

VICTORIA UNIVERSITY OF WELLINGTON
Te Whare Wananga o te Upoko o te Ika a Maui



**MENTAL HEALTH PROMOTION
AND
SUICIDE PREVENTION
FRAMEWORK**

A BACKGROUND PAPER

**PREPARED BY THE
VUW SUICIDE PREVENTION WORKING GROUP**

EXECUTIVE SUMMARY

The University is developing a Healthy Campus Strategy as a means to help achieve an optimal learning environment. As a part of this strategy, the University wishes to promote mental health and wellbeing among all of its members and to reduce the risk of suicide.

Increasing numbers of VUW students are exhibiting significant mental health distress including suicidal and self-harm behaviour. Staff are seriously affected by students in distress and wish to have clear procedures and processes to assist them to deal with concerning behaviours in a positive manner.

A Suicide Prevention Plan has been developed as part of the mental health strand of the Healthy Campus Strategy. This Plan takes the responsibility for assessing the degree of risk and need for follow up away from general and academic staff and aims to reduce the number of suicides, suicidal behaviours and incidents of suicide-related harm in the VUW Community. The Suicide Prevention Plan has five key objectives. These are to:

- Promote protective factors in the VUW community
- Improve early identification and intervention
- Improve crisis support, treatment and care
- Provide support after suicide and incidents of suicidal behaviour
- Build the evidence base – research, information and evaluation

A key component of the Plan is for VUW to respond to suicidal behaviour in a compassionate but assertive manner so as to ensure students take responsibility for their own well-being and to receive the care and support necessary to reduce their risk of suicide and suicidal behaviour. To do this it is proposed that all staff be required to formally report all incidents of suicidal behaviour to a Suicide Prevention Team and that all students so defined are required to attend four sessions with a mental health clinician.

The attached *Responding to Suicidal Behaviour by Students Policy* outlines these requirements.

MENTAL HEALTH PROMOTION AND SUICIDE PREVENTION

BACKGROUND AND CONTEXT

The University is developing a Healthy Campus Strategy (see Appendix 1) as a means to help achieve an optimal learning and working environment. The Strategy includes four strands that relate to well-being (see Appendix 2). Included within the Mental and Emotional Well-being strand are initiatives such as the early identification of mental health problems, for example, depression and stress, and a reduction in the risk of suicide. These initiatives form part of a Mental Health Promotion and Suicide Prevention Plan.

The purpose of this plan is to provide a strategic direction and framework to guide and assist academic and general staff, students, service providers, and the wider community to act together with purpose and direction to improve mental health, reduce suicide, suicidal behaviour and suicide-related harm across the VUW community.

Some of the key reasons for developing a Mental Health Promotion and Suicide Prevention Plan are:

- To provide a coordinated and systematic response to addressing the increasing numbers of VUW students who are exhibiting significant mental health distress including suicidal and self-harm behaviour. These are important precursors of suicide and increase risk of suicide.
- To minimize harm to students and staff. VUW staff as well as students are increasingly affected by students in distress or behaving in concerning ways and are also affected by the suicidal behaviour of others.
- To provide an optimal learning and work environment. The VUW Strategic Plan requires an optimal learning environment in which to prepare students for participation in a rapidly changing global society as responsible citizens and agents of positive change and to develop desired graduate attributes.
- To provide leadership. VUW has the opportunity and capacity to lead the way for New Zealand Higher Education Institutions (TEIs). No other TEI in New Zealand has developed a comprehensive Healthy Campus Strategy and a systematic response to mental health promotion and risk reduction. The Strategy will also provide an opportunity to contribute to the knowledge and research base within both national and international contexts. It will also provide opportunities for collaboration across the VUW community and to strengthen links and working relationships between VUW and the wider community.

RESEARCH EVIDENCE

The proposed Suicide Prevention Plan is based on both national and international research. This research clearly suggests that:

- Suicide can be prevented. Our proposed initiative is based upon an empirically supported suicide prevention programme that has reduced the rate of suicide in a University community by 50% over a 20-year period (Joffe, 2003).
- One of the key factors to effective prevention strategies in institutional and community settings is a “top-down approach”. In order for mental health promotion and suicide prevention to become an integrated community response there needs to be top-level support, clear messages and pathways of communication and active leadership from a management and institutional level (e.g., US Air Force Suicide Prevention Program).
- Suicidal individuals are often in a mental state that severely impairs their ability to make informed and wise decisions about their care. By taking compassionate but assertive action VUW increases the likelihood that students will receive the care and support they require in order to reduce the risk of suicide and suicidal behaviour.

- Targeting students with suicidal behaviour is best practice. The implementation of VUW's Suicide Prevention Plan increases the likelihood of making the greatest reductions to rates of suicidal behaviour, suicide and other poor psychosocial outcomes (Beautrais, 2005). Prior suicide attempts predict future suicidal behaviour.
- