

Reducing suicide risk in young people: a school based intervention

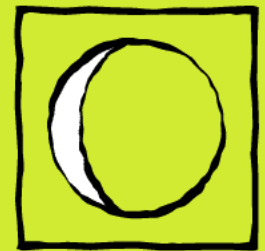
Research team:

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and the Rotary Club of Camberwell



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Prevalence: school-based studies

- 5-7% previous 12 months
- 12-13% lifetime rate
(De Leo & Heller, 2004; Hawton et al, 2002; Patton et al, 1997)
- 60% report suicidal ideation at some time
(Harkavy Friedman et al 1987)



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Suicidal behaviour: outcomes

- Further suicidal behaviour
- Suicide
- Premature mortality
 - Homicide
 - Natural causes



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The current project: setting

- ORYGEN Youth Health
 - Public mental health service for young people
 - Training & consultation
- ORYGEN Research centre
 - Suicide prevention program



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Training: pilot study

- Oversubscribed
- 49 participants from 33 schools
- Initial evaluation identified the training as helpful, in particular sessions on risk recognition & assessment and risk management planning



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The current project: aim

To evaluate a specifically designed, evidence-based training package being delivered to school staff, in order to assess if the training can improve the participants' ability to support young people engaging in, or at risk of, self-harm



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The current project: aims

Specific aims:

- To increase participants' understanding of deliberate self-harm
- To improve participants' ability to recognise & assess risk
- To improve participants' confidence & perceived skill



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Training: hypotheses

The delivery of training will lead to:

1. A better understanding of deliberate self-harm & mental illness
2. An improved ability to recognise risk & mental illness
3. Improved levels of confidence & perceived skill in identifying & managing deliberate self-harm, mental illness & risk amongst participating staff members
4. Improved attitudes of participants towards young people engaging in deliberate self-harm & hence reducing associated stigma.



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Training:

Day 1

- Epidemiology of suicide & deliberate self-harm
- Attitudes to self-harm
- Recognition & assessment of risk
- Management planning
- Working with mental health services

Day 2

- Recognition & attitudes to self-harm
- Psychiatric assessment
- Risk assessment
- Management plans
- Therapeutic intervention
- Systemic changes



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Evaluation: design

- Single group pre-test / post-test design
- Questionnaire immediately before & immediately after the training
- Questionnaire at 6 month follow-up



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Evaluation: questionnaire

1. Demographic information
2. Experience of deliberate self-harm & mental illness
3. Level of confidence & perceived skill
4. Attitudes to, & knowledge of, self-harm
 - Knowledge of self harm q'aire (Crawford et al 2003)
 - Attitudes towards children who self-harm q'aire (Crawford et al, 2003)
 - Attitudes to suicide prevention scale (2001)

Sample: total = 213



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	N
Questionnaire 1	199
Questionnaire 2	185
Both questionnaires	169



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Sample: school sector

	N	%
State school	98	47.6
Catholic	27	13.1
Independent	48	23.3
Education org.	11	5.3
Health org.	5	2.4
Gov org.	11	5.3
Other	6	2.9
Total	206	100.0



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Sample: occupation

	N	%
Teacher	29	14.6
Welfare coordinator	40	20.2
Psychologist	55	27.8
Nurse	23	11.6
T. assistant	2	1.0
Other	49	24.7
Total	198	100.0

