

# SUICIDE SAFER SCHOOLS PROJECT

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Suicide Safer Communities and Black Ink Holdings, along with all Australians, share a deep concern for the rate of suicide in Australia. The development of the Suicide Safer Schools Project strategy has been a priority over the past 10 years and will continue to be for generations to come.

## **In Memory**

This Project is dedicated to the memory of those who have taken their own lives. We acknowledge the hopelessness, torment, turmoil and deep struggle they experienced.

## **Condolences**

To those who have lost someone to suicide we would like to acknowledge the pain, anguish, desperation and helplessness felt for the loss of their loved ones.

To those that have attempted to take their own life, we would like to acknowledge the depth of the pain they felt and the hopelessness and inner turmoil that led to the attempt, and the courage and strength they have shown as they move forward toward a life with new meaning.

To their Carers, we would like to acknowledge your hard work at a time of personal uncertainty and anguish to walk alongside your loved one to help them overcome their suicide thoughts and begin the journey to recovery as they build new life connections.

## **Acknowledgments**

To those who participated in the consultation forums, focus groups, one on one meetings and those that provided feedback in the preparation of this Project and report, we would like to thank you for your contribution. The amount of passion shown to addressing suicide in our community is very heartening and encouraging as we as a community work towards creating a suicide safer community in Australia and across the globe.

The emergence of the need for the **Suicide Safer Schools Project** resulted from wide global consultation over two decades. The strategy describes a whole of community approach to suicide prevention that maximises the capacity of the whole community to work together to prevent suicide in the context of a school.

Suicide prevention in the context of this document is all encompassing of awareness, prevention, intervention and postvention.

The Suicide Safer Schools Project strategy has six layers that encompass a whole community response.

- To provide a socially inclusive community of resilient individuals and supportive environment.
- To provide a sustainable, coordinated approach to training delivery, resources and information within the school to prevent suicide.
- To provide targeted suicide prevention training programs to Community Agencies, Parents, Teaching and non-teaching staff and students.
- To provide recommendations of further preventative measures arising from data gathered via the needs analyses.

- To improve the evidence base and understanding of suicide and suicide prevention within a school context.
- To implement standards, policies and procedures and encourage maintenance of such.

## SUICIDE SAFER SCHOOLS PROJECT – Overview

Suicide is now the leading cause of death for young people 15 – 24 yrs (ABS 2012). Beyond Blue states that 26.4% of Australians aged 16 to 24 currently have experienced a mental health disorder in the last 12 months and half of all lifetime cases of mental health disorders start by age 14 years and 9 months by age 24 years.

Suicide has immense effects on the families, friends, and communities of people who die by suicide, causing long lasting grief and guilt. Arguably, these effects are even greater when the person who died by suicide is young. It is estimated that suicide costs the Australian economy \$17 billion per year. Researchers and policymakers recognise that suicide is preventable, yet suicide rates are increasing.

The focus of the Suicide Safer Schools Project is to support Secondary Schools to build their capacity to respond to people at risk of suicide and achieve accreditation as a ‘Suicide Safer School Community’ through the development and implementation of a comprehensive suicide prevention framework for first response and streamlined referral pathways where underlying or additional needs are identified and when local external health organisations are available.

For a school to achieve accreditation as a ‘Suicide Safer School Community’ the Project will first engage the participating school in a process of assessment to understand their current strengths and areas for development. Following assessment, the project will work with the school to address any gaps in their suicide prevention competence and so meet the requirements of accreditation. This will occur under the areas of:

