Identifying young people at risk

After a suicide the main priority is to identify, monitor, refer and support students from the school community. Having a clear and collaborative process is critical to ensuring that safety is restored, and the risk of suicide contagion reduced. While everyone has a role to play in the process, members of the IMT will take the lead and the subsequent tasks required will be differentiated by role.

The table below can assist in identifying those students who may be at increased risk or vulnerability due to the relationship they had with the deceased.

- **Social proximity:** refers to the relationship someone had with the deceased, inclusive of those perceived relationships with the deceased. Social proximity refers to how close someone feels to the deceased.
- **Geographical proximity:** refers to those who are exposed to or witnessed the death, had recent contact with the deceased. This includes phone and online contact.
- **Psychological proximity:** those who relate to/identify with the deceased. This includes cultural identification and/or shared experiences.

Populations of young people who might be at increased risk

Data indicates that some population groups are overrepresented in suicide statistics. Those populations at increased risk and vulnerability to suicide include:

- community members who identify as LGBTIQ+ (Robinson et. al., 2014)
- students living in Out of Home Care
- students with a disability
- Aboriginal and Torres Strait Islander students (Dudgeon et al., 2016)
- those living in rural and remote areas (Hazell et. al., 2017)
- those from culturally and linguistically diverse backgrounds (Life in Mind, 2020).

Identifying as a member of any one of these population groups is not what places an individual at increased risk of suicide, but rather the experiences and adversity that can be associated with their membership to a specific population.

Young people known to be at risk	Young people thought to be vulnerable
Siblings or family member of the deceased	Close friends of the deceased
Young people with a history of suicide attempts	Acquaintances of the deceased, including those young people connected by sporting clubs
Young people who are already accessing support (internally at school or externally in the community)	Those young people who had recent contact (positive or negative) with the deceased
Young people known to have experienced a recent trauma, challenge or adversity	Those young people who have shared experiences (same primary school or bus route)
Person who witnessed and/or found the deceased	Friends or romantic partners of the deceased from other schools

It is important to note that many members of these population groups will not experience a mental health difficulty or go on to develop suicidal ideation. Rather, increasing your knowledge about potential vulnerabilities that young people are experiencing may assist you in providing timely and appropriate support, reducing future difficulties.

Role of educators in identifying young people at risk

The role of educators is to observe and identify changes in their student's presentation and/or behaviour that may indicate a need for additional support and to let their school wellbeing team or Mental Health Practitioner (MHP) know of any concerns.

This is not to suggest that educators have a role to play in diagnosing or treating young people following exposure to a suicide, but rather to increase awareness of the things that they can do, within the boundaries of their role, that can result in a timely and appropriate response to increased distress and/or suicidal ideation in students.

Remember

This is particularly important given the research that demonstrates young people are more vulnerable to suicide contagion, whereby exposure to, or knowledge of, suicide or a suicidal act within a school, community or geographical area increases risk of suicide for other people in the school community.

Understanding mental health along a continuum

To assist with identifying vulnerable students following exposure to suicide, it is helpful to understand mental health and mental ill-health as existing at opposite ends along a continuum of mental health.

The process of recognising where students are positioned along the continuum of mental health and engaging them in a conversation to understand the factors that are contributing to their current mental health and wellbeing is consistent with the SAFEMinds early intervention approach of *NIP* it in the bud! (Notice, Inquire, Plan).

Our position along the continuum is influenced by social, emotional and environmental factors (Be You), and exposure to a suicide will likely influence a person's movement along the continuum. In this instance, recognising changes and enquiring about a student's current mental health and wellbeing is a preventative strategy reducing the potential for subsequent suicide events.

Effective postvention support is a suicide prevention strategy among those people exposed to, and bereaved by suicide. Postvention, is therefore, prevention for the future (Andriessen, 2009).

The World Health Organisation (WHO), as referenced in the Department's Mental Health Toolkit, defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. With this in mind, mental health is an essential component of overall health and one cannot exist without the other.

Children and young people will typically sit at the end of the continuum of flourishing and going okay. This means that for the most part they have the resilience to cope with daily stressors. The promotion of help-seeking messages and increasing awareness of the strategies that foster positive mental health is fundamental to early intervention and prevention of future mental health difficulties.

The Mental Health Continuum

Flourishing

If our mental health and wellbeing is *flourishing* we are:

- in a state of optimal functioning
- engaged with our environment
- connected to our community.

In a **school setting** this is a child who:

- is engaged in learning
- has good coping strategies
- is connected socially
- has the ability to problem-solve
- can maintain their energy and participation throughout the day.

Going okay

When our mental health and wellbeing is *going okay* we are:

- able to complete our daily activities such as work and study
- experiencing positive mental health with the absence of frequent or significant distress.

In a **school setting** this is a child who:

- maintains regular attendance
- approaches their learning with curiosity
- is socially connected
- experiences small observable changes in behaviour/emotions and/or social connection.

Going through a tough time

At the point in the continuum of emerging mental health concerns we are:

- experiencing difficulties maintaining daily activities
- experiencing *noticeable changes* in one of the domains of social, emotional and/or environment factors, evidenced by changes to behaviour, emotions and/or social connections.

In a **school setting** this is a student who:

- has come to the attention of an educator and/or a member of the wellbeing team
- is experiencing mild disruptions to their ability to engage in learning, behaviour, and social connections
- experiences periods of disruption and impact to their behaviour, emotions and/or social connections.

Severely impacting everyday activities

At the far end of the continuum where our mental health and wellbeing is *severely impacting everyday activities* we are:

- experiencing thoughts, and emotions that are distressing
- demonstrating behaviours out of the norm for that student
- experiencing persistent negative emotions
- requiring additional support to alleviate the distress experienced.

In a **school setting** this is a student who:

- may be unable to maintain regular attendance
- is socially disengaged
- is not engaged in learning
- has identifiable emotional distress.

Important considerations for talking to students in emotional distress

Conditional confidentiality

When a student discloses their intent to self-harm or expresses their emotional distress through self-harm, school staff should carefully explain the limits to the student's privacy and confidentiality. That is, that their personal and health information may be used or disclosed, even without their consent, in certain circumstances such as the following:

- to other school staff to enable school staff to appropriately manage the health, wellbeing and education of a child or group of children
- to external agencies or parents/carers if there is a serious risk to their health, safety or welfare
- to external agencies or parents/carers if there is a serious risk to another person's health, safety or welfare
- to other school staff in order to be able to provide a suitable and safe workplace for all school staff (occupational health and safety obligations).

From more information, see: Privacy and Information Sharing Policy.

- Asking someone if they are thinking of harming themselves and ending their life will not put the idea in their head, but rather facilitates a conversation that will allow the appropriate level of supports to be enacted.
- Having the conversation is the first step to alleviate the intense psychological pain they are experiencing.
- Prioritising your mental health and wellbeing is paramount.
- Where possible, referring the student to another member of staff who can appropriately and safely engage in a conversation regarding suicide is recommended.

The school may have a preferred approach to how these conversations are managed. Being aware of which members of staff have the skills required to have a conversation with a young person regarding suicide vulnerability is critical.

In a school context, some young people will be less impacted by the suicide impacting the school community and will rely on their educators to maintain a sense of normality and routine. Routine and familiar structures provide a sense of safety for young people and any disruption to those may result in adverse mental health and wellbeing outcomes for them.