Results



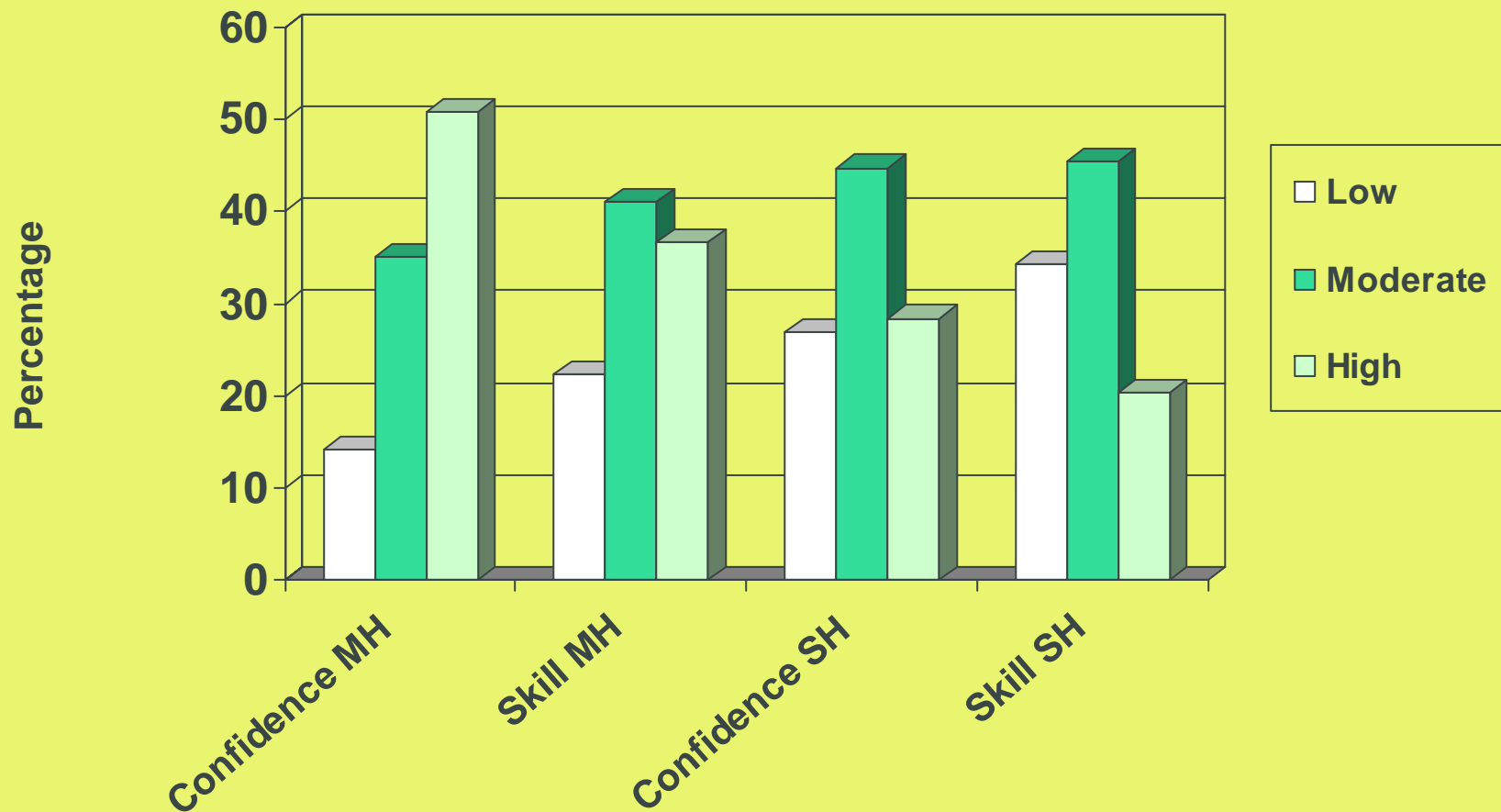
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	N = yes	% = yes
Previous self-harm training	140	70.7
Students: mental health problem	195	99
Students: self-harm	194	98.5

Pre-course levels of confidence & skill



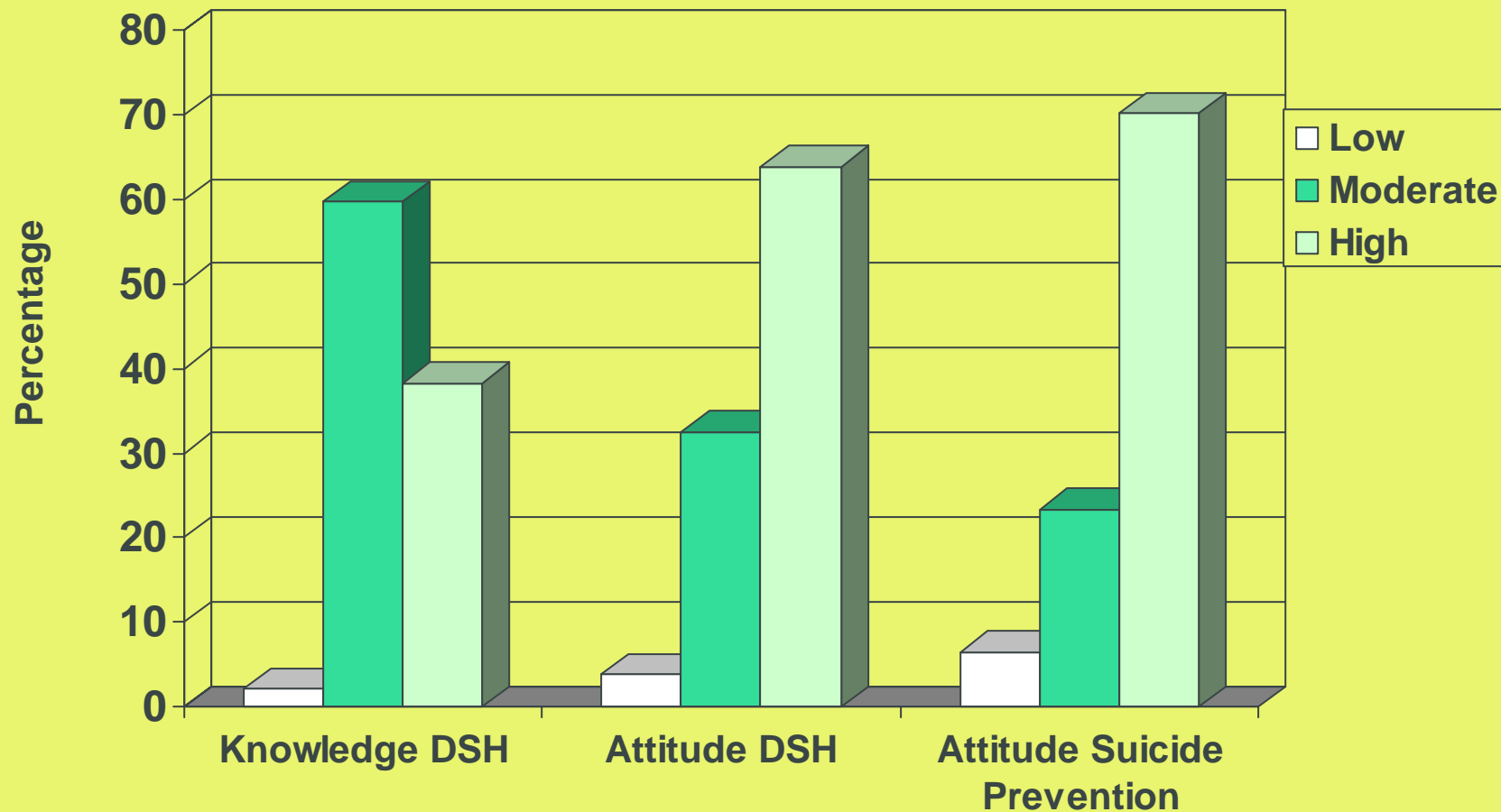
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Pre-course knowledge & attitude scores