- **Understanding current situation:** The Needs Analyses (in the form of a 15 minute survey completed by staff and students either online or in hardcopy) provide, information on the connectedness and cohesiveness within the school; a snapshot of the current suicide risk of the school community; insights as to the current concerns of individuals within the school community and are a vital component designed to inform the Recommendations for Accreditation as a Suicide Safer School Community.
- **Build competence:** Evidence-based training delivery (for students, teachers, other interested adults) in suicide awareness and first response intervention
- **Build systemic capacity for immediate response:** Establish safety contacts within the school as a system for immediate response and intervention
- **Build systemic capacity to address underlying needs:** Work with the school and local services (where available) to establish streamlined referral pathways for addressing underlying and unmet needs (including ensuring external services are adequately trained)
- **Build systems for sustainability:** Work with the school to establish a policy framework for maintaining their suicide response capacity
- **Support financial sustainability:** Where appropriate, establish an annual fundraiser to fund ongoing training and accreditation requirements
- **Understand impact/ inform replication:** Completion of an evaluation via a pre & post survey enables the school to understand the efficacy of the project and to make informed decisions as they consider options moving into subsequent years of a maintenance program.

The Project operates from capacity building and sustainability principles; working with the school and their broader communities to establish a network of trained responders for acute risk of suicide through the learning of intervention skills; by raising awareness of internationally recognised suicide prevention principals by teaching the students how to look out for each other; through a policy framework for the establishment of ‘safety contacts’ and systems within the school; with a network of connected local community and health

services, where available, and finally, if appropriate, through the establishment of an annual fundraising activity to support the sustainability and maintenance of required training and systems.

### **SCHOOL LEADERSHIP FEEDBACK**

At the conclusion of the Suicide Safer Schools Project the participating schools were asked to provide written feedback as part of the funding acquittal. All three schools and 9 campuses provided a written commitment to continue with the SSSP indefinitely due to the success of the Project in their respective schools.

The Principals also provided publishable comments –

**School One Principal** – “With everything the Suicide Safer Schools Project has done in the school, with regard suicide, our school is the safest place to be”.

**School Two Deputy Principal Wellbeing** – “We have an increased awareness of suicide at the College as a result of the program and now have a suicide management plan which means students are identified with an Icon on our register so that staff can support them and also that if they go missing we have a process in place to sweep the school. I am feeling more secure that we are able to be so proactive as well as supportive. [And as far as SSSP is concerned, I am your greatest convert].”

**School Three Principal** – “I do believe the program was the most empowering [program] ever undertaken by our [school] and it has not just raised awareness of a very relevant topic to our [student] group but has allowed meaningful and profoundly beneficial conversations to take place which would not have occurred in the pre-program days. . . . The most valuable component of the Project was the Recommendations that helped our school create an even safer environment and supportive atmosphere. . . . [Our] school community is most grateful and will continue to be involved with the program moving forward.”

This Principal transferred to another school at the end of the SSS Project and early in the new school year contacted the Project and invited SSSP to begin working with his new campus.

### **ANECDOTAL EVIDENCE OF SUCCESS**

Some of the anecdotal stories that were documented are as follows –

**School One** – The implementation of the year 8 program occurred in November, only a few weeks before the school end of year break. Following school ceasing for the year, a teacher received a call from a student who was very concerned about their friend and wanted someone to respond. The School Psychologist and Principal were alerted and the Psychologist visited the home of the ‘at risk’ student and was able to talk to them about their friend’s concerns. It was confirmed that not only was the student considering suicide but had a well-formed suicide plan and the intention to complete the plan prior to the new school year beginning. A successful intervention was done.

**School Two** – Following the training of the Year 11 students, two separate teachers received phone calls from two separate students. One student was concerned for the safety of a friend and one was very concerned about their own safety. The very experienced Deputy Principal commented that in all her years as a Wellbeing Officer and DP she had never known of such an occurrence and was incredibly thankful.

Following the implementation of SSSP and specifically the rollout of the student component and the subsequent increase in students attending the Counselling Centre asking for help, this school implemented a permanent program whereby the School Counselling Centre was actually staffed by a skeleton staff throughout all school holidays and breaks rather than being shut down along with the rest of the school.

**School Three** – Following the student classes being delivered in this school, one student contacted the trainer via Facebook and the student informed the trainer that she had been considering suicide over a very long time. Discussion took place about further strategies to keep herself safe and supports were put in place.

## **SSSP DATA FINDINGS -**

### **Overall findings**

- Suicidal thoughts and behaviours were higher than the anticipated average; students who indicated that they had considered suicide at some point, averaged across all campuses – 45%
  - school 1, 38.7%, school 2, 39% school 3, 57.7%
- Whilst cohesion was deemed to be good in two of the schools and thus creating a protective factor against suicide thought, external, socio-economic factor for one school, exam pressures in another and family problems in the third were attributed by the students to cause a great level of stress. This is in keeping with the research that suggests suicide is particularly difficult to screen for due to the multitude of risk factors. Where we can have an impact is on the knowledge and understanding of those who we turn to when finding ourselves in a difficult/stressful situation.
- Overwhelmingly students and staff from all schools were more likely to report concerns to a peer or family member, those who are unlikely to have formal training in suicide intervention.
- It is vital to train students as well as staff members, peers and families so that regardless of the risk factor, a young person will know when to go to an adult and access support.

## **SCHOOL ONE**

**SCHOOL ONE STUDENTS-** (n = 1156) student survey Private Catholic large multi campus – Yrs 8 to 12

- 38.7% of students who completed the surveys have considered suicide at some point in their life, added to this is the fact that they would choose to communicate their concerns with informal resources (friends/family - those who have little or no training or would not be expected to know what to do).
- 25.01% of students have injured themselves deliberately (10.86% with clear wish to suicide 9.87% to help themselves cope and 4.28% unsure why) Research shows us that prior suicide behaviour leads to future suicide behaviour.

### **SCHOOL ONE STUDENTS – Subset 1**

One question asked about the kind of things you might do to help yourself when you are worried about something? A multitude of options were provided endorsing a range of behaviours and strategies to adopt such as different help seeking, self-care and problem-solving strategies and activities . . .

- Of 1156 students, 26 said 'none of the above'

Responses from these students who lacked help-seeking and problem-solving behaviour were isolated, and an exploration of other answers was undertaken.

- 92% of this subgroup reported that they are not happy with the way they cope with stress, and 100% reported that they would not seek help from someone when/if they were worried about their own safety.
- More concerning is that 50% had sought help in the past from the school counsellor, indicating that their needs were not being met by the school.
- 8 % had accessed an outside agency such as headspace.
- Alarming, but consistent with literature, the subset revealed that 77% of respondents from the subset had thought about suicide and 60% have tried to attempt suicide in the past, when asked who they'd tell, overwhelming it was either a friend or no-one.

This information provides vital evidence that a program that focuses on arming students and their peers is necessary and potentially life-saving.

- 80% had been worried about a friend's safety in the past but 60% would not access help externally.

- The respondents from this subset reported that the most common cause for stress is self-image/body image and exam pressure.
- 30% of the students from the subset reported that they did not feel safe outside of school and 40% reported that they did not feel safe at school.
- 69% of the subset reported that they did not feel like they belonged to the school. From this same subset respondents reported that their favourite part of school was either 'nothing' or friends.

Some of the reasons why they would not seek help include –

- I hate talking about myself. I feel like a burden and I hate the idea that people think I want attention or that I'm weak. I just care a lot what people think of me...
- There aren't many things, embarrassment would be the largest.
- anxiety and talking to others about that stuff
- No one really cares about other people's problems so why should i tell mine to others when they are honestly only gonna think for themselves

**SCHOOL ONE STUDENTS - Subset 2** - students who reported that they had no close friend at school (n= 35) of 1156

- 66% had thought about ending their life,
- 50% of these had engaged in suicidal behaviour.
- For these students when asked who would they talk to if they were worried about their safety, the most popular answer was their parents or no-one before a more formal clinician or a teacher.
- 50% of this population believed that they were being bullied at school and 25% did not feel safe outside of school with and 37% did not feel safe in school and 83% felt they did not feel like they belonged to the school.

