



Youth Suicide Prevention Resource Information Newsletter

Fall 2010

Volume 3, Issue 2

Editor: Tanis Hudson

Thank you for keeping us up to date on what is happening in your programs regarding youth suicide prevention.

The Office of the Children's Advocate made a commitment in February 2006 to be the central gathering point where community service providers could forward their program information and we continue that commitment today.

We look forward to hearing from you in the future.

Email your program

information to

Tanis Hudson at:

thudson@childrensadvocate.mb.ca

**The Manitoba
Suicide Line
1-877-435-7170
www.suiceline.ca**



Reclaiming Hope - Manitoba's Youth Prevention Strategy

In December 2008, Manitoba Health and Healthy Living led the development of Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy in collaboration with several key partners. The following is an update on the progress of the strategy's school-based initiatives.

Roots of Empathy (ROE)

Certified ROE instructors deliver the program in the classroom (K-8) three times a month during the school year (27 sessions). Once a month a neighbourhood infant and parent(s) visit the classroom. As the instructor coaches students to observe and interpret the baby's feelings, students identify and reflect on their own feelings, and learn to recognize and respond to feelings of others (empathy), thereby strengthening emotional literacy. ROE was implemented in 2001 under the leadership of Healthy Child Manitoba. Healthy Child Manitoba conducted a longitudinal trial (2002-2005) and found that the program had significant effects on improving prosocial behaviours and reducing aggression. In 2009/10, ROE was delivered by 191 ROE certified instructors in 208 classrooms to 4,000 students across the province.

Life Skills Training (LST)

The LST program is an evidence-based drug abuse program targeted towards children in grades 2-4. The program focuses on teaching self-management skills, social skills, and information skills related to drug use. The LST program is currently being piloted and evaluated in 28 schools throughout Manitoba. Led by the Department of Education, LST was delivered to 14 trial schools in the 2009/10 school year. The trial involved 19 teachers and 345 students. Feedback from teacher evaluations and surveys was positive. The program will be delivered to 14 control schools during the 2010/11 school year. Healthy Child Manitoba is conducting an evaluation of this piloted initiative.

Signs of Suicide (SOS)

SOS is an evidence-based program where students are taught to recognize the signs of suicide and depression and are taught how to respond to these signs. Through a partnership between Healthy Child Manitoba, Manitoba Family Services and Consumer Affairs, and the Winnipeg Regional Health Authority, SOS was piloted to 986 grade 9 students in the 2009/10 school year. SOS was piloted in 13 schools, including 4 First Nation schools. Preliminary results from the pilot program's evaluation have shown that the pilot program increased student's knowledge of mental health and suicide risk, and increased student's help-seeking behaviours. Select schools across Manitoba have been invited to participate in phase two of the SOS program for the 2010/11 year, with an accompanying qualitative evaluation of the program.

Risk Factors

Risk factors are factors which may make an individual vulnerable to suicidal behaviours. Having one of these risk factors may not necessarily put youth at risk of suicide. However, the risk of suicide increases with the number or severity of risk factors.

1. Mental health issues:

↳ Research has suggested that a psychiatric disorder is present in nearly 90% of adolescent suicide victims, and poses a 9-fold increased risk for suicide.

2. Previous suicide attempts:

↳ A prior suicide attempt is the single most potent risk factor for youth suicide - elevating the risk of a subsequent completion 10-60 fold. The risk for repetition is highest in the first 3 to 6 months after a suicide attempt. Youth who attempt suicide often repeat attempt unless they receive treatment and support.

3. Exposure to suicide or a familial history of suicidal behaviour:

↳ Having a family history of suicidal behaviour is a strong risk factor. Being exposed to the suicide of family members or friends may cause a contagion effect.

4. Substance use and addictions:

↳ Use of substances increases impulsiveness, risk taking, and lowers inhibitions.

5. Family Instability (exposure to abuse, conflict, psychiatric illness, substance use):

↳ Physical and sexual abuse, particularly the latter, are strongly associated with attempted and completed suicide.

6. Relationships - Isolation or Rejection:

↳ Bullying, whether as victim or perpetrator, has been demonstrated to increase the risk for suicidal ideation.

↳ Living away from parents.

↳ Few friends, little acceptance from peers.

7. Social factors:

↳ Poverty and isolation can limit access to resources and can contribute to a sense of marginalization and feeling of being of less value.

8. Exposure to traumatic events:

↳ Stressful events and the meaning attached to the event may trigger suicidal behaviour.

↳ Interpersonal loss or conflict such as a relationship break-up or conflict with family are the most common precipitating events.

Protective Factors

Protective factors are those factors that make it less likely that an individual will engage in suicidal behaviours. Protective factors are sometimes referred to as resiliency or resilient factors.

1. Strong relationships:

↳ A strong relationship with at least one caring adult can increase a youth's ability to be optimistic about the future.

2. School environment:

↳ Research has shown that a positive school environment is a protective factor, particularly if there is little connection with the family.

3. Community:

↳ A positive and caring community where youth feel valued and have a sense of belonging can be a protective factor.

