Dealing with suicidal thoughts in schools: information and education directed at secondary schools

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Objective: *Current practice in Australia is to avoid discussing suicide or suicidal ideation directly with students in school suicide prevention programs. This paper examines why there is a strong argument to question this approach in the context of a continuing unacceptable rate of youth suicide in this country.*

Methods: *A review of the literature that informs the debate was conducted. Using an action research methodology, a more direct intervention approach was taken based on the use of the 'Toughin' it out' pamphlet.*

Results: *A misrepresentation of the evidence surrounding school-based suicide intervention programs in Australia has made educators and guidance officers wary of being more direct with suicide prevention programs. The experience of several practitioners in northern Australia suggests that it is highly beneficial to engage students in discussions about suicide and how to deal with suicidal thoughts. Their impression is that this has led to a lessening of suicide attempts in high-risk situations and there has been no evidence of any adverse outcome.*

Conclusion: *The ongoing tragedy of Indigenous adolescent suicide in Australia demands that all possible interventions should be considered. Taking a more direct approach to school suicide prevention and life-promoting programs using the brief intervention tool, the 'Toughin' it out' pamphlet, appeared to be associated with a positive impact on suicide in high-risk secondary schools in northern Australia. The positive experience in northern Australia would support a similar approach being considered in school programs nationally.*

Key words: *brief intervention, northern Australia, school, suicidal thoughts, suicide prevention.*

The rate of Indigenous adolescent suicide is of particular concern. In the Northern Territory, Indigenous young adults are more likely to die from suicide than any other cause.[1] Increasing cases of suicide in Indigenous youth under the age of 14 is of particular concern.[2] However, it is not only the rate of suicide that is of concern. It is the nature of the suicides, especially the impact of impulsivity, alcohol and other drugs and a peer sense that suicide is a common way for Indigenous adolescents to resolve problems, that gives practitioners a licence to trial other innovative initiatives.

Because of the paucity of mental health services and resources in rural and remote Australia, compounded by the lack of opportunity for intervention given the impulsive nature of Indigenous suicide, there is a need for individuals to have better self-help skills. The fact that only three out of 42

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doi: 10.1080/10398560701701213

suicides in one north Queensland Health Service District over a 10-year period had prior contact with mental health services illustrates this point (Hunter E., pers. comm., 2007).

Even if there was a stronger mental health service presence in such settings, there is no guarantee this would have an impact on suicide rates. Indeed, even in mainstream settings, in high-risk groups such as mental health patients and where suicidal risk assessments are completed, we cannot demonstrate any particular ability to pick which person will make a suicide attempt.[3,4] This is even more challenging in the Indigenous context of pervasive social disadvantage where the likelihood of having had a family member or friend suicide is high. Consequently, there is a need for all youth to have the knowledge of how to deal with suicidal thoughts.

While one way of achieving this is to introduce such knowledge into secondary school curricula, there is nervousness in some sectors of the community and among some school guidance officers that discussing suicide directly, which may include discussing suicidal ideation, might lead to more attempts. Having considered evidence (summarized below), three mental health practitioners who have been particularly concerned about the rate of suicide among Indigenous youth, have been using a simple pamphlet, *'Toughin' it Out. Strategies for Dealing with Suicidal Thoughts'* (TIO pamphlet),[5] for the last 2–6 years in Indigenous communities and schools in the Northern Territory and Far North Queensland with promising feedback and engagement. This paper summarizes their experience to date.

ARGUMENTS FOR AND AGAINST SUICIDE PREVENTION PROGRAMS IN SCHOOLS

Suicide is never the result of one single cause, and thus no single prevention strategy will be sufficient. Comprehensive integrated efforts across multiple domains, including school, community and mental health services, are needed. School-based programs include psycho-educational programs (or suicide awareness programs), skills training, screening, peer helping and gate keeper training (education and training of staff).[6]

In Australia, existing school suicide prevention programs tend to concentrate on strategies that increase the resilience and connectedness of the school community and that empower and increase the resilience of individuals. However, there has been a reluctance to mention the word 'suicide' with students, let alone speak specifically about suicidal thoughts. This reluctance has been fuelled by the suggestion that the evidence from the USA suggests caution about such initiatives. This led the authors of this paper to review the literature.

In the USA, school prevention programs have existed since the 1980s, including skills training and information about the nature of youth suicide. Skills training has included information about depression and its management, anger management, loneliness prevention, competency enhancement, critical viewing skills, help-seeking and identifying appropriate resources.

