

MAKE SUICIDE PREVENTION EVERYONE'S BUSINESS



SUICIDE & SELF HARM PREVENTION

EFFECTIVE PRACTICE GUIDELINES

*(CREATED BY SUICIDE PREVENTION CO-ORDINATOR
NHSSB/NIFHP)*



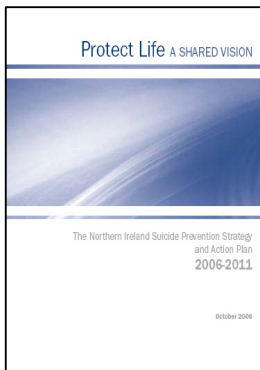
JANUARY 2009



FOREWARD

This is a working document which is amended regularly with new knowledge and advice on evidence based effective practice. Please note that if you email **Gabrielle Nellis Suicide Prevention Coordinator NHSSB: gabrielle.nellis@nhssb.n-i.nhs.uk** you can receive this document in electronic form

‘Unless suicide prevention strategies are developed and delivered on the basis of the best available evidence of effectiveness, health providers, parents, educators, politicians and the community may invest in programs that are ineffective or even harmful and deprive youth of programs that could help. The wish to do something should not override our responsibility to do the right thing’. Stanley P.Kutcher MD, Department of Psychiatry – Public Health Youth Suicide Prevention Canadian Medical Association Article 29th January 2008



This document has been developed in response to the ‘Protect Life, N.I. Suicide Prevention Strategy– a Shared Vision’ and through recommendations made from the Northern Board multi sector Suicide Prevention and Mental Health Promotion Steering implementation group. In October 2006 – the Protect Life A Shared Vision – The Northern Ireland Suicide Prevention Strategy & Action Plan 2006-2011 was launched by the Department of Health Social Services and Public Safety (DHSSPS). The Protect Life Strategy requires each Health & Social Services Board area to develop a local Protect Life

Action Plan in partnership with key stakeholders to target the objectives laid out on the Strategy. PROTECT LIFE – A Shared Vision- N.I. Suicide Prevention Strategy & Action Plan is available directly through weblink: http://www.dhsspsni.gov.uk/phnisuicidepreventionstrategy_action_plan-3.pdf

The NHSSB/NHSCT area covers the districts of Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Cookstown, Larne, Magherafelt, Moyle, and Newtownabbey

- This report is divided into 5 Chapters which should help you to find the information you are looking for easily.

We would like to encourage people to avoid phrases such as ‘Commit suicide’ (suicide was decriminalised in 1962 in Northern Ireland and 1993 in the Republic of Ireland, so it’s stigmatising to talk about ‘committing suicide’ – the only other context in which the word ‘commit’ is used is when associated with crime. The alternative is ‘Die by suicide’ ‘A suicide attempt’ ‘Take his/her life’ & ‘Completed suicide’

‘Given the complexity of the mechanisms of suicide, it seems likely that no one prevention/intervention strategy, by itself, is enough to combat this critical problem. Rather, a comprehensive, integrated effort, involving the individual, family, school, community, media and health care system – is needed’. (Practical Strategies for Preventing Adolescent Suicide – By Keith A.King, Ph.D, C.H.E.S 2006)

Disclaimer

Whilst every effort has been made to provide accurate and complete information the NHSSB and NIfHP accept no responsibility for errors or omissions resulting from information gathered from outside sources. NHSSB and NIfHP also accept no responsibility for the accuracy, quality or currency of the information contained and any user of this guide who has a problem or query with content is advised to contact the original source of information for clarification before contacting the NHSSB. Where any specific organisation or service is mentioned by name or otherwise this does not necessarily constitute or imply any endorsement or recommendation by the NHSSB and NIfHP of that organisation or service. This document is intended as a reference document.

INTRODUCTION – SUICIDE PREVENTION EFFECTIVE PRACTICE GUIDELINES



Suicide is a growing problem across NI and it is widely acknowledged that reducing suicide and its tragic consequences for families and communities is a top priority. “Protect Life” the NI Suicide Prevention strategy recognises the need for strong community action in promoting good mental health; raising suicide awareness and reducing stigma for those seeking help. The Government has set the following target for suicide reduction: **by 31 March 2011 achieve a reduction of at least 15% in the suicide rate.**

The information in this document is aimed to support ideas for programmes and responses through information on evidence based and/or effective practice models by supplying summaries, web links and references, in a hope to help justify ideas/actions, which have been evaluated either locally, nationally or internationally to a specific target group/area/sector (be it rural or urban).

Suicide prevention, being every bodies business, implies a degree of responsibility for action on all of us, depending on our personal knowledge derived from our life experiences and our professional training.

The essence of any Suicide Prevention Initiative is **PARTNERSHIP**. Effective Suicide Prevention is multi sectored. Suicide prevention demands partnership at all levels between peers, between voluntary organisations, between government departments and between voluntary groups and the statutory authorities relevant to the subject

Monitoring and Evaluation

Needs to be central to all Suicide Prevention based work and to include baseline information and post intervention evaluation methods.

Equality

Groups need to be aware to make programmes culturally sensitive in meeting needs of other ethnic groups and to work in tackling inequalities in promoting mental health and suicide prevention work in the community

Chapter	CONTENTS	PAGE
1: Essential facts & information on suicide, self harm and prevention	1.1 DEFINING LANGUAGE AROUND SUICIDE PREVENTION	7
	1.2 HOW CAN WE HELP WITH SUICIDE –SUMMARY	8
	1.3 HOW CAN WE HELP WITH SELF HARM – SUMMARY	9
	1.4 MYTHS AND FACTS ABOUT SUICIDE – SAMARITANS QUICK GUIDE	10
	1.5 DEFINING MENTAL HEALTH, STIGMA AND LANGUAGE	11-12
2: Models of good practice	2.1 RESILIENCE	14-20
	2.2 SELF HARM	21-23
	2.3 YOUTH	
	(i) ENGAGING YOUTH	24 -25
	(ii) YOUNG MEN	26-29
	(iii) SCHOOL BASED MODELS	30-35
	2.4 BEREAVED BY SUICIDE	36-40
	2.5 PARENTS	41
	2.6 VOLUNTEERING THROUGH MENTORING	42-43
	2.7 OLDER PEOPLE INVOLVEMENT	44
	45	
	46	
	47	
3: Look after yourself and others – a directory of useful contacts for the Northern area	3.1 CONTACT YOUTH INCLUDING LIFELINE	49
	3.2 ‘LOOK AFTER YOURSELF AND OTHERS’ – NORTHERN AREA USEFUL CONTACTS FOR PRACTICAL SUPPORT AND SERVICES TO HELP IMPROVE MENTAL HEALTH AND EMOTIONAL WELL-BEING.	50-56
4. Current training programmes	4.1 ACCESS TO TRAINING	
	4.2 ASIST – APPLIED SUICIDE INTERVENTION SKILLS TRAINING	
	4.3 SUICIDE TALK	58
	4.4. MENTAL HEALTH FIRST AID	
5. Useful references and publications	5.1 USEFUL REFERENCES	60
	5.2 USEFUL PUBLICATIONS	61-66

CHAPTER 1

This Chapter contains information on the essential language, facts and myths on suicide, self harm and promoting mental health

1.1 DEFINING LANGUAGE USED SURROUNDING SUICIDE PREVENTION

1.2 HOW CAN WE HELP WITH SUICIDE– SUMMARY

1.3 HOW CAN WE HELP WITH SELF HARM – SUMMARY

1.4 MYTHS AND FACTS ABOUT SUICIDE – SAMARITANS QUICK GUIDE

1.5 DEFINING MENTAL HEALTH, STIGMA AND LANGUAGE

1.1 DEFINING LANGUAGE USED SURROUNDING SUICIDE PREVENTION

Taken from: Draft Suicide Prevention Strategy for Northern Ireland, *Protect life – a shared vision*, on the DHSSPS website:

<http://www.dhsspsni.gov.uk/showconsultations?txtid=15454>

Mental Health Promotion

An approach characterised by a positive view of mental health, rather than emphasising illness or deficits, which aims to engage with people and empower them to improve population health.

Para suicide

An act with non-fatal outcome, in which an individual deliberately initiates a non-habitual behaviour that, without intervention from others, will cause self-harm and which is aimed at realising changes which the subject desired via the actual or expected physical consequences.

Self-Harm

An act of self-poisoning or self-injury irrespective of the purpose of the act.

Suicidal Behaviour

A range of activities including suicidal thinking, self harming behaviours not aimed at causing deaths and suicide attempts.

Suicide

The act of deliberately ending one's own life.

Suicide Prevention

Identifying and reducing the impact of risk factors

Associated with suicidal behaviour, and identifying and promoting factors that protect against engaging in suicidal behaviour.

Suicide Preventing Factor

Something that, for a particular person, reduces the risk of suicidal acts, e.g. personal support during a difficult period.

Suicide Rate

The number of suicides per 100,000 persons per annum, the figure is used to eliminate that impact of changes in population size or

Composition, and allows comparisons to be made between different populations or demographic groups.

Suicide Risk

The risk of suicide in the near future, sometimes the term refers to a person's life in general, i.e. on a lifetime basis.

1.2 HOW CAN WE HELP WITH SUICIDE SUMMARY

Key Facts about Suicide

- All groups in society experience loss through suicide
- There is no single cause for suicide
- Anyone of us could potentially become suicidal
- Please encourage people to avoid phrases such as 'Commit suicide'. Suicide was decriminalised in 1962 in Northern Ireland and 1993 in the Republic of Ireland, so it's stigmatising to talk about 'committing suicide' – the only other context in which the word 'commit' is used is when associated with crime. The alternative is 'Die by suicide' 'A suicide attempt' 'Take his/her life' & 'Completed suicide'

What Are The Warning Signs of Suicide?

Most people who feel suicidal don't really want to die; they just want an end to their pain. These are some of the signs which may indicate that someone is thinking of taking their life:

Note: *Some of these warning signs and risk factors can be associated with everyday behaviour. You should look at the overall picture for the person you are concerned about. However, the more warning signs and risk factors, the higher the possible risk.*

- A suicide attempt or act of self-harm
- Expressing suicidal thoughts
- Preoccupation with death
- Depression
- Becoming isolated
- Alcohol abuse
- Drug abuse
- Sudden changes in mood or behaviour
- Making 'final' arrangements, e.g. giving away possessions (such as books, CDs, DVDs)

How to Respond

If you are concerned about someone you can follow these three steps:

1. Show You Care

Offer support and let them know you care. Say something like:

- 'I'm worried about you and I want to help'
- 'Whatever's bothering you we will get through this together'

2. Ask the Question

Don't be afraid to discuss suicide – asking about it won't put the idea in people's heads:

- 'Do you feel like harming yourself?'
- 'Do you feel like ending your life?'

3. Call for Help

Encourage them to look for help:

- 'Let's talk to someone who can help'
- 'I will stay with you until you get help'
- 'You're not alone and there are people who can help you'

1.3 HOW CAN WE HELP WITH SELF HARM SUMMARY

Self-Harm

What is self-harm?

Cutting and burning are the most common forms of self-harm, but it also includes scratching, head banging, poisoning, skin picking, bone breaking, hair pulling, interfering with wound healing, asphyxiation and biting.

Why do people self-harm?

- The most common reason given by people who self-harm is that they are releasing tension. Self-harm can actually be a means of survival – the best way of coping with overwhelming psychological pain, and communicating it to others. It may reflect difficulties in the relationships between them and others.

How can we help those who Self Harm?

- If someone you know is self-harming, the first thing to do is to ensure that they are safe. Either tend to the injury or help them to do so. If it is serious, or you do not know what to do, then contact a nurse or doctor for help or advice. Next, listen, be understanding and try not to be angry.
- Some people who self-harm might find it useful to talk – unfortunately, secrecy and shame can surround self-harm. Some labels applied to people who self-harm, such as ‘attention-seeker’ or ‘manipulative’, are not helpful. They simply add to the stigma of self-harm and may prevent some from coming forward. If you are affected by self-harm or know of someone who is, you can contact one of the sources below.
- Family and friends can be an invaluable source of support. Self-harmers often report that the sympathy, tolerance and respect of those close to them are integral to getting their self-harm under control. Family and friends also need support and understanding themselves.
- Self-harmers need to learn a different means of expressing emotion.
 - All acts of self-harm should be taken seriously
 - Self-harm is a communication of intense distress
 - Both males and females self-harm
 - It is a particular problem for young people but can affect all age groups

If you, or someone you know, is in crisis now and needs someone to talk to:

- **Contact ‘LIFELINE’ all age groups - 0808 808 8000**
- **Contact Samaritans 08457 909090**
- **Contact your local doctor or GP out-of-hours service 08705329024**
- **ZEST – Passion for Life, Healing the Hurt of Self Harm & Suicide 02871266999**
- **CRUSE Bereavement Care Young Persons Helpline 0808 808 1677**
- **CRUSE Bereavement Care Helpline 0844 477 9400**
- **Visit the ‘Minding your head’ website at www.mindingyourhead.info**
- **Visit www.help4kids.co.uk**

1.4 Myths and Facts about Suicide – Samaritans Quick Guide:

Because suicide is such a taboo and complex subject, it is surrounded by a great deal of confusion and misunderstanding. Below is a list of the most common misconceptions about suicide that we are aware of, along with the truth.

