

Webinar for Rangitahi Well

Responding to Suicide – Counsellors Roles, Risk Assessment and Responses

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Contents

Responding to Suicide – Counsellors Roles, Risk Assessment and Responses	1
1. The Role of the Counsellor When There is a Sudden Death or Suspected Suicide in a School..	2
Role of Counsellors	2
Counsellors Supporting Kaiārahi/Staff to Support Ākonga.....	4
Helping Teachers Create Safe Spaces in their Classrooms.	4
Counsellors Supporting Kaiārahi/Staff Who Are Affected.....	5
Counsellors can Help Create Safe Environments and Spaces for Ākonga.	5
Safety and Trauma Informed Responses.	6
2. Evidence-Based Decision-Making	8
How Best to Minimise/Manage Exposure to Risk – using phones/social media?	8
What is Most Helpful for Young People in Aftermath – week, month, 6 mths after death of classmate?.....	9
Current Statistics and Prevalence of Suicidal Thinking in Rangatahi	10
3. Risk Assessment and Management	12
Assessing Risk:.....	12
Managing Risk:	12
Tools and Instruments for Risk Assessment and Management.....	12
Decision-Making Processes (confidentiality and sharing risk with whānau).....	13
Communicating with Parents/Caregivers of Deceased and Whānau	14
Communicating with All Parents/Caregivers	14
Cultural Differences and Considerations in How Risk Assessments and Suicide Are Responded to	15
4. Talking about Suicide and Language	16
How to Deal with Suicide Threats - Guidance for Counsellors and Whānau?.....	16

1. The Role of the Counsellor When There is a Sudden Death or Suspected Suicide in a School

ideally schools should have processes in place prior to any incident or death. Counsellors play a key role in suicide prevention, intervention and postvention.

Role of Counsellors (see SPRC, 2019)

1. Identify students who may be at risk for suicide (assessment of risk).
2. Respond to students who may be at risk (management of risk).
3. Be prepared to respond to suicide death.
4. Consider being involved in schoolwide suicide prevention (e.g., schoolwide programmes, postvention, staff ed and training, parent/guardian outreach, screening students).
5. Promote and point people to quality information and resources (MOE, MHF, Health Navigator, online tools, websites, crisis numbers/helplines).

Role of Counsellors (MOE, 2019)

1. Identify students who may be at risk (assessment of risk).
2. Respond to students who may be at risk (management of risk).
3. Liaise with family, whānau and caregivers and help refer to primary care and services. Be part of treatment and management meetings when appropriate.
4. Provide follow-up to students referred on to support services.
5. Be part of student's ongoing support, advocate for accommodations when they return to school.
6. Model support to teachers, parents, and students (MOE, 2016).

According to MOE (2016) counsellors should not be part of the Crisis Management Team (usually made up of Principal, BOT, SLT) but instead focus on providing the CMT with info about vulnerable students and provide support to students and staff.

I believe counsellors could and should play a more central role and should be members of the CMT (see MOE, 2016, pp. 8-9 for roles they can easily provide). They can:

- identify staff and students most affected,
- help develop and maintain a care list (vulnerable person register),
- help develop scripts for teachers to inform the classes of deaths/incidents,
- identify safe spaces away from classes for students to go to,
- help develop a triage system that prioritises support for students and helps them gain access to support quickly,
- help staff answer tricky questions,
- explain why it is important to balance acknowledging the impact of the death but keep the focus on normal routines, coping and resiliency, and help with communications.

Ideally counsellors should also be included in the SLT and decision-making processes and be a part of the much broader response to suicide to ensure safety and a trauma-informed and compassionate response. They understand the steps that need to be taken to ensure safety and recovery – but also the style/approach in which those steps need to be taken.

The following are some key aspects of suicide prevention/intervention/postvention in schools that counsellors can assist with.