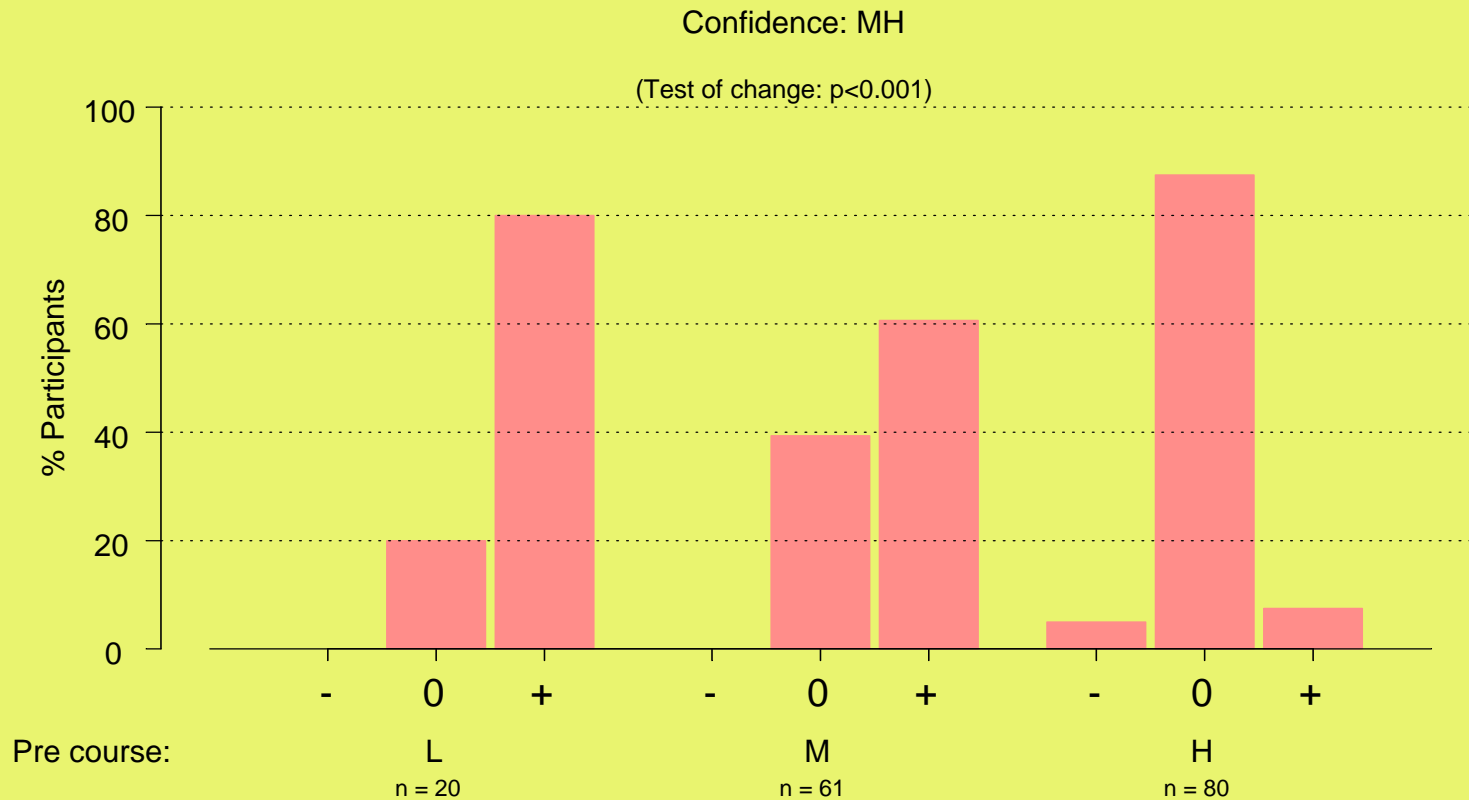
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Confidence helping with MH problem



