life skills lessons and their satisfaction with the materials presented
	Did the youth acquire the skills emphasized in the training?	➤ measure skills (e.g. problem-solving, stress management, communication skills - depending on the type of life skills training) before and after the training and compare results to determine whether the training has made a difference
MEDIUM TERM**	Are the youth showing healthy adjustment in the following areas?	
	a) Emotional well-being	➤ measure depression, self-esteem, and stress levels
	b) Social network	➤ measure perceived social support from peers, family, teachers, and other significant adults
	c) School performance	➤ measure attendance, academic performance, and antisocial behaviour
	d) Leisure and recreation	➤ measure involvement in healthy leisure activities
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)



A Place to Start

Curricula

Miyupimaatisiiuwin Wellness Curriculum

The Miyupimaatisiiuwin Curriculum is a holistic and Cree-specific preventive program with an emphasis on wellness through health promotion for children in kindergarten to grade 8. It was developed for the Public Health Module of the Cree Board of Health and Social Services of James Bay by SWEN Productions, Educational Consultants, Montreal (Quebec).

The Miyupimaatisiiuwin Curriculum is comprehensive, covering a wide range of wellness issues in a practical and teacher-friendly format. There are four units in the curriculum built around the concept of the Wellness Circle. Units one (Strong Self) and two (Strong Relations) focus primarily on strengthening self-concept and interpersonal skills while units three (Strong Body) and four (Strong Future) present factual information and practical experience. The learning activities are designed to promote four aspects of health: personal effectiveness, emotional balance, physical energy, and mental clarity.

A different lesson objective is identified for each theme at each grade level. Objectives develop across grade levels from being simple language-based to more complex and thought provoking. Each year, students revisit the same themes related to different health issues, as well as traditional values. Accompanying resources include: books, music tapes, videos, games, activity sheets. The information also reaches parents through a planned parental informed consent component built into each lesson. Barbara Reney, from SWEN Productions, explains that the curriculum encourages bringing in community members (especially elders) to talk to the youth as wellness is a community issue and it is based on traditions. The curriculum was developed in 1999 and there has been no formal overall evaluation to date. Teachers participate in on-going evaluation.

The Miyupimaatisiiuwin Curriculum was recently selected by the Institute of Community & Family Psychiatry (1999) as one of nine programs they most highly recommend for suicide prevention and mental health promotion activities. This group conducted a systematic review of suicide prevention and mental health promotion programs developed for or potentially applicable to Aboriginal populations. Although there is no suicide-specific theme in the curriculum, it represents a comprehensive school-based approach to building life skills and promoting health, and, by extension, to the long-term goals of suicide prevention.

For more information, contact:

Barbara Reney
SWEN Productions
3622 rue De Bullion #2
Montreal, Quebec
H2X 3A3
Telephone: (514) 849-8478
Fax: (514) 849-2580

Learning for life: A social skills training program for young adolescents

This 100-page manual draws on three prevention strategies: influencing normative values; teaching skills that help Aboriginal youth counter social pressures; and teaching general personal and social skills such as problem-solving, decision-making, effective interpersonal communication, assertiveness, and coping with stress. Ideas are presented to help schools cooperate with other community agencies in addressing broad-based societal concerns.

This curriculum can be ordered from:

Four Worlds International Institute for Human and Community Development
347 Fairmont Boulevard
Lethbridge, Alberta
T1K 7J8
Telephone: (403) 320-7144
Fax: (403) 329-8383
E-mail: 4worlds@uleth.ca
Web Site: www.uleth.ca/~4worlds

American Indian Life Skills Development Curriculum

The American life skills curriculum was developed to teach American Indian secondary school students coping and suicide prevention skills. One of the goals is to help students feel comfortable talking about issues such as depression, stress, anger, sexuality, and grieving.

The curriculum consists of seven major units that include a total of 37 lesson plans. Sections cover the following topics: building self-esteem; identifying emotions and life stressors; communication and problem-solving skills training; recognizing and eliminating self-destructive behaviour; suicide information; and personal and community goal-setting. Lesson plans include objectives, instructional materials, suggested time frames, lesson content, and learning activities. Learning activities focus on developing social skills and include information on the rationale and components of a particular skill, modeling and demonstration of a skill, skill practice, and feedback on individual skill performance. The curriculum was designed to be culturally compatible with the norms of Zuni traditions but is easily adaptable to other communities.