1. Ideally, all school staff should have completed some basic suicide awareness and prevention training (counsellors may help with staff training and development)
 - a. Level 1 - e.g., suicide awareness, stats, risk and protective factors, who's most at-risk, mental health promotion and suicide prevention. For example, Le Va, Life Keepers, AOK, or suicide talk (Lifeline) (1.5 hrs) or inhouse PD for staff (webinar/seminar)
 - b. Level 2 – e.g., SafeTalk (half day) how to identify and connect vulnerable rangatahi to support (webinar/seminar).
 - c. Level 3 – e.g., Asist (2 days) Applied Suicide Intervention Skills, life-saving intervention skills for Deans, Pastoral Care teams.
 - d. Level 4 – e.g., Suicide Hope (1 day) for clinicians and other professional caregivers who work with at-risk or recently suicidal.

All staff should know how to respond to distress students/ākonga.

2. Counsellors can help school staff become more familiar with and able to implement MOE Guidelines and be able to adapt these as needed to fit their school culture, context, and resources.
 - a. MOE (2019) “preventing and responding to suicide”
<https://hpe.tki.org.nz/guidelines-and-policies/preventing-and-responding-to-suicide-resource-kit-for-schools/>
 - b. MOE (2016) “traumatic incidents: managing staff student and staff wellbeing”
<https://www.education.govt.nz/assets/Uploads/Traumatic-incidents-schools-Guidelines-for-wellbeing.pdf>
3. Counsellors can help school staff and kaiārahi become more familiar with Te Pakiaka Tangata – Strengthening student wellbeing for success – Guidelines for Pastoral Care, Guidance and Counselling <https://www.education.govt.nz/school/health-safety-and-wellbeing/pastoral-care-and-wellbeing/guidelines-for-the-provision-of-pastoral-care-guidance-and-counselling-in-secondary-schools/>
4. Counsellors can help schools develop, implement and evaluate a designated response plan (details of coordination of responses, managing media, roles, communication with the family, whānau and community; supporting wellbeing of students). Such plans include:
 - Calling a crisis management team (CMT) meeting and assign responsibilities.
 - Scheduling all staff meeting asap.
 - Arranging for students to be told about death in small groups – homerooms/form groups.
 - Disseminating death notification to students (see examples in MOE guidelines).
 - Identify social media accounts that may need attention or monitoring.
 - Disseminate handouts – facts about suicide, tips for talking about suicide, warning signs, what staff can do to support students in distress or crisis.
 - Plan parent meetings if necessary.
 - Prepare media statements.
5. Counsellors can be valuable members of a designated crisis management team (CMT) ready and able to respond to any incidents and deaths (of current or past pupils, staff, family/whānau) and have school policies formulated.
6. Counsellors can help develop a system for identifying who may be distressed (in the school, and at other schools and in wider community, sports teams, cultural groups) and refer and respond to student's distress. Such a system includes:

- Establishing an At-risk/Care Register and set up tiered support system (based on exposure, risk, vulnerability, ability to cope etc (see MOE, 2016, pp.25-26).
 - Monitoring for contagion and subsequent (e.g., students with history of personal problems, difficulties, mental health issues, recent deaths).
 - Monitoring student and staff concerns.
 - Providing a support room and at least two staff (RTLBs, and others) to supervise it (provide comfort for students and help redirect students back to class as appropriate).
 - Ensure all absences from class are documented and followed-up.
7. Counsellors can help schools develop a set of clear communication templates (including notices and announcements for social media, school newsletter, assembly, small group setting). They are experts in communication and relationship management and well suited to this role.
 8. Counsellors can help establish and maintain relationships with community support providers who may need to be called upon following an incident or death (e.g., MOE Traumatic Incident Management teams, CRS, CASA, local suicide prevention and postvention coordinators, kaumatua and cultural leaders, police, other local counsellors, and primary mental health providers).
 9. Counsellors can help schools develop policies and guidance around how to manage themes of suicide in the curriculum and learning environment (e.g., students writing about, researching, wanting to discuss suicide-related content).

Counsellors Supporting Kaiārahi/Staff to Support Ākongā

Counsellors can also support teachers/kaiārahi to support students by provide the following:

- A positive safe learning environment (safe accepting classroom climate, culture of care, reduce stigma and encourage help-seeking and help-offering, strengths-based approach, help ākongā find trusted information and adults/professionals). (See Fitzpatrick et al., 2018; Ontario Ministry of Ed, 2017).
- Sensitive responses after a suicide (empathy, accommodating grief and needs, referring to support).
- Promote wellbeing (promote and encourage healthy coping, distress tolerance, emotion-focused and problem-focused coping).