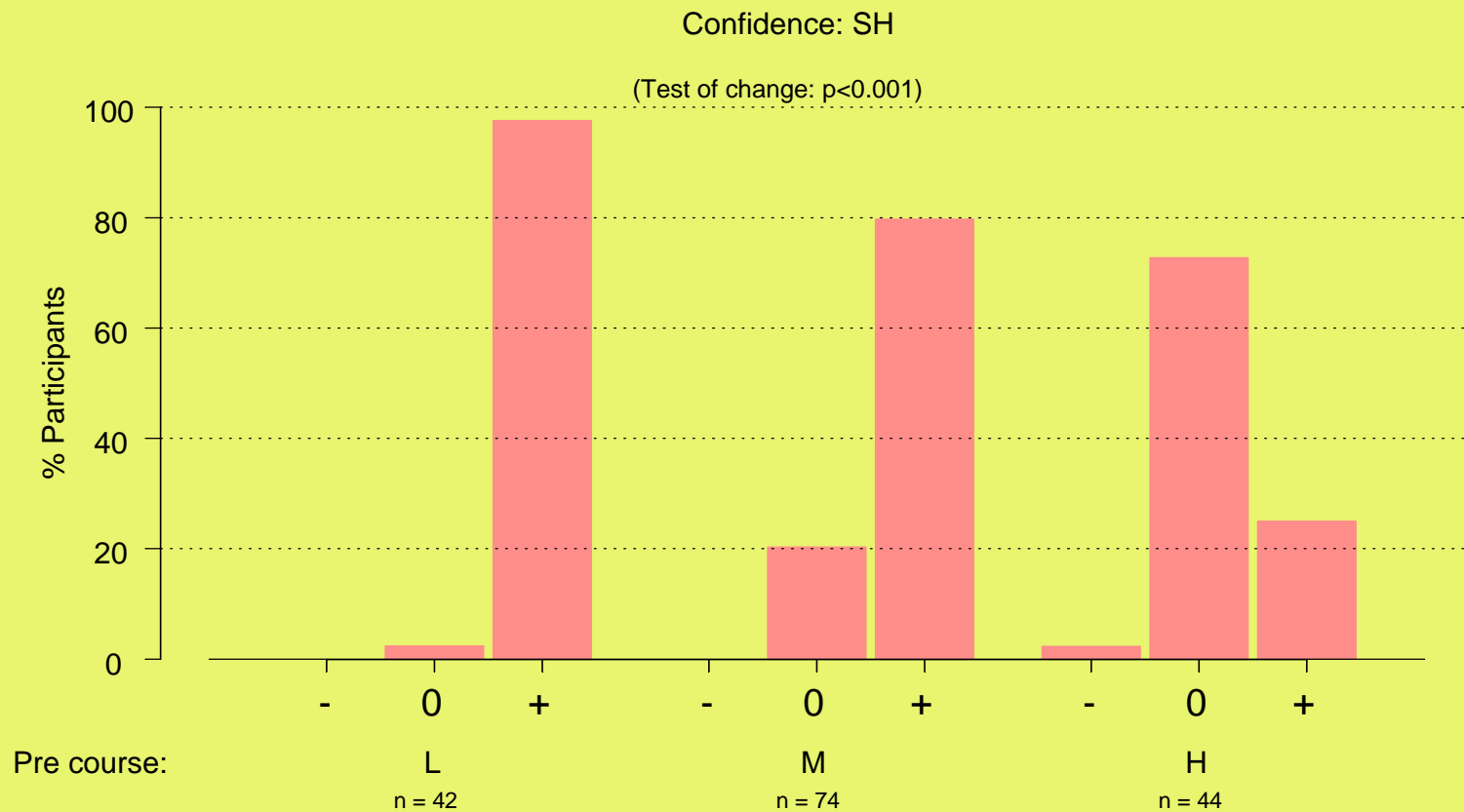
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Confidence helping with self-harm



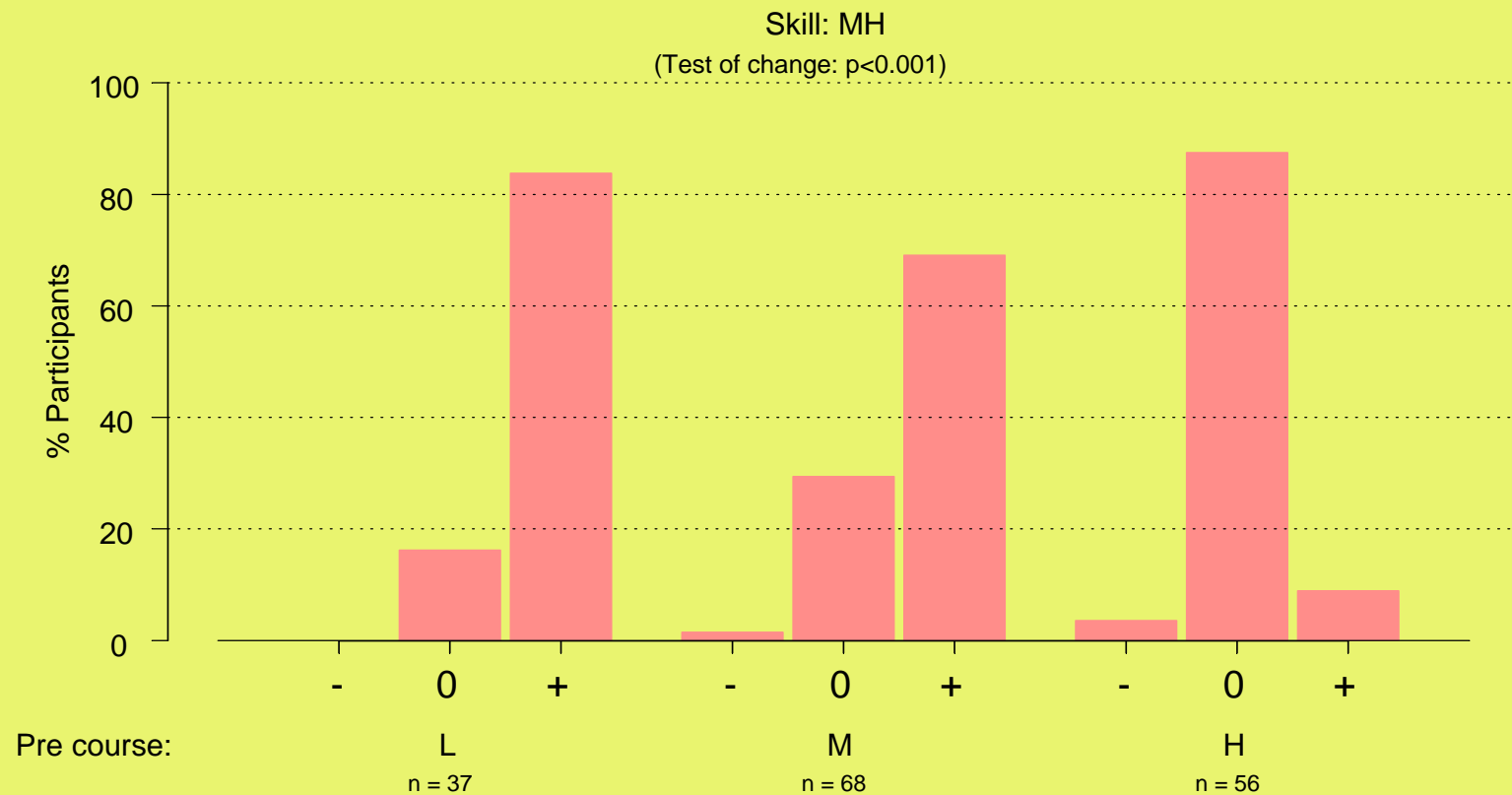
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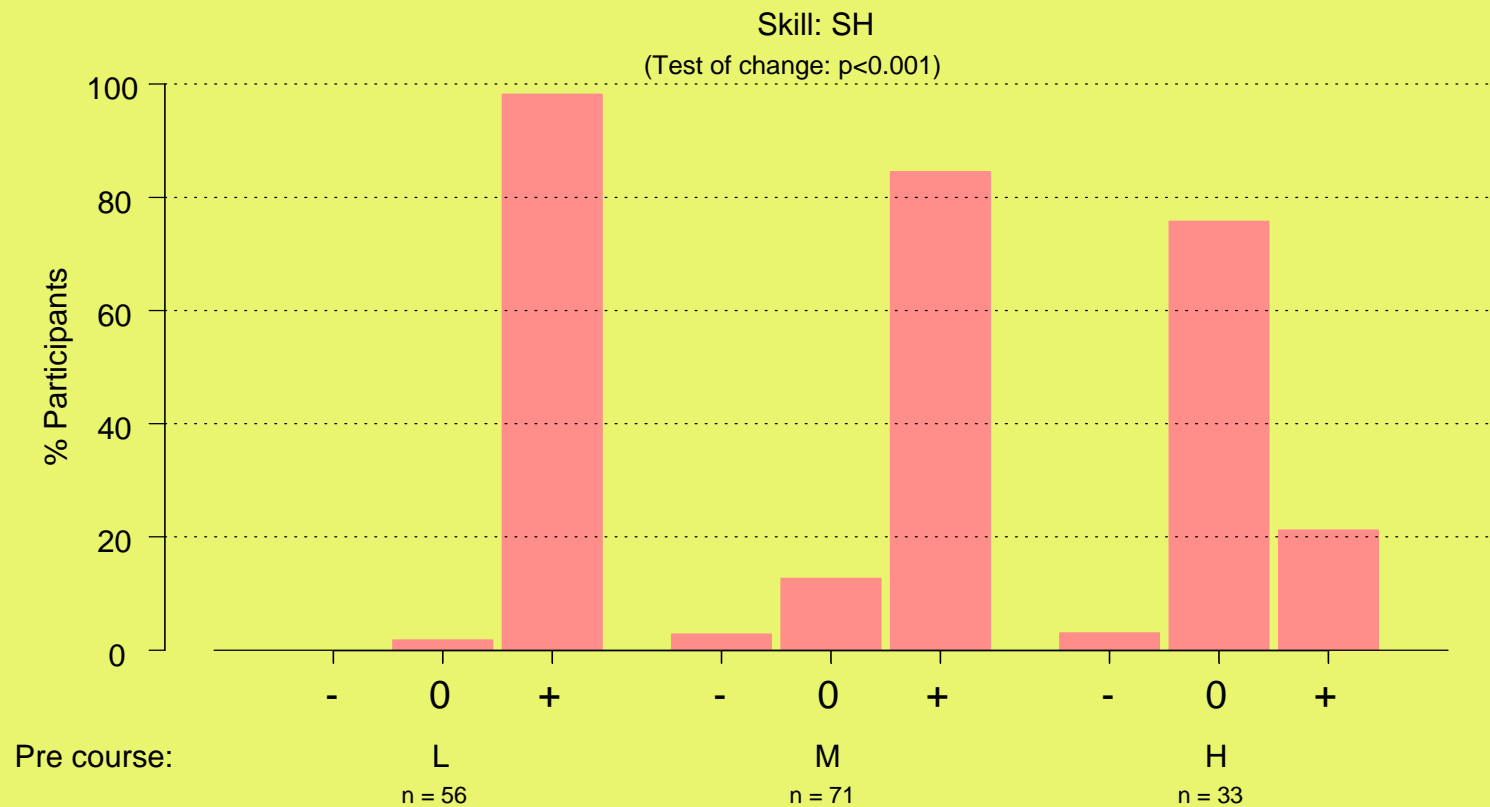


