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Suicide-prevention activities among children and young people in Indre Namdal, Norway

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A suicide by a young person triggers strong reactions. Preventing such a thing from recurring is a challenge for the educator, fellow students, school nurse, clergyman, doctor and curator. The aim of the Grong project has been to reinforce the planning for preventive activities, both among students and care personnel.

On the creation of the project

During the 1994/95 school year students at Grong upper secondary school experienced that a fellow student committed suicide. A suicide triggers shock, despair and many questions from the family, students in the classroom and the local community. Co-students in Grong asked why it happened and what could have been done to prevent the suicide. The 1995 and 1996 graduating class association boards donated the profits from selling their graduation book to the Psychiatric Clinic of Namdal Hospital, accompanied by the following recommendation, "Help us so that others should be spared the terrible experience we have had". The project was called *Selvmondsforebyggende arbeid blant barn og unge i Indre Namdal* (Suicide prevention activities among children and young people in Indre Namdal).

In 1997 a project group was appointed giving responsibility for the project to The Central Norwegian Expertise Centre for Alcohol and Drug Abuse. Other representatives included psychiatric and substance abuse outpatient departments for children and youth (BUP and PUT), Grong upper secondary school, Grong municipal executive and the Regional Centre for Suicide Research and Prevention in Central Norway. The project group was given the following mandate. It was to:

- Initiate psychosocial preventive activities among children and young people in Indre Namdal with a view to preventing mental problems and suicidal behaviour.
- Raise the level of expertise among those working with children and young people on a daily basis.
- Ensure that any scheme they launched and its effect would continue for a number of years.
- Ensure that the scheme would be visible to the target group. This means that children and young people in one way or another would benefit from the measures.

Choices and priorities

Based on professional and value-based aspects the project group has emphasized that suicide prevention should not be made into a special care scheme. We have attempted to cooperate with other actors which offer schools and the municipal authorities various preventive and competence-raising programmes. These may concern plans of action against sexual abuse, eating disorders, alcohol or drug abuse and other self-destructive behaviour. All of these concern treating the emotional and social difficulties children and young people may encounter. In our opinion suicide-prevention schemes should be integrated in the general prevention plans of schools

and municipal and county authorities. We have chosen to emphasize interaction processes. Our aim was to create dynamic interaction between local practical experience, external specialist skills and research. This project may be said to be user-initiated. Accordingly the project group has attempted to maintain cooperation with users in the projects we have launched. The following sub-goals and target groups have been given priority:

1. Develop long-term, direct prevention schemes focusing on young people. Target group: students at Grong upper secondary school.
2. Contribute to raising the competence level of the helpers. Target group: educators and counsellors at the upper secondary school, counsellors at lower secondary schools in the region of Indre Namdal, health and social care workers involved in working with or for children/young people in the region.

Permanent and long-term schemes

There are no simple answers to why a person commits suicide. Prevention of suicidal behaviour among students is thus a major challenge. Activities at Grong upper secondary school have thus emphasized drawing on the experience and knowledge that educators and students have about this theme, and to develop the preventive programmes that already exist. In close collaboration with the school, two of the project group members have developed a concept for "theme instruction on suicide conduct". This schooling is given to first-year students during the autumn term and to the graduating class during the spring term. The aim is to increase the students' knowledge of suicidal behaviour and their ability to cope with crises, strain and thoughts about suicide. Thus this topic is presented to the students twice during their period at school. In both cases they are in transition phases of life that pose great demands on coping while the young persons are particularly vulnerable. The instruction is based on dialogue and processes, takes two school periods and comprises four phases:

Why are we here? The instructor presents herself/himself, the background for the project and what earlier students wanted. Suicide is thus established as the topic for the conversation.

What should we speak about? The class is divided into small groups to decide on three questions about suicide. This approach allows the instructor a better opportunity to meet the students such as they are than during instruction given as traditional lectures. We have found that this has an instructive effect. The aim is not to teach suicidology, but rather to allow the students to speak about a difficult and serious topic. Educators attending with the class were put on an equal footing with the students in this context.

The dialogue. Each and every person presents himself/herself by name, allowing them all to say something. The questions are read out aloud, put on the board and sorted into three categories: 1) Facts about suicide, 2) suicidal behaviour and characteristics of suicidal persons and 3) prevention: How can professional assistants help and what can each individual do as a friend and fellow human being? The subsequent dialogue is based on the questions that the students are most focused on.

Conclusion. The emphasis is on allowing all the students and educators who have participated to say something about their perception of the two classes.

We believe this programme helps shape awareness as the participants experience how it is possible to speak openly about suicidal behaviour and not least, alternative coping strategies.

About raising competence among helpers

Helpers in this case included educators, counsellors and health and social care workers. The challenge was to develop differentiated competence-raising schemes that would satisfy the thirst for knowledge of the various target groups. We chose to arrange two courses each year. The February courses comprised all the target groups, while the September courses focused on those persons who have follow-up and treatment responsibilities in primary and specialist healthcare services.

For educators, the purpose was to provide adequate information to allow them to identify students in the danger zone. They were not schooled to become therapists or to have therapist's responsibilities for suicidal students. Through the joint courses with health and social care workers they became acquainted with professionals they could work together with as partners from the students' home communities and from the treatment system, so that educators now know where to apply for assistance when difficult situations arise. Those who give treatment gained insight into the challenges educators face on a daily basis.

Form of instruction. The February courses were scheduled for one of the school's planning days to allow all the educators to participate in accordance with the school's wishes. Moreover, the other target groups were invited. These courses used a general approach. Topics such as suicidal behaviour of children and young persons, eating disorders, alcohol and drug abuse and hazardous traffic behaviour were included. Lectures were also given on general epidemiology and on formal requirements as to cooperation procedures for school and municipal healthcare services.

The September courses were in-depth courses, focusing on healthcare and social workers in particular. School counsellors were also invited. The in-depth courses aimed to provide the necessary skills to follow up children and young persons at risk. Topics included awareness of death for assistants (own attitudes), intervention in suicide crises, meeting suicide survivors and handling the obligation of confidentiality in interdisciplinary activities. Researchers, persons performing clinical work and local actors were used as lecturers.

Establishing municipal crisis groups

The six municipalities in Indre Namdal were asked to organize crisis groups. Our requests to the municipalities emphasized that general interdisciplinary groups should be established, focusing on both children and adults in suicide or other crises. We recommended that one or more members of the crisis groups should participate in these courses, and that these persons should function as liaisons to schools and follow up persons with suicidal tendencies. We also proposed that the groups should function as a local forum for guidance and debriefing for the personnel who came in contact