Around 1990, concerns were raised about the safety of directly discussing suicide in schools – papers by Overholser *et al.*[7] and Shaffer *et al.*[8] being two that are often quoted by opponents of such programs in schools in Australia. However, on closer reading both articles were basically supportive of such programs. For example, Overholser states that:

> The implementation of suicide awareness programs in high schools has been hindered by the belief that discussions of suicide may serve to promote the very behaviour they are designed to prevent. However, recent research in this area has shown that while suicide awareness programs may lead to more counsellor referrals, they do not serve to increase the frequency of suicide attempts or the level of hopelessness in the students. Furthermore, such programs have been related to positive increases in the knowledge and attitude held by students.

Despite a resulting caution in discussing suicide awareness with students, a rise in adolescent suicide rates in the 1990s led to the reconsideration of more 'upfront' approaches. Advocates for these approaches argued that it was the way in which the information was presented that was important, for instance, that suicide should not be seen as a normal response to stress and suicide was not to be glorified. Reviews of more recent programs that do more directly include suicide awareness shed a different light on the debate. Bergman and colleagues[9] summarize the evidence in this way:

> The promulgation of the myth that school-based suicide prevention programs are harmful because talking about suicide with students will promote suicidal behaviour is just that, a myth. More than 30 years of crisis hotline experience and more than 20 years of school-based suicide prevention programming in which there have been no documented cases of stimulating suicidal behaviour through discussion of the topic should lay this myth to rest.

In addition, the Centers for Disease Control and Prevention[10] have clearly stated that there is no evidence of increased suicidal ideation or behaviour among program participants, and Potter *et al.* note that numerous research and intervention efforts have been completed without any reports of harm.[11]

Although such programs do not increase suicidal behaviour, are they effective? While this continues to be debated, a recent Belgian study noted improvements in attitude and knowledge but an increase in hopelessness, an inability to increase help-seeking or coping behaviour or to change attitudes of suicidal students.[6] Another recent study by Aseltine and De Martino[12] is the first to show improvements in attitude

and knowledge to be significantly associated with a lower probability of self-reported suicide attempts. Significantly for this project, reviewing this literature it appears that programs did not discuss suicidal thoughts directly or give strategies for dealing with them.

CALLING 'A SPADE, A SPADE'

The TIO pamphlet assumes that there is value in addressing the issue of suicide more directly to enable students to be self reliant if they are challenged by suicidal thinking. It is based on several considerations including:

(1) The tendency of adolescents to make impulsive decisions which they frequently do not discuss with others has been previously mentioned.

(2) Students are often already having to deal with the issue of suicide. Talking to youth about suicide will not 'plant the idea in their head' because they are well aware of suicide from their experience with suicidal peers and the media. Classroom lessons will not be students' first exposure to this topic.[13,14] This probably applies even more to Indigenous students. At a recent suicide prevention session with 36 adolescent Indigenous leaders led by one of the authors, 30 declared that they had either experienced suicidal thoughts or had a family member or close friend suicide. The current national approach which avoids discussion regarding suicidal ideation means that, in effect, many students have to learn to deal with suicidal thoughts alone as they are often reluctant to mention it to their peers or Elders. For anyone involved in health promotion in the 1980s, the comparison between the current stance with suicide prevention in schools and that taken with sex education in schools is clear. The notion that ''if you don't talk about it, they won't do it'' may be no more true with self-harm behaviour than it was with sexual risk behaviour.

(3) Perpetuation of a code of silence. When programs themselves avoid mentioning the word, a quite unhelpful double message is given. Programs often encourage students to become more open with their feelings and share them with friends or teachers or counsellors as a way of seeking support in difficult times. This message is especially directed at male students who are perceived as having difficulties in expressing such thoughts due to gendered cultural factors. Such 'avoidance' misses the opportunity to normalize the presence of suicidal thoughts in times of distress and to note that these thoughts do not have to lead to self harm. It also gives a clear message that such issues are not to be discussed and, inadvertently, perpetuates the sense of guilt and shame that currently restricts the ability of male students to seek help.

(4) Avoiding discussions about suicidal thoughts is a missed opportunity to empower students by giving them strategies to stay in control of such thoughts should they arise. As discussed, even if the student is not bothered by thoughts of suicide at the time of the intervention, the chance that they will be confronted by such thoughts during their adolescence is reasonably high and the chance that they will be confronted at some stage in their lives is extremely high. Skills learnt at this stage may well be lifetime skills.