**SCHOOL ONE STAFF – (n=83)**

- 32% of staff reported they felt the supports available to them, personally, were inadequate.
- 55% reported that they would either not be willing to do an intervention if someone told them they were thinking about suicide or were unlikely to do so. 27% reported they would not approach the subject directly and 21% would do nothing.
- When asked if a student's words and/or behaviour suggested the possibility of suicide would they ask directly about suicide, 29% said they would not or are unlikely to do so. 4% reported they would do nothing.
- 35% reported that they had been a support to a person they believed to be at risk of suicide with 33% reporting they did not know what to do but worked through it. A further 28% would have liked a clear process.
- 33% of staff are unaware of services and supports in place to help if they are concerned about a person with thoughts of suicide.
- 51% of staff had not had any training in identifying suicide risk and 43% were not confident that they could do so.
- 80% reported knowing someone who has deliberately injured themselves with 56% being a family member or close friend.
- 84% reported knowing someone who had died by suicide with 41% being students, and 37% family member or close friend.
- When asked if they were having thoughts of suicide would they tell someone, 29% reported they would not or were unlikely to do so.
- 34% of staff reported having had thoughts of suicide at some time in their life with 5 individuals having thought about suicide in the past year.
- 6% reported having deliberately injured themselves.

- When asked if policies and procedures existed within the school to guide them if they are faced with a student who is at risk of suicide, 40% said that they were either unsure or that they did not exist. However, 90% agreed having policies and procedures in place was important.

#### RECOMMENDATIONS PROVIDED TO SCHOOL ONE

	Findings	Recommendation
<b>Training</b>	<p>36% of students who completed the surveys have considered suicide at some point in their life, added to this is the fact that they would choose to communicate their concerns with informal resources (friends/family - those who have little or no training or would not be expected to know what to do)</p> <p>Research shows us that prior suicide behavior leads to future suicide behavior.</p>	Continue to train Key staff in suicide awareness, alertness and intervention.
	17% of students have injured themselves deliberately (7% with clear wish to suicide 6% to help themselves cope and 4% unsure why)	Education around what services are available, what they do, how they can help and how to access them should be provided to families and students i.e. Child and Adolescent Mental health services provide free training on self-harming
	Students shared that they prefer to talk about personal issues with informal resources such as friends and family, closely followed by clergy.	Continue training for students, family members, non-teaching staff as well as well-being staff and teachers
<b>School Environment</b>	It was reported that an overwhelming amount of students feel a Pressure to perform well at school	Review language around academic expectations
	'Help dealing with stress' is the 2 <sup>nd</sup> highest thing students would like changed about their school.	Mindfulness for stress management and other stress management strategies
	<p>Students find that the greatest challenge (fears and worries) is getting their school work done</p> <p>Exam worries are the biggest concern for students and the 3<sup>rd</sup> highest change they would like to make is 'more assistance with study skills'.</p>	One student proposed the inclusion of more applied knowledge i.e. maths = household budgeting, interest rates etc.

	Poor self-image is the second highest concern for students	Work with students on identity aside from results Self-esteem building classes/activities?? Many students reported that they would like opportunities to help others in the school (almost 30%)
<b>Wellbeing</b>	Some Students reported challenges around how to deal with their mental illness	Any efforts towards de-stigmatising
		Youth Mental Health First Aid Training for interested parents and staff
<b>Services</b>	85% are worried about friend – most don't know what to do, who would be the most appropriate adult person to tell or what to say	Continue Suicide Safer Schools Student Component for all year levels  Provide information for families on external services
	Most students would choose to tell informal resources. Less than 10% would tell a Counsellor if they were worried about a friend	De-stigmatise attending Wellbeing Centre staff
<b>OBSERVATIONS</b>	Excluding others – fourth highest issue faced by students overall (observation without recommendation)	
	Bullying continues to be a prevailing issue for 25% of students, however, this was shown to be predominantly in the past for a further 25% so a continuation of any programs that exist recommended.	
<b>Level of distress answering the questions.</b>	Only 1% of respondents found the questions distressing to answer 1 of the 3 students identified that the reason was around a suicide of a sibling less than 6 months ago.	
<b>Mentoring</b>	57% of students are interested in having a mentor	This could exist within the school due to many students suggesting they would like to assist others in the school
<b>STAFF</b>		
<b>Policy and Procedure</b>	Approx 90% of staff stated they felt that it was important in their role to be clear about their schools' processes and procedures with regard responding to suicide. Most staff also stated that they would follow school policy when concerned about self, others or students and yet a third of staff were unsure if such policies exist.	Easily accessible clear policies are important to the wellbeing of staff and students