"Those who talk about suicide are the least likely to attempt it"

Those who talk about their suicidal feelings do attempt suicide. Our experience shows that many people who take their lives will have given warning of their intentions in the weeks prior to their death. "If someone is going to kill themselves, there is nothing you can do about it"

"If you can offer appropriate help and emotional support to people who are experiencing deep unhappiness and distress then you can reduce the risk of them dying by suicide." Suicidal people are fully intent on dying"

Many suicidal people are ambivalent about living or dying. Many callers to The Samaritans do not want to die but they talk of not wanting to go on living as things are.

"If someone has a history of making 'cries for help' then they won't do it for real"

Those who have attempted suicide once are 100times more likely than the general population to do so again. Around four out of ten people who die by suicide will have attempted suicide earlier.

"Talking about suicide encourages it"

On the contrary, giving someone the opportunity to explore their worst fears and feelings may provide them with a lifeline which makes all the difference between choosing life and choosing to die.

"Only mentally ill/clinically depressed people make serious attempts at suicide"

Although the majority of suicides are judged to have had some sort of psychiatric illness, though possibly undiagnosed and well-hidden, feelings of desperation and hopelessness are more accurate predictors of suicide.

"A good pumping out in the Casualty Department will teach those who make silly gestures a lesson they won't forget"

Those at risk of suicide may choose a less painful and more certain method next time. The response of those close to a person who has attempted suicide can be important to their recovery. An attempted suicide should always be taken seriously.

"Once a person is suicidal, they are suicidal forever"

Individuals who wish to kill themselves may be suicidal for only a limited period of time. In our experience, emotional support can help people come through a suicidal crisis. Talking and listening can make the difference between choosing to live and deciding to die.

Available on: http://www.samaritans.org/media_centre/media_myths_-_a_guide.aspx

1.5 DEFINING 'MENTAL HEALTH', 'STIGMA' AND 'LANGUAGE'

MENTAL HEALTH

- Mental health problems are common. One in four people will experience some kind of mental health problem in the course of a year. And around one in ten young people between 5 and 15 will have a mental health problem serious enough to need professional help. There are many different types of mental health problem. Some of the most common are depression, anxiety, eating problems and schizophrenia.
- Sometimes it is difficult for people to admit they're experiencing problems with their mental health. Partly, this is because people don't think that their mental health is important. Or they might be scared. Or it might be because they don't understand what's going on.
- The truth is that mental health problems can take on very different forms. At some points in our lives, all of us experience stress, grief or worry. It's normal – although we might still need help to get through it. But at other times, people can experience powerful changes in how they think or behave, which can feel overwhelming and affect their personality.
- If we notice changes in how we are thinking or behaving, and are worried about our mental health, it's important to recognise when things are getting serious. This is usually when the problem interferes with our ability to cope on a day-to-day level. It's also important to remember that, with the right support, many people can manage their mental health problems and lead productive, fulfilling lives.

STIGMA

- The word 'stigma' means 'a symbol of disgrace'. Some people think it's shameful to have mental health problems, so there is a lot of stigma attached to mental health. Because of these fearful or negative attitudes, people can be dismissive about their own mental health. Or because they have inaccurate ideas or wrong information, they can discriminate unfairly against people with mental health problems.
- But this kind of stigma and discrimination causes real damage. It can make it harder for people to admit they have a mental health problem and get the support they need. It means that people with mental health problems are often treated with unwarranted distrust and fear. And it prevents people with mental health problems from getting equal opportunities in many areas of daily life.
- When people with mental health problems experience discrimination, it makes life a lot harder for them. It can mean they are treated with mistrust or fear – sometimes by family or friends as well as colleagues at work or neighbours in their community. White often, the media sensationalises mental health issues, which adds to the public's fear and mistrust.
- Stigma also contributes to the persistent under funding of services for the mentally ill and under mental health generally.

You have to decide for yourself what you believe about mental health. But remember, your thoughts and attitudes matter. Whatever you think about mental health will affect your attitude to your own mental health, and how you look after yourself. It could also affect other people – whether they are friends or family who might be experiencing mental health problems, or people in the wider world who could be helped by your positive attitudes, or harmed because you judge them or discriminate against them unfairly.

LANGUAGE

Here are some broad definitions, and some general reflections on phrases used when talking about mental health issues:

Words we use....	Think to think about....
People with mental health problems	Generally, this refers to people with a diagnosed condition, where mental health problems are having a significant impact on their lives.
Mental illness	Implies a severe, diagnosed and enduring condition – and doesn't cover everyone living with mental health problems. While some people think the definition of 'illness' is useful, others see it as too narrow a view, believing it discourages us from thinking about the many different influences on a person's life which can cause mental distress.
Mental distress/people experiencing mental distress	Not a familiar term to the general public – but an alternative to 'mental health problems' which is preferred by some people because it is more inclusive.
Disorder/mental health disorder	Some people feel these 'medicalised' terms imply a judgement on people with mental health problems.
Service users/users/mental health service users	Generally used within the mental health sector. Can be useful as a way of describing people who access mental health services. But obviously, it is a specific term – it doesn't apply to all people experiencing mental health problems.
Survivor / Mental health survivor	A term preferred and used by some organisations and activists to describe and celebrate people who have 'survived' the mental health system.
Psychotic	This should only be used as a very specific description – i.e. as particular symptoms of psychosis – not as a general description of someone with mental health problems.
Split personality	A common MYTH applied to schizophrenia, which is WRONGLY seen as a 'split personality' in which people experience dramatic swings between normal and disturbed thinking and behaviour (like Jekyll and Hyde). This is NOT TRUE : people with schizophrenia are rarely dangerous, but are experiencing things that are unpleasant and often frightening for them.

CHAPTER 2:

**This Chapter contains examples and guidance on
Models of good practice**

2.1 RESILIENCE

2.2 SELF HARM

2.3 YOUTH

(i) ENGAGING YOUTH

(ii) YOUNG MEN

(iii) SCHOOL BASED MODELS

2.4 BEREAVED BY SUICIDE

2.5 PARENTS

2.6 VOLUNTEERING THROUGH MENTORING

2.7 OLDER PEOPLE INVOLVEMENT

2.8 MEDIA

2.9 OTHER IDEAS FOR INITIATIVES INC DRAMA

2.10 COMMUNITY BASED SUPPORT MODELS

2.1 RESILIENCE

Research Findings No.70/2008 – Health and Community Care – The Scottish Government: Risk and Protective Factors for Suicide and Suicidal Behaviour: A Literature Review. Available from www.scotland.gov.uk/socialresearch

States under findings that: '**Protective factors** against suicide and suicidal behaviour include: coping skills, reasons for living, participation in sport, family connectedness, supportive schools, social support, religious participation, employment, exposure to suicidal behaviour (although some evidence points to this also constituting a risk factor), social values and health treatment.'

The following points are taken from notes and presentations when attending 2 seminars which both highlighted that Resilience work in essence is Suicide and Self Harm prevention. Seminars attended:

- **15th October 2008: Design for Living partnership (HPA, Action Mental Health, Youth Council for N.Ireland) seminar by Simon Ward on Child and Adolescent Mental Health.**
- **16th December 2008: Siren Seminar: 'Risk and Protective factors for Suicide and Suicidal Behaviour' (Edinburgh). Stephen Platt – University of Edinburgh 'Understanding and building resilience among at risk groups'.**

Suicide prevention policy should be focused on identifying strategies that enhance the exposure of individuals and communities to (multiple) protective factors.

Resilience is the capability of individuals and systems (families, groups and communities) to cope successfully in the face of significant adversity (Suicide risk). It is a useful way of identifying protective factors.

According to Masten and Powell (2003) resilience requires that:

- A person is 'doing ok' and,
- There is now or has been significant risk or adversity to overcome.

The capability for resilience develops and changes over time, is enhanced by protective factors within the individual system and the environment, and contributes to the maintenance or enhancement of health.

Buffers/protective factors have a more profound impact on life course than specific risk factors or stressful life events. This transcends ethnic lines, social class and geographical boundaries.

- ◆ Research confounds the idea that risk factors for the most part predict negative outcomes.(Rutter 2000, Werner 2001)
- ◆ Risk factors predict outcomes for 20-49% of a given high risk population.
- ◆ Protective factors predict outcomes for 50-80% of a given high risk population

Findings from Lifespan Studies

- ◆ Resilience is a capacity all youth have for healthy development and successful learning.
- ◆ Certain personal strengths are associated with healthy development and successful learning.
- ◆ Certain characteristics of families, schools and communities are associated with the development of personal strengths and in turn with Healthy development and successful learning.

Emotional intelligence

- ◆ Self-awareness
- ◆ Emotional management
- ◆ Self-motivation
- ◆ Empathy
- ◆ Relationship skills

Managing Mood

- ◆ Self Awareness
- ◆ Modelling
- ◆ Exposure
- ◆ Self-Calming
- ◆ Doing vs Feeling
- ◆ Cognitive Strategies
- ◆ Positive Emotions

‘Our well-being is much more dependent on our view of the future than it is on our memories of the past’ Ben Furman

Modern psychology has been co-opted by the disease model. We’ve become too pre-occupied with repairing damage when our focus should be on building strength and resilience, especially in children – Martin Seligman

Why bother to be happy?

- ◆ Broadening and building
- ◆ Building physical resources
- ◆ Productivity
- ◆ Building social resources
- ◆ When bad things happen

‘Happiness is a skill.’ Prof. Daniel Kahneman Nobel Laureate 2002

3 levels of well-being

- ◆ The Pleasant life: pleasure and positive emotion
- ◆ The Good life: participation in activities which are intrinsically interesting and rewarding for the individual and induce ‘flow’.
- ◆ The Meaningful life: serving a goal bigger than yourself, particularly using your signature strengths.

3 Types of Savouring

- ◆ Remembering something good
- ◆ Enjoying something now
- ◆ Anticipating something in the future

‘The biggest enemy of happiness is rumination about the past... bitterness, regret, sadness, shame’

Increasing Engagement

- ◆ Needs a heightened challenge..stretched not stressed
- ◆ Not without frustration or risk of failure
- ◆ External motivators to get us started
- ◆ Mastery,optimism,locus of control etc
- ◆ A focus on strengths

**‘Good lives are about the zest that comes from effortful, frequently challenging and frustrating engagement with living.....not a journey of deliciously ripened fruit, dropping effortlessly into ones mouth.’
RUSSEL**

Knowing and following your strengths:

- ◆ Encourages insight and perspective
- ◆ Generates optimism
- ◆ Provides a sense of direction
- ◆ Helps to develop confidence
- ◆ Generates a sense of vitality
- ◆ Brings a sense of fulfilment
- ◆ Helps achieve one’s goal

The Effective Therapist

- ◆ Keeps the emphasis on mental health.
- ◆ Focuses on the times when clients successfully deal with their problems.
- ◆ Highlights clients' strengths, resources and abilities over their deficits and disabilities.
- ◆ Keeps the emphasis on what is working in a person's life and uses this.
- ◆ Elicits clients' opinions, ideas and answers about solutions to their predicaments.

'If people are isolated from larger concerns, they will believe that all that matters in life is what happens to them. This means that set-backs, failures and problems which are an inevitable part of life can become overwhelming and so they feel unable to cope. When life is challenging or disappointing, young people can not put it into perspective.'

Resilience External factors

- ◆ Strong social support networks
- ◆ The presence of at least one unconditionally supportive parent or parent substitute
- ◆ A committed mentor or other person from outside the family
- ◆ Clear and consistent boundaries
- ◆ The setting and communicating of high expectations
- ◆ The provision of opportunities for meaningful participation
- ◆ The explicit teaching of life skills
- ◆ A positive school experience
- ◆ Opportunities for participation in a range of activities that highlight strengths and interests
- ◆ Exposure to challenging situations which provide opportunities to develop both problem solving skills and emotional coping skills

Resilience Internal factors

- ◆ Social competence
- ◆ Problem solving skills
- ◆ Autonomy (a sense of mastery)
- ◆ A sense of purpose and future
- ◆ An awareness of strengths and talents
- ◆ A sense of humour

Promoting mental health

- ◆ Autonomy
- ◆ Awareness of strengths
- ◆ Fit and healthy
- ◆ Generic skills
- ◆ Growth mindsets and internal locus of control
- ◆ Increase engagement/ flow
- ◆ Meaningful
- ◆ Meet emotional needs
- ◆ Mood management
- ◆ Opportunities for meaningful participation
- ◆ Optimism/hope
- ◆ Personal goals
- ◆ Positive engagement (flow)
- ◆ Positive relationships
- ◆ Problem solving
- ◆ Provide information
- ◆ Savouring / gratitude
- ◆ Strengths focus

Elements of successful programmes....

- ◆ Offer safety
- ◆ People are listened to...(it fills some real need)
- ◆ Develop real skills...(can be used years down the road)
- ◆ Offers exposure to the world outside the locality
- ◆ Responsibilities required are real and valued (demands and deadlines)
- ◆ Clear rules and consistent discipline
- ◆ Focus on the future,

Successful programmes are run by people who.....