The developers of this life skills curriculum explain that Aboriginal people have potential facilitative cultural values and beliefs for coping with adversity. These were incorporated into the curriculum to help Aboriginal youth to cultivate cognitive coping strategies and better understand the coping resources within their traditional tribal culture. As Aboriginal adolescents understand the process of coping, they can become more adept at regulating their own behaviours. They begin to exercise a range of coping options which they may not have previously considered and they start to experience greater freedom than those who have more limited coping repertoires. As they feel more effective, they become less interested in self-destructive forms of coping and more involved in determining their own futures.

In an evaluation, the life skills training was found to be effective in reducing hopelessness and suicide probability as well as improving anger management and problem-solving.

The curriculum (ISBN 0299149242) is available from the distributor of the University of Wisconsin Press:

Customer Service Department
The University of Wisconsin Press
c/o Chicago Distribution Center
11030 S. Langley Ave.
Chicago, IL
60628
USA
Telephone: (773) 568-1550
Fax: (773) 660-2235
Web site: www.wisc.edu/wisconsinpress

Lions-Quest Canada

Lions-Quest Canada is a charitable organization representing the Canadian Branch of the partnership between Lions Club International and Quest International. The tri-level curriculum is designed to:

- help young people develop positive social behaviours, such as self-discipline, responsibility, good judgment, and the ability to get along with others.
- help young people develop strong commitments to their families, schools, positive peers, and communities, including a commitment to lead healthy, drug-free lives.

Although the programs are not Aboriginal-specific, they have been widely implemented and evaluated in Canadian schools, as well as schools around the world, since 1984.

Skills for Growing (ages 5-10): This program is a comprehensive life skills program that reinforces traditional civic values and focuses on the development of important skills (self-discipline, communication, respect for others, and resistance to alcohol and other drugs) within a caring and consistent environment.

Skills for Adolescence (ages 11-13): This comprehensive life skills and drug prevention curriculum helps adolescents develop key competencies in communication, problem solving, goal setting, and resisting the use of alcohol and other drugs.

Skills for Action (ages 14-17): Personal and social responsibility are the focal points of this program. By taking part in service-learning projects, participants learn life skills that include: interpersonal communication, cooperation, proactive learning and thoughtful citizenship.

For more information on these programs, contact:

Lions-Quest Canada

515 Dotzert Court, Unit 7

Waterloo, ON

N2L 6A7

Telephone: (519) 725-1170 or 1-800-265-2680

Fax: (519) 725-3118

E-mail: qbear@lions-quest.ca

Web site: www.lions-quest.ca

**Programs/
workshops**

White Stone: An Aboriginal Youth Suicide Prevention Program

White Stone: 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, 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.

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 are life skills based and focus on self-esteem, problem solving, goal setting, as well as communication and coping skills. Most of the content for these sessions was adapted from the American Indian Life Skills Development Curriculum (see above for more information). 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:

Suicide Prevention Training Programs (SPTP)

Suite 320, 1202 Centre Street S.E.

Calgary, Alberta

T2G 5A5

Telephone: (403) 245-3900

E-mail: sptp@suicideinfo.ca

Web site: www.suicideinfo.ca

The First Nations Cadet Corps

The First Nations Cadet Corps (FNCC) is an Aboriginal version of “Air Cadet/Army Cadet” program designed to assist youth in making the right choices and to stay out of trouble and away from negative influences. Participating youth learn about respect, discipline, self-pride, and team work and are given the knowledge and strength to overcome obstacles they may encounter from day to day. Program activities include: drill classes, organized sports, life skills, and other activities (first aid, firearm safety, community service, competition shooting, traditional skills such as trapping, hunting and fishing, drug/alcohol education, cultural and language lessons). The program is open to boys and girls between the ages of 12 to 18 years who are attending school on a full time basis. The cadets are rewarded for their accomplishments through awards and uniform pins which are distributed to cadet corps throughout Canada from the FNCC headquarters. The program is delivered by Cadet leaders (civilians or RCMP members) who are volunteers from the local community. Costs for the program are usually covered by Band or Community funding as well as the Cadets’ parents. All the information and materials necessary to start the program are available from the FNCC headquarters in Regina.

