

# Suicide issues in relation to peer programs

## Informal peer support – the friendship network

Peers may be the first to identify that a friend is in distress or having difficulty coping. It is important therefore that all students understand the importance of passing on their concerns to a teacher, counsellor or other adult who can arrange for ongoing support.

The Pastoral Care or Personal Development education that the school provides for all students should actively promote the message that getting help for a friend is not a breach of loyalty. Some problems should not be borne alone. A good friend cares and supports, but does not provide treatment or counselling in situations where self-harm, depression or suicide may occur.

## Peer programs

The school may conduct a more formalised peer program. All peer-led programs need a strong and ongoing commitment from the adult administrators to ensure their success and safety. Peer-led programs:

- must be delivered in the broader context of a mental health program
- should seek to complement other activities
- should not focus on, or be titled, 'youth suicide prevention'

- can focus on topics such as emotional wellbeing, promoting help-seeking behaviours, problem-solving, awareness of depression and other mental illnesses, and awareness of loss and grief reactions.

### Distinguishing between different types of peer programs

There are different types of peer involvement, and sometimes the names are interchanged as if they are one and the same thing. Brief definitions to clarify each type of peer involvement and its relevance / usefulness in the context of suicide prevention are provided below.

**Peer education:** the use of trained peers to provide information aimed at increasing awareness or influencing behaviour change.

- These programs should complement other activities delivered within a broader mental health curriculum and should not be focussed on suicide.

**Peer support:** programs that promote support among a group of peers. This support can be mutual, for example, a grief peer support program or the provision of support by one to another. Another example is a mentoring or buddy system provided by senior students to junior students.

- These programs need to be monitored closely by welfare staff. They are not a replacement for counselling. It is essential that clear guidelines are put in place about responding to disclosure of suicidal thoughts and other sensitive information.

- These programs are useful in the broader context of:
  - promoting connection and belonging in a school environment
  - offering mentoring, especially to younger students
  - offering support to a group of people
  - primary prevention as in a grief support program.

*If schools wish to develop peer-led programs, then it would be best to focus on peer education and peer support programs.*

**Peer counselling and peer mediation:** the use of identified and trained peers to undertake helping roles with others. This can include one-to-one helping and listening, group leadership, and providing advice and support.

There is evidence that peer counselling programs can have serious negative outcomes for the peer counsellor. Some peer counsellors have become overburdened with the problems shared by their peers, and have felt conflict between the desire to keep confidentiality and to help their peers.

*These programs are not recommended due to the sensitive and difficult nature of issues surrounding suicide and self-harm, and the possible negative impact on peer counsellors and those they are advising. Peer mediation should not occur in the context of suicide or attempted suicide.*

## Training for peer leaders

Training for peer leaders needs to stress that:

- peers are not expected to be crisis workers or to undertake risk assessment
- any concerns about another student are to be passed on to a designated staff member.

All peer leaders should understand the importance of:

- breaking confidentiality when life is threatened or where someone can come to harm
- passing on the information should someone disclose suicide ideation
- knowing who to tell and where to go for help
- knowing what to do in and out of school hours.

## It is essential that:

- adequate supervision, debriefing and support is given to those in any peer leadership role
- the tasks undertaken do not cause undue emotional distress
- the selection criteria has taken into account the emotional stability of peer leaders, and their ability to distinguish their issues from those they are working with.

# Early identification of the student at risk

## What do all staff need to know about identifying the student potentially at risk of suicide?

*All staff should be aware that any incident or thought of self-harm requires serious attention.*

Staff should pass on concerns about worrying behaviour or disclosure of suicidal thoughts.

Schools should ensure they have set up a clear process for staff to follow in referring their concerns, and ensure that there is likely to be a safe and appropriate response to the student's situation.