- ◆ See potential not pathology
- ◆ Are not trying to fix but guide them
- ◆ Are focussed on the positive - raising expectations
- ◆ Designed programmes around the needs of the participants
- ◆ BELIEVE they are making a difference

Steps to well-being

- ◆ Exercise regularly (Preferably with someone else)
- ◆ Practice gratitude and savour life's joys
- ◆ Talk to your partner for 1 hour 3 times per week (nurture relationships)
- ◆ Phone a friend that you have lost touch with
- ◆ Do more activities that truly engage you (cut your TV viewing in half)
- ◆ Develop coping strategies
- ◆ Cultivate optimism
- ◆ Avoid over thinking and social comparison
- ◆ Commit to your goals
- ◆ Laugh every day/ Give yourself a treat
- ◆ Practice service and contribution to others and the world.

‘The single most common finding from a half century’s research on the correlates of life satisfaction, not only in the United States but around the world, is that happiness is best predicted by the breadth and depth of one’s social connections.’ Robert D Putnam..Bowling Alone

‘Changing the life trajectories of children and youth from risk to resilience starts with changing the beliefs of adults in their families, schools and communities.’ B.Benard

We must prepare children for the tests of life NOT a life of tests

7 Keys to Resiliency

- ◆ Emotional intelligence
- ◆ Positive Relationships
- ◆ Beliefs
- ◆ Future mindedness
- ◆ Recognising Strengths
- ◆ Active Participation
- ◆ Values

Human Givens

- ◆ Security
- ◆ Autonomy
- ◆ Attention
- ◆ Emotional connection
- ◆ Connection to wider community
- ◆ Sense of status
- ◆ Sense of competence / achievement
- ◆ Sense of meaning or purpose

Optimism provides benefits in every area of life...work, study, personal relationships, physical and mental health....we live longer, healthier and happier lives...THAT’S A FACT

Recommended Books

- ◆ The Optimistic Child....Martin Seligman.
- ◆ Authentic Happiness...Martin Seligman.
- ◆ Human Givens- A new approach to emotional health and clear thinking...Joe Griffin and Ivan Tyrell
- ◆ Lessons from Wonderful Lives...Dr Nick Bayliss
- ◆ Emotional Intelligence....Daniel Goleman
- ◆ It’s never too late to have a happy childhood...Ben Furman
- ◆ Pathways to change-brief therapy solutions with difficult adolescents...Matthew Selekman
- ◆ How to lift depression fast...Joe Griffin and Ivan Tyrell
- ◆ Healing without Freud or Prozac...Dr. David Servan-Schreiber
- ◆ Happiness: Lessons from a new Science...Richard Layard..
- ◆ Staying Sane..Dr. Raj Persaud..
- ◆ Positive Psychology..Alan Carr..

Useful Websites

- ◆ www.positivepsychology.org
- ◆ www.authentichappiness.org
- ◆ www.viastrengths.org
- ◆ www.strengthsinfocus.com
- ◆ www.projectresilience.com
- ◆ www.mindfields.org
- ◆ www.centreforconfidence.co.uk
- ◆ www.casel.org
- ◆ www.6seconds.org

2.2 SELF HARM

NICE GUIDELINES SUMMARY AND LINKS FOR FURTHER READING:

<http://www.nice.org.uk/guidance/index.jsp?action=byld&o=10946>

Taken from ZEST (Passion for Life) Healing the Hurt of Self Harm and Suicide Website: At Zest we recognise that there is an increasing problem with self-harm. This is a concern in terms of the financial costs to the health service, and, more importantly, because it is a reflection of the level of emotional pain that is part of life for many people. It is also a concern that despite the extent of this problem there is little understanding of the people who are self-harming. Evidence suggests that many people who self-harm have experienced traumatic life events. Self-harming acts as a successful coping mechanism, which temporarily relieves both the emotional pain and the mental torture. It acts as a grounding device and at times provides an escape from difficult social circumstances. We view self-harm as an addiction, many people become dependent on it. It is therefore important to see the person behind the behaviour. The self-harming is a problem to be addressed but the underlying problems cannot be ignored.

ZEST Model currently being piloted within the Northern Board Area:

Family Support and Outreach Service for Self Harm (Initially for 3 years from January 2009 and initially in Mid –Ulster and South Antrim)

Providing information, support understanding, and guidance to those families who are experiencing self-harm or suicidal behaviours

Contact Information:

Zest: healing the hurt
15 Queen Street
L'Derry
BT48 7EQ
Tel: 028 71 266999
Email: zestni@yahoo.co.uk
Web: www.zestni.org

Background to the Project

The Northern Board and the Northern Investing for Health Partnership, through their commitment to improving the health and well-being of the people in the NHSSB area have commissioned the Zest organization to provide a support and outreach programme for families in the Mid-Ulster and South Antrim areas. The focus of the project is to address the issues of self-harm and suicidal behaviours by providing information and awareness on self-harm, understanding of the 'person behind the behaviour', looking at relationships within the family and learning problem-solving skills to help families overcome some of the problems that lead to these feelings and behaviours. The purpose of this project is to assist in the implementation of NHSSB/NifHP's Action Plans for delivering the Regional Promoting Mental Health and Suicide Prevention Strategies.

Who is this Project For?

This programme is for **any family that is supporting a family member who is self-harming or suicidal**. They will be given the opportunity to understand these behaviours and the difficulties that they bring to the family.

From the outset, Zest will use local and regional statutory, voluntary and community agencies to help identify and select appropriate participants for this family programme.

Criteria will be set to help in choosing families who are willing to take part. It is **aimed at the person who is self-harming or suicidal plus one or two family members** i.e. one or both parents or other family member. In some cases there may not be any family support so a close friend will be eligible to take part. **The emphasis will be on self-harm and suicidal behaviour as a family problem** and not just the individual family member's problem.

How will it work?

Each group will be made up of between 12-18 persons. This will include 6 persons who are self-harming plus one or two family members or carers and friends where there is no family support. The group will meet 6 times for 3 hours each time.

- **Session 1:** All participants introduced to the programme with **information on self-harm, suicidal behaviours and family relationships**.
- **Session 2:** All those who are self-harming and/or suicidal discussing the '**person behind the behaviour**' and looking at **coping strategies** and family relationships, part 2.
- **Session 3:** All the family members/carers examining **the Family System** and significance of relationships, as well as discussing coping strategies for the family
- **Sessions 4&5:** Individual families meet separately to discuss **action plans for future coping**
- **Session 6:** All participants meet again to review **learning and achievements** as well as identify possible **future support**.

When will it happen and where

There will be an 8 –12 week preparation period of contacting the relevant agencies in the two priority areas of Mid Ulster and South Antrim. This will include local networking, delivering information sessions and identifying and prioritising the family groups.

There will be thirteen groups in total. **Four separate programmes** delivered in February/March, April/May, September/October and November/December 2009. These time-frames will be **repeated in 2010 and 2011**.up to the total of 13.

The **venues** will be carefully selected to reflect the locality of each group and will be as centrally accessible as possible for the participants. It is envisaged that the selected venues will be as informal as possible ensuring maximum privacy and comfort for those taking part. It will be a very important part of the programme that the group experiences a **relaxed, friendly and safe environment**

Facilitators:

Conor McCafferty: a qualified therapist and trainer who has worked with Zest for past 10 years. Conor also specialises in addiction counselling

Noella McConnellogue: a qualified therapist and trainer who has worked for Zest for the past 8 years. Noella is Director of Clinical Services with Zest and specialises in trauma and behavioural issues.

Both facilitators have many years experience working with self-harming/suicidal young people, adults and their families.

Tool Kit - Talking about Self-Harm –

This booklet is for people who self-harm. It is also for families and friends, and for people who would like to know more about it. This booklet provides basic information about self-harm and suggests some sources of further help including references to other reading material and to. The internet is a useful resource for people needing help for their (or someone else's) self-harm and a selection of useful websites has been included.

Published by NHS Health Scotland - 2006

http://www.chooselife.net/web/FILES/Tool_Kit/talking_about_self_harm.pdf

2.3 YOUTH: Factors protecting youth from suicide include effective coping skills, positive peer groups, conflict resolutions skills, high levels of self-esteem, academic achievement, and opportunities for participation in meaningful activities (World Health Organisation, 2000).

(i) ENGAGING YOUTH

Suicide Prevention and Research should have a gendered focus since the incidence of Suicide and Para suicide (Suicide attempts) differs significantly between the genders and different age groups.

YOUTH SUICIDE PREVENTION – EVIDENCE BRIEFING (Oct 2004) – NHS Health Development Agency (Institute of Public Health in Ireland)

States ‘Holistic, multi-dimensional self-esteem based programmes were found to have positive impacts on young people’s mental wellbeing, but were not measured for impact on attitudes to suicide or suicide as an outcome...The impact of interventions to promote family cohesion on youth suicide prevention has yet to be studied adequately but may be a potential area for effective intervention.’

Youth Suicide Prevention Programs: a resource guide (Dept of Health and Human Resources, Public Health Service, Atlanta, Georgia September 1992)

Available at: www.cdc.gov/ncipc/pub-res/youthsui.htm

This resource guide describes the rationale and evidence for the effectiveness of various youth suicide prevention strategies and identifies model programs that incorporate these various strategies. The guide is for use by persons interested in developing suicide prevention programs in their own communities. Some points taken from this guide:

- When developing a youth suicide prevention program in a particular community, the needs and resources of the community must be identified to determine what steps to take.
- Dispel Myths and increase knowledge
- Provide young people with information about mental health resources
- Encourage youth to seek help
- Promote the development of interpersonal and social competency (e.g. stress management, coping skills, and helping young people to deal with their problems.
- Programmes to help young people discuss feelings and promote interpersonal competence are meant to help increase their use of existing social support networks, listening skills and how to help someone)
- Name the programme for effective recruitment and engagement. One Example name of programme ‘ Self Esteem for Life Fitness’

ENGAGING YOUTH CONTINUED.....

Samaritans – Helping You Help Young People – Youth Pack includes:

Available at: <http://www.samaritans.org/pdf/Samaritans-youngpeople.pdf>

- Emotional Health and Well Being
- Stress
- Anxiety and Fear
- Isolation
- Depression
- Self Harm
- Suicide
- Resources

Change Your Mindset

Colourful and stimulating activity pack about **mental health** including • quizzes • games • questionnaires • internet research • physical and artistic activities This activity pack aims to • educate young people about mental health issues • explore attitudes to mental health • look at the discrimination experienced by those with mental health problems • promote a positive approach to mental health • encourages young people and to express their own feelings on the subject. **Change Your Mindset** is comprised of a wide variety of stimulating activities and factsheets that involve teamwork, debate and research, and provide fun!

In order to receive this pack go to web link:

<http://www.ukyouth.org/whatwedo/publications/allpublications/changeyourmindset.htm>

'SOUND MIND' – DESIGN FOR LIVING – EDUCATION SESSIONS TO FACILITATE WITH YOUNG PEOPLE

<http://www.healthpromotionagency.org.uk/Resources/mental/pdfs/sound%20mind%20prac%20guide%202004.pdf>

This support guide for parents, teachers, youth workers and peer educators accompanies the [Sound Mind](#) leaflet for young people, which aims to help young people aged 13-18 to maintain mental and emotional wellbeing and manage stress.

The support guide reflects the subjects covered in the resource for young people and should be used alongside it.

This guide can be used to initiate discussion on the various aspects of mental health and wellbeing and includes several exercises that can be used in group work.

(ii) YOUNG MEN

A challenge, particularly relevant to suicide prevention in young men, is to overcome their tendency to rely on themselves when in difficulty. From a young age boys should be encouraged to access support from family and friends. In conjunction with this there is a need for more general information being made available on mental health issues and support services. In this way parents and peers may be better equipped to provide appropriate support.

Young Men Focused Media Campaigns

Aimed at improving the mental health and coping behaviours of young men should highlight both the benefit of existing positive coping strategies (talking especially) and the damaging impact of negative coping behaviours such as getting angry, avoiding problems and drinking.

(Taken from Conclusion & Recommendations of 'The Male Perspective – Young Men's Outlook on Life – National Office for Suicide Prevention, Ireland' 2002/2003)

Link to publication: http://www.nosp.ie/male_perspective.pdf

Young Men's Health Promotion Road show

(e.g. around more rural areas in one particular district) or one event

- To raise the profile of young men's health needs. To offer health information in an accessible and explicit format appealing to young men.
- Example: Looking at stress, relationships, bullying, school, sexual health, drugs and alcohol, the need to talk, and coping skills.
- Include information on where to go for help if needed
- Information displays, group discussions with service providers/facilitators
- Effective publicity would be required
- Evaluate the effectiveness of the event

(Reference: NHS Health Development Agency, Boy's and Young Men's Health Practice Examples, Carried out by Working With Men, Trefor Lloyd, 2001. The Young Men's Health Promotion Road show proved effective when facilitated by Community Education Centre, Leiston, Suffolk)

Trefor Lloyd, from London-based **WORKING WITH MEN** project, has been involved in developing work with men for over 19 years. Working with men provides training, consultancy and a broad range of resources for professionals and currently has 15 projects targeting boys, young men and fathers.

Through a Young Men and Self-Esteem Workshop facilitated in November 07 as part of 'Design for Living Partnership' (HPA, Health Promotion Agency, Action Mental health and N.I Youth Council) N.Ireland– Trefor stated that men need:

- To know the purpose of a project, a result
- What they will leave with e.g. skills **CONTINUED OVERLEAF**

YOUNG MEN CONTINUED....

- It needs to be tangible and practical in order to keep them engaged
- They need to know what skills they will learn or develop as a result of taking part
- They need to know why they should take part
- 'Aspiration models' (e.g. goals/ambitions) are useful in working with young men as they be motivated to then strive to reach a target or a goal

He has been involved in early intervention work – preparing 9-10 year olds for secondary school – equipping them with skills to apply to their life outside of the project. Confidence building so they can handle secondary school and other areas of their life.