Communities interested in starting a First Nations Cadet Corps program should contact:

National Coordinator, FNCC

“F” Division Aboriginal Policing Services

Regina, Saskatchewan

S4P 3K7

Telephone: (306) 780-7778

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**Suggested
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Youth/Family Strategies

Suicide Awareness Education



What is suicide awareness education?

This well-known youth suicide prevention strategy involves talking directly with young people about suicide. The main purpose of suicide awareness education is to provide youth with the necessary attitudes, knowledge, and skills to be able to self-refer or identify and help a friend who may be thinking about suicide.

Goals

The goals of suicide awareness education are as follows:

- raise awareness about the problem of youth suicide and the behavioural signs, physical symptoms, and stress indicators
- encourage identification of at-risk youth
- teach youth how to seek help; provide information about mental health services and referral procedures
- promote the development of competencies such as coping and stress management skills, as well as interpersonal and communication skills

Target population

All youth can benefit from suicide awareness education. This type of education is most often offered at the junior and senior high level.

Brief description

Suicide awareness education is a popular suicide prevention strategy that has been implemented around the world for decades. Although individual programs may vary slightly, the following topics are usually addressed:

- *The issue of suicide.* Youth are presented with statistics, myths and facts, as well as information about risk factors of adolescent suicide. This part of the presentation serves to make them aware of the problem and help them understand why their peers may become suicidal. Youth are also invited to explore how they feel about the topic.
- *Warning signs.* Youth are taught to recognize the warning signs of suicide in their peers so that they may be in a position to help them by seeking help.
- *How to seek help.* Youth are taught how to talk with a suicidal peer and how to get help from a responsible adult or service organization. Concerns relating to confidentiality and breaking a friend's trust are usually addressed.
- *Mental health services.* Youth are given information about available mental health resources in their own community, how they operate, and how to contact them.

- *General competencies.* Youth are taught coping and stress management skills to help them deal with their own personal problems. Other competencies such as interpersonal and communication skills can also be taught and practised with the group environment. A suicide awareness education curriculum is typically offered in the classroom as part of an existing health or social studies course. However, this type of curriculum can also be provided in places where out-of-school youth congregate, such as street youth programs, group homes, shelters, and youth employment centres.

Suicide awareness education can be presented in schools, community centres, recreational facilities, friendship centres, and family resource centres. Sessions or workshops are usually led by volunteers or a staff who has been properly trained over a period of two to four hours. A combination of teaching methods is often used and these include lectures, role plays, group discussions, and videotapes. Many programs distribute small, printed wallet cards or pamphlets to the youth attending the session. These summarize, in a user-friendly format, the facts about suicide, warning signs, steps to take if one suspects that a friend is suicidal, and telephone numbers of local help-lines and other emergency services in the community.

Why should we provide suicide awareness education?

Young people talk to each other about their personal problems

In general, young people who want to share their personal feelings and problems will turn to their own peers. In addition, disturbed youth (depressed, substance abusers) prefer peer supports over adults more than their non-disturbed peers. This may be because peers are seen to be more understanding and more likely to maintain a confidence than adults. It is also known that youth who are suicidal often do communicate their intent to someone before proceeding to end their life.

A recent study found that when asked, young people often report having recently talked to or known a peer who was suicidal or potentially suicidal. However, very few of them report having told an adult. This may be because they find it difficult to break the promise of secrecy, have not taken their friend seriously, or simply do not know what to do. In fact, young people often report that they simply do not know what services and resources are available to provide assistance to their friends or even themselves.

For these reasons, youth need to know how to recognize the warning signs of suicide and need to know when, how, and where to get professional assistance for a peer or for themselves. They also need to understand the myths and misconceptions about suicide, to take warning signs seriously, and to break the confidence to save a life.