Helping Teachers Create Safe Spaces in their Classrooms.

Counsellors can help staff understand grief in rangatahi and what they can do to support grieving students. Teachers can:

- Create a positive classroom environment, where they can let students know they and other students are struggling (culture of care).
- Identify easy ways students can ask for support – to see counsellor etc.
- Refer and help students access support.
- Reduce stigma – raise awareness, use appropriate language, not labels, don't lecture or judge the deceased.
- Show they care, listen, notice when something isn't quite right.
- Address barriers to accessing support – help them find good info, websites, counselling.
- Be genuine – talk about their friend, family member, invite a conversation.
- Show patience and remain accessible – “when you are ready I'm here to listen”.
- Offer reassurance – over time and with help the student will cope.

- Help students with emotional expression and containment – journaling, talking, distraction tools, positive self-talk.
- Promote practical coping strategies – deep breathing, visualizing of calm space, exercise, hobbies, using past coping strategies.
- Promote presence support – being there, and disclosure support – what do you need right now? What do you need to stay safe? Help them tell their story or find someone they can talk to.
- Check and connect.
- Give them space when they need it.
- Keep it normal (but with some flexibility).

Counsellors Supporting Kaiārahi/Staff Who Are Affected.

Counsellors can also help provide support to staff/kaiārahi who are affected/impacted by sudden deaths and suicides. Counsellors can help:

- Monitor staff reactions to death.
- Advocate for substitute teachers – to float and relieve in case teachers need to take time out.
- Arrange crisis counselling space for staff and students.
- Ensure tissues, water and extra food are provided for staff who may be giving up breaks and lunch time to supervise and support students.
- Identify and support staff who are immediately affected (plus those vulnerable via other mental health, loss, grief).
- Promote self-care for staff (EAP, reduced workloads).
- Provide time out for reflection.
- Provide time to connect with other staff – peer support.
- Encourage staff to widen their support net – telling others who can support them what has happened, what they need
- Encourage help-seeking and help-offering – looking out for one another.
- Promote self-compassion – treating self with kindness, dialling back expectations, giving 80%.
- Keep the focus on strengths – capacity to overcome, work through, keep going and use cultural tools, knowledge, and resources to cope with grief and loss.

Counsellors can Help Create Safe Environments and Spaces for Ākongā.

Counsellors can help:

- Provide clear communication of where students and colleagues can go to for support and time out when overwhelmed.
- Ensure adult supervision is provided in support rooms/time out spaces, someone for ākongā to talk to or nearby (see MOE, 2016, p.24).
- Advocate for safe online environments to be provided – rules around what can share (e.g., positive memories, photos, images) help ākongā consider what they share (is this going to be hurtful to others? triggering? Is this the right audience, should I tell a professional?)
- Assist to offer peer support spaces also need to be considered carefully and managed. Peer supporters often don't have skills and ability to bracket and manage the secondary trauma and grief they hear from others.

- **Counselling as a 'safe space'** which is non-judgemental, empathetic, supportive – but there are clear limits to confidentiality when it comes to disclose of harm to self and others.
- **CARE framework** – a useful framework for those in pastoral care and counselling roles. Ensures care is responsive and planned.
 - containment of feelings/thoughts,
 - awareness of memories and support,
 - resilience – focus on personal strengths and resources they can use to get through this
 - engagement – listen, build trust, convey hope and concern, forward together
- Counsellors can help provide opportunities for students to:
 - Vent emotions.
 - To express their grief artistically or musically, practical means
 - Experience quiet and reflection.
 - Honour their loss through action – social and solo activities (walking, fishing, working on a project) that help them cope.
 - Care for, provide and protect others who are grieving (including other rangatahi).

Safety and Trauma Informed Responses.