He also educates them with 'Boredom skills' – how to stay concentrated.

How to deal with situations rather than just understand them.

MARKETING A PROJECT FOR YOUNG MEN

Using language such as 'advice' rather than 'counselling' when targeting young men to engage in seeking help is more effective.

He also states that it is more effective if no gender or age specifications are used initially, as 'young' can mean 'inadequate, small' - words at targeting level impact greatly.

Therefore marketing a project needs to be well thought through in order to engage young people, especially young men.

There are different health beliefs between gender of what health means e.g. MENTAL FITNESS, can be understood as young men want to achieve this.

Reference and Contact details for further advice or information:

Contact tllloyd@workingwithmen.org or 02073949333

<http://www.workingwithmen.org>

WORKING WITH MEN – WHAT WORKS? – BOY'S AND YOUNG MEN'S HEALTH

www.workingwithmen.org/projects/documents/whatworkswithyoungmensummarypdf.pdf

Taking more traditional routes (sports, clubs, music and bars) – particularly useful for those agencies that wanted to convey small amounts of information for short periods.

- Some agencies made it clear to young men that they saw at least some of the problem as societal rather than personal. For those young men who believe that they should not have problems, this process of externalising them seemed to have enabled them to address their difficulties without appearing less of a man.

YOUNG MEN CONTINUED....

Methods

- Be positive about boys and young men – while this is an obvious element of working with anyone, many workers seem to have a particular difficulty in approaching young men in this way.
- Be practical and direct, and engage – many projects said that methods that were direct, practical and engaging were the most successful. Projects reported that young men were less able to see the value of ‘talk’, and found it harder to identify the learning involved.
- Feelings take longer – some said that the more reflective and feelings-based sessions were more difficult to deliver to young men, and usually took longer to have an impact. Most of the projects accepted that, if they wanted to work at an emotional level, this took time.
- Gender and emotions – for those agencies that worked with young men and women, they usually commented on the differences they saw in their work – interestingly, not with individual young men and women, but when group work was involved. Young women were thought to be closer to their emotions, more willing to sit and discuss them, more reflective about emotions and ideas and, as a result, they were often seen as easier to work with. In contrast, some of the same issues were seen as major barriers in working with boys and young men. Much of the thought given to methods was related to ways that these barriers could be conquered.
- Make the work stimulating and interesting
- Young men like to be challenged and given situations where they are required to take risks – while most would quickly recognise this in terms of physical activity, projects also found this to be the case within discussion work.
- Use an adaptable approach – projects stressed that their approach had to vary with different groups of young men. This varied depending on young men’s willingness to reflect on and discuss issues.
- Solution-based, not problem-based – projects found young men reluctant to discuss problems, and some found that a more solution-based approach engaged young men and enabled them to become involved in discussions.
- Humour helps – humour was an important part of their work for many of the agencies.

YOUNG MEN CONTINUED....

PARTICIPATION AND WORKING WITH BOYS AND YOUNG MEN – A WORKING WITH MEN BRIEFING DOCUMENT, SEPTEMBER 2006

<http://www.workingwithmen.org/downloads/Participation-Briefing.pdf>

States:

It is important to be practical and direct in working with boys and young men. They like to be clear about what the task is that they are required to do and for it to be practical rather than involve too much attention to reflection (Although they will reflect on their learning afterwards).

- Methods of working should be stimulating and interesting and if possible involve a challenge which young men can rise to;
- It should not, at least initially, focus too much on feelings - it takes time to build trust and rapport which allows boys and young men to feel that it is safe to disclose information about themselves and their emotions;
- It is important to be flexible – if one approach or method does not work then Be prepared to change it.

NHS (HAD) – Boys and young men’s health – practice examples

Available at:

http://www.nice.org.uk/nicemedia/documents/boyshealth_practice_examples.pdf

FURTHER LINKS TO READ ABOUT MENS HEALTH – Mind Your Head – Men, boys and mental well-being:

www.menshealthforum.org.uk

http://www.menshealthforum.org.uk/userpage1.cfm?item_id=1962

(iii) SCHOOLS BASED MODELS

Youth Suicide Prevention in Schools: A practical guide (New Zealand)
While the evidence is not clear-cut, the report concludes that owing to concerns identified by some research, it is advisable to avoid using programmes that specifically focus on raising awareness about suicide with students. This includes individuals who may want to speak to assemblies or smaller class groups. This can be found directly on:

[http://www.moh.govt.nz/moh.nsf/0/567A24EE4A6EB85ACC2570A7000C1C45/\\$File/youthsuicidepreventioninschools.pdf](http://www.moh.govt.nz/moh.nsf/0/567A24EE4A6EB85ACC2570A7000C1C45/$File/youthsuicidepreventioninschools.pdf)

- This resource can help schools make decisions concerning their role in suicide prevention.
- Schools have a challenging and vital role to play in the development of young people. Tasks around suicide prevention can sometimes appear to be additional burdens within a very busy schedule.
- This resource helps schools to deal with difficult decisions in this area. The evidence available about suicide prevention is not always consistent or comprehensive. However, this body of knowledge provides some important guidance as to how we should proceed.

School guidance counselling needs to be included

Establish links with key agencies and key health professionals in your community

Any effective response to youth suicide will involve a wide range of health professionals as well as the young person's family and community. Best practice within a school context will require effective and ongoing links with these groups.

Encourage a mental health promotion approach

The evidence suggests that mental health promotion is a promising approach. Consider and develop an understanding of the research and current thinking about resilience in relation to young people and to explore how this can be approached.

Don't prevent students from talking about suicide but don't actively promote its discussion.

Being clear about how to respond is important. Suicide is the outcome to a complex set of situations / interactions. It is helpful to listen to young people and encourage them to feel good about themselves so that suicide doesn't become an issue.

General mental health issues should be incorporated into the school curriculum, rather than teaching classroom-based programmes that focus specifically on suicide prevention.

SCHOOLS BASED MODELS CONTINUED

Whole school approaches

Positive mental health promotion programmes, which can be used as a component of a whole school approach, are likely to include components designed to:

- Increase awareness of mental health issues among students
- De-stigmatise mental illness
- Encourage students to recognise mental health problems in themselves and their friends
- Facilitate processes for appropriate help seeking for students and their peers
- Teach self-awareness, coping skills, social skills and problem-solving skills

An important component of a whole school approach is the identification and referral of vulnerable young people to appropriate support.

Peer support models are frequently used by schools as one component of a whole school approach.

- Suicidal young people are more likely to confide in a friend than an adult.
- Peer support programmes have a range of roles for peers, ranging from listening, reporting warning signs of suicidal behaviour to counselling responsibilities.
- It is of concern that the negative side effects of peer support programmes are rarely examined.
- Caution is required in relation to the safety and efficacy of peer support programmes as they may increase the vulnerability of troubled young people.

There is also strong evidence for supporting gatekeeper training (training of people who have responsibility for young people) and appropriate referral systems for suicidal young people.

SCHOOLS BASED MODELS CONTINUED

Findings from the report on safety

- All approaches to addressing suicide prevention in school settings are accompanied by a range of safety concerns and considerations. Safe and effective programmes must use proven implementation delivered by trained professionals.
- Brief suicide prevention programmes with no connection to services should be avoided.
- Strong links with community mental health services and other key agencies are essential.
- There is support for programmes that provide longer term approaches and which teach positive mental health and well-being skills.
- Programmes should be appropriate for the diverse cultural background of programme participants.
- Evaluation provides an important safety framework for schools and participants.

MODELS OF EFFECTIVE PRACTICE:

FRIENDS www.friendsinfo.net

Originally developed in Australia, the program has been adapted for local school use in Canada, Germany, and The Netherlands.

A program to prevent child hood anxiety and depression through the building of emotional resilience. FRIENDS is a community-oriented cognitive-behavioural intervention.

FRIENDS for Life helps children and teenagers cope with feelings of fear, worry, and depression by building resilience and self-esteem and teaching cognitive and emotional skills in a simple, well-structured format.

Used in schools and clinics throughout the world, FRIENDS is the only childhood anxiety prevention program acknowledged by the World Health Organization for its 8 years of comprehensive evaluation and practice. Training allows teachers to run the program in their classroom, and health and educational professionals to use the program in a group format for either treatment or prevention.

FRIENDS is available for purchase within the UK&Ireland from [Interactive Connections](http://www.interactive-connections.co.uk/) <http://www.interactive-connections.co.uk/> in Lincolnshire.

For those who wish to have the additional option of running the program in a group setting for either treatment or prevention, including teachers and other health and educational professionals, essential one-day group training programs are required.

FRIENDS evidence base can be found on:

<http://www.friendsinfo.net/downloads/FRIENDSAbstractsBooklet.pdf>

SCHOOLS BASED MODELS CONTINUED

Lifelines and Zuni Life Skills Development are taken from Registry of Evidence-Based Suicide Prevention Programs (American Foundation for Suicide Prevention AFSP):

http://www.sprc.org/featured_resources/bpr/ebpp.asp#list

Lifelines 2005

http://www.sprc.org/featured_resources/bpr/ebpp_PDF/lifelines.pdf

Lifelines is a school based suicide prevention curriculum comprised of four 45min lessons. Lesson content includes:

1. Information and attitudes about suicide, help seeking, and school resources;
2. A discussion of warning signs of suicide and role-playing exercises for students who may encounter a suicidal peer, (including an emphasis on seeking adult help.
3. Two videos: one that depicts appropriate and inappropriate responses to a suicidal peer, and one that documents an actual response of 3 eighth-grade boys to a suicidal peer after they had participated in Lifelines.

Lifelines students demonstrated significantly greater knowledge about suicide when compared with control group students.

Lifelines students also demonstrated increased positive attitudes towards suicide prevention, especially attitudes related to help-seeking behaviour.

Students rated the Lifelines curriculum more favourably than their regular health class curriculum.

The Zuni Life Skills Development (ZLSD) curriculum 2005

http://www.sprc.org/featured_resources/bpr/ebpp_PDF/zuni_life_skills.pdf

This is a culturally tailored intervention that targets high school students. It is based upon social cognitive theory, which proposes that suicidal behaviour is affected through the interaction of modelling influences (peer and community), environmental factors, and individual characteristics. By developing competency in a range of life skills, program participants decrease known risk factors while increasing protective factors.

The ZLSD curriculum contains the following seven units:

1. Building self-esteem
2. Identifying emotions and stress
3. Increasing communication and problem-solving skills
4. Recognizing and eliminating self-destructive behaviour such as pessimistic thoughts or anger reactivity
5. Receiving suicide information
6. Receiving suicide intervention training
7. Setting personal and community goals.

SCHOOLS BASED MODELS CONTINUED

The success of the ZLSD curriculum is based upon several factors; critical among these are the following:

1. The program should only be implemented after extensive community involvement that adapts cultural norms within the curriculum and establishes community support
2. Each lesson should be comprised of the following training techniques:
(a) providing information about the effects of target behaviours, (b) modelling of appropriate skills, (c) behaviour rehearsal of appropriate skills, and (d) providing feedback
3. Teachers should receive adequate training in utilizing the curriculum.

EARLY INTERVENTION

Zippy's Friends is a programme that helps young children - five, six & seven year olds - <http://www.partnershipforchildren.org.uk/zippy-s-friends.html> to develop coping and social skills. It is currently running in primary schools and kindergartens in 11 countries.

One important feature of the programme is that it has been designed to be universal. Unlike many other programmes, which concentrate on helping children who have particular problems or difficulties, Zippy's Friends can help all children. Instead of treating mental illness, it promotes mental health.

More than 120,000 children have completed the programme so far, and the number is increasing every year. Zippy's Friends is based on extensive research and has been evaluated in many countries. It has also been endorsed by the World Health Organisation and national governments.

Zippy's Friends is a programme for schools. It usually runs for 24 weeks, with one 45-minute session each week.

The programme is built around a set of six stories. Zippy is a stick insect and his friends are a group of young children, and the stories show them confronting issues that are familiar to young children - friendship, communication, feeling lonely, bullying, dealing with change and loss, and making a new start. Each story is illustrated by brightly coloured pictures.

- **Feelings**
- **Communication**
- **Making and breaking relationships**
- **Conflict resolution**
- **Dealing with change and loss**
- **We Cope**

Each session begins with the teacher reading part of the story, and then the children take part in activities such as drawing, discussing and playing games. The aim of these activities is to help the children to explore and understand their feelings and behaviour.

SCHOOLS BASED MODELS CONTINUED

For young children, repetition is an important part of learning. Each session begins with a review of what the children learned the previous week, and key messages are reinforced throughout the programme. At the end of each session, each child fills in a single feedback sheet to reflect their feelings about that session.

ZIPPY'S FRIENDS.....