The early identification of the student at risk is often difficult and staff may underreact rather than overreact to concerns about students. It is useful for all staff to receive in-service training to increase their awareness of the prevalence of depression and about possible warning signs. Young people often express their distress or ask for help through their behaviour, in subtle and even symbolic ways such as through their writing, music and art. It is recommended that welfare staff form a close working relationship with teachers involved in creative expression such as English, Art, Drama and Music.

## Confidentiality

All teachers, students and parents need to be aware that they must pass on a concern to an appropriate adult when it relates to the possibility of suicide or self-harm. Concerns about breaching loyalty, breaking a promise, or the stigma associated with mental health problems can stop people disclosing their concerns. Schools should actively challenge these barriers.

It is helpful to distinguish between a respect for privacy and promises of confidentiality. Many teachers will choose to explain that telling a secret does not mean that everyone will get to hear it. Secrets involving a threat to someone's life are the sort that must be broken.

Teachers are obliged to pass on information in situations in which the student is encountering abuse (under mandatory reporting), but they can do so with respect for privacy (letting only those who need to know hear of this). In addition, under duty of care, teachers and counsellors can not promise confidentiality in situations where the student is likely to come to harm.

# Behaviours which may indicate distress and students at risk

**Common signs that a staff member may notice and should be checked by a counsellor are:**

- unexpected deterioration in academic performance
- ideas and themes of depression, death and suicide
- statements that life is not worth living
- presence of mental illness or psychiatric disorders
- change in mood
- grief about a significant loss
- withdrawal from relationships
- physical symptoms with emotional cause
- high risk behaviours
- any form of self-mutilation
- feelings of hopelessness
- truancy
- substance use
- bullying or being bullied
- unaccountable rage, anger or aggression.

Any one of these signs does not *necessarily* indicate a risk of suicide. But a combination of attitudes and behaviour may indicate the person is undergoing serious problems that could lead to a suicide attempt or self-harm. If these behaviours are present in combination, or in more extreme or long-lasting form,

a greater risk could be indicated. These behaviours may identify that the student is depressed or experiencing significant social or emotional distress with potential for long-term consequences. Early intervention at this point may be effective in reducing the risk of a range of other outcomes such as reckless injury, delinquent behaviour, academic failure, isolation from friends or family, or harmful drug use. Creating a supportive environment is critical, no matter what the young person is experiencing.

When considering behaviours of concern, the following questions should be asked:

- What is the context of this situation?
- Has a suicide-provoking situation recently occurred, for example, a major disappointment or a relationship break-up?
- What is 'normal' for this young person?
- What support structures are in place for this young person?

Look for recurring or underlying thoughts, feelings or behaviours rather than one-off incidents.

**School-based suicide prevention is fundamentally about good mental health promotion.**

# Responding to the student who is suicidal or self-harming

*The school should define roles and responsibilities of staff engaged in intervention and referral of students. Where possible a trained counsellor should fulfil this role.*

## Immediate intervention

### Safety and referral

- If in any doubt, seek an expert opinion.
- Where a young person is identified to be at risk of suicide, it is important that the student's concerns are listened to, their safety ensured, and an immediate referral to a specialist service made.
- If the risk of suicide is high, then all steps must be taken to ensure the person's safety, including, at times, the breaking of confidentiality, the removal of the means of suicide, or, if necessary, the placement of the young person in a supervised, contained environment.
- Even experts have trouble predicting which people may die from suicide even when risk factors are multiple. This suggests that all young people at risk must be provided with support and, where appropriate, referred to relevant services. Therefore the aim should be to maximise support and reduce risk.

- The school should inform parents / caregivers, and consult with them about referral and any management strategies that are set in place.

### Partnerships

- Schools should consult with and form ongoing relationships with external support services such as school support or guidance services, local generalist health workers, and specialist child and adolescent mental health services. Ways that agencies can work with the school should be identified, and models of shared care and management established.
- Schools should consult with and form ongoing partnerships with relevant cultural or ethnic groups. In particular, schools should seek advice from Aboriginal and Torres Strait Islander education liaison officers to ensure that the school is informed about how best to work with or support Aboriginal and Torres Strait Islander students. The background of the young person should be taken into account. If there is doubt about how to proceed in a culturally appropriate way, then culturally specific agencies (such as a transcultural mental health service) should be consulted.