<b>Procedure</b>	Staff demonstrate a willingness to intervene but when faced with the challenge of encountering an at risk student two thirds stated that they would have appreciated a clear process or simply did not know what to do	Continued education on HOW to intervene implemented procedures in line with policy
<b>Services</b>	Roughly 40% of staff stated they were unaware of services available to them when concerned about a person at risk of suicide	Information regarding available services could be communicated on a regular basis via email etc. Leadership could focus on one agency per week in detail etc
<b>Training</b>	Approx 40% of staff have had thoughts of suicide in their lifetime. Most staff would talk to family, friends, and colleagues.	Continued Training required. Well-being support networks for staff could be considered.
	45% of staff are not confident in identifying risk	Training required
<b>Changes</b>	Staff believed that the school needed to improve how to work with divergent identities	Diversity training
	Staff report a high level of stress due to workload	Mindfulness and stress management PD for staff could be considered
	Staff believed that the school needed to improve support for the wellbeing of staff i.e. inclusion of mental health days in sick days	Consideration required
<b>Communication</b>	Whilst communication with peers is satisfactory, staff would like improved communication with their leaders and direct supervisors	Team building activities Review of current communication channels

## SCHOOL TWO

### SCHOOL TWO STUDENTS – (n=268) Independent private Christian secondary school – Yrs 8 - 11

- 39% of students who completed the surveys have considered suicide at some point in their life, added to this is the fact that they would choose to communicate their concerns with informal resources (friends/family - those who have little or no training or would not be expected to know what to do)
- 56% of students have injured themselves deliberately (29% with clear wish to suicide 11.54% to help themselves cope and 6% unsure why, 10% for some other reason). Research shows us that prior suicide behaviour can lead to future suicide behaviour.
- Students shared that they prefer to talk about personal issues with informal resources such as friends and family, closely followed by no-one.
- 87% are worried about friend – most don't know what to do, who would be the most appropriate adult person to tell or what to say. Only approximately 12% would tell a Counsellor if they were worried about a friend

**SCHOOL TWO STAFF – (n=98)**

- More than 20% of the staff reported that if they were concerned about the mental wellbeing of a colleague that they would be likely to do nothing and leave it up to the individual to solve.
- More than 20% also reported that if a student’s words and/or behaviours suggested the possibility that they were contemplating suicide that they would not ask directly about suicide.
- 25% are unwilling to or unsure whether they would do an intervention.
- If a staff member was worried about their own mental health, 25% would not tell anyone or are unlikely to and 53% would not inform the school of their concerns or are unlikely to do so.
- 40% of staff report they are not confident to recognise suicide warning signs.
- 71% have known someone who has deliberately injured themselves with 40% being a family member or close friend and 28% knowing students who have done so.
- 71% had also known someone who had died by suicide, with 25% being family members or close friends and 5% students.
- 43% of staff reported having been a support to someone they believed to have been at risk of suicide. At the same time 38% were unaware of what support was available to help the individual.
- 41% of staff reported having had thoughts of suicide at some time in their life and 13% reported having deliberately injured themselves.
- 32% of staff were either unsure or unaware of policies and procedures existing within the school providing guidance around helping a student at risk of suicide. Whereas 89% agreed it was important to have such support in place.

**RECOMMENDATIONS PROVIDED TO SCHOOL TWO –**

STUDENTS		
Training	38.7% of students who completed the surveys have considered suicide at some point in their life, added to this is the fact that they would choose to communicate their concerns with informal resources (friends/family - those who have little or no training or would not be expected to know what to do)  Research shows us that prior suicide behavior leads to future suicide behavior.	Continue to train Key staff in suicide awareness, alertness and intervention.
	25.01% of students have injured themselves deliberately (10.86% with clear wish to suicide 9.87% to help themselves cope and 4.28% unsure why)	Education around what services are available, what they do, how they can help and how to access them should be provided to families and students i.e. Child and Adolescent Mental health services provide free training on self-harming
	Students shared that they prefer to talk about personal issues with informal resources such as friends and family, closely followed by clergy.	Continue training for students, family members, non-teaching staff as well as well-being staff and teachers
<b>School Environment</b>	It was reported that an overwhelming amount of students feel a pressure to perform well at school	Review language around academic expectations