- Counsellors can help ensure that the school's response is trauma informed, compassionate and based on best-practice.
- 4 Rs (SAMHSA, 2014)
 - Recognizing how traumatic grief can affect people and groups.
 - Recognizing the signs of trauma and traumatic grief.
 - Responding – having a system that provides culturally responsive care and support and in which victims/survivors have voice and choice.
 - Resisting – retraumatizing people through communication, policies, and practices (including staff).
- It also means adhering to the principles of:
 - Safety – physical and psychological, spiritual, cultural.
 - Trustworthiness and transparency – decisions are made rationale shared.
 - Peer support – helping survivors connect and share experiences and support one another.
 - Collaboration and mutuality – shared power and decision making between all parties.
 - Empowerment – voice and choice – allowing survivors to have a say in how they are supported and options.
 - Cultural, historical and gender issues – recognizing and accommodating differences in survivor experiences and needs.

Solutions-Focused Responses.

Counsellors can help ensure school responses are balanced and not just focused on crisis response but focused on identifying and working from strengths, youth-friendly and resiliency building.

- Taking a strengths-based and guiding/cooperative approach rather than directive approach.
- Focusing more on what they want to be different, goals, actions.

- Focus on strengths, resources, assets, coping strategies that survivors have that can be used to help with current problem/s, doing more of what does/has worked.
- Solutions-focused talk over problem-saturated talk.
- Recognizing one size fits all approach won't work.
- Working towards goals, vision that survivors have for life.

Support for the Supporters/Counsellors.

Support for counsellors is also important and needs to be part of the School Plan.

- Being part of response team should be optional depending on impact on counsellor, exposure, or relationship to deceased, and past history of personal trauma.
- MOE should bring in extra counsellors to support and reduce case load of existing counsellors.
- External staff (psychs, counsellors, facilitators) may help counsellors run or facilitate staff training (e.g., how to support grieving students) and support staff to cope with own loss and grief.
- EAP should be offered to all staff.
- Supervision and peer support for debriefing.
- Need to prevent secondary traumatic stress, compassion fatigue and burnout
- A reminder to call on counselling colleagues in neighbouring schools/network for support

2. Evidence-Based Decision-Making

When responding to suicide it is important for counsellors and other mental health professionals to keep up to date with the latest research and practice. Some key messages from the research include:

- The importance of risk mapping, situational analysis needs to be done early and ongoing. Risk fluctuates and situations change over time.
- Best responses are based on evidence, data, and reports/observations – not emotional reports, assumptions, and reflection on past experience.
- The school should make its own decisions as it knows its students, community best and balance this with MOE guidance. Responses should not be significantly influenced by whānau or community demands, outside pressures or community stakeholders (e.g., people promoting quick fixes, simplistic suicide prevention programmes or initiatives).
- Support needs change over time – survivors and those affected need crisis support, immediate and ongoing support.
- Some people may need a more directive approach to begin with but more collaborative approach as time and ability to cope increases.
- The support needs of suicide loss survivors change over time (and support tends to drop away at 6 month mark). Students/ākonga and staff/kaiārahi also need support around anniversaries and celebrations – that remind people of the loss and secondary losses.
- Simple flow-charts and check lists are helpful but need to be adjusted and adapted as the process unfolds.
- MOE guidelines are appropriate to an extent – checklists, exemplars of communications.
- Guidelines lack sufficient detail and examples of:
 - Cultural considerations, rituals and tikanga.
 - Training guides (post event), who to get in and what they should focus on.
 - Debriefing process for staff, large and smaller forums.
 - How to conduct safe events/forums/discussions with students/parents/community.
 - Channelling energy into suicide prevention as part of postvention.

How Best to Minimise/Manage Exposure to Risk – using phones/social media?

Recent research shows the following:

- The need to help rangatahi understand the potential harm they can cause others and themselves when accessing information or sharing information online (harmful digital communications).
- See AFSP & SPRC (2018, pp.33-36) guidelines on managing social media - getting news, sharing feelings, giving a receiving support, organising impromptu gatherings, creating online memorials
- Social media can be used to broadcast news, promote interaction, and increase linkage.
- It is best to involve students themselves in developing messages and using social media, engage peers.
- Inform adults/whānau of online communications and help them have conversations with their children.
- Use social media to disseminate info – funeral service, where students can access support, warning signs, local mental health services, suicide hotline numbers.
- Need to monitor and respond to rumours, derogatory messages, bullying and blaming, comments that indicate students are at risk.

