

Mind Yourself: A strength focused and community based adolescent suicide prevention project

The logo consists of two lines of stylized, 3D block letters. The top line reads 'MIND' in purple letters with a yellow and orange striped shadow effect. The bottom line reads 'YOURSELF' in yellow letters with a purple and orange striped shadow effect. The letters are interconnected and have a playful, bubbly appearance.

**Can a strengths based
Community Intervention
Model Contribute to
Adolescent Suicide
Prevention**

**National Office for Suicide
Prevention**

National Forum

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Authors & Acknowledgements

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“....We have lost our birthright as psychologists, a birthright that embraces both healing what is weak and nurturing what is strong”.

Martin Seligman (2005)

Why bother with this project?

- Suicide rates are still (too) high, especially for younger Irish males, and DSH seems to be increasing
- While young people are aware of our services, there is a question of how credible we are to them (Russell et al, 2002), and accessing services, availability and configuration of resources, professional turf minding, and moving beyond “fire-fighting” are problematic
- Suicide remains notoriously difficult to predict and prevent (Eagles et al, 2001), so we need to look for fresh ideas

Looking for Inspiration: Young People's Views

- UN Convention on the Rights of the Child (1989)
 - Young people must be given a voice on matters that affect them.
- The Lifestyle and Coping Survey (Sullivan et al., 2004)
 - Make services “youth friendly”
 - Consult young people when developing services
 - Make information readily available to the friends and families of young people
- The East Cavan Project (Russell et al., 2002)
 - While it may be perceived as quite easy to access help, young people are unlikely to go seeking it. Services need to come to them.

Looking For Inspiration: Youth Suicide Prevention Strategies

- ‘Individual Factors’ Vs ‘Suicide Awareness’ style of programme (Gould et al, 2003; Hardon et al, 2001; Patton & Burns, 1998)
 - More effective to tackle the factors that influence suicidality rather than speaking generally about suicide.
- Multisystemic Prevention Programmes (Carr, 2002)
 - Widely recommended in youth suicide prevention
- Skills Training Programmes (Gould et al, 2003)
 - Problem Solving
 - Coping Skills
 - Cognitive Skills

“Reach Out”

Irish National Strategy for Action on Suicide Prevention (2005)

- 4 Level approach recommended:
 - **General Population Approach**
 - Targeted Approach
 - Responding to Suicide
 - Information and Research
- **General Population Approach Goal:**
“To promote positive mental health and well-being and bring about positive attitude change towards mental health, problem solving and coping in the general population”
- www.dohc.ie/publications/reach_out.html

Focus of Project 1: Personal Strengths: Resilience and Optimism

- Resilience can be described as the capacity to survive, to progress through difficulty, to bounce back, to move on positively again and again
- Benard (1992) identified 4 attributes characteristic of resilient Young people
 1. Social competence
 2. Problem solving skills
 3. Autonomy
 4. A sense of purpose
- Importance of nurturing hope and optimism (Carr, 2002)
- Use of approaches to facilitate Happiness, Hope and Optimism

Focus of Project 2: Cognitive Behavioural Approaches

- Effective development of coping skills, especially problem-solving skills through Cognitive Behavioural Therapy (CBT) (Elliott and Frude, 2001)
- When CBT aimed at addressing problem-solving abilities (Reinecke & Didie, 2005)
 - Suicidality decreased
 - Hopelessness decreased
 - Social problem solving ability enhanced
 - Perceived ability to cope enhanced

Focus of Project 3: Validated Evidence

Overview

- The Suggested Approach:
 - Holistic life skills
 - Strength based
 - General population
 - Community based
- CBT strategies that enhance problem solving skills and emphasise Optimism
- Provision of information and services
- Empirical evaluation of intervention programmes

Outline of Intervention

- 4,000+ young people have received the intervention, throughout Cavan, Monaghan, Louth and Meath including the pilot phase, across two 80 minute group sessions
- Groups predominantly in secondary schools, and a range of other venues, with two facilitators.
- Group maximum size is 15, average participant age is 16 years, and average group size is 12

Programme Outline

Session 1

- Young People's problems and how they deal with them
- Separating Thoughts and Feelings
- Optimism and Pessimism
- Catching Thoughts and Questioning negative beliefs (Group Exercise)
- Crisis Situations and how to handle them

Session 2

- Identifying problems
- Methods of Problem Solving: COPE (Group Exercise)
- One topic as chosen by the group e.g. Anger, Body Image, Gossip, Stress etc.
- Community Focus
- Second topic as chosen by the group

Evaluation of Intervention

- HSE Dublin North East ethics committee approval
- Measured pre and post intervention by measures of depression (Birlleson), emotional intelligence (Bar-On EQ: YV) and open ended questionnaire
- Use of randomised experimental group (n = 336) and control group (n = 277)
- Initial evaluation completed – to be repeated at 6, 12 & 24 monthly intervals

Evaluation:

Selected Preliminary Results 1

- A decrease in Depression scores between pre and post intervention was observed for the control female group, the experimental male and female group, with the greatest shift being found for the experimental female group.
- Analysis of variance between pre and post intervention scores for the experimental group showed significant effects for the Birleson, and certain Bar-On EQ scales.

Evaluation:

Selected Preliminary Results 2

- Analysis of variance for school code and Birleson score found a statistically significant effect for the experimental and control groups, indicating differences between schools, which need to be investigated further.
- General increase in pre and post intervention Bar-On EQ total scores in Experimental and to a lesser extent, control group

So What & Where from Here?

- Preliminary results appear to suggest that the model can contribute to adolescent suicide prevention by helping lower depressive symptoms and enhancing emotional intelligence and strengths
- This needs to be monitored over 6, 12 and 24 monthly intervals, and other factors considered.
- Intervention can only be of use if it is of benefit, and not as an end in itself