4. Activities:

↳ Being involved in activities such as sports can provide an opportunity to succeed and develop skills.

Honouring Their Spirits

"Suicide is a whispered word, inappropriate for polite company. Family and friends often pretend they do not hear the word's dread sound even when it is uttered. For suicide is a taboo subject that stigmatizes not only the victim but the survivors as well."

- Earl A. Grollman

We take this moment to honour the spirits of those who are working to extinguish the silence of suicide. Suicide - let's talk about it.



Youth Suicide Statistics

by Age and Gender

September 15, 2008 to September 15, 2010

| Age Group | Sex | | Totals |
|---------------|-----------|-----------|-----------|
| | Male | Female | |
| 6-10 | 1 | 0 | 1 |
| 11-12 | 0 | 1 | 1 |
| 13-15 | 7 | 15 | 22 |
| 16-18 | 7 | 6 | 13 |
| Totals | 15 | 22 | 37 |

Compiled by the Office of the Children's Advocate

Suicide vs. Self-Harm: What's the difference?

Self-harm is often viewed as a spectrum where suicide is at one end and on the opposing end is what is considered "normal behaviour." Self-harm is seen to lie somewhere in between suicide and "normal behaviour." However, self-harm is different from the act of attempted suicide, which requires a different motivation. The following table provides information as to some of the differences between self-harm and suicide. Regardless of the distinction between the two acts, an individual displaying acts of self-harm or suicidal ideation, requires assistance and support.

| Characteristic | Suicide Attempt | Self Harm |
|------------------------------------|--|---|
| Purpose | To end one's life | Often a coping behaviour to relieve one's pain, stress, or negative feelings |
| Likelihood of causing death | High. Usually will require medical attention | Low. May not require medical attention |
| Duration? Frequency? | More likely to be a single episode or periodic over time | Frequent, long-standing behaviour |
| Methods used | Tend to choose a method that they believe will kill them | Tend to use more than one less lethal method including: cutting arms, burning with cigarettes, hitting self |
| Motivating thoughts | "I want to die" "I want to stop the pain permanently" | "I want to live but I need relief from this pain" |

Table adapted from: Centre for Suicide Prevention (2008). Straight Talk: Youth Suicide Prevention Workshop: Workbook. Centre for Suicide Prevention.

CRISIS LINES

| | |
|--|--|
| Manitoba Suicide Line | 1-877-435-7170 (1-877-435-help170) |
| Kids Help Phone (National Line available to Manitoba Youth) | 1-800-668-6868 |
| Klinic Crisis Line | (204) 786-8686 or 1-888-322-3019 |
| Klinic Sexual Assault Crisis Line | (204) 786-8631 or 1-888-292-7565 |
| Seneca Help Line (Winnipeg) | (204) 942-9276 |
| MacDonald Youth Services Mobile Crisis Services | (204) 949-4777 or 1-888-383-2776 |
| Mobile Crisis Service (Winnipeg) | (204) 940-1781 |
| Youth Mobile Crisis Team (Winnipeg) | (204) 949-4777 or 1-888-383-2779 |
| Interlake/North Eastman Mental Health Crisis Services (Selkirk, MB.) | (204) 482-5361 or 1-866-427-8628 |
| 24 Hr. Crisis Line and Mobile Crisis Unit (Brandon, MB.) | (204) 725-4411 or 1-888-379-7699 |
| Parkland Mental Health Crisis Response Service (Dauphin, MB.) | 1-866-332-3030 |
| 24 Hr. Crisis Line (Thompson, MB.) | (204) 778-7273 |
| 24 Hr. Cross Lake Crisis Line | (204) 676-3687 |
| Churchill Health Centre—Crisis on Call | (204) 675-8300 |
| On Call Crisis (Flin Flon, MB.) | Daytime: (204) 687-1340 After Hours: (204) 687-7591 |
| On Call Crisis (The Pas, MB.) | Daytime: (204) 623-9560 After Hours: (204) 623-6431 |

COMMUNITY RESOURCES

| | |
|--|----------------------------------|
| Bullying Help Line (National Line) | 1-888-456-2323 |
| The Mood Disorders Association of Manitoba Ltd. | (204) 786-0987 or 1-800-263-1460 |
| Youth Resource Centre | (204) 477-1804 |
| Ma Mawi Wi Chi Itata Centre: Winnipeg | (204) 925-0300 or 1-800-962-6294 |
| Black Youth Help Line | (204) 253-7475 |
| RAY—Resource Assistance for Youth | (204) 783-5617 or info@rayinc.ca |
| Manitoba Adolescent Treatment Centre | (204) 958-9660 |
| Addictions Foundation of Manitoba | (204) 944-6367 |
| New Directions for Children, Youth, Adults, and Families | (204) 786-7051 |

*The Office of the Children's Advocate tries to ensure that contact numbers are accurate at time of publishing; should you find a discrepancy, please notify us so that the correction can be made to our online edition. Thank you.

Office of the Children's Advocate

100 - 346 Portage Avenue, Winnipeg, Manitoba R3C 0C3

Telephone: (204) 988-7440 Fax: (204) 988-7472

www.childrensadvocate.mb.ca