- Vicarious trauma – help rangatahi understand that through seeing, listening, reading about details of suicide they may expose self and others to trauma. Help them think about what accessing social media does for their own mental health and wellbeing.
- Need to help rangatahi make good choices around what, when, and who they share messages with – how they can communicate with others safely. Consider teaching about critical media literacy. <https://www.justice.govt.nz/courts/civil/harmful-digital-communications/>
- How to respond to and manage risk online <https://mentalhealth.org.nz/resources/resource/tips-for-supporting-someone-online>
- Communication of deaths should be face-to-face and done in small groups.
- MHealth apps have potential to help rangatahi cope and access important information (tips on how to support peers, self-care, safety plans).

What is Most Helpful for Young People in Aftermath – week, month, 6 months after death of classmate?

Short-term

- Acknowledgement of loss, empathy, compassion.
- Ongoing attention and connection – checking in.
- Honest information about what is going on.
- Opportunities to talk together.
- Someone to help answer any questions they might have.
- If they don't want to talk or help, then leave useful information for them to follow-up on themselves.
- Talk about grief, normalize reactions/responses and talk about how everyone does it differently.
- Safe spaces to express or experience the pain (psychological holding). Somewhere to tell their first story (pain, suffering, hopelessness).
- Opportunities to remember the person who died, share stories, have a voice, do something with their grief.
- Time out from grief, normal routines, and consistency. Keep to usual routines and structure as much as possible.
- Emotional containment, modelling of healthy coping strategies.
- Help from extended family and friends – widen their support network.
- Provide praise and encouragement.
- Provide access to professional and confidential help if they need it.

Longer term

- Looking out for complicated or prolonged grief.
- Self-care.
- Information on how to care for and support others/peers.
- Praise for persistence and moving forward, honouring their friend by carrying on.
- Reminders that deceased is not forgotten.
- Rituals for remembering and healing.
- Assistance with meaning making.

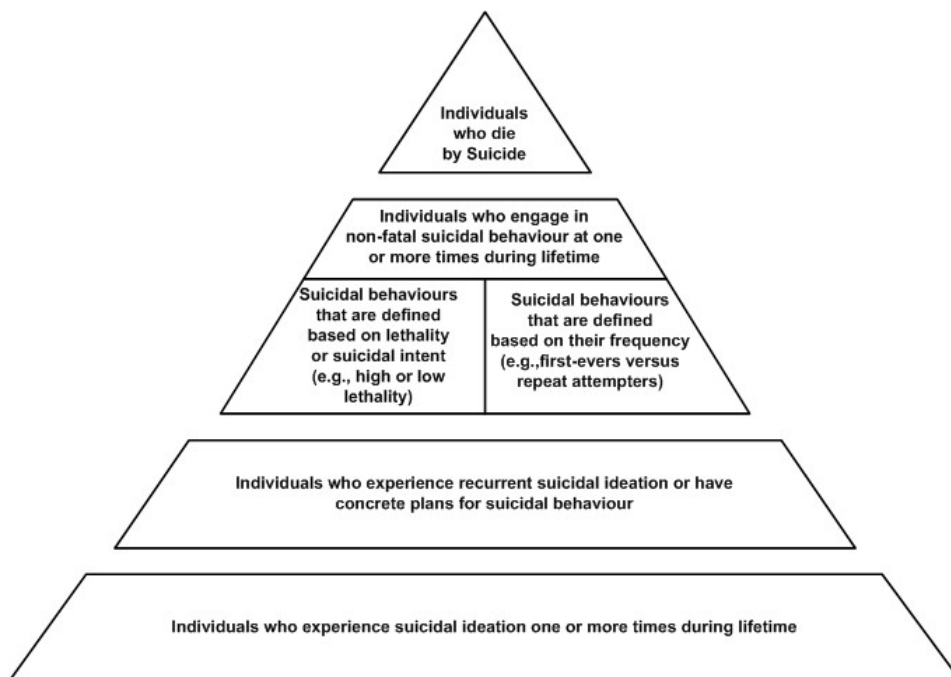
- Reframing and perspective taking.
- Developing a second narrative (story of coping, support, what helped them get through, remembering the person and their life, less focus on how they died).
- Ongoing counselling support within school OR refer externally