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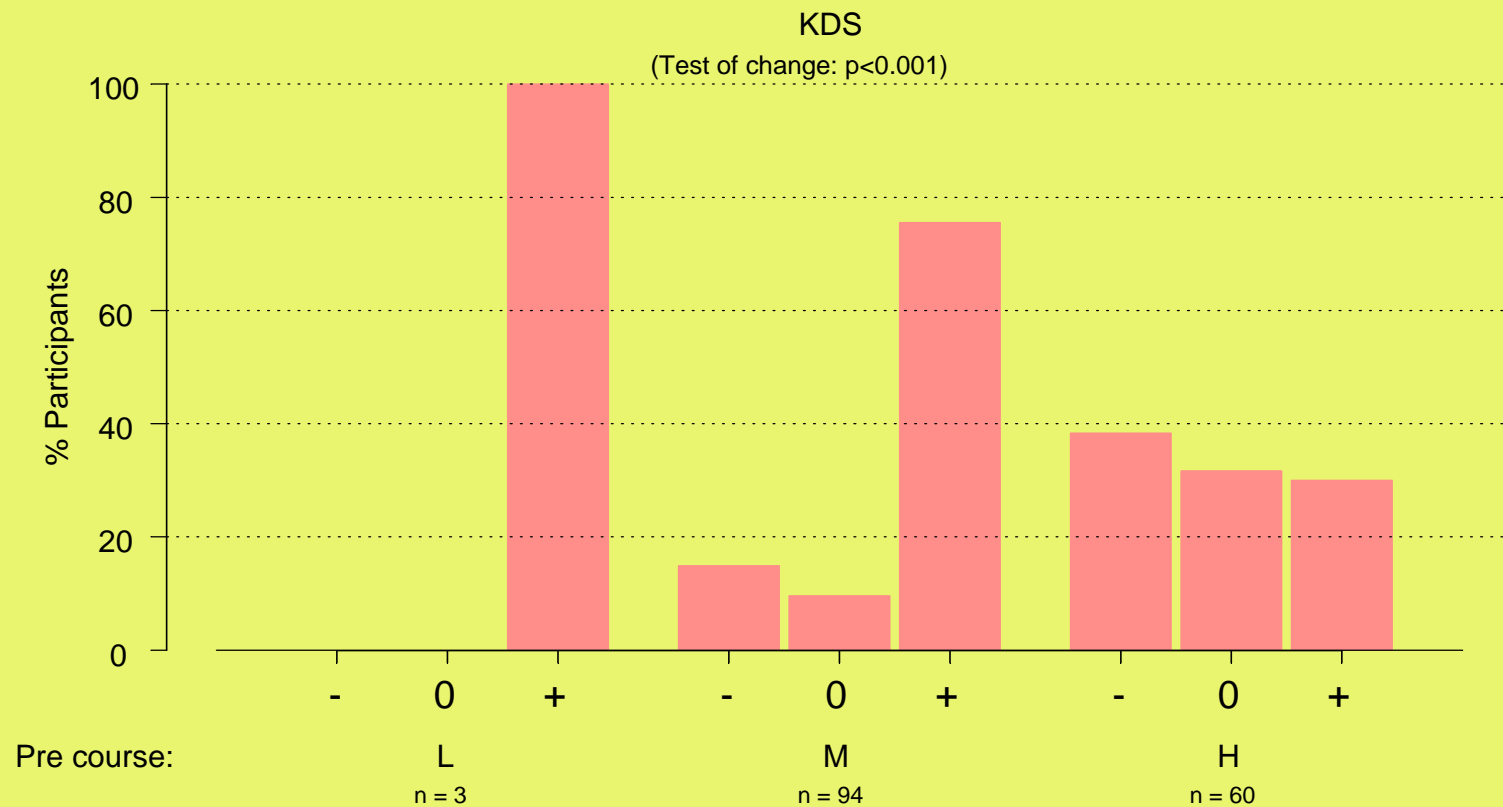
Perceived skill: MH problem



