# YOUTH SUICIDE PREVENTION IN THUNDER BAY:

**Strengths Approaches Conference**
**Dryden, Ontario**
**November 7, 2008**

# YOUTH SUICIDE STATISTICS

- More people die by suicide, than war and homicide combined
- Second leading cause of death for youth aged 10 – 24
- 87 suicides in Thunder Bay between 2001 & 2004,

  61 males & 26 females
- Between 70% and 80% of Canadian youth will consider suicide prior to graduation (youthsuicide.ca, Sept. 27,2008 )
- Male adolescents 3 to 5 times more likely to **complete** suicide than females

# YOUTH SUICIDE STATISTICS (CONTINUED)

- Adolescent females 4 to 7 times more likely to **attempt** suicide than males

- Between 1986 & 1995, 400% increase in youth suicide in the Nishnawbe-Aski youth, from 5 suicides in 1986 to 25 in 1995 (Advisory Group on Suicide Prevention, 2003)

- 90% of suicides are committed by people who have depression or some other mental illness or substance abuse (Suicide deaths and attempts, Health Canada Report, 2002)

# Risk Factors:

- Male
- Mood disorders, substance use disorders, conduct disorder, concurrent disorders
- Previous suicide attempt
- Family history of suicide or physical abuse
- Violence perpetration
- School problems
- Social isolation
- Poverty, unemployment
- Exposure to sensationalized media reports of others' suicidal behaviour

# Protective Factors

- Perceived parent and family connectedness
- Individual coping and problem-solving skills (esp. for females)
- Interpersonal competence
- Success at school and positive school climate
- Strong community and cultural ties
- (Advisory Group on Suicide Prevention, 2003; White, 2005)

# Protective Factors for Aboriginal Communities

Communities that have a high level of "cultural continuity"

- Recognized level of self-government
- Involvement in cultural activities
- Involvement in land claims
- Control over education, police/fire and health services

(White,2005)

# Task Group Activities and History

- March 2007 Two unrelated youth suicides in Thunder Bay one week apart
- Service providers, schools and emergency department all overwhelmed
- April 2007 Children's Centre Thunder Bay and Lakehead School Board call to action
- May 2007 Youth Suicide Prevention Task Group formed
- October 2007 Youth consultation
- February 2008 Community Mobilization Award from Centre of Excellence for Child and Youth Mental Health at CHEO

# Task Group Activities and History

- Phase I Grant $50,000 over two years
- March 2008Hired Project Assistant for Youth Suicide Prevention Task Force
- February 2008 Community mobilization workshop
- May 2008 Parent consultation
- May 2008 Key stakeholder luncheon
- October 2008 Phase II began

# Task Group Goals

Phase I June 2008

Development of a Community Action Plan

- How can our community help youth deal with youth suicides when they happen?
- How can our community prevent youth suicides?

Phase II December 2008

Implementation of a Community Action Plan

- Increased community mobilization and acute response to youth suicide completed

# Community Action Plan Objectives

- Increased awareness that youth suicide is a public health issue and is preventable
- Increased partnerships with agencies implementing prevention programs
- Advocate for increased supports in school systems
- Advocate for increased services through mental health agencies
- Increased public awareness of warning signs of youth suicide and resources available for help

# Phase III

- Continued implementation of Community Action Plan
- Evaluate outcomes of the action plan
- Plan for sustainability
- Publish outcomes of action plan

# THUNDER BAY YOUTH SUICIDE FAN-OUT CRISIS RESPONSE

# PURPOSE:

**The Purpose** of the **Thunder Bay Youth Suicide Fan-Out Crisis Response** is to coordinate and implement a community and school wide response to assist in minimizing the emotional effects of youth suicide.

**The Suicide Fan-Out is a Community Partnership Response** that will provide human and service resources on an emergency request when a youth suicide has occurred within the community.

# PARTNERS:

This plan is coordinated under the direction of the following partners, **Youth Suicide Prevention Task Group**

- Canadian Mental Health Association: Crisis Response Services
- Catholic Family Development Centre of Thunder Bay
- Children's Centre of Thunder Bay
- Conseil scolaire de district catholique des Aurores boreales
- Dennis Franklin Cromarty High School
- Dilico Anishinabek Family Care
- Lakehead District School Board
- Thunder Bay Catholic District School Board
- Thunder Bay Counselling Centre
- Thunder Bay District Health Unit
- Thunder Bay Regional Health Sciences Centre Adolescent Mental Health Unit
- William W. Creighton Youth Services

- **The Partners** will provide human and service resources on an emergency basis, when a suicide has occurred within the school system.

- **Crisis Response Fan-Out** is intended to be time limited, problem and intervention focused. It is designed to identify and provide emotional supports to alleviate the emotional reactions and effects of suicide in the school.

# PROCEDURES/PROCESS:

**(See Figure 1)**

- In the event of death by suicide of a student, the school principal or designate will serve as the lead **School Crisis Coordinator**.

- All community partners will respond to the school crisis coordinator when the **Crisis Fan-Out** is implemented.

# THUNDER BAY YOUTH SUICIDE FAN-OUT RESPONSE CHECKLIST

The Following is a Checklist to facilitate the **Fan-Out Procedure**:

# A) Fact Gathering:

- **School Crisis Coordinator clarifies facts surrounding the crisis**
- **Contact school superintendent**
- **Principal consults with Vice-Principal and/or school social worker**
- **Each School follow own emergency protocol for tragic events**
- **Determine the need for assembling the Fan-Out team**
- **Contact CMHA Crisis Response Team (CRT) to advise that a youth suicide has occurred**
- **CRT advises Partner Agencies to be on stand by if needed**

# B) The Call to Action:

- **Crisis Response Team** contacted with request for support to deal with impact of student suicide on other students/teachers, etc.

- **CRT** contact members of the **Fan-Out Team**

- Share facts with team members and assess the impact of the crisis
  - When did the event occur?
  - Where did the event occur?
  - How did it happen?
  - How many students and staff are affected by the event?
  - How are the students and staff affected?
  - How are students indirectly being affected (e.g., siblings/friends at other schools)

- Determine if additional support services are needed and determine support plan to schools

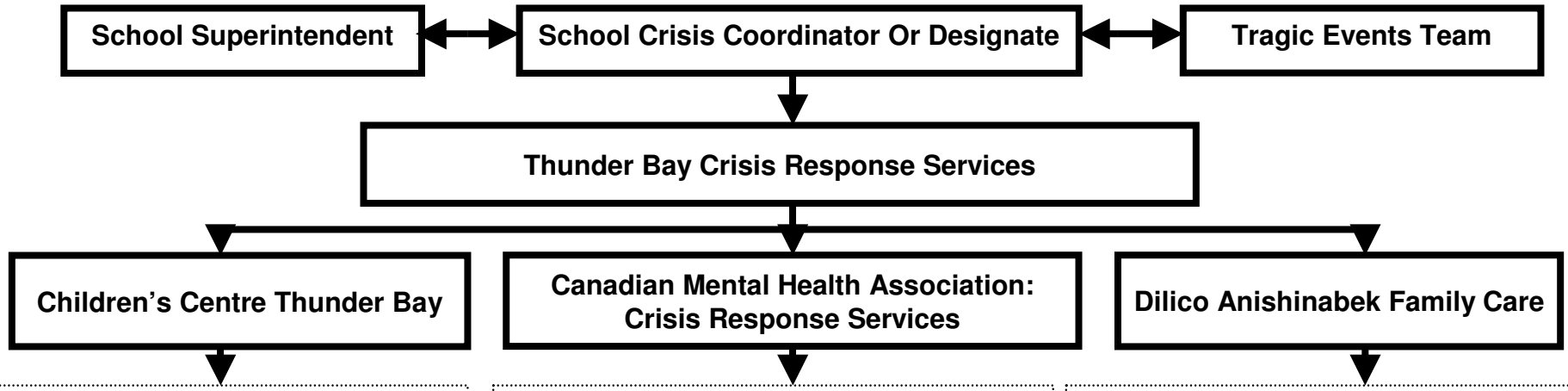
# C) The Fan-Out Team in Action:

- The tasks of the **Crisis Fan-Out Team** will be determined in collaboration with the **School's Emergency Protocol**

# D) Debriefing and Follow Up:

- Review the events of the day
- Revise the intervention strategies (e.g., plan for upcoming days)
- Monitor reactions or crisis team members – “compassion fatigue”