Current Statistics and Prevalence of Suicidal Thinking in Rangatahi

- International research (CDC in USA) shows that
 - 8% high school students report having attempted suicide one or more times in past 12 months
- NZ Youth 2019 survey (Flemming et al., 2022)
 - 23% of students reported experiencing significant depressive symptoms (29% females, 16% males)
 - 21% has seriously thought about attempting suicide in the past 12 months (25% females, 17% males)
 - 6% reported attempting suicide in the past 12 months (7% females, 5% males)
- IPSOS international survey (20,000 people including 1000 kiwis aged 18-35)
 - 75% of young kiwis felt stressed and unable to cope in the past year
 - 63% felts sad or hopeless almost every day for 2 weeks or more
 - 40% said they had seriously considered suicide or self-harm

How many go on to develop a plan, methods, act on plan?

Difficult to determine, as they are overlapping populations and most studies are not longitudinal and therefore don't track people over time.



- Approx 30-40% who die by suicide have made prior attempts, so 60-70% no prior attempts.

- Suicidality is on a continuum
 - Suicide.
 - Suicide attempt (high lethality, high intent).
 - Suicide attempt (low lethality, low intent) (may include repeat attempters).
 - Suicide ideation with plan (specific, lethal) “I am thinking about shooting myself”.
 - Suicide ideation with plan (vague, non-lethal) “I feel bad and have thought about killing myself”.
 - Diffuse risky lifestyle (including non-suicidal self-injury, deliberate self-harm with no evidence of intent to die).
 - Suicide ideation (chronic) – including fantasies.
 - Suicide ideation (fleeting).
 - Passive death wish “I wish God would take me away”.
 - Totally non-suicidal.

3. Risk Assessment and Management

Counsellors play an important role in identifying and managing risk in the school (to ākonga and kaiārahi).

Assessing Risk:

- suicidal thinking - thoughts, intent, plan details, mood state, hopelessness, and expression of distress.
- risk behaviours – previous attempts, previous or current DSH, substance use and other risk behaviours.
- stressors/context – bullying, bereavement, disciplinary action.
- self-management – problem solving, willingness to seek help, stable relationships.
- positive resources – strong attachments with family, significant others, other friends available.

Managing Risk:

- Immediate intervention - consult with principal and family/whānau, discuss risk management, handover responsibility.
- A key aspect of managing risk involves developing a **Care and Support Plan/Safety Plan**. Adolescent Safety and Coping Plans (see O'Brien et al., 2020). Complete with adolescent and or parents/whānau (identify reasons for living, stressors and triggers, ways to cope, people who can help them cope, safety scale 1-6). For examples of safety plans see:
 - Mental Health Foundation <https://mentalhealth.org.nz/resources/resource/personal-safety-plan> also <https://mentalhealth.org.nz/resources/resource/ko-wai-ahau-who-am-i>
 - **Manawa app** <https://apps.apple.com/nz/app/manawa/id1581709237>
 - Develop a personal safety plan – 1. Things they can do when feeling unsafe, 2. Primary and secondary support people, 3. Know their triggers, 4. Internal coping strategies, 5. Who they can turn to for support, reassurance, and distraction, 5. Professional resources, crisis lines, support lines 6. Reminders of hope and reasons for living list.
- Consulting with school staff, family/whānau, GP, ICAFS, CAMHS for assessment (if new case), continue to consult with support, facilitate return to school.
- Provide referral/clinical management – refer to GP Or CRS, educate family/whānau on signs of distress and appropriate emergency contacts.
- Address barriers to accessing support – help them find good info, websites, counselling outside of school.
- Follow-up – regular review of risk, monitor risk and behaviours at school, performance.

Tools and Instruments for Risk Assessment and Management.

NZGG – suicide assessment, covers low, mod and high risk.

- Explores personal difficulties, positive resources, previous attempts, suicide plan.
- Actions include: reducing risk, consultation and referral, managing underlying factors, monitoring and following up.
- http://www.bpac.org.nz/BPJ/2010/January/docs/bpjse_young_dep_appendices_pages20-28.pdf

ASQ Ask Suicide Screening Questionnaire

<http://www.bpac.org.nz/BPJ/2010/January/assessment.aspx>

1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?
3. In the past week, have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself?
5. If they answer Yes to Q4, they should be asked how they tried to kill themselves and when.
6. A yes response to any of the questions would prompt further assessment and referral as appropriate.