How do we know suicide awareness education holds promise?

Encouraging results have been noted in the general population

Research on the effectiveness of this strategy in the general youth population has been relatively limited. Research in non-Aboriginal settings indicates that young people generally receive the materials favourably and believe that the information is important.

Participating youth have increased their knowledge about suicide warning signs and mental health referral sources, although it is not clear whether this knowledge lasts over time. Results regarding attitude change are mixed, although positive results have been noted. Again in the general population, the effectiveness of suicide awareness education on peer helping skills has yet to be proven. Finally, there is evidence suggesting that suicide education programs result in more referrals to community mental health services. We did not find any research (related to the effectiveness of this strategy) that specifically addressed Aboriginal youth.

Suicide prevention experts recommend this strategy

Suicide awareness education is a strategy that has received a lot of attention in the general literature. It has been recommended for the general youth population by a number of experts and organizations (e.g. Canadian Association for Suicide Prevention and the U.S. Centers for Disease Control). Experts writing about Aboriginal youth have also supported this strategy, especially when implemented within the school system.

**Setting up
for success**

There are six steps that should be addressed when setting up a suicide awareness education program in a school system or elsewhere.

1. Gain entry into the relevant youth-serving systems.

Suicide is an emotional and anxiety-producing topic for many community workers, youth leaders, school administrators, teachers, and even parents. Efforts to introduce a suicide awareness education program into a school or other organization may therefore be met with varying degree of resistance. This may be due, in part, to a lack of information and knowledge about suicide and its prevention. It is therefore important for these groups to be thoroughly informed about the issue and involved in the development and implementation of the program.

2. Select a suicide awareness education curriculum for the school system or organization

There are many established and well-accepted suicide awareness education programs in existence that can be readily implemented or modified to meet the needs the schools or organizations within your community (please refer to the box *A place to start* for more information). As you will see, most but not all of these curricula have been written for the general youth population. They can, however, be modified to suit the particular needs of the Aboriginal youth.

When selecting a suicide awareness education curriculum for your school system or organization, keep in mind that the curriculum should:

- be appropriate for the developmental level and age of the youth you are targeting
- be aimed at youth as potential helpers, not victims
- present information that is clear, up-to-date, and “user friendly”

- include elements that teach skills, not just knowledge, such as certain opportunities for youth to practice and receive feedback
- ensure active youth engagement through learning methods including role modelling, role plays, performance feedback, small group discussion, and positive reinforcement
- provide plenty of opportunity for discussion

If you decide to adapt a curriculum that has been written for the general population, you may want to consider including certain topics that are relevant to Aboriginal youth such as: self-esteem and identity, the impact of alcohol and drugs on suicide risk, multi-generational grief and cultural losses, as well as the identification of relevant community-based resources beyond suicide specific resources, e.g. traditional healers, extended family members, elders. It may also be important to challenge the notion that suicide is a heroic gesture and point to alternative responses to interpersonal crises and despair.

3. Provide suicide prevention training for school and community workers

If teachers are to be the primary providers of the suicide awareness curriculum, then they need to be provided with the right training and preparation in the form of an in-service. Similarly, the staff of a community organization implementing this type of program also needs to receive adequate training. In addition to reviewing the lesson plans and material to be presented to the youth, the in-service should provide them with the opportunity to explore their own attitudes toward suicide and gain the skills to recognize and help potentially suicidal youth or any youth who may react negatively to the presentation.

4. Develop up-to-date school or organizational policies and procedures

Schools as well as community organizations should have in place policies and procedures that will help guide staff responding to at-risk youth who have been identified by their peers or other individuals. The written guidelines should clearly describe what personnel are to do and how at-risk youth are to be referred to the appropriate community mental health resources. There should also be a procedure for handling youth who may be upset by the materials presented. For more information on writing policies and procedures, refer to the *School policy* strategy.

5. Develop and maintain linkages with the community mental health system

Schools as well as other community organizations are not expected to deal with suicidal adolescents on their own. It is therefore important to develop and maintain effective communication and referral procedures with the broader mental health system for the management of the at-risk youth. Professionals within the mental health system should be made aware of the implementation of a suicide awareness education program in a school or other organization. For more information on developing such linkages, refer to the *Interagency communication and coordination*

strategy. In small or remote reserves, where professional mental health services may not be available, links should be forged with community “natural helpers” such as elders or extended family members.

6. Combine suicide awareness education with other prevention strategies

The Royal Commission for Aboriginal People and other experts have suggested that suicide awareness education programs are most likely to contribute to prevention when they are tied to skills development around help-seeking behavior, self-esteem enhancement, problem-solving, and general life skills. We invite you to check out the following strategies: *Life skills training* and *self-esteem building*.

Are there any
concerns
associated with
this strategy?

This strategy has received some criticism in the literature

You should be aware that conventional suicide awareness lectures have been criticized in the literature, following the work done by David Shaffer and his colleagues in the late eighties. These researchers conducted a systematic evaluation of classroom-based suicide prevention programs and found them to be generally quite limited in their effectiveness. Perhaps the most damaging misperception that has arisen as a result of Shaffer’s study is that school-based education programs are somehow harmful to students because classroom discussions about suicide can prompt suicidal behaviour, especially in young people who are considered “high risk” for suicide.

Recently, the Royal Commission for Aboriginal People reported that there is indeed some need for caution in relation to suicide education programs that consist of a brief, one-time-only information lectures for young people, as these may be ineffective and may even be upsetting to certain groups. Other authors have written that suicide awareness programs may be less useful in many Aboriginal communities, where the population is all too aware of suicide. In particular, for some Aboriginal youth, suicide may even be viewed positively as a heroic gesture or a means of protest against social wrongs and injustices.

We need to be clear about our program and evaluation goals

Unfortunately, the conclusions of Shaffer’s work were given widespread media attention without being placed within the proper light. Most importantly, the work of Shaffer and his colleagues was valuable for highlighting the need to be clear about the goals (as well as the most appropriate target groups) for these types of programs and the constant need to evaluate our efforts. In a recent review of school-based youth suicide prevention programs, Kalafat argues that evaluations of early suicide awareness education programs showed mixed results because these “first generation programs” lacked focus regarding their target audience (e.g. at-risk youth, potential peer helpers, or all youth) and they also lacked clarity regarding their instructional objectives (e.g. changes in suicidal feelings, understanding suicide and depression, or intervention issues). More recent findings, based on research undertaken in the United States, found positive program effects with some of the newer, “second generation programs,” which have been developed to bring a

more concentrated focus to the goal of preparing young people to respond to encounters with at-risk peers and seeking adult help.

We need to be prepared to deal with potentially vulnerable audience members

The other major criticism that was raised with respect to suicide awareness education programs is that they may be damaging to vulnerable young people. Again, Kalafat argues that this criticism arose based on two early “first generation programs” that may not have been particularly well implemented. He also points out that these findings simply raised the need for caution concerning students’ reactions to programs.

Kalafat suggests that the concern about upsetting vulnerable youth through the presentation of suicide awareness education programs, is generally appropriate. In fact, there will always be the possibility of negative reactions, particularly on the part of students who have some personal experience with suicide. Therefore, carefully designed programs need to clearly anticipate this kind of reaction and the facilitators of these programs should be prepared to react appropriately.

We also need to be realistic in our expectations

Another key recommendation arising from Shaffer’s studies was that classroom-based suicide prevention efforts should specifically target those at highest risk for suicide. This recommendation, however, presupposes that the ultimate goal of such programs is to reduce the risk status among those who are most vulnerable (i.e. depressed, isolated, or lonely). Given the educational nature of the programs themselves, this is a very unrealistic expectation.

Young people who are currently at risk for suicide require an individual clinical assessment and perhaps a referral to receive more intensive follow-up, including individual or group counselling. These young people do not need, nor would one expect them to benefit from, short-term education and information sessions. In contrast, the general youth population, who will likely come into contact with a potentially suicidal peer, are the more appropriate target of these efforts. Through increased knowledge and by enlisting the help of an adult, these students can provide more effective assistance to a potentially suicidal peer.

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

You will know that your suicide awareness education 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 suicide awareness education 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).