Perceived skill: self-harm



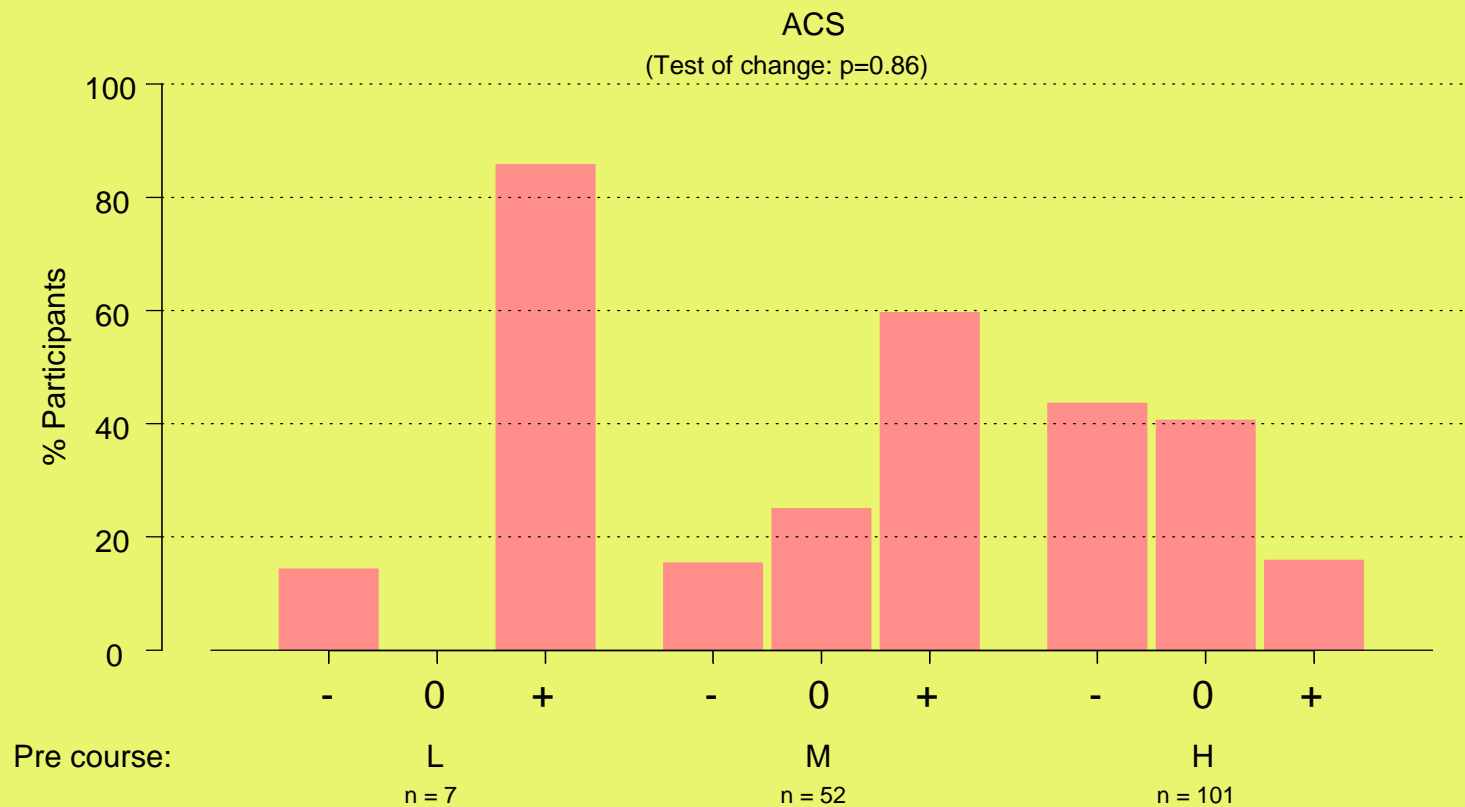
Knowledge self-harm



Attitude to children who self-harm



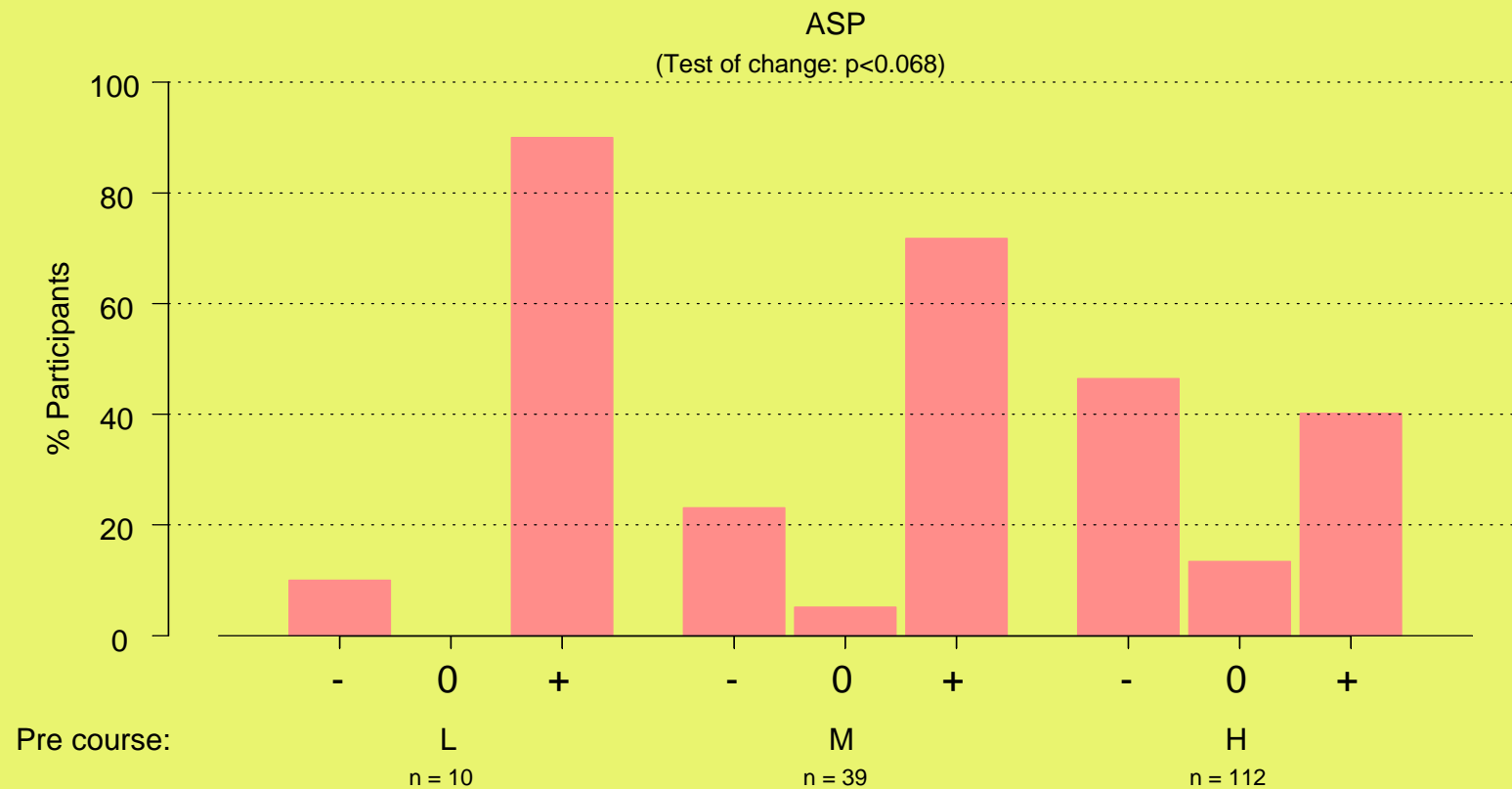
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Attitude to suicide prevention





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Strengths & limitations

Strengths

- Training is evidence based
- Intervention is non-stigmatising

Limitations

- Study design – repeated testing
- Unable to measure changes in practice, deliberate self-harm or help-seeking.



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Conclusions

- Demand for the training far exceeded our expectations
- High proportion of people had seen students with mental health problems or deliberate self-harm
- High levels of knowledge & positive attitudes



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Conclusions

- The evaluation did show an increase in participants' knowledge, perceived skill & confidence when working with people with mental health problems & self-harm

Possible future directions



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- 6-month follow-up
- Deliver more training, including in rural areas
- Further evaluation
 - Examine changes in practice, rates of self-harming behaviour & help-seeking
 - Examine longer term outcomes for young people who engage in self-harm

Thank you!



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Thank you to the **Australian Rotary Health Research Fund** and the **Rotary Club of Camberwell** for making this project possible!

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