# Thunder Bay Youth Suicide
# Fan-out Crisis Response

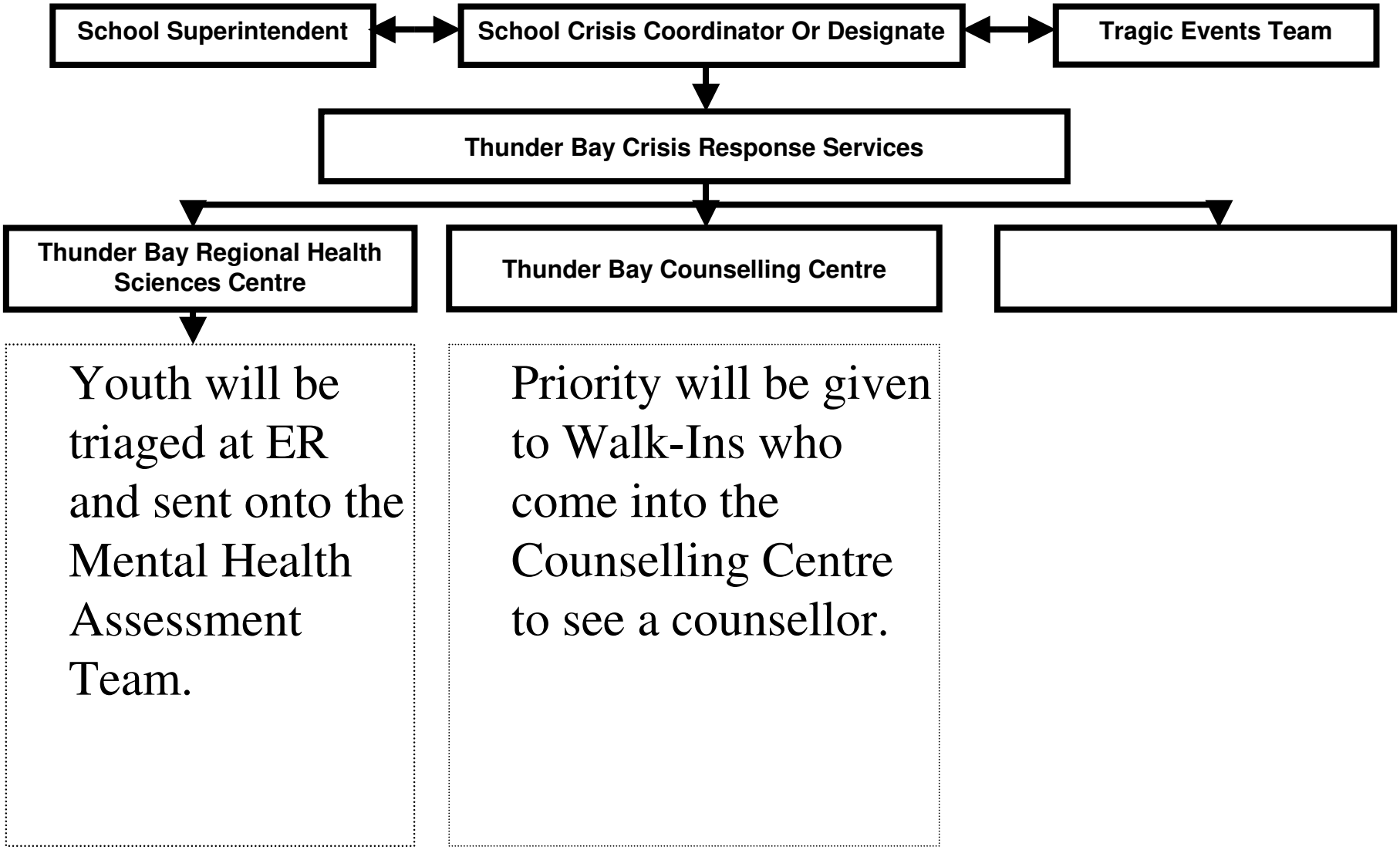



Provide mental health workers in the school to see youth identified as at-risk

Coordinate the fan-out protocol and provide a worker to the school.

Provide mental health workers in the school to see youth identified as at-risk.

# Thunder Bay Youth Suicide
# Fan-out Crisis Response



# Future Partners

- Sister Margaret Smith Centre, Youth Addiction Program
- Anishnawbe Mushkiki
- Indian Friendship Centres
- Urban Aboriginal Strategy

# Task Group's Next Steps

- Increase participation from First Nations service providers
- Partner with Aboriginal agencies to provide community workshop focusing on reducing Aboriginal youth suicide
- Increase partnerships with youth community groups
- Continue to explore web-based health initiatives
- Develop strategies to increase public awareness of signs of youth suicide and depression and resources available

# RECOMMENDATIONS FOR PREVENTION STRATEGIES:

- Any suicide prevention strategy must seek to reduce risk factors and promote protective factors against suicide.

- Need to have a multidimensional approach including strategies that address the whole population as well as high risk sub-groups.

# Possible Community Strategies:

- Increased natural helper programs in schools
- Yellow Ribbon suicide prevention program Sioux Lookout (NNEC)
- Provide information on mental health problems and suicide in school curriculum
- Provide programs on parenting skills to build resilience in youth
- Train primary care providers (doctors, nurses, social workers) how to recognize and treat depression and substance abuse as well as suicidal ideation in youth
- Train “gatekeepers” or people frequently involved with youth to recognize signs of suicidal behaviour and where to refer them
- Reduce access to lethal means (i.e. storage of medication, weapons)
- Provide media education on how to report on suicides