	'Help dealing with stress' is the 2 <sup>nd</sup> highest thing students would like changed about their school.	Mindfulness for stress management and other stress management strategies
	Students find that the greatest challenge (fears and worries) is getting their school work done  Exam worries are the biggest concern for students and the 3 <sup>rd</sup> highest change they would like to make is 'more assistance with study skills'.	One student proposed the inclusion of more applied knowledge i.e. maths = household budgeting, interest rates etc.
	Poor self-image is the second highest concern for students	Work with students on identity aside from results Self-esteem building classes/activities?? Many students reported that they would like opportunities to help others in the school (almost 30%)
<b>Wellbeing</b>	Some Students reported challenges around how to deal with their mental illness	Any efforts towards de-stigmatising. Youth Mental Health First Aid Training for interested parents and staff
<b>Services</b>	85% are worried about friend – most don't know what to do, who would be the most appropriate adult person to tell or what to say.	Continue Suicide Safer Schools Student Component for all year levels  Provide information for families on external services
	Most students would choose to tell informal resources. Less than 10% would tell a Counsellor if they were worried about a friend	De-stigmatise attending Wellbeing Centre staff
<b>Mentoring</b>	2/3rds of students are interested in having a mentor	This could exist within the school due to many students suggesting they would like to assist others in the school
<b>Observations</b>	Excluding others – third highest issue faced by students overall (observation without recommendation)	
	Bullying continues to be a prevailing issue however, this was shown to be predominantly in the past so a continuation of any programs that exist.	
<b>Level of distress answering the questions</b>	Only 1% of respondents found the questions distressing to answer 1 of the 3 students identified that the reason was around a suicide of a sibling less than 6 months ago.	

<b>STAFF</b>		
<b>Policy and Procedure</b>	Approx 90% of staff stated they felt that it was important in their role to be clear about their schools' processes and procedures with regard responding to suicide. Most staff also stated that they would follow school policy when concerned about self, others or students and yet a third of staff were unsure if such policies exist.	Easily accessible clear policies are important to the wellbeing of staff and students
<b>Procedure</b>	Staff demonstrate a willingness to intervene but when faced with the challenge of encountering an at risk student two thirds stated that they would have appreciated a clear process or simply did not know what to do	Continued education on HOW to intervene implemented procedures in line with policy
<b>Services</b>	Roughly 40% of staff stated they were unaware of services available to them when concerned about a person at risk of suicide	Information and training around available resources and access processes recommended
<b>Training</b>	Approx 40% of staff have had thoughts of suicide in their lifetime, Most staff would talk to family, friends, and colleagues.	Continued Training required. Well-being support networks recommended
	45% of staff are not confident in identifying risk	Training required.
<b>Changes</b>	Staff believed that the school needed to improve how to work with divergent identities	Diversity training recommended.
<b>Communication</b>	Whilst communication with peers is satisfactory, staff would like improved communication with their leaders and direct supervisors	Team building activities. Review of current communication channels.
<b>Despite concerning rates of student suicide risk, general observed cohesion within the school was found to be at a healthy level</b>		