Telephone: (0) 20 8974 6004

Write to: info@partnershipforchildren.org.uk

Partnership for Children
26-27 Market Place
Kingston upon Thames
Surrey KT1 1JH
England

2.4 BEREAVED BY SUICIDE

POSTVENTION BECOMES PREVENTION : Individuals who know someone who dies through suicide are statistically at higher risk for dying by suicide. ..Providing individuals and communities with timely and appropriate postvention activities and intervention not only offers support to help survivors grieve, but it can also serve as a vehicle to reduce the risk for further suicide. ' Frameworks Youth Suicide Prevention Project – August 2005 – Postvention protocols'

<http://www.naminh.org/documents/FrameworksPostventionAugust2005.pdf>

Bereavement through suicide

<http://www.rcpsych.ac.uk/publications/books/rcpp/1901242080/bereavementthroughsuicide.aspx>

The loss of someone you have been close to from any cause brings about intense grief and mourning. But the responses and emotions experienced by the bereaved following a suicide often differ from those felt after other types of death. The fact that a loved one's death appeared to involve an element of choice raises painful questions which deaths from natural or accidental causes do not. Bereavement by suicide is prolonged. Research suggests that the shock, social isolation and guilt are often greater than for other causes of death. The grieving process is characterised by agonising questioning and a search for some explanation for what has happened. Some people bereaved in this way feel a strong sense of abandonment and rejection. Whilst some of the special aspects of bereavement by suicide are described below, not all will be relevant to your own experience of grief.

Intense shock

The sense of shock and disbelief following a death of this kind may be very intense. A common and disturbing aspect of grief after suicide is recurring images of the death, even if this was not witnessed. The finding of the body may be another traumatic and indelible event. Going over and over the very frightening and painful images of the death, and the feelings these create, is a natural need at such a time.

Why?

Most newly bereaved people will ask 'why?' However bereavement through suicide often involves a prolonged search for a reason or explanation for the tragedy. Many people bereaved by suicide eventually come to accept that they will never really know the reason why a loved one did what they did. During this search for explanations, different members of the same family may have very different ideas as to why a death happened. This may strain family relationships, particularly where an element of blame is involved.

Could it have been prevented?

It is common to go over and over how the death might have been prevented. Reliving what might have been done to save a loved one from suicide is a common experience of the bereaved. Everything can seem painfully obvious in retrospect. The 'what ifs' may seem endless: 'what if I had picked up on that warning comment or sign? What if I had not been away that weekend?'

Rewinding events, in one's mind or conversation, is a natural and necessary way of coping with what has happened. Research suggests those who have lost someone through suicide tend to suffer greater guilt, self-blame and self-questioning during bereavement than those who have been bereaved in some other way. While this is certainly not true for everyone, for some bereaved people feelings of guilt may be very difficult.

Rejection and abandonment

Those bereaved by suicide may experience a sense of rejection. It is common to feel abandoned by someone who 'chose' to die. As one sister whose brother took his life recalled: "I was upset that he hadn't come to talk to us. I think we all went through anger at some point. You think: 'How could you do this to us?' "

Suicidal fears and feelings

Despair is a natural part of the grieving process, but after the suicide of a loved one hopelessness may be combined with fear for one's own safety. Identification with someone who has taken their life can be deeply threatening to one's own sense of security. Those bereaved through suicide may suffer more anxiety than those bereaved in other ways and be more vulnerable to suicidal feelings of their own. The bereaved need extra reassurance after a suicide, which may also have been preceded by mental health problems.

Although I had never in my life contemplated suicide, one of my biggest fears after Ross's death was that I'd kill myself too. Only a few weeks after Ross died a colleague at work also hanged himself. That made things even worse. The world began to feel very unsafe. Two people in two months? I remember lying in bed after John's suicide looking at the curtain rail and thinking it would be quite easy to copy them. Ross died when she was thirty-six and I heaved a sigh of relief when I reached my thirty-seventh birthday and found I was still alive. These feelings have almost completely disappeared now but at the time I kept them to myself, and there was no one to tell me that this is a common reaction to suicide.

Media Attention

For most bereaved people grief is a private matter. However when a loved one has died through suicide or other unexpected causes, it may attract public interest. The inquest that is demanded by law draws attention to the person who has died and to their close relatives and friends. The death and its circumstances may be reported by the media. Attention of this kind can be very stressful for bereaved relatives and friends, particularly where a death is reported in an insensitive or inaccurate manner.

PLEASE NOTE: there is not always a need for a rapid response to all families who have been bereaved but that support can be offered in stages if offered and requested. The family/peers/friends do however need to know the support they can avail of and therefore information should be provided at the appropriate time either by post or local partners within the area and also be aware of local support networks.

It is not always appropriate for bereaved families to be visited so soon after a Suicide, as all families differ in relation to how they cope and also that not all families want to admit to themselves or others that it was Suicide and therefore need to be given the respect to try and come to terms with this. Every individual and family experience of Suicide is different.

Stigma and isolation

A mother writing about her son's death pointed out that we've never been told what to say to someone who has had a suicide in the family. What she needed to hear was the same thing that might be said to anyone else who had experienced the death of someone close - "I'm truly sorry for your pain, and is there anything I can do? If you need to talk about it I'm a good listener. I've got a good shoulder to cry on." And she needed to know it was really meant. Everyone, she said, believes no one wants to talk about suicide, that it's best left undiscussed, that if you don't talk about it, it will be forgotten and will go away. For her nothing could be further from the truth.

Although social attitudes to suicide are changing, they may still limit the support that is available to the bereaved. The silence of others may reinforce feelings of stigma, shame and 'being different'. If others are embarrassed, uneasy and evasive about the way in which a loved one died, the bereaved may be left feeling intensely isolated. Opportunities to talk, remember and celebrate all aspects of a loved one's life and personality may be denied. A strong need to protect a loved one, and oneself, from the judgment of others may also be felt following suicide.

Needs of those bereaved through suicide

- Get the suicide in perspective
- Deal with family problems caused by the suicide
- Feel better about themselves
- Talk about the suicide
- Obtain factual information about suicide and its effects
- Have a safe place to express their feelings
- Understand and deal with other people's reactions to suicide
- Get advice on practical/social concerns.

Preventing Suicide – How to Start A Survivor's Group WHO – Geneva 2000 – Weblink to document:

http://www.who.int/mental_health/media/en/61.pdf

Contents:

- **The importance of self-help support groups**
- **Surviving a suicide**
- **Impact of suicide**
- **Sources of help for the bereaved**
- **How to initiate a self-help support group for survivors of suicide**
- **Developing the operational framework for the group**
- **Identifying and gaining access to resources to support the group**
- **Gauging success**
- **Potential risk factors for the group**
- **Survivor support in developing countries and rural areas**
- **Survivor support through "involvement therapy" in other activities**

Other examples of Tool Kits:

- Tool Kit - American Association for Suicidology – SOS – A handbook for Survivors of Suicide
http://www.chooselife.net/web/FILES/Tool_Kit/SOS_handbook_for_survivors_of_suicide.pdf
- This Department of Health Guide is aimed at the wide range of people who are affected by suicide or other sudden, traumatic death (London)
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4139007.pdf

Weblinks for examples of 'Bereavement Through Suicide Support Booklets' and information:

Westcare Second Edition - A Guide to the feelings and services:

<http://www.southernareacsp.n-i.nhs.uk/Documents/bereaved%20by%20suicide.pdf>

Downloadable Bereavement Information Pack: for those bereaved by suicide or other sudden death.

<http://www.rcpsych.ac.uk/PDF/bereavement.pdf>

After a suicide: Practical information for people bereaved by suicide (New Zealand)

[http://www.moh.govt.nz/moh.nsf/0/89304B229905B4C3CG25711A007FE1BD/\\$File/after-a-suicide.pdf](http://www.moh.govt.nz/moh.nsf/0/89304B229905B4C3CG25711A007FE1BD/$File/after-a-suicide.pdf)

The HSE National Office for Suicide Prevention "You Are Not Alone" bereavement support publication. This resource signpost support services available and offer practical advice and guidance for those coping with the unexpected death of someone close.

http://www.hse.ie/eng/Publications/Mental_Health_and_Suicide_Prevention/You_Are_Not_Alone_booklet_.pdf

Ceremony of Lights or Walk for Life

Initiatives for communities and people to remember those who have died and also to raise awareness of suicide and promoting mental health

A '**Family Help Kit**' could be developed by groups/organisations – **made relevant to local/regional support information on services etc:**

For example the following link is one from New South Wales Department of Health 'FAMILY HELP KIT' contains information on Mental health; challenging behaviours; grief and loss; fears and anxiety; post traumatic stress; depression; psychosis; Suicide Prevention, body image and eating disorders:

<http://www.health.nsw.gov.au/health-public-affairs/familyhelpkit/pdf/familyhelpkit.pdf>

EXAMPLES OF NORTH & SOUTH OF IRELAND SELF HELP & BEREAVEMENT

SUPPORT GROUPS

<http://pipsproject.com/>

Public Initiative for the Prevention of Suicide and Self Harm

<http://www.suicideawarenessandsupportgroup.com/>

The Suicide Awareness and Support Group (West Belfast) was established by bereaved family members

<http://www.niamhlouisefoundation.com/>

Niamh Louise Foundation

<http://www.console.ie/index.aspx>

Console

<http://www.kerrymentalhealth.com/information/livinglinks.htm>

Living Links Kerry

EXAMPLE OF TRAINING

CRUSE Bereavement Care can deliver training ' Living With Grief: Our Common Experience' – Bereavement Awareness workshops are offered by professional and experienced Cruse trainers who are able to tailor the training to meet the needs and expectations of individual organisations whether in the public, private or the voluntary sector. A typical workshop uses a variety of methods including PowerPoint presentation, personal reflection and group work. Examples of subjects covered in the training include:

- Introduction to Bereavement
- Factors Affecting Grief
- Impact of Bereavement
- Support Systems
- Phases of Grief
- Qualities of a Helper

There is a cost to this training. Please contact CRUSE directly for more information. All profits from the training go towards supporting the development of services provided by CRUSE therefore, not only are organisations addressing their training needs, they are also contributing to the welfare of the thousands of bereaved people that contact CRUSE NI each year. If you are interested in booking the training or receiving more information please contact the Regional Office on 02890792419 or email: northern.ireland@cruse.org.uk

Please note that CRUSE also have a DVD – 'Ask the Experts' – Young People speak out on childhood bereavement' www.cruse.org.uk

EXAMPLES & RESOURCES FOR SUPPORTING CHILDREN & YOUNG PEOPLE IN RELATION TO BEREAVEMENT THROUGH SUICIDE & OTHER BEREAVEMENT

Barnardos Child Bereavement Service offers a range of support, information and training opportunities for example: How to explain death to children and young people, How children cope at developmental stages, the bereaved child at school, preparation for and involvement in the funeral, Trauma and complex grief, How to help children and young people bereaved by Suicide, Practical ways of coping and retaining memories...Information for parents supporting bereaved children and more.

Check out: www.barnardos.org.uk/childbereavementservice

And also check out the Childhood Bereavement Network in Northern Ireland:

<http://www.childhoodbereavementnetwork.org.uk/services.aspx?regionid=10>

2.5 PARENTS

General Parenting course could be developed that focuses on the emotional needs of parents and young people

e.g. Although a sustained programme for parents in relation to providing support for vulnerable children and adolescents is preferable, a once-off seminar entitled 'Promoting Emotional Health in Teenagers' as a first step to creating awareness among parents, and organise key speakers to come to talk at this seminar from local helping/support organisations (statutory and voluntary/community).

Parents need to be made aware of the mental health services/resources available locally and regionally and how to access them.

This may require large scale mail shots of well researched information leaflets, public meetings and further use of the media.

Parent Peer Support Groups

Setting up Parent/Peer Support groups because some parents do not have a natural support network.

Useful helpful resources for parent groups:

Sound Mind Support Guide

Published: HPA (Health Promotion Agency) and the Design for Living Partnership, November 2004

This is a revised version of the Sound mind support guide, January 2003.

Description:

This support guide for Parents, Teachers, Youth Workers and Peer Educators accompanies the Sound Mind leaflet for young people, which aims to help young people aged 13-18 to maintain mental and emotional wellbeing and manage stress. The support guide reflects the subjects covered in the resource for young people and should be used alongside it. This guide can be used to initiate discussion on the various aspects of mental health and wellbeing and includes several exercises that can be used in group work.

RESOURCE AVAILABLE ONLINE AT:

<http://www.healthpromotionagency.org.uk/Resources/mental/pdfs/soundmindguide.pdf>

Create a local based Tool Kit – Suicide and attempted Suicide: Factsheet for parents and teachers

Examples of resources that can help:

The following link is one in a series of factsheets for parents, teachers and young people entitled *Mental Health and Growing Up*. The aims of these factsheets are to provide practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people. This factsheet offers advice about what to do to help someone who you feel might be at risk of attempting suicide.

[A factsheet for Parents and Teachers – 2004 Royal College of Psychiatrists](http://www.chooselife.net/web/FILES/Tool_Kit/suicide_and_attempted_suicide_fact_sheet.pdf)

http://www.chooselife.net/web/FILES/Tool_Kit/suicide_and_attempted_suicide_fact_sheet.pdf

2.6 VOLUNTEERING THROUGH MENTORING If anyone or any group/organisations are interested in pursuing the development of mentoring or volunteering development in their area/community, the following information and links will help advise on steps to take and models that have proved effective:

Volunteers can be as effective as professionals if trained by being available at all hours and can create a larger pool of support for those in need in communities.

Mentoring is one example of volunteering in an effective way to engage with people in the community:

"Mentoring is to support and encourage people to manage their own learning in order that they may maximize their potential, develop their skills, improve their performance and become the person they want to be." Eric Parsloe, The Oxford School of Coaching & Mentoring

A mentor is a guide who can help the mentee to find the right direction and who can help them to develop solutions to career issues. Mentors rely upon having had similar experiences to gain an empathy with the mentee and an understanding of their issues. Mentoring provides the mentee with an opportunity to think about career options and progress.

