Report on Youth Suicide Prevention Workshop:

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This article briefly describes how a high school came to provide a youth suicide prevention workshop for the community it serves. The workshop was convened and organised by the School counsellor (Huw Turner) hosted and funded by the School and local donation(s). The workshop was free to attend. The workshop was held on Thursday 8th February 2018 and delivered by Professor Said Shahtahmasebi; Professor Hatim Omar; Aotea Maipi, and Destry Murphy

If youth suicide rates in New Zealand represent a blight, then youth suicide rates in Northland, particularly amongst the Maori population, are where the blight perhaps has its greatest impact.

In 2012 Kamo High School was traumatised by a double suicide and the whole Whangarei community was afflicted by the <u>fallout from that tragedy</u> (<u>www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11890101</u>)

After a long working life as a teacher of English (but I did social work qualifications in 1975 and counselling qualifications in 2011) I moved into the student services centre at Kamo High School in October 2017, partly in response to a double suicide elsewhere in Whangarei, and the at-risk behaviours of a number of our students at that time, including attempted suicides.

Without wanting to attach blame, it became apparent to us that mental health provision was stretched beyond its limits and that communication between a variety of agencies working with at-risk youth was not effective. As the long summer vacation approached we were concerned that a group of students who we had identified as being at risk might not be in receipt of the kind of care that would see them safely through that vacation.

Jo Hutt, the Principal at Kamo High School, called a hui (meeting) in early December to discuss this issue and to determine how we might improve provision and communication amongst the various agencies. The hui was well attended, particularly by local MPs and their representatives. A meeting with Whangarei MP Dr Shane Reti followed, as did meetings with the Ministry of Education and the Northland District Health Board. It seemed that pressure had been applied and consequently each of our at-risk students was allocated a case worker over the Christmas vacation.

However, throughout this period it seemed like all we were doing was reacting to adverse circumstances and waiting to react to adverse circumstances in the future. It seemed that atrisk students lacked the resilience to be able to deal with adverse life circumstances. We felt that we needed to address this issue and take the initiative in some sort of grassroots way. If there was a solution to be found, or more realistically a whole series of solutions, they would have to come from the community, not dictated or organised from above.

Serendipitously, in mid-December a fellow teacher forwarded a link to an article by the first speaker Said Shahtahmasebi (Shahtahmasebi, 2017), see also https://www.youtube.com/watch?v=xeqhEe2zEAU). I recognised immediately that Said was describing a grassroots approach which corresponded to the sort of approach I was seeking and had discussed with teaching and counselling colleagues at Kamo High School.

I contacted Said and after a series of emails and telephone conversations we arranged/organised the visit of Professor Omar and Said and Aotea Maipi (from Huntly) for early February. The workshop was very successful, well attended and inspirational. Invitations had been issued to each of the families/whanau that send a son or daughter to the school (there are currently approximately 840 0n the roll); the Ministry of Education; the District Health Board; local school counsellors; local RTLBs; a variety of other local agencies and community groups. The workshop was opened by the school's kaumatua and other contributors from the Maori community got the workshop off to an authentic start. Said and Hatim certainly got us all thinking and the positive energy generated carried over into the following days, with many messages of support and appreciation.

The workshop was divided into three sections:

In part one, Said explored what is meant by 'prevention' and used official statistics to critically discuss the current suicide prevention strategy. He then described a grassroots approach to suicide prevention adopted in a number of communities. In these practical examples suicide numbers were shown to reduce considerably following the launching of the grassroots groups.

In part two, Hatim explained adolescent development and discussed the consequences of adolescent development in an adult environment. In particular, adverse outcomes may arise when adults misinterpret adolescent behaviour due to a lack of knowledge of adolescence issues. He then described a successful grassroots approach to youth suicide prevention that is primarily based on the understanding of adolescent behaviour. Hatim launched the 'Stop Youth Suicide' campaign (SYS) in 2001 in Kentucky. The programme has been a great success, holds an annual conference every November, and has led to many grassroots SYS groups being set up in and outside of Kentucky.

In part three, Aotea described what it is like to be at the forefront of suicide prevention and how she organised their grassroots suicide prevention group. She also described some of the innovative but simple activities they are rolling out in order to engage the youth and to rebuild their trust in the community, raise their self-confidence and self-esteem. Aotea was

followed by Destry, the Regional Coordinator for 'Manup' in the Waikato, who reemphasised the message of the workshop through his daily observations in dealing with the public. He explained that Manup was established in response to high suicides amongst men and youth by facilitating men's groups to create a safe environment where men can open up without feeling judged or condemned. Destry reported that 'Legacy' was exactly the same concept but for women, and there are currently 34 Manup & Legacy groups in the Waikato region.

The conclusion from the workshop was that the premise of the grassroots approach is that community members are well placed to know and understand local issues important to them, thus, have a better view of possible 'solutions' than someone who is disconnected from the community in an office miles away making local decisions. The grassroots approach is highly dependent on the community and, as shown in the examples, communities have locally all the resources they need to mobilise a suicide prevention action plan. In other words, the grassroots approach is cheap and sustainable.

Therefore, a further hui at Kamo High School has been called for Wednesday 21st February when we hope to start putting together the outlines of a grassroots approach which will strengthen the resilience of individuals, families, whanau, and our community at large. The portents are encouraging but a lot of hard work lies ahead, I am sure. But it feels good to be taking the initiative, rather than acting as that ambulance at the bottom of that proverbial cliff. I will report progress in the next issue.

References

Shahtahmasebi, S. (2017). How to prevent suicide. Dynamics of Human Behaviour, 4(4).