### Community Matters

Chapters 2 and 3 ('Community, culture and identity' and 'Diversity and wellbeing') explore community, cultural and social contexts in depth.

### **In working with a student at risk**

- Engender respect for the student, his or her coping strategies and capacity to make judgements.
- Maximise trust and minimise disruption or creation of perceptions of abnormality.
- Emphasise the potential for academic, social, emotional and disciplinary improvements if these issues are raised.
- Support students' own capacities to keep themselves safe.
- Reward and acknowledge help-seeking behaviour and encourage asking for and / or accepting assistance.
- Take responsibility away from friends of the young person who may have reported their concerns, and thank them for information.
- Do not trivialise the issue: reassure students that appropriate help will be found.
- Do not promise to keep it a secret and explain the reasons for this.
- Respect the privacy of the young person – whenever possible use a private area for discussion.
- Consult the student whenever possible on issues such as need for time off school, leniency in academic expectations, who is to be told what, when and why and preferred referral and support strategies.
- Give adequate time for discussion.
- Advise anyone who needs to know, but limit information to those who do need to know.

- Be aware that risk factors for suicidal behaviours are also indicators of other potential negative outcomes such as substance use, delinquency and truancy.
- Keep the student and family informed of actions taken by the school, such as who will be told what, when and why.
- Work with student, family and treatment provider in developing a plan for support or reintegration into the school environment and the classroom program.

### **Advising other staff about how to provide support**

In most instances it will be appropriate to encourage other staff to:

- stick to the agreed action plan
- keep everything as normal as possible for the student
- greet the student in a normal friendly manner
- consider instigating class activities that encourage social integration and support from classmates and friends (in accord with school policies)
- allow access to treatment during school hours if required
- negotiate revised homework schedules and catch-up materials
- use disciplinary and academic strategies that encourage self-esteem
- observe and pass on any concerns to school counsellor
- provide information and feedback to family, school counsellors or treatment providers as agreed in individual management plan.

## Referral

When making a referral to an external agency, the following principles are useful.

- Where possible make the referral in partnership with the young person and his or her family.
- Refer to a professional who is experienced and trained to work with young people at risk of suicide and / or depressive illness disorders. It is strongly recommended that referrals be made only to professionals who are members of a recognised professional organisation that has documented ethical guidelines, professional conduct procedures and requirements for supervision, such as psychologists, psychiatrists and social workers.
- Indicate the needs of the young person and their suspected problem areas, the expectations of the referral and the ongoing roles, and responsibilities for support.
- Request feedback from the professional about what the school can do. Additional sharing of information should be done with the young person's consent and also in accordance with the accepted requirements of confidentiality.
- Monitor the outcome whenever treatment is initiated. This is especially important if there is no improvement in the next four to six weeks. In such situations, the school should consult the professional, consider a reassessment and review the management plan.

## When to refer?

The assessment and management tools provided in the appendices 1 and 2 will assist the school counsellor, or other designated person, to assess the level of risk, and provide advice on appropriate action.

### *Follow-up*

- Put into place ongoing monitoring systems for students at risk.
- At times, there will also be the need for ongoing work with the young person.
- School welfare staff should maintain links with the student in treatment so that there is an ongoing support relationship available to the student in the school environment.
- Assist the young person to reintegrate into the school. Arrange for catch-up material, and help teachers to relate appropriately to the young person. Staff should monitor workloads but not make special exemptions unless necessary.
- Encourage staff to support the young person in as normal a manner as possible, such as including them in activities, appropriate greetings within the school environment, and occasional inquiries (how are things going?).
- If the crisis is publicly known, such as a suicide attempt, classmates will need to talk about the episode prior to the student's return to discuss how they can, if they want to, offer support, and relate in an appropriate way. This may

be as much to provide support for class members as to support the returning student. They may need to voice their own concerns and this is also an opportunity to let others in the class know how to access help or support if they need it. Seek the student's permission to dispel rumour with an appropriate level of fact.

## In closing

A large majority of young Australians are optimistic, well supported by family and friends, and in good physical and mental health. Secondary schools can take some of the credit for this encouraging situation. Policies and curriculum which promote health, resilience and connectedness in young people can help maintain and improve their wellbeing.

However, too many teenagers experience social and emotional health problems serious enough to disrupt their health, academic performance and social relationships. In some cases this leads to suicide or self-harming behaviour. This situation can result in stress on the students, their families, staff and the whole school community. Policies and curriculum which encourage help-seeking, provide additional support to students at risk, and facilitate referral to experts, are valuable tools for the school in managing this stress and improving health and educational outcomes.

Not all suicides and suicide attempts can be prevented. Effective planning and management of critical incidents

provides support to staff and members of the school community, which can help them maintain their own balance, and limit the follow-on effects to other students.

The topic of suicide may be distressing to people of all ages. If this guide has stirred memories or emotions for you, please take care of yourself, and discuss your feelings with someone you trust.

**School-based suicide prevention is fundamentally about good mental health promotion.**



# Appendix

## Tool 1

### Assessment of young people at risk of suicide (for use by trained counsellor)

*This tool has been developed for use by a trained counsellor or person who must make a judgement about level of risk as part of the identification and referral process.*

During the interview with the young person, investigate each of the areas and categorise the response as low, moderate, or high risk. In investigating any possible suicide plan, it is important

AREAS TO CONSIDER	Evaluation of personal difficulties	Depression or other mental health problems	Coping behaviour	Positive Resources
	Stress			Family and Friends
LOW RISK	No significant stress	Mild: feels slightly down	Occasional thoughts about suicide. Daily activities continue as usual with little change	Help available: significant others concerned and willing to help
	Moderate reaction to loss or environmental changes	Moderate: some moodiness, sadness, irritability, loneliness and decrease of energy	More than one suicidal thought per day. Some daily activities disrupted Disturbance in eating, sleeping, school work	Family and friends available but unwilling to help consistently
HIGH RISK	Severe reaction to loss or environment change	Overwhelmed with hopelessness, sadness and anger (verbal / physical)	May resist help Constant suicidal thoughts Significant disturbance in daily functioning	Family or friends not available or hostile, exhausted or injurious
	Many recent social / personal crises	Feelings of worthlessness Extreme mood changes	Delusions, paranoia, lost touch with reality Participation in high risk behaviours, potential for accidents	Significant self-neglect

to use direct questions as the young person is likely to be reluctant to volunteer the information. Direct questioning will not aggravate the risk of suicide, but failure to fully investigate, categorise the risk and respond appropriately may result in a suicide that could have been avoided. Finally, on the

basis of the young person's responses, determine which of the three risk levels – low, moderate or high – best describes the situation and proceed with the management plan for that level of risk (see Tool 2).