A mentor should help the mentee to believe in her / himself and boost her/his confidence. A mentor should ask questions and challenge, while providing guidance and encouragement. Mentoring allows the mentee to explore new ideas in confidence. It is a chance to look more closely at yourself, your issues, opportunities and what you want in life. Mentoring is about becoming more self aware, taking responsibility for your life and directing your life in the direction you decide, rather than leaving it to chance.

How to build a successful mentoring programme using the elements of effective practice is available at:

http://www.mentoring.org/DownloadFiles/MentorToolkit_Sect7-8.pdf

'BOYS TO MEN' – MALE MENTORING "Man enough to mentor"

A campaign in 2002 to recruit more male volunteers to work with its young clients, 90% of whom are boys. Information available includes:

ENGAGING MEN IN VOLUNTEERING - How to recruit men...

ENGAGING MEN IN VOLUNTEERING - How to recruit men...

- Advertise for volunteers in places men go to such as in sports centres, pubs, at football matches and at festivals.
- Use clear and challenging language in your publicity, openly asking men to give their time.
- Ensure images of men with your clients are used in your publicity.
- Run specific men's events, led by male workers, to recruit male volunteers.
- Recruit male staff to your organisation so a male volunteer does not feel he is alone among many women.
- Provide a point of contact within your organisation that men can go to for advice and answers while volunteering.

<http://www.communitycare.co.uk/Articles/2007/07/18/105155/male-mentors-chance-uk-seeks-volunteers-to-help-boys-become-men.html>

OTHER USEFUL LINKS:

Literature review – Mentoring

<http://www.scre.ac.uk/resreport/pdf/114.pdf>

Positive Support: Mentoring and Depression among High Risk Youth

http://www.ppv.org/ppv/publications/assets/202_publication.pdf

Research on Community and Social mentoring

http://www.mandbf.org.uk/resources/research/community_mentoring/

MENTORING MODEL– CHANCE UK Derry

NCH is working in partnership with Chance UK to provide specific and targeted solution focused mentoring for children aged 5 – 11 years old. We identify primary school children with behavioural difficulties who are at risk of developing anti-social or criminal offending behaviour in the future and improve their lives by offering them individually tailored one-to-one mentoring with a carefully screened, trained and supervised adult volunteer. We also offer support and guidance to the children's parents and/or carers.

http://www.nch.org.uk/uploads/documents_volunteers/DerryMentor%20Role%20description.doc

Contact: Bernie Tierney 02871348957 or email Bernie.tierney@nch.org.uk

2.7 OLDER PEOPLE INVOLVEMENT

There is evidence based on study from Canada and USA that interventions offering:

- **Buddying / Befriending**
- **Self-Help network**
- **Group-Based emotional, educational, social, or practical support**

To at-risk (widowed) older people can help to improve self-reported measures of health perceptions, adjusting to widowhood, stress, self-esteem and social interaction

Volunteering

There is evidence to suggest that volunteering undertaken by older people improves the quality of life of those who volunteer, with those participating in face to face/direct volunteering achieving the greatest benefit compared with those involved in indirect, less formal helping roles.

(Taken from NHS (HAD) - Evidence Briefing - January 2007 - Public health interventions to promote positive mental health and prevent mental health disorders among adults)

<http://www.nice.org.uk/nicemedia/pdf/mental%20health%20EB%20FINAL%2018.01.07.pdf>

Aware Defeat Depression Booklet ‘ Depression in Later Life – A Guide for Older People and their Families’ states under Social aspects of late life depression ‘ In the problem solving approach to depression interventions may include:

- Referral for home help
- Meals on wheels
- Referral to a day centre
- Luncheon club
- Support group
- Helping people to check on their welfare entitlements.

These simple initiatives, although seemingly minor, can make a big impact on depressive disorder.’

2.8 MEDIA

ENGAGING WITH THE MEDIA

Educate the media as to the recommendations of the report”

‘MEDIA GUIDELINES FOR THE PORTRAYAL OF SUICIDE’ IAS (The Irish Association of Suicidology) & Samaritans

Available at: <http://www.samaritans.org/PDF/SamaritansMediaGuidelines-Ireland2006.pdf>

By following them the media can play a positive role in educating the public about mental illness, reducing stigma and encouraging people in need to seek and receive help/treatment.

Establish a working relationship with local media outlets in the community. Praise the media for admirable reporting and criticize them constructively when justified to do so. Through stories about warning signs for suicide and depression and other problems, profiles of local suicide prevention efforts, and mental health legislation, the media can help to normalize mental health issues and prevent suicide contagion and imitative.

Suicide contagion is:

"The process by which a prior suicide facilitates the occurrence of a subsequent suicide." In addition to contagion through exposure to media reports of suicide, contagion can occur through exposure to suicide or suicidal behaviours within family or peer groups. Suicide contagion affects individuals already at risk for suicide and is linked to increases in suicidal behaviours especially in adolescents and young adults.

Taken from: ‘Saving Lives in New York: Suicide Prevention and Public Health Vol 1 Office of Mental health’ May 2005: available directly at:

http://www.omh.state.ny.us/omhweb/savinglives/volume1/Vol1_pdfs/Vol1_Entire.pdf

2.9 OTHER IDEAS FOR INITIATIVES INCLUDING DRAMA

Fundraising events
For suicide prevention and mental health awareness – donations to support organisations. This also will help raise awareness in the community, help reduce stigma around mental health, help to promote positive mental health and encourage help seeking behaviour among local people.
Education and Awareness through drama
<p>‘Revolving Door’ http://www.rethink.org/how_we_can_help/campaigning_for_change/rethink_rights/antidiscrimination/northern_ireland_campaign/revolving_door.html Contact Details: http://www.thehearthcentre.org.uk/DevelopmentCyprusRevisedFeb2006.swf</p> <p>Samaritans Play ‘This was your life’ – contact Samaritans on 02870320000 or 02825650000</p> <p>Smashing Times Theatre Company ‘TESTIMONIES’ – Raising awareness of Issues Surrounding Suicide & Suicide Prevention – 0035318656613 or email info@smashingtimes.ie http://www.smashingtimes.ie/aboutUs.php</p> <p>Youth Action – Rainbow Factory ‘CROSSROADS’ - Crossroads looks at issues like suicide, self harm and sexuality. Contact Youth Action: Tel: 028 9024 0551 Tel: 028 90 326729 (Rainbow Factory Studio)</p>
Public awareness on Drugs and Alcohol
Focussing on the impact of alcohol and drug abuse/misuse in perpetuating impulsive behaviour focussing on mental health issues in general, due to the relationship between excess and loss of impulse control and suicidal acts.
Communication about support
Ensure availability of Suicide and emotional help support lines. Such services are heavily used by those at risk, of all ages and backgrounds.
ANTI – BULLYING PROGRAMMES
Check out Bullying at school: www.scrc.ac.uk/bully (The Scottish Council for Research in Education, 1991). Ideas for helping to tackle bullying: www.dfes.gov.uk/bullying
Mood Matters – Depression awareness programme
A programme that has been developed for young people but has been adapted for use with adults. The aim of the programme is to promote knowledge and understanding of the significance of mental health and depressions and how to encourage help-seeking behaviour and detect early warning signs. Contact Aware Defeat Depression for more information on 02871260602

2.10 COMMUNITY BASED SUPPORT MODELS

AVOID DUPLICATION – As certain systems may already be in place locally and coordinated through local provider(s) either statutory, voluntary or community – this would need to be investigated in the first instance to identify gaps in support and also in effectively building partnerships and links to help meet needs. Also seek guidance and advice in developing anything new within the Community due to risk assessment and the need for evidence based practice.

Examples of effective models:

MAYTREE – A sanctuary for the Suicidal (London)

Aims: Maytree's aim is to save lives and relieve suffering by providing a sanctuary for the suicidal. They offer guests a supportive, non-medical environment where they can rest, reflect and be befriended confidentially and without judgement.

Their aim is that the experience of a brief stay at Maytree will alleviate despair and suicidal thoughts enough to re-connect, or accept introductions, to other sources of continuing help.

For more information on their model: www.maytree.org.uk

Pieta House (Dublin)

Pieta House offers a specialised treatment programme for people who have suicidal ideation or who participate in self-harming behaviours. In particular, this centre targets people who have already attempted to take their lives - often the forgotten people.

For more information on their model: <http://www.pieta.ie/>

CHAPTER 3:

This Chapter contains contacts for practical support and services to help improve Mental Health and Emotional well being

3.1 CONTACT YOUTH INCLUDING LIFELINE

3.2 'LOOK AFTER YOURSELF AND OTHERS' – NORTHERN AREA USEFUL CONTACTS FOR PRACTICAL SUPPORT AND SERVICES TO HELP IMPROVE MENTAL HEALTH AND EMOTIONAL WELL-BEING.

3.1 CONTACT YOUTH inc LIFELINE (LIFELINE: FOR ALL AGE GROUPS)

Trevor Curran: Team Leader Northern Board, Schools and Community

New Head Office Address: Contact Youth, 1st Floor, Lanyon Building, 10 North Derby Street, Belfast, BT15 3HL Tel: - 02890744499

Antrim Office Address: Unit 33, Antrim Enterprise Agency, Greystone Road, Antrim, BT41 1JZ Tel:- 02894487656

LIFELINE: 0808 808 8000

Contact Youth counselling is committed to providing a quality youth counselling service to young people throughout N.I.

In order to continue to do this, we recognise the need to create a safe, harmonious and constantly evolving work place for staff and volunteers.

Contact Youth counselling believes that all young people have the right to independent, free, and confidential counselling. We aim to promote this right to effective, therapeutic counselling support through our provision of quality service.

Contact Youth Counselling recognise that young people who identify the need to address difficult issues in their lives by engaging in the counselling process, are making a courageous and positive choice.

The Northern Board offers a community based counselling project and covers a geographical area from Larne to Cookstown. We have venues in Larne, Carrickfergus, Newtownabbey, Antrim, Ballymena, Ballymoney, Coleraine, Magherafelt and Cookstown.

At present there are three part-time and one full-time generic counsellors working on the growing list of referrals.

The age group to which we offer our services is from 11 - 25 years, and we accept referrals from both voluntary and statutory sources such as Social Services, CAMHS, Youth Justice Agency, GP's, schools, colleges and Y/P's themselves.

LIFELINE CONSELLING HELPLINE LAUNCHED NI-WIDE

A free counselling helpline service for people suffering from emotional distress or despair has been launched Northern Ireland-wide.

Lifeline has been set up to provide people in emotional crisis with immediate access to expert counselling support. The telephone helpline on **0808 808 8000** is operational 24 hours a day, 7 days a week and is staffed by specially trained counsellors who have experience in dealing with a wide range of emotional issues such as suicidal feelings, self-harm, abuse, trauma and depression.

The establishment of Lifeline is a very important development in the fight against our alarming suicide, self-harm and emotional distress levels. This is the first time that a service of this kind has been available across Northern Ireland. It is open to people of all ages, all backgrounds and all personal circumstances. We would urge anyone with an emotional issue to seek help through the Helpline. Our role is to listen and to support, never to judge, and to work closely in partnership with the existing network of statutory and community counselling and support services to ensure people get the best provision of care.

3.2 LOOK AFTER YOURSELF AND OTHERS

Northern Area Useful Contacts for Practical Support and Services to help Improve Mental Health and Emotional Well Being

G.P Referral only Services

Access to these services is through consultation with a GP who can make a referral if it is felt to be appropriate and with your permission (in some instances a social worker or other mental health practitioner can make a referral):

Community Mental Health Teams (CMHTs) are multi-professional teams who provide assessment, treatment and support services to people experiencing mental health problems. There are teams working in each council area within the Northern Health and Social Care Trust. In emergency situations a Crisis Response Service will link with out-of-hours GPs or A & E.

Older People's Mental Health Teams provide assessment, treatment and support services to people experiencing mental health problems and who are over the age of 65 years.

Community Addiction Service provides assessment and treatment for people aged 18 yrs or over, who are experiencing problems with alcohol, drugs and other substances.

The Child and Adolescent Mental Health Service (CAMHS) provide specialist multi-professional support in the community for children and young people aged up to 17 yrs experiencing mental health problems.

The Dementia Service provides assessment, support and treatment for people in a range of settings who have dementia. The service also links with a number of voluntary and community organisations that provide support and respite in the community for the patient and their carers.

The Eating Disorders Service offers specialist support and treatment for people who have eating disorders in the community.

Hospital services - inpatient and outpatient treatment is provided for those who have severe mental health problems requiring intensive treatment that cannot be provided in the community setting.

Community Outreach provides a service for people with severe and enduring mental health problems who require intensive support in the community.

Rehabilitation programmes are linked to a range of mental health services, supporting people who are coping with, and recovering from, mental health problems to develop personal, social and employment skills and opportunities.