### SCHOOL THREE

**SCHOOL THREE STUDENTS - (n=52)** Independent Community College and VCAL School – Yrs 9 – 12

- Overwhelmingly the people students trust and would talk to about personal things were the Best Friend, Parents (one or both), and other family members. Only 12.03% would talk to a teacher and 8.27% a Counsellor.
- When given many options to choose from in relation to what they do to help themselves when they are worried about something, 18.07% said they would find someone to talk to. Most would try to cope on their own.
- When asked if they were happy about the way they cope with stress, 58.82% were either unhappy or unsure.
- When asked what things might prevent them from seeking help from others their answers centred mostly around not knowing how to ask for help or what to say; Fearing judgement, rejection, gossip, shame; anxiety and not wanting to be a burden.
- 93% had been worried about the wellbeing of a friend in the past.
- 84% had known someone who has hurt themselves on purpose – including 37.25% friend and 25.49% family member.
- When asked if their best friend told them they were going to hurt themselves but told them not to tell anyone else – 22.39% would keep the secret and 20.90% were unsure what they would do.
- When asked if they knew someone who had died by suicide 11.69% had lost a friend, 15.58% a close friend, 20.78% a family member and 33.76% someone they knew of.
- When asked if they had ever thought about ending their life 57.69% said yes with 15.38% identifying that being in the last week.
- When asked if they had ever deliberately injured themselves 55.77% said that they had.
- The main issues these students were struggling with were family problems and addiction and drug and alcohol use.
- 14.29% of students said they did not feel safe at school.
- 39.77% said they either did not feel like they belonged to the school or were unsure.
- When asked to describe their experience of filling out the survey 4.17% said that the questions were distressing to them and that this was due to having lost someone to suicide in the past

**SCHOOL THREE STAFF (n=33)**

- When asked how adequate were the supports available to them just 53% said they felt they were adequate.
- When asked if they know someone who has died by suicide, 35% know an acquaintance, 13% had lost a close friend and 13% a family member.
- 33% know a student and 25% a family member who has deliberately injured themselves
- 33% of staff reported thoughts of suicide at some point in their life and 13% had deliberately injured themselves.
- While 52% said that they had been a helper to someone at risk of suicide half of those said they didn't know what to do and a further quarter said they would have liked a clear process to follow.
- Only 66% feel confident in recognising suicide risk factors.
- 100% of staff believe it is important to be clear about their school processes and procedures with regards to responding to suicide but only 57% knew if any actually existed.

STUDENTS	Findings	Recommendation
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<b>Training</b>	<p>57.7% of students who completed the surveys have considered suicide at some point in their life, added to this is the fact that they would choose to communicate their concerns with informal resources (friends/family - those who have little or no training or would not be expected to know what to do)</p> <p>Research shows us that prior suicide behavior leads to future suicide behavior.</p>	Continue to train Key staff in suicide awareness, alertness and intervention.
	55.77% of students have injured themselves deliberately (28.85% with clear wish to suicide 11.54% to help themselves cope and 5.77% unsure why, 9.62 for some other reason)	Education around what services are available, what they do, how they can help and how to access them should be provided to families and students i.e. Child and Adolescent Mental health services provide free training on self-harming
	Students shared that they prefer to talk about personal issues with informal resources such as friends and family, closely followed by no-one.	Continue training for students, family members, non-teaching staff as well as well-being staff and teachers
<b>School Environment</b>	It was reported that an overwhelming number of students feel a Pressure to perform well at school ○	Review language around academic expectations and consider communicating this with Parents/Guardians
	'Help dealing with stress' is the 2 <sup>nd</sup> highest thing students would like changed about their school.	Consider Mindfulness training for stress management and other stress management strategies
	<p>Students find that the greatest challenge (fears and worries) is getting on with their parents, getting ready for school and completing daily activities.</p> <p>Family problems, addiction and drug use and money concerns and 22.45% feel unsafe outside of school, (compared to 14% feeling unsafe at school) are the biggest concern for students and the 3<sup>rd</sup> highest change they would like to make is 'more ways to connect with other people;</p>	Incorporate some education about family counselling and communication skills and educate youth on budgeting and time management.