THE *TOUGHIN' IT OUT* PAMPHLET

The *Toughin' it Out. Survival Skills for Dealing with Suicidal Thoughts* pamphlet was created in an Indigenous service setting in 1998 by the first author of this paper (see www.toughinitout.com). The pamphlet was informed by lessons learned during many years working as a general practitioner and counsellor and from being a mental health consumer who had personal experience of suicidal thoughts. It was also created partly as a response to Indigenous adolescent suicides. In the Indigenous primary care context, it was not uncommon to encounter grieving parents who stated that there had been no warning of the pending tragedy. The stories varied but there had often been a 'crisis' (often seeming minor in the retelling), excessive use of alcohol or cannabis, and a sudden catastrophic action.

The pamphlet is designed to call 'a spade, a spade'. It is simple and direct, and uses language and images that Indigenous people in Far North Queensland can relate to. It looks at the way suicidal thoughts attempt to 'trick' someone into doing something impulsive and regrettable and raises strategies to stay safe despite the presence of such thoughts. It assures that such crises will pass and raises possibilities to prevent the recurrence of such thoughts. Initially, the pamphlet was used as a clinical tool but was subsequently found to be a useful educational resource in suicide prevention initiatives.

TOUGHIN' IT OUT: THE NORTHERN AUSTRALIA EXPERIENCE

For 8 years the TIO pamphlet has been used as a clinical and preventative tool in an Indigenous health context in Cairns. During 2006, it was also used as the main resource in a discussion focussed on suicidal ideation at an Indigenous youth leaders' camp. In the Northern Territory it has been used extensively in rural, remote and urban settings for 6 years with a sustained demand for the TIO pamphlet for education, health, sport and recreation and other sectors. It has been used as an educational resource and brief intervention tool in six urban and two rural high schools and four remote open education centres (this was in the context of a completed suicide of a current or past student of the school and was therefore part of a

postvention strategy where there is a risk of 'copy-cat' self-harm[15]).

This resource has also been used as a brief intervention tool for use in conducting 58 Applied Suicide Intervention Skills Training/Suicide Awareness workshops to provide a simple explanation of a complex suicide intervention model for workers with youth in other settings. This brief intervention resource enhanced the training to make it more effective in dealing with suicidal thoughts and postvention responses. It has also been utilized as a debriefing resource for students returning from remote communities after holidays, where they may have been exposed to attempted or completed suicides.Finally, for the last 2 years the TIO pamphlet has been used in a less formal way on Cape York in Far North Queensland, where its use has been largely with young female students.

LESSONS LEARNED FROM THE NORTHERN AUSTRALIAN EXPERIENCE

From the experiences with this resource, it was found that discussions were best conducted from a position that made it clear that suicide was never an appropriate way to resolve problems in adolescence – adolescent suicide was presented as tragic, unnecessary and preventable. The finality of suicide was highlighted so that it was not seen as a temporary way of alleviating pain. The disastrous impact on others, which many of the students could relate to, was emphasized. The commonality of suicidal thoughts when people are distressed or depressed was noted but it was also emphasized that the vast majority of people deal with such thoughts without acting on them. They work through crises and move on.

The TIO pamphlet has been well received by students, teachers and counsellors. For example, the evaluation of the session with Indigenous student leaders in Cairns suggested strong support for its introduction into their curriculum. Of the 28 respondents, all agreed that the session was worthwhile, 26 said that it should be included in future camps, and 26 said that they had personally benefited from the session.

Over the 6 years of its use there has been continuing demand for it. There has been no increase in suicide attempts or risk-taking behaviour following its use in schools, despite being used in high-risk situations as part of a post-suicide intervention where such an increase might be more likely. It was found to provide a useful resource for those students who were disclosing their suicidal thoughts to teachers and school counsellors as a result of the bereavement of a close friend or fellow student.

DISCUSSION

Suicide is an issue that many Indigenous youth have had to confront in their brief lives. Some have already had experiences of suicidal thoughts themselves. Thus, it makes sense to empower Indigenous adolescents with a better understanding of suicide that challenges common myths and gives them skills to handle suicidal thoughts. The seriousness of the current situation demands a more direct approach, which challenges the secrecy that currently surrounds the issue of suicide. This secrecy perpetuates a sense of shame and guilt when someone does have suicidal thoughts, which in turn silences and isolates them. The only reason for not taking this more open approach would be if it made the situation worse. The international experience and our own does not support that view.

The inclusion of more direct conversations about suicide and suicidal thoughts with Indigenous students in parts of northern Australia appears to have been well received and not harmful. The lack of 'copy-cat' suicides in situations where they may have been expected is worthy of note. These are encouraging signs. However, the authors concede that there is need for further research to evaluate this initiative. Given that this work was conducted in a context that would be regarded as having a higher than average suicide risk and that the initial outcomes appear to be promising, the authors raise the possibility that a more direct approach to suicide prevention in schools might be considered in mainstream settings in other parts of Australia.

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