URGENT HELP & SUPPORT

LIFELINE 24hr –24 hour support for those in distress or despair	0808 808 8000
Samaritans listening ear to those in distress	08457 90 90 90 (Helpline)
GP Out of Hours Services Dalriada Urgent Care	08705329024
Emergency Services- Police, Ambulance, Fire Brigade	999 or 112 07769 724440
Community Rescue Service, Coleraine	
Police (PSNI) will connect you to your local Police Station	0845 600 8000
R.N.I – For Deaf People	02890239619
Social Services out of hours arrangements	02894468833
British Association for Counselling website Provides local information on counselling organizations & individuals who are accredited	www.bacp.co.uk/seeking_therapist

SUICIDE PREVENTION / SELF-HARM / SELF HELP	
LIFELINE – 24 hour support for those in distress or despair	0808 808 8000
Samaritans listening ear to those in distress across Northern Ireland Samaritans Coleraine Samaritans Ballymena www.samaritans.org.uk	08457909090 (Helpline) 02870320000 02825650000 email:jo@samaritans.org
ZEST Passion for Life, Healing the Hurt of Self Harm & Suicide www.zestni.org (Family Outreach Support in Northern Board)	028 71 266999
Niamh Louise Foundation- Support, prevention, intervention and postvention and for those bereaved or affected by suicide/self-harm –Cookstown www.niamhlouisefoundation.com	02887726217 07717876037
PIPS-Public Initiative for the Prevention of Suicide and Self-harm For local support groups near you call the Belfast Office Website: www.pipsproject.com	02890755070
PAPYRUS help prevent suicide for anyone who is concerned about themselves or others. Website: www.papyrus-uk.org Hopeline UK	08000684141

ALCOHOL, DRUGS & SMOKING	
Smoking	
Smokers Helpline www.want2stop.info (To help stop smoking) www.nhssbtcg.co.uk – Northern Tobacco Control Group	0800 85 85 85
Alcohol & Drugs	
Local Support	
Addiction Services (Adult) , NHSCT	028 2565 8462 (for advice on referral)
Dunlewey Substance Advice Centre -Counselling, Support & Mentoring Services (for 17 year olds & under)	028 2565 2105
The Hope Centre - Family & Community Support Services	028 2563 2726
Living Rivers Beach House - Supported accommodation for those who are homeless & recovering from addiction	028 2565 4700
Threshold - Drug Outreach Services	02890871313
Regional Support	
Al-Anon - to help & support families & friends of problem drinkers	028 9068 2368
Alcoholics Anonymous	028 9043 4848
Carlisle House , Belfast – Substance Misuse Treatment Centre	028 9032 8308
Drinkline 24/7 Helpline	0800 9178 282
Gamblers Anonymous	028 9024 9185
Narcotics Anonymous	07810 172991
National Drugs Helpline (Talk to Frank)	0800 7766 00
Northern Ireland Community Addiction Service, Belfast	028 9066 4434
Northlands Centre , Derry	028 7131 3232
Useful Websites	
NHSSB / Northern Drugs and Alcohol Co-ordination Team (includes access to NDACT's Directory of Substance Misuse Services in the Northern Board area)	www.nhssb.n-i.nhs.uk/partnerships/ndact.php
Health Promotion Agency (information on alcohol & drugs)	www.drugsalcohol.info
Health Promotion Agency (information on alcohol)	www.knowyourlimits.info

ABUSE	
Rape Crisis & Sexual Abuse Helpline website:www.rapecrisisni.com	02890329002 02890329001
24/7 Domestic Violence Helpline (open to anyone who is affected by domestic abuse – men & women) Women’s Aid Support and advice for women who have suffered or are suffering from domestic abuse Causeway Women’s Aid Ballymena Cookstown	0800 917 1414 02870356573 028 2563 2136 02886769300
Nexus (Sexual abuse) Advice and confidential support and counselling for those who have been sexually abused (support available in Northern Board areas)	02871260566 028 9032 6803
Victims Support – Emotional support for victims of crime Out of hours support	028 90 244039 08453030900
NAPAC - National Association for People Abused in Childhood website:www.napac.org.uk	08000853330
Preventing Violence in relationships For men who wish to change controlling/violent behaviours	02890323454
PSNI Domestic Violence Officer	08456008000

MENTAL HEALTH including eating distress & anxiety support	
Aware Defeat Depression Helpline for those affected by depression www.aware-ni.org e-mail help@aware-ni.org	0845 120 2961 (Monday - Friday 10 am- 4 pm)
NI Association for Mental Health (NIAMH) www.niamh.co.uk	028 90 328474
Rethink -Support people recovering from severe mental illness	08454560455
Eating Disorder Association (NI)	028 90 235959
Beat eating disorders Adult line Youth line www.b-eat.co.uk	0845 6341 414 0845 6347 650
NI Agoraphobia & Anxiety Society	028 90 235170
Threshold offers residential therapeutic communities and other services to people in Northern Ireland.	02890 370391
SANELINE for anyone coping with mental illness. Helpline from 6 pm – 11 pm.	0845 767 80 00
For information on more services & support – web links: www.mindingyourhead.info www.help4kids.co.uk www.livinglifetotheull.com www.praxiscare.org.uk	

TRAUMA	
The Family Trauma Centre	02890204700
Victims Support – Emotional support for victims of crime Out of hours support	028 90 244039 08453030900
WAVE Trauma Centre Support, befriending and counselling for people who are victims of violence or bereaved due to the troubles	028 9077 9900 028 2766 9900

BENEFITS/ADVICE/FINANCIAL WORRIES	
Citizen's Advice Bureau Free Confidential, impartial advice, representation at tribunals, debt counselling services: Causeway Antrim Ballymena Carrickfergus Cookstown Newtownabbey Larne	02870344817 02894428176 02825644398 02893351808 02886766126 02890867100 02892262251
Magherafelt District Advice Service	028 7930 0444
Debtline NI – provides confidential, free counselling, debt and money management assistance to financially distressed families and individuals.	0800 027 4990

CHILDREN/YOUTH SUPPORT	
Contact Youth - provides counselling to young people. www.contactyouth.org Lifeline - Counselling helpline for people of all ages.	0808 808 8000
Childline www.childline.org.uk	0800 11 11
NSPCC – Child Protection 24/7 Helpline –Emotional, physical, sexual abuse or neglect.	0808 800 5000
Youth Com/Youth line confidential free information, support and resource service for 11 – 20 year olds. www.youthcom.org.uk	0800 096 1425
YoungMinds provides information and advice for anyone with concerns about the mental health of a Child or young person. www.youngminds.org.uk	0800 018 21 38
CLIC Support for children suffering from and signposting for parents or anyone affected by cancer & leukaemia. www.clicsargent.org.uk	08001970068
VOYPIC (Voice of Young People in Care) - seeks to enable children and young people with experience of care to make life changes. Advocacy Line Ballymena Branch www.voypic.org	0845 0742 942 028 2563 2641
Barnardos Main NI Contact Number	028 90672366
Gateway The NHSCT Children's Social Work Service and is a first point of contact for anyone concerned about the welfare of a child or young person.	03001234333

OTHER HEALTH RELATED SUPPORT	
MS Helpline Website: www.mssociety.org.uk	0808 800 8000
Macmillan Cancer Helpline Website: www.macmillan.org.uk	0808 808 2020

RURAL SUPPORT	
Rural Support Helpline www.ruralsupport.org.uk	08456067607

OLDER PEOPLE	
Age Concern Advice Line Website: www.ageconcernni.org	028 90 245729 028 90325055
Help The Aged in NI Senior line: Free advice & information for senior citizens Careline Website: www.helptheaged.org.uk	0808 8087575 08450532306
Hope - Help on Pensioners Entitlement	02894428595
Good Morning Projects: The primary aim is to support members of the community by means of regular, friendly, telephone conversations. Making time for people and listening effectively and becoming a 'friend on the phone'. Ballycastle Magherafelt Ballymena Antrim Monkstown Carrickfergus Larne	02820768309 02879632170 02825631144 02894464619 02890866385 02893326000 02828273362

HOUSING/HOMELESSNESS/SUPPORTED LIVING	
N.I. Housing Executive (NIHE) website: www.nihe.gov.uk	0844 8920900
Simon Community – provides accommodation and support to people who are currently homeless or at risk of homelessness. Central Office Emergency Accommodation 24/7 Helpline	028 90 232882 028 90 493488
Triangle Housing Association Limited	02827666880
Rethink Supported Housing	02894460873
Living Rivers Trust (Beach House) – supported and direct access accommodation services within the NHSSB area. www.livingrivers.cc	02825654700
MUST Hostel (Cookstown) – Hostel primarily for the single homeless with support needs (Direct access service). Website: www.musthostel.co.uk	02886762065

RELATIONSHIPS & FAMILY	
ACCORD Marriage Counselling Website: www.accordni.com	02890233002
Men to Men General counselling service & support for men's health For appointments, call:	028 90 851622
Relate – Divorce/separation/marriage counselling. Out of hours receptionist	0870 242 6091
Relate Teen (youth support)	028 90 260871
Preventing Violence in relationships For men who wish to change controlling/violent behaviours	028 90 323454
The Men's Project Increasing awareness of the issues facing men and boys. Information and signposting to appropriate services. Website: www.mensproject.org	02890310891
Contact a Family Freephone Helpline – signposting and help with disabilities Website: www.cafamily.org.uk	0808 808 3555
Gingerbread NI -Support for single parent families. Freephone Advice Helpline. Website: www.gingerbreadni.org	0808 808 8090
Parents Advice Centre -Practical information & advice to parents Ballymena	0808 8010 722 02825650099
St Vincent de Paul Website: www.svp-ni.org	02890351561
Surestart – Range of services for young children 0-4 yrs and their families, aimed at improving health, children's social and emotional development and their ability to learn. Coleraine Bushmills Rathcoole Ballymena Cookstown Carrickfergus	02870321032 02820730444 02890860938 02825643555 02886769994 02893359734
Parents and Professional and Autism (PAPA) Helpline	08450559010
Causeway Family Resource Centre – information and advice	02870325456

CULTURAL/ETHNIC	
Multi Cultural Resource Centre www.mcrc-ni.org Support of Black and Ethnic Minority communities and individuals throughout NI	028 90 244639
NI Council for Ethnic Minorities – NICEM Can put you in touch with groups who offer support to people from minority ethnic groups and can also help with racial discrimination and limited migrant advice.	028 90 238645

CARERS	
Carers NI Benefits & Carers Rights	028 90 439843
Cause - is a local charity providing peer led emotional and practical support to carers and families of people with mental illness www.cause.org.uk Helpline www.cause.org.uk/PDFs/Helplineleaflet.pdf www.cause.org.uk/PDFs/CarersInformationGuide.pdf	028 90 238284 0845 6030291
Headway – Brain Injury Association – A charity which is dedicated to supporting people with a Brain injury, as well as their families & carers	02825651521

CHAPTER 4.

This Chapter contains information on current training programmes in the NHSSB/NHSCT area

4.1 ACCESS TO TRAINING

4.2 ASIST – APPLIED SUICIDE INTERVENTION SKILLS TRAINING

4.3 SUICIDE TALK

4.4. MENTAL HEALTH FIRST AID

4.1 TRAINING & AWARENESS

Recognising the possible warning signs of suicidal thoughts and being confident to explore these signs can help save lives. The Promoting Mental Health and the Protect Life Suicide Prevention Strategies for N.Ireland are equipping people with these skills through developing and delivering suicide prevention and mental health awareness training.

If you live or work within any of the 10 Northern Health Board/Northern Health Trust areas: Coleraine, Ballymoney, Magherafelt, Cookstown, Moyle, Ballymena, Antrim, Newtownabbey, Larne, Carrickfergus - you can avail of a range of training and awareness sessions which are on offer through both the local NHSSB/NiHP Suicide Prevention Action Plan and the Promoting Mental Health Action Plan.

4.2 ASIST

ASIST: Applied Suicide Intervention Skills Training - Learn first-aid intervention skills

ASIST is a 2-day workshop for anyone who wants to feel more confident in helping to prevent the immediate risk of suicide.

Contact Health Improvement Department within the Northern Health and Social Care Trust (NHST) to book places:

Jennifer McKeown's number is 028 9337 8281

jennifer.mckeown@northerntrust.hscni.net.

4.3 SUICIDE TALK

SuicideTalk

SuicideTalk is a 1.5 – 3+ hour exploration and awareness raising session.

(Also for further information on other current piloted Suicide Prevention related training and awareness programmes)

Contact Suicide Prevention Coordinator Gabrielle Nellis: 02825311172 or gabrielle.nellis@nhssb.n-i.nhs.uk

4.4 MENTAL HEALTH FIRST AID

Mental Health First Aid

2 day course - MHFA does not teach people to be therapists. However, it does teach people how to recognise the symptoms of mental health problems, how to provide initial help and how to guide a person towards appropriate professional help.

Bounce -1 day programme – for people who work with young people – developing emotional resilience in young people.

(Also for further information on Depression Awareness and other related Promoting Mental Health awareness programmes)

Contact Senior Health Promotion Officer (Mental Health) Jayne McConaghie: 028 2563 5575 or jayne.mcconaghie@northerntrust.hscni.net

CHAPTER 5.

