Youth Suicide Prevention

Resource Information Newsletter

Thank you to everyone who provided information on the suicide prevention programs in their areas.

The Office of the Children's Advocate offered at the Youth Suicide Prevention meeting held on Friday, February 24, 2006 to be the central gathering point where committee members could forward their program information.

We will endeavour to provide this information to you twice a year - spring and fall. We have chosen the newsletter format as the means of providing this information to you.

We felt that as a recap to the Youth Suicide Prevention Meeting held in February 2006, we would once again provide you with some of the key points that were made (in no particular order).

Coming forth from the Voices at that meeting were the following points:

- A need for more cultural programs.
- A need for more spiritual healing programs - need to teach heart and spirit.
- A need for healthier families and healthier communities.
- A need for more resources for front line workers i.e. training.
- A need for more people who care.
- A need to hear the voice of children and youth.
- A need for less talk (committees) and more Action.
- A need for more work on prevention and less on reaction.
- A need for a central place for all suicide prevention programs.
- A need for changes to jurisdictional systems:
  - Relationships
  - The way things are done
- A need to humanize the problem.
- A need for professionals across jurisdictions to step-up when a child/youth is in crisis.
- A need for political and community will.

What is happening in your organization? Please let us know.

Email your information to pbrown@childrensadvocate.mb.ca.

Office of the Children's Advocate
Patsy Addis Brown

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Special points of interest:

- ☺ Suicide Prevention Framework
- ☺ The Spirit of our Children.
- ☺ Honouring her Spirit.
- ☺ Youth Suicide Statistics

Inside this issue:

The Manitoba Suicide Line

Suicide - we need to talk.

If you or someone you know is thinking about suicide or dealing with a suicide loss - Call us now

We can help

1 - 877-435-7170

www.suicideline.ca

Funded by Manitoba Health and run by Klinic Community Health Centre

Suicide Prevention Framework: Manitoba Health

The Province has recently completed a Suicide Prevention Framework that is available to Regional Health Authorities, and other organizations wishing to develop their suicide prevention work.

Each RHA will also have its own crisis services including distress lines, mobile crisis response, inpatient and outpatient clinical services.

The following information has been taken from the Executive Summary of A Manitoba Framework for Suicide Prevention Planning:

"Suicide is understood to be the result of a complex interaction of psycho-social risk factors including psychiatric disorders, especially mood disorders, substance abuse, and a history of adversity and trauma. Protective factors include healthy individual coping strategies, family, social and community supports.

Risk factors for suicide differ with age. Factors such as childhood adversity and recent stress are more influential in younger people. Mood disorder plays a more significant role with increasing age.

Because suicide is a complex issue with complex causes; there is agreement that suicide prevention requires an inter-disciplinary and inter-jurisdictional approach. "Inter-disciplinary" because at risk individuals come into contact with professionals from all disciplines (e.g. health, education, justice, recreation, etc.) "Inter-jurisdictional" because services and programs span the jurisdictions of municipal, provincial and federal authority.

The following summarizes the best practice recommendations for suicide prevention strategies from the literature:

1. Focus efforts on strategies targeting at risk populations.
    - People with mental illness, especially mood disorders, schizophrenia and substance abuse.
    - Youth.
    - Seniors.
    - Individuals with previous attempts.
    - Aboriginal community.
    - Gay/lesbian/bisexual and trans-gendered individuals.
2. Involve the whole community.
3. Use multiple strategies.
4. Build a comprehensive strategy.
5. Ensure cultural sensitivity in service delivery.

A comprehensive suicide prevention strategy would contain activities in the following five areas:

A. Mental Health Promotion
B. Awareness and Understanding
C. Prevention, Intervention and Postvention.
D. Data Surveillance and Research.
E. Resources (and Implementation).

The Manitoba Framework outlines specific goals as well as suggested activities and specific resources under each of the five categories.

Highlights of activities shown by research or clinical consensus to be effective include:

1. Generic skill building to build protective factors.
2. Availability of a coordinated crisis response system including a 24-hour telephone crisis line, mobile crisis, crisis stabilization unit and psychiatric emergency services in hospitals.
3. Widespread suicide prevention training of physicians, other professionals and other gatekeepers using an evidenced-based training program, e.g. ASIST.
4. Means restriction and
5. Media education."

For information on this program please contact Bev Pageau at Manitoba Health, 788-6671.

The Spirit of our Children by Billie Schibler

The following is a presentation made to the Senate Standing Committee on Human Rights by Billie Schibler, Children's Advocate for Manitoba, September 18, 2006.

"I have read the report "Who's In Charge?" and would agree that there are many areas in which Canada is falling short in it's commitment to children and youth (i.e. Children's Mental Health, Child Poverty, Aboriginal Children in First Nation Communities, Education for Children with Exceptional Needs, Child Refugees from War-Torn Countries, etc.).

I have also reviewed my experiences over the past one and a half years as Manitoba's Children's Advocate and have identified the area that has been most disheartening: **Child/Youth Suicide**.