<b>Wellbeing</b>	Some Students reported challenges around how to deal with their mental illness	Consider further efforts towards de-stigmatising mental health issues and education around accessing available services  Consider Youth Mental Health First Aid Training for interested parents and staff
	Almost 83% of students either don't ask for help or only ask for help sometimes when they are finding things difficult	Consider normalizing help-seeking behavior. This can be done via staff interactions on a daily basis
<b>Services</b>	87.31% are worried about a friend – most don't know what to do, who would be the most appropriate adult person to tell or what to say	Continue Suicide Safer Schools Student Component for all year levels  Provide information for families on external services
	Most students would choose to tell informal resources. Approximately 12% would tell a Counsellor if they were worried about a friend	De-stigmatise attending counselling sessions, particularly family therapy. Consider co-location at school.
<b>OBSERVATIONS</b>	Mentoring and role modelling. Students report the school as being akin to family. Might there be a way to capitalize on this and provide additional and supportive role models? (observation without recommendation) i.e. Partnering older community members in nursing homes etc with young people can provide many benefits for both parties	
<b>Level of distress answering the questions.</b>	Only 2 respondents found the questions distressing to answer. One of those students identified that the reason was around a suicide of a sibling less than 6 months ago.	
<b>Mentoring</b>	2/3rds of students are interested in having a mentor	This could exist within the school due to many students suggesting they would like to assist others in the school
<b>STAFF</b>		
<b>Policy and Procedure</b>	Approx 90% of staff stated they felt that it was important in their role to be clear about their schools' processes and procedures with regard responding to suicide. Most staff also stated that they would follow school policy when concerned about self, others or students and yet a third of staff were unsure if such policies exist.	Clear easily accessible policies are important to the wellbeing of staff and students
<b>Procedures</b>	Staff demonstrate a willingness to intervene but when faced with the challenge of encountering an at risk student. Two thirds stated that they would have appreciated a clear process or simply did not know what to do	Continued education on HOW to intervene. Implement procedures in line with policies

<b>Services</b>	Roughly 40% of staff stated they were unaware of services available to them when concerned about a person at risk of suicide	
<b>Training</b>	Approx 40% of staff have had thoughts of suicide in their lifetime. Most staff would talk to family, friends, and colleagues.	Continued education required in well-being support networks
	45% of staff are not confident in identifying risk ->	Training required
<b>Changes</b>	Staff believed that the school needed to improve on being inclusive	Consider team building focused activities and leadership training.
<b>Communication</b>	Communication was reported as the thing they would most like to improve, staff would like improved communication with their leaders and direct supervisors	Team building activities Review of current communication channels
<b>Despite concerning rates of student suicide risk, general observed cohesion within the school was found to be at a healthy level</b>		

#### **PARENTAL INVOLVEMENT**

Sadly, in all 3 schools and 9 campuses, parental interest and involvement in the SSSP was surprisingly minimal. While a handful of parents did attend the school to discuss the content of the student component and their concerns about how their child might respond (all of which were happy for their student to attend the student sessions once their concerns were addressed), by and large there was no other response from the multiple correspondences sent home and/or posted on the school parental online portal.

This result emphasises the need to teach students how to look out for each other, how to talk to each other about their concerns and when and how to go together to get help. All the more important when we consider the lack of awareness around suicide in the home environment.

#### **CONCLUSION**

The results of the student and staff surveys confirm the need for a program such as Suicide Safer Schools Project to be implemented in all secondary schools. Equipping teachers with the skills, tools and knowledge of supports and resources available to them when faced with a student or other staff member at risk of suicide is an important step in increasing suicide safety in the school and lowering the stress levels of individual teachers when they are concerned about the safety of a student.

As shown in the survey results our students are dealing with the concept and reality of suicide in their private lives and at school. Teaching students about suicide safety is vital in helping to, guide the narrative around suicide, minimising the 'glorifying' aspect of online information; equip them with the knowledge and skills to make the decision to either talk to their friend and get help together or get help on behalf of their friend; know when they themselves might be at an increased risk and to know the dangers of the presence of suicide thought, and to lower the stress levels of the students who, at an already stressful time of life, encounter the situation of becoming incredibly concerned about their own safety or that of a friend.

It is the vision of Suicide Safer Communities and Black Ink Holdings that if we implemented Suicide Safer Schools Project in every Australian secondary school in the country, then a generation down the track, the largest majority of the Australian population would know what to do about suicide thought in themselves and others. Thereby saving mental and emotional anguish resulting from suicide loss and the immense cost to the wider community but so much more importantly – would save lives.