Contains Useful references and publications

5.1 USEFUL REFERENCES

5.2 USEFUL PUBLICATIONS

5.1 USEFUL REFERENCES

USEFUL LINKS:

WORLD HEALTH ORGANISATION (WHO) List and links to Suicide Prevention related areas throughout different sectors/groups:

http://www.who.int/mental_health/resources/suicide/en/print.html

IRISH ASSOCIATION FOR SUICIDOLOGY – has information on how the following issues are linked to Suicide: Self Harm, Drugs and Alcohol, Stress, Geographical location, Time of year, Mental Health, age, gender, occupation, sexuality and more.

www.ias.ie

Mind Yourself

A suicide prevention project working with young people in Counties Cavan, Monaghan, Meath and Louth - Evidence based community intervention:

<http://www.mindyourself.ie/asp/default.asp?p=13>

Young people's mental health – a report of the results from the Lifestyle and Coping survey – Prepared by the National Suicide Research Foundation (Cork 2004)

<http://www.nsrp.ie/reports/CurrentStudies/YoungPeoplesMentalHealthReport.pdf>

NHS (HAD) - Evidence Briefing - January 2007 - Public health interventions to promote positive mental health and prevent mental health disorders among adults

<http://www.nice.org.uk/nicemedia/pdf/mental%20health%20EB%20FINAL%2018.01.07.pdf>

MENTAL HEALTH IMPROVEMENT: EVIDENCE AND PRACTICE CASE STUDIES, NHS HEALTH SCOTLAND August 2004 -List of effective Projects

http://www.sdcmh.org.uk/publications/pubs%20downloads/projectreports/MHI_case_studies.pdf

NICCY Conference on Suicide and Self Harm (N.Ireland 2005)

http://www.niccy.org/uploaded_docs/HopeEvaluation05.pdf

Advances in School Mental Health Promotion - Clifford Beers Foundation October 2007

http://www.schoolmentalhealth.co.uk/Inaugural_Finalv2.pdf

The following is available in many different languages:

Preventing Suicide: a resource for General Physicians. Plus other resources for Media Professionals, Teachers and other school staff, Primary Healthcare Workers, Prison Officers

www.who.int/mental_health/resources/suicide/en

Helping to prevent suicide through research, intervention and support

www.turningthetideofsuicide.com

The Mental Health Initiative – a resource manual for mental health promotion and suicide prevention in 3rd Level institutions (A partnership initiative between Trinity College Dublin and the Northern Area Health Board – Supported by the National Suicide Review Group. January 2003

http://www.chooselife.net/web/FILES/Tool_Kit/the_mental_health_initiative.pdf

5.2 USEFUL PUBLICATIONS - some of which were used to inform the content of this document (majority can be downloaded through the internet or emailed to you by NHSSB/NifHP Suicide Prevention Coordinator gabrielle.nellis@nhssb.n-i.nhs.uk)

1. Design for Living – Research to support young people’s mental health and wellbeing (Action Mental Health; Health Promotion Agency; Youth council for N.I)
2. 2 copies - Annual report of the Health Promotion Agency for N.I (HPA) for the 2006-2007 financial year
3. SHOUT – Research into the needs of young people in N.I who identify as lesbian, gay, bisexual and/or transgender (LGBT) – Youth Net December 2003
4. Public Health Interventions to promote positive mental health and prevent mental health disorders among adults – Evidence Briefing - January 2007 – National Institute for Health and Clinical Excellence. NHS
5. 2 copies of REACH OUT – National Strategy for Action on Suicide Prevention (2005 – 2014 (Health Service Executive, The National Suicide Review Group and Department of Health and Children). (IRELAND)
6. YOUTH SUICIDE PREVENTION – EVIDENCE BRIEFING (Oct 2004) – NHS Health Development Agency (Institute of Public Health in Ireland)
7. Safer Access to Pesticides Community Interventions – IASP (WHO) – International Association for Suicide Prevention 2006
8. YOUNG PEOPLE’S MENTAL HEALTH – A report of the results from the Lifestyle and Coping Survey – Prepared by The National Suicide Research Foundation (Cork 2004)
9. Copy of MEDIA GUIDELINES – For the Portrayal of Suicide – IAS (The Irish Association of Suicidology) Samaritans
10. IASP – International Association for Suicide Prevention – Hosted by Irish Association of Suicidology – Killarney Ireland 2007 – Preventing Suicide Across the Lifespan (WHO) – Information on conference – speakers, workshops and abstracts
11. AGE CONCERN – Promoting Mental Health and well-being in Later Life – A first report from the UK Inquiry into Mental health and Well-being in Later Life (Mental Health Foundation) June 2006
12. AGE CONCERN – Improving Services and support for older people with mental health problems – the second report from the UK Inquiry into Mental health and Well-being in Later Life August 2007
13. The Self-Harm Resource Pack – NHS – Surry County Council 2003-2004 (CAMHS – Beacon Council)

14. HPA Public Attitudes, perceptions and understanding of mental health in NI – To inform the development of Minding your head public information campaign. March 2006
15. HAZ – North and West Belfast – Report –Task Group on the Prevention of Suicide and Self Harm June 2006
16. National Programme for Improving Mental Health and Well-Being Action Plan 2003-2006 – Healthy living Scottish Executive September 2003
17. A Blue Print for the Future – Developing A National Vision: ‘In One Generation Suicide Will No longer Exist as a Health Risk for Men; September 2006 – Mensline Australia – Suicide Prevention Australia
18. Department of Health, Social Services and Public Safety – 4 July 2007. McGimpsey issues Effects of the troubles literature review
19. Brief report – Preventing suicide by jumping: the effect of a bridge safety fence
20. Evaluation of Health and Wellbeing event for farming families – 19th October 2006
21. Rethink – The review of Mental Health and Learning Disability information pack (N.Ireland) What a difference rethink makes, what is severe mental illness, Schizophrenia, Help is at hand, NSF – what is severe mental illness booklets
22. The association for professionals in services for adolescents - Personality, peer relations, and self confidence as predictors of happiness and loneliness
23. Bereaved By Suicide – you don’t have to face it alone and Survivors of Bereavement by suicide (SOBS)
24. What is Calm? C.A.L.M – A Campaign against living miserably is targeted at young men aged between 15-35
25. Mind for better mental health – understanding bereavement information
26. The Tidal Model – Discover Mental Health and Clan Unity Workshops information
27. Health Development Agency – Boys and young men’s Health - An interim report, carried out by working with men (Neil Davidson and Trevor Lloyd on behalf of the Health Development Agency)
28. The Baton Rouge Crisis Intervention centre Information Pack
29. Positive Support: Mentoring and Depression Among High – Risk Youth information
30. NCH Working with Chance UK
31. Suicide Prevention – the importance of community interventions Wednesday 14th November 2007 – Armagh City Hotel
32. Clifford Beers Foundation – The international Journal of Mental Health Promotion
33. 2 Copies of Journal of Public Mental Health – volume 5 issue 2, June 06

34. 2 copies of Journal of Public Mental Health – Volume 3 issue 3, September 2004
35. Advances in School Mental Health Promotion, training and practice research and policy
36. Promoting Mental Health – Strategy and Action Plan 2003 -2008 Investing For Health
37. Findings informing Change – 1. Cannabis supply and young people 2. Drinking places where people drink and why
38. 3SF - “Things to do, places to go” - promoting mental health and well – being in later life
39. Child and adolescent mental health – a guide for healthcare professionals June 2006
40. The Male Perspective, young men’s outlook on life
41. Health Service Executive, Your Mental Health information booklet
42. Saving Lives in New York: Suicide Prevention and Public Health, volume 1 challenge, strategy and policy recommendations – May 2005
43. Samaritans: information resource Pack 2007, youth and self harm perspectives summary and information sheet
44. The Irish Association 2007 Suicidology newsletter for :- 2004, 2005, 2006
45. NHS Scotland, Mental Health Improvement Evidence and Practice Case Studies
46. Youth Suicide Prevention in Schools: A practical guide (New Zealand)
47. Youth Suicide prevention programs. A resource guide, Georgia, USA – Chapter 1 to 9
48. Taken from Registry of Evidence-Based Suicide Prevention Programs (American Foundation for Suicide Prevention AFSP): Examples:
Lifelines
Reconnecting Youth
Zuni Life Skills Development
49. SAMARITANS – Helping You Help Young People – Youth Pack
50. NICCY (N.I commissioner for children and Young people) – HOPE – A conference addressing suicide and self-harm and promoting positive mental health in young people in N.Ireland May 2005
51. Mind Yourself – A strength focussed and community based adolescent suicide prevention project – presentation and resource
52. ‘ Frameworks Youth Suicide Prevention Project – August 2005 – Postvention protocols’ NAMI New Hampshire National Alliance for the Mentally Ill, NH
53. Frameworks Youth Suicide Prevention Project – March 2005 – Recognizing and Connecting with Youth At Risk for Suicide Community Response to Suicide Attempts & Threats. NAMI
54. Self Harm and Attempted Suicide in Young People looked after in state Care – Journal of Children’s and Young People’s Nursing April 2007 Vol 01 No 01 UNIVERSITY OF ULSTER

55. Health Eating and Depression – How diet can help protect your mental health (Mental health Foundation)
56. NICCY – Northern Ireland Commissioner for children and Young People – Response to the Consultation Document ‘Protect Life A Shared Vision’ – N.Ireland Suicide Prevention Strategy and Action plan 2006-2011 24th April 2006
57. Catching the Bus: Samaritans, Suicide and the Internet – Resiliency and support for vulnerable individuals F&ER Department York 2007 – PowerPoint presentation
58. INFORM – ISSUE 58 HPA April/May 2008 The bimonthly newsletter from the Health Promotion Agency for Northern Ireland
59. Information on STORM – Suicide prevention training
60. Sound Mind Support Guide for Young People’s mental health and emotional wellbeing – Design for living partnership – pack of activities for youth groups
61. Aware Defeat Depression – the Facts
62. INFORM Newsletters (HPA) Issues 60,61,62 & Annual Report 2007-2008
63. AWARE Defeat Depression Presentation on ‘Mood Matters’
64. The Power and Potential of Well being Indicators – Measuring Young People’s Well-being in Nottingham – NEF 2004
65. Keeping it in the Family – Growing up with Parents who Misuse Alcohol – Alcohol Concern, The Princess Royal Trust for Carers 2008
66. Regional Hidden Harm Action Plan October 2008 – Responding to the needs of children born to and living with parental alcohol and drug misuse in Northern Ireland (DHSSPS/Investing for Health)
67. HPA & Aware Defeat Depression Factsheet on Depression Awareness 01/07
68. Head Start – Promoting Mental Health for Children and Young People with a Learning Disability – A guide for Parents, Carers, Educators and Health and Social Care Staff – SEHSCT & Positive Futures
69. Mental Health England – Suicide Audit in Primary Care Trust Localities: A tool to support population based audit of suicide and open verdicts
70. A Randomized Controlled Trial of Post Crisis Suicide Prevention June 2001 – Jerome A Motto M.D. and Alan G. Bostrom Ph.D
71. Suicide Prevention: Dilemmas and some solutions – Ray King – Centre for Rural Social Research Wagga Wagga
72. Preventing Youth Suicide in Rural America – Recommendations to States April 2008 – Suicide Prevention Resource Centre – STIPDA

73. Report 6 – Community Development Suicide Prevention Programme on Cheung Chau Island
74. Connecting to Life – Provincial Suicide Prevention Program – September 2007 New Brunswick Health
75. Evaluation of phase one of Depression Awareness training for general practice – Summary findings – HPA
76. Age Concern – Undiagnosed, Untreated, at risk – The experiences of older people with depression August 2008
77. Infant Mental Health: Key to the Future – WAVE Trust – George Hosking, Presenting the case for Infant Mental Health 10th October 2008
78. NHS – Community based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people – NICE Public Health Intervention Guidance 4 March 2007
79. Open Minds – A Mental Health Education Programme for Young People – NEELB/NHSCT/NHSSB
80. WHSSB Registry of Deliberate Self Harm Pilot Study (2007-2008) Interim Report (January – December 2007)
81. National Suicide Prevention Strategy for England Annual Report 2007 – Mental health England CSIP
82. Why Children Die: A Pilot Study 2006 – May 2008 – England, Wales and N.Ireland – CEMACH
83. Mind Your Head – Men's Health Forum 2006 – Men's, Boy's and mental well-being Policy Report
84. Preventing Suicide – How to Start A Survivor's Group WHO – Geneva 2000
85. Area Factors and Suicide: 5 year follow up of the Northern Ireland Population – Dermot O'Reilly, Michael Rosato, Sheelah Connolly, and Chris Cardwell 2008
86. Centre for Young Men's Studies – Young Men and the squeeze of masculinity: the Inaugural Paper for the Centre for Young Men's Studies – Ken Harland, Karen Beattie and Sam McCready December 2005
87. Evaluation of teaching package designed to improve teachers' recognition of depressed pupils – a pilot study article – Stephanie Moor, Graham Sharrock, Jenny Scott, Hester McQueen, Robert Wrate, Jane Cowan and Caroline Blair. March 2002
88. Practical Strategies for Preventing Adolescent Suicide – By Keith A.Kind, Ph. D, C.H.E.S September 2006
89. Research Bulletin – National Suicide Research Foundation April 2008
90. British Journal of Sports Medicine March 2008 – Dose-response relationship between physical activity and mental health: the Scottish Health Survey – M Hamer, E Stamatakis, A Steptoe

91. Public Health – Youth
Suicide Prevention January
2008 – Medical Journal.
Stanley P. Kutcher, MD and
Magdalena Szumila, HBSc
92. Suicide Prevention Efforts
for Individuals with Serious
Mental Illness: Roles for the
State Mental Health
Authority March 2008



Information provided on this document
is correct at time of print:
22nd January 2009

This document has been produced by
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It will be available shortly through
weblink:
www.northernifhpartners.co.uk/index.php

