CHILDREN'S MENTAL HEALTH POLICY RESEARCH PROGRAM

UNIVERSITY OF BRITISH COLUMBIA

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If You Have Concerns About Your Child or Youth

The BC Ministry of Children and Family Development (MCFD) provides a wide range of direct clinical services and targeted community supports for children and youth at-risk or dealing with mental health problems, and for their families.

For more information, please contact your local MCFD office (listed in the Blue or Government Pages of the phone book) or visit: http://www.mcf.gov.bc.ca/mental_health/help.htm

To learn more about BC's Child & Youth Mental Health Plan, please visit: www.mcf.gov.bc.ca/mental_health

Preventing Suicide in Youth: Taking Action with Imperfect Knowledge

A RESEARCH SUMMARY FROM THE

Children's Mental Health Policy Research Program

Our Research Reviews

In 2003, the BC Ministry of Children and Family Development (MCFD) made a long-term commitment to improving the mental health of children and youth in the province. The resulting five-year *Child and Youth Mental Health Plan* for BC takes a coordinated approach to strengthening prevention and treatment services, monitoring outcomes for children's mental health and enhancing public accountability for programs and services.

Our program supports MCFD's *Plan* by reviewing the best available research evidence on effective strategies for preventing and treating a variety of children's mental health problems, and by making recommendations to inform the development of related policies and services. Our full report on *Preventing Suicide in Youth: Taking Action with Imperfect Knowledge* is available at: www.childmentalhealth.ubc.ca

Understanding Suicidal Behaviour in Youth

Suicide attempts and suicidal thoughts are complex and serious problems among teenagers and young adults in Canada. An estimated 1 in 10 youths between the ages of 15 and 19 attempt suicide each year.

While we can't predict exactly who will engage in suicidal behaviour, we do know there are many factors that either increase or decrease the risk of it happening.

The reasons why a youth may consider suicide are complex. Factors such as current mental health or substance abuse problems, stressful life events, a previous history of suicidal behaviour, being

exposed to sensational suicide reports in the media or having access to methods for killing oneself all contribute to making a young person more vulnerable. That vulnerability increases with the number of risk factors present.

On the other hand, research evidence also shows certain positive factors can act as buffers against risks. These protective factors can include having good coping, problem-solving and relationship skills, having strong family support and involvement; being in a positive school environment, and having strong community and cultural ties.

Review Results

It is crucial that children and youth with established mental health symptoms get the care they need. But research shows that this is not always the case. Large studies in Canada and elsewhere have demonstrated that only about one in four young people with mental health problems (or 25%) currently receive specialized treatment services.

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Suicide is the second leading cause of death for youth aged 15 to 24 after "unintentional injury" such as car accidents.

Families, friends, schools, and health care professionals all have a role to play in helping to prevent youth suicide.

The most promising prevention programs work across a variety of settings (families, schools, communities) to build on personal and social strengths and to minimize risks.

About Us

The Children's Mental
Health Policy Research
Program is located within
the Department of
Psychiatry at UBC. We
provide research, education
and policy consultation
services to build a broad
public health strategy to
improve the mental health
and well-being of children
and youth in British Columbia
and Canada.

Preventing Suicide in Youth: Taking Action with Imperfect Knowledge

Review Results, continued

To reduce the overall number of children and youth who suffer from mental health problems, we must both treat children with existing problems and develop programs to prevent the problems from occurring.

Our review looked at quantitative and qualitative research studies on the prevention of youth suicide published between 1995 and 2004. Of 300 articles identified, 24 met our inclusion criteria.

Effective Prevention

Our review of studies related to youth suicide prevention found strong evidence for programs targeted to high-risk youth. The most promising of

these were comprehensive programs carried out at the local level and built on existing community strengths and supports.

We also found support for school-based programs that train young people how to recognize when someone is at risk for committing suicide, and how to respond appropriately.

Other promising programs focused on educating families, teachers, health professionals, the media and other community members (such as police officers, coaches and youth workers) about how they can reduce risks for vulnerable individuals.

Recommendations from the Research

- The key components of a comprehensive youth suicide prevention program should include:
 - promoting the competencies and capacities of youth, families and communities,
 - reducing risks, in part by focussing on modifiable risk factors and conditions,
 - · improving early detection of youth at risk, and
 - reducing risks for imitative suicidal behaviour.
- Prevention activities should be undertaken in a supportive and collaborative manner and implemented in a variety of settings, including families, schools and communities, with strong partnerships between our mental health and school systems.
- Approaches targeting high-risk groups should be strategically combined with those aimed at reducing risks and promoting protective factors in the wider youth population.
- Methods should be developed to incorporate key findings from other successful prevention programs dedicated to promoting positive youth development. To continue to refine collective knowledge and improve local efforts, a commitment to ongoing program evaluation should be maintained.