Can also use SPRC resource (2 page sheet) based on SAMHSA guideline for suicidal patients

<https://www.samhsa.gov/resource/dbhis/safe-t-pocket-card-suicide-assessment-five-step-evaluation-triage-safe-t-clinicians>

SAFE-T Suicide Assessment Five-step Evaluation and Triage

1. Identify risk factors – not those that can be modified.
2. Identify protective factors – not those that can be enhanced.
3. Conduct suicide inquiry – thoughts, plans, behaviours and intent.
4. Determine risk level/intervention – choose interventions.
5. Document – assessment of risk, rationale, intervention and follow-up.

Rocky Mountain Risk Stratification Table <https://www.mirecc.va.gov/visn19/trm/>

- Helps determine suicide risk levels, temporality.
- Aids suicide risk management and clinical decision-making with clear examples of actions.
- High acute risk (hospitalisation).
- Intermediate acute risk (hospitalisation, or outpatient with frequent contact, well-articulated safety plan).
- Low acute risk (primary care, outpatient).
- High chronic risk (routine mental health follow-up, safety plan, removal of means, routine suicide risk screening, coping skills building, management of co-occurring symptoms).
- Intermediate chronic risk (routine mental health care, enhance coping and protective factors, well-articulated safety plan, removal of means, management of co-occurring symptoms).
- Low chronic risk (mental health care in primary setting, follow up on treatments).

Decision-Making Processes (confidentiality and sharing risk with whānau)

Liaising and communicating with parents are key aspect of the counsellor's role.

- See AFSP & SPRC (2018) After a suicide: a toolkit for schools (has templates for letters, emails, communications).
- If death is unconfirmed - Coroners Act in NZ means schools cannot discuss the means of suicide.
- Family/whānau may not want cause of death disclosed – so someone from school who has good relationship with family/whānau needs to talk to them.
 - If students already talking about it as a suicide – then family/whānau needs to know, and school needs to address this.

- Schools have to balance need to be truthful with needs to be sensitive to families/whānau.
- Sharing news with students and wider community needs to be done separately.
- Follow guidelines of safe messaging – avoid simplify, idealizing, glorifying the person or the suicide.
 - Give accurate info.
 - Address blaming and scapegoating.
 - Do not focus on method.
 - Address anger and issues of responsibility.
 - Promote help-seeking.

Communicating with Parents/Caregivers of Deceased and Whānau

- Offer condolences to family.
- Inquire as to what school can do to assist family.
- Ask for help identifying friends of deceased who might need extra support at school.
- Discuss what students should be told.
- Inquire about funeral arrangements and whether students/staff can attend – encourage to hold funeral off school grounds and outside of school hrs if possible.
- Disseminate info about funeral (if family/whānau wishes).
- Work with community mental health providers to provide support for students attending the funeral.

Communicating with All Parents/Caregivers

- Offer condolences to family/whānau, students and wider community.
- State offering support to students and staff.
- Remind people no simple or single cause, importance of mental health support.
- Normalize reactions and grieving uniquely.
- Remind parents that school is there for them, and in this together.
- Consider holding ***informational meeting for parents*** and community regarding suicide prevention.
 - No open mic.
 - No recording or media.
 - Part 1 dissemination of info.
 - Part 2 small groups of parents discuss questions with CRT.
 - Part 1 – welcome, express sympathy, introduce CRT, express confidence in school staff to support students, encourage parent and school collaboration, reassure time for Q&A, state intent to treat this death as any death – while remaining aware of vulnerability, state need to grieve with balance of not oversimplifying, glorifying, romanticizing.
 - Part 2 – purpose and structure, verify death, discourage spread of rumours, inform parents of activities and systems in place, student release policy.
 - Discuss how school will help students and staff cope.
 - Share handouts on suicide facts, warning signs, contact info for school and community supports, 0800 numbers.
 - Small group meeting – 8-10, facilitated by trained professionals.
 - Childcare on site.

Cultural Differences and Considerations in How Risk Assessments and Suicide Are Responded to

Counsellors are well placed and trained to understand and respond to cultural differences and needs and work in ways that are culturally safe and responsive. They should provide advice as to how best to provide culturally responsive and safe support.

- Views about mental health are shaped by culture – different beliefs about what mental health is (e.g., Te Whare Tapa Wha, connections and balance, fono fale model).
- Extent to which people can talk about suicide varies across cultures (can be seen a sin or moral failing, taboo subject).
- Counsellors can remind staff and schools to be sensitive to beliefs and customs regarding the family and community, including rituals, funerals.
- Remind others to be sensitive to how the family/whānau may want to deal with suicide in private versus public events.
- Be mindful of cultural variations in way suicide and self-harm are viewed.
- Encourage rangatahi to disclose to parents/whānau and support them to do so. Recognise there could be risks to them disclosing that could mean they are unsafe. This needs to be discussed.
- Duty of care – means sharing risk assessment with parents/whānau, but also working with them to ensure rangatahi have safety, care, and coping plan.

See MOE (2019, pp34-36) guidelines

- Liaison with family/whānau.
- Acknowledging cultural and spiritual context of suicide (feeling whakamā (shame), mātauku (afraid)).
- Acknowledging Asian beliefs and practices (ideas about sacrifice, collectivism, respect for privacy).
- Engage a cultural broker or guide – kaumatua, who can advise, liaise between family/whānau and school, provide the counsellor with advice.
- Have resources in different languages.
- The LGBTQI+ and/or rainbow community are more vulnerable as they often have more youth who engage in self-harm, face adversity, bullying and harassment, are disconnected from family/friends, and may have less access to appropriate support services.
- Counsellors can develop cultural competence of teachers.
- Invite cultural advisors, kaumatua, elders, and experts to teach students and staff.
- Provide opportunities for students to connect and draw on cultural tools for healing (see White, 2021 for inclusive practice guidelines).

4. Talking about Suicide and Language

How we talk about suicide and the language we use is important and can influence others – it can open up or shut down the possibilities for kōrero.

- Language can be hurtful, stigmatising and increase risk of contagion. It's what we talk about and how we talk about it that is the issue.
- Cannot post on social media or report in news <https://www.health.govt.nz/your-health/conditions-and-treatments/mental-health/talking-about-suicide> Unless you have an exemption, you can't make public:
 - the method or suspected method of the death
 - any detail (like the place of death) that might suggest the method or suspected method of the death
 - a description of the death as a suicide before the coroner has released their findings and stated the death was a suicide (although the death can be described as a **suspected suicide** before then).

How to talk to colleagues and students

- “student death” “sudden death” and/or “suspected suicide”
- Avoid the term “committed suicide” or “threatened suicide” – suicide is not a crime. Some cultures consider it a sin, but this can hinder help-seeking and increase stigma and shame/whakama.
- Avoid using the term “attempted suicide” or “completed suicide” as this carries connotations of attempt = failure/undesirable outcome and completion = success/desirable outcome.
- It is better to discuss fatal and non-fatal suicidal behaviour.
- It is better to say “took their life” or ‘died by suicide’

How to Deal with Suicide Threats - Guidance for Counsellors and Whānau?

- Dealing with flippant comments or jokes about suicide (e.g., I'm going to kill myself)
- Take all threats seriously.
- Use QPR, ASK or other tools to check out intent, plan, lethality etc.
- Help rangatahi understand it is not OK to make jokes about suicide. That you know they didn't mean to hurt people, help them understand what can they say instead.
- Help rangatahi develop better ways of communicating distress – use primary and secondary emotions wheel, help them find other words for expressing frustration, anger, desperation, whakama.
- Teach rangatahi how to regulate their emotions and thoughts – mindfulness, breathing, grounding, PMR.

See the following resources for how to respond to tricky questions (what is suicide, why do people kill themselves, how do people kill themselves, whose fault is it?)

<https://assets.education.govt.nz/public/Documents/School/Traumatic-incidents-and-emergencies/Talking-with-students-if-students-raise-the-issue-of-suicide.pdf>

MHF (2019) Connecting through korero a guide to having safe, open, honest and compassionate korero about suicide with taiohi/young people <https://mentalhealth.org.nz/suicide-prevention/connecting-through-korero>

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