As highlighted in my up-coming Annual Report, since my Legislative Appointment, I have sat monthly on a committee with Manitoba's Chief Medical Examiner reviewing an alarming number of child deaths resulting from suicide. The children have ranged from as young as 8 years to 17 years old. With as many females as males, there appears no common determinant. The methods of suicide differed although hanging seemed more prevalent. Aboriginal children are highly represented yet the high number of non-Aboriginal youth is equally concerning.

As a committee of professionals from various backgrounds including Medicine, Law, and Child Welfare, we are sadly bewildered as there does not appear to be a common thread to determine factors or cause. These young people came from various socio-economic backgrounds, representing urban, rural and remote communities. While some came from solid, seemingly functional families, others had tragic histories and at-risk lifestyles. Some were studious high-achievers while others struggled in many aspects of their lives. Some had earlier signs of distress or suicidal ideation while others appeared outwardly happy and carefree, showing no warning signs. While some left notes describing their anguish, others left no hints as to what prompted them to take such desperate, drastic actions. The only confirmed fact is that we (Manitobans) are tragically loosing our children at their own hands, month after month.

In April of this year, I invited over forty professionals from the primary disciplines working with children (health, children's mental health, child welfare, education, youth justice, specialized treatment programs, as well as Aboriginal Elders and various other service providers) to discuss a youth suicide prevention strategy. It was clear that almost everyone in attendance had been personally or professionally touched by the tragic suicide of a young person.

It was also very clear that despite our serious commitment to children, no one person among us had the answer for a successful strategy to address this pandemic that is taking place not only in Manitoba, but across Canada. What we do know is that something terrible is happening to our children. Our children are in such a state of despair that many are unable to see a glimmer of hope in their future. How have so many of those young spirits become extinguished? How is it that they are feeling such overwhelming pain in living that they feel the only answer is to exit this world?

What was shocking was that a high number of these children were no longer attached to the formal education system. What was even more shocking is that these are the children who have been successful in their plea to end their pain. Yet there are many more that the general public and the media do not hear about. They are those who are presently in mental health facilities or are being serviced by the child welfare system due to their unsuccessful suicide attempts.

We were able to conclude from our strategy gathering that the answers must come from the children themselves. They must tell us what they need and want from us, the adults, and we must listen!

This summer some focus groups were held with children and youth to hear how they experience violence, and to what degree. What we heard is that they live in a world of violence and fear. Violence is everywhere: in the media, their music, in movies, on television, in video games, globally, in their cities and communities, in their schools and in their homes. They say there are drugs of every kind, everywhere. Even the adults/their parents are using drugs. They say their parents are losing their sense of responsibility and their ability to nurture. They say that parents are no longer taking care of their children, but neither is society. They feel no safety. They feel no security for their future.

The Spirit of our Children Continued:

In conclusion, when we talk about their rights as pronounced through the **U.N. Convention on the Rights of the Child,** the rights that they are the most concerned about is in **Article 6**:

1. "States Parties recognize that every child has the inherent right to life.
2. States Parties shall ensure to the maximum extent possible the survival and development of the child."

In Manitoba, when we speak of "Spirited Energy", we should recognize that as our children.

In Canada, we as a country are very clearly failing to protect our most vulnerable, failing to preserve our most precious and presumably cherished resource - our children. We are an advanced country. We have natural resources and brilliant leaders. But, unless we can find success in ensuring a brighter future for our children, unless we can provide them with hope, unless we start listening and hear what they are saying, we as a province are lost...we as a country have no future."

Honouring Her Spirit

In a letter to the editor of the Winnipeg Free Press published October 11, 2005, Marlene Potash wrote about suicide. Here is an excerpt:

In her own words:

"Suicide is everyone's concern; no one race, religion, colour, creed or socio-economic group is exempt. The need for more education on suicide prevention is paramount.

"Our communities are bereft, our young ones and future are dying unnecessarily. How many deaths will it take to implement change in our societal views on suicide, in our government policies, and un-coordinated, overburdened, under funded mental health care system?"

On Saturday, September 16, 2006 Marlene Potash took her own life when she overdosed on drugs.

Teen Touch

Teen Touch Executive Director, Gordon Alvare, and his committee have developed a short questionnaire which will be directed at young people . Teen Touch is trying to find out what young people do when they are feeling down and where they turn for support.

"Tell US About It!" will gather information electronically through their website at www.teentouch.org. All information gathered is kept strictly confidential and will not identify who they are or where they live.

The survey will run from December 1 to January 3, 2007. For further information call Teen Touch at 945-5467 or email: teentouch@mts.net.

Youth Suicide Statistics by Age and Gender 1999 - 2005

	Sex		
Age Group	**Male**	**Female**	**Totals**
8-11	4	3	7
12-14	16	15	31
15-17	48	29	67
Totals	**68**	**47**	**115**

Compiled by Office of the Chief Medical Examiner
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