<b>Communication</b>	<b>Lifestyle</b>	<b>Previous suicide attempts</b>	<ul style="list-style-type: none"> <li>• <b>Suicide plan details</b></li> <li>• <b>Availability of means</b></li> <li>• <b>Time</b></li> <li>• <b>Lethality of method</b></li> <li>• <b>Chance of intervention</b></li> </ul>
Direct expression of feelings and suicidal thoughts ('Life's not worth living')	Stable relationships, personality and school performance	None	<ul style="list-style-type: none"> <li>• No plan</li> <li>• Never considered availability of means</li> <li>• No specific time; or some time in the future</li> <li>• Others are present most of the time</li> </ul>
Interpersonalised suicide goal ('They'll be sorry', 'I'll show them', 'I don't deserve to live' or 'I want to be with someone who has died')	Recent acting out behaviour or substance abuse	One or more of low lethality or one of medium lethality: history of repeated threats	<ul style="list-style-type: none"> <li>• Some specifics</li> <li>• Available, has means close by</li> <li>• Within a few hours</li> <li>• Drugs and alcohol, car-wreck</li> <li>• Less lethal methods – pills, slash wrists</li> <li>• Others available if called upon</li> </ul>
Direct expression of immediate suicidal plans or expression of guilt or worthlessness or absence of reasons for living	Suicidal behaviour in unstable personality: emotional disturbance: repeated difficulty with peers, family and teachers	One of high lethality or multiple of moderate lethality	<ul style="list-style-type: none"> <li>• Well thought out: knows when, where, how</li> <li>• Has the means at hand</li> <li>• Immediately</li> <li>• Gun, hanging, jumping, carbon monoxide</li> <li>• No-one nearby: isolated</li> </ul>

# Appendix Tool 2

## Management of young people at risk of suicide (for use by trained counsellor)

ACTION	<b>Immediate intervention</b>	<b>Consultation</b>
LOW RISK	<p>Consult with the principal who then informs the appropriate staff</p> <p>Establish an appropriate regime to monitor the person's suicide risk</p> <p>Check on family and other supports available and, as appropriate, involve them</p>	<p>Consult with the principal and then, as appropriate, staff and parents / guardians</p> <p>Counsellor to consult with supervisor as necessary</p> <p>Check if other services are involved and coordinate</p>
MODERATE RISK	<p>Take a team approach to ensure the safety of the student while at school</p> <p>Principal to inform parents / caregivers, as appropriate, and discuss strategies appropriate to the level of risk</p> <p>Establish an appropriate regime to monitor the young person's suicide risk</p> <p>Arrange for the young person to get access to the appropriate level of counselling / treatment</p>	<p>Counsellor to consult with health professionals to discuss the actions required</p> <p>Counsellor to consult with supervisor as necessary</p> <p>Check if other services are involved and coordinate</p>
HIGH RISK	<p>Consult with the principal who will then inform the appropriate staff to minimise any immediate risk</p> <p>Principal to contact the parents / caregivers about the risk and proposed management as appropriate</p> <p>Counsellor to ensure the young person's immediate safety, arrange for any handover of responsibility to parents or health professionals (including informing parents of safety precautions)</p> <p>Refer to relevant health service</p>	<p>Continue contact with the young person and their family / caregiver to ensure the required level of service is being provided, and to facilitate a smooth return to normal</p> <p>Consult with health professionals to ensure they know of current level of risk, any behaviours evidenced in the school, and that the appropriate services are being accessed</p> <p>Counsellor to consult with supervisor as necessary</p>

<b>Referral</b>	<b>Follow up</b>
<p>Provide information to the young person (and, as appropriate, the family) about available resources</p>	<p>Regular review of the young person to identify any changes in risk</p> <p>If there has been no improvement in four to six weeks, then treat as if the risk were moderate and seek additional assistance</p>
<p>Recommend to the family appropriate agencies or other resources, and assist them in accessing the services</p>	<p>Check outcome of any referral with the health professional and the family</p> <p>Monitor risk and behaviours within the school environment and take action as appropriate</p> <p>Ensure all staff involved with the young person report all incidents which cause concern (risk factors)</p>
<p>Counsellor to make a referral to an appropriate professional for further assessment and primary management, in collaboration with the young person and, where possible, the person's parents / caregivers</p>	<p>Check outcome of any referral with the health professional and family</p> <p>Ensure all staff involved with the young person report all incidents which cause concern</p> <p>Liaise with family to ensure they have the support required, and that the young person's environment is safe (remove the means of suicide: support and closely monitor appropriately)</p> <p>Prior to return to school, plan reintegration and establish necessary monitoring and support</p>

