A CMHO Position Statement

Reducing Child and Youth Suicide

Background

"In terms of youth suicide, I know that it is a dangerous progression from occasional fleeting ideas or thoughts to fixation and compulsive thoughts and perhaps plans or visions of death. This has at least been my personal experience with suicidal ideation. I also believe that teens / young adults that are considering suicide as an option have telltale signs that are noticed first by their peer groups, therefore educating young people about suicidal ideation and symptoms of clinical depression / mental illness would be my first recommendation towards the prevention of youth suicide. Bullying is also an enormous issue tied into teens who consider suicide as an option. Implementation may be accomplished in a number of ways. I think targeting high schools would be a very good place to start. Educating high school students about bullying and mental illness needs to be addressed."

- Ari Derin, Mental Health Advocate, age 20

Suicide is disturbingly common among children and youth. It is the leading cause of non-accidental death among 10-24 year olds in Canada and in 2007 accounted for 20.2% percent of all deaths in this age group.[i] On average, nearly ten young lives are recorded as lost through suicide every week across the country, including three per week in Ontario. It is widely believed that suicide deaths are under-reported. Furthermore, suicide among Aboriginal youth is estimated to occur at rates five to six times higher than among non-Aboriginal youth.[ii]

For every suicide completion, there are thousands more young people having thoughts of suicide and attempting suicide: a recent study found that one in ten students in grades 7 through 12 reported that they had seriously considered suicide, and about 3% reported attempting suicide.[iii] These percentages represent about 99,000 and 29,000 Ontario students, respectively.

Child and youth suicide is a complex behaviour that is associated with a number of risk factors – social, environmental, and biochemical – often interacting in ways that we simply do not understand. Frequently, suicide is related to an underlying mental health problem such as depression, ADHD, anxiety, or conduct disorder. When child and youth mental health problems are left untreated, they usually get worse. Suicide has also been found to be associated with victimization by peers, alcohol or substance abuse, failure at school, stress, social media influences, a history of suicide within the peer network or family, previous suicide attempts, and childhood trauma. Regardless of the nature of the risk factor, without help, young people may

suffer from unbearable loneliness, isolation, helplessness, and hopelessness; they may feel that they can no longer cope with their feelings or their problems and that suicide is the only way out. Beyond the tragedy of the loss of a life that has barely just begun are the devastating consequences that suicide has for families and for communities.

The Organization for Economic Cooperation and Development recently reported that Canada's suicide rate among 15-19 year olds is the 4th highest among its 29 member countries.[iv] In spite of this, Canada as a whole, and Ontario in particular, remains without a strategy for suicide prevention. Several jurisdictions within Ontario, and more broadly in Canada, have begun implementing suicide prevention/reduction strategies and programs (for example, Community Helpers and Gatekeepers programs, Mental Health First Aid, prevention programs for youth with depression, Signs of Suicide (SOS), High Risk Suicide Protocol and Suicide Screening). While the specifics of these initiatives differ, preliminary evidence has shown positive results, including: fewer youth reporting suicide attempts, greater knowledge and more helpful attitudes about suicide and depression, lowered rates of suicidal ideation and reduced distress among depressed youth. Given the evidence supporting the effectiveness of, and the range of promising outcomes from, these initiatives, the absence of a prevention strategy is an undeniable shortcoming of Ontario's child and youth mental health system.

It is time for Ontario to identify child and youth suicide as a significant public and mental health concern for individuals, families and communities. It is time to make the prevention of child and youth suicide a priority.

Vision

Every community in Ontario will experience a significant reduction in the rate and impact of child and youth suicide as a direct result of the development and implementation of a government-supported, province-wide, cross-sectoral strategy embodying a philosophy of resiliency, hope, caring and wellness, and a broad range of evidence-informed initiatives.

Guiding Principles

An Ontario Strategy for Reducing Child and Youth Suicide (The Strategy) should be guided by and seek to promote:

- effective and easily accessible treatment for child and youth mental health problems
- a focus on ***early*** identification and intervention
- responsiveness to the social, cultural, and clinical needs of children, youth, and families
- smooth transitions and continuity of care

- close connections and collaborations among all child-serving sectors
- responsibility, coordination, and participation across government, and among professional organizations, the private sector, the public sector, and the community
- universal, common, evidence-informed approaches and responses that allow for local, community-based flexibility and choice
- open dialogue among children, youth, families, and communities – in mainstream and community-specific media, schools, faith communities, sports organizations, cultural groups, recreation clubs and other appropriate organizations

Purpose

The outcome of creating and implementing The Strategy will be two-fold:

1. a ***reduction of child and youth suicide and suicidal behaviour*** in Ontario and
2. a ***reduction in the effects of child and youth suicide*** on families, friends and communities.

Several intermediate outcomes must occur before these ultimate outcomes become possible. The intermediate outcomes represent the necessary building-blocks within a theory of change framework that will take The Strategy from the ***articulation*** of ultimate outcomes to their ***achievement***, and include:

- faster access to treatment: that is, access to service when requested or needed rather than when waiting lists allow
- the availability in every community of a system of services - standardized responses with local flexibility - to help prevent and respond to child and youth suicide
- reduced stigma and an enhanced culture of awareness and openness: children and youth speak openly about suicide, and reach out for help
- enhanced capacity on the part of professionals, parents, friends and communities to recognize the warning signs, identify young people at risk, and intervene quickly
- communities that support and help children and young people with mental health problems
- improved resilience, resourcefulness and interconnectedness among children, youth, families and their communities
- increased commitment at the government level

Core Elements

Because suicide is such a complex phenomenon, its reduction ***requires a strategy that***:

- is comprehensive and coordinated at all levels
- employs a broad range of evidence-informed interventions
- includes an array of stakeholders such as parents, agencies, practitioners, school personnel, researchers, local leaders and governments
- replicates/builds upon the good work already taking place in Ontario communities and in other provinces

and includes initiatives in the following areas:

1. ***Public awareness:*** Improve knowledge and understanding of child and youth suicide to reduce stigma, increase care seeking, and remove barriers to care.
2. ***Early recognition, identification, and intervention:*** Implement programs that teach individuals – children and youth, parents, professionals who work with children and youth, child and youth activity leaders and members of the community – about the warning signs of suicide and suicide risk factors and how to respond and link to local mental health resources.
3. ***Targeted programming***: Implement targeted, school-and-community-based initiatives for individuals, groups and communities that are underserved and/or at higher risk of suicide and/or experience more barriers to service.
4. ***Crisis intervention:*** Provide a range of functions to help schools, hospitals and agencies prepare for potential crises; stabilize young people in crisis and link them with follow-up services and supports in the community; and reduce trauma associated with suicide attempts.
5. ***Aftercare programs:*** The implementation of aftercare programs, services and strategies to support those who are bereaved by suicide or affected by suicidal behaviours.
6. ***System-level activities***: To ensure its success, The Strategy must have strong leadership, adequate capacity and appropriate infrastructure at both provincial and local levels, and must be informed by ongoing research and evaluation initiatives.

Recommendations

The Government of Ontario must identify child and youth suicide as a significant public and mental health concern and must:

1. Within one year, establish an Interministry Task Force, chaired by a Deputy Minister, with a mandate to develop and release a Child and Youth Suicide Prevention Strategy within two years of the Task Force's creation. The Task Force will guide the process for The Strategy's implementation, ensuring that it is evaluated against its articulated

outcomes. The Task Force should engage with Aboriginal communities in addressing the very serious issues faced by those communities.

2. Create a 'Child and Youth Suicide Prevention Advisory Committee', composed of youth, parents, politicians, ministry staff, agencies and various constituencies, to advise the Interministry Task force and ensure that it has the benefit of input from all relevant stakeholders.
3. Establish an ongoing structure and mechanism to ensure that The Strategy is a living document that continues to be informed by new research, evaluation of practices, and the changing lives of Ontarians.

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[i] *Source: Statistics Canada, 2010, Mortality, Summary List of Causes, 2007, 84F0209X, pages 65, 68 & 71.*

[ii] *Health Canada. (2003). Acting on what we know: Preventing suicide in First Nations youth. A report of the Suicide Prevention Advisory Group. Ottawa, ON: Health Canada.*

[iii] *Paglia-Boak, A., Mann, R.E., Adlaf, E.M., Beitchman, J.H., Wolfe, D. & Rehm, J. (2010). The mental health and well-being of Ontario students, 1991-2009: OSDUHS highlights (CAMH Research Document Series No. 30). Toronto, ON: Centre for Addiction and Mental Health.*

[iv] *OECD (2009), Doing Better for Children.*

APPENDIX A - Excerpts related to the provision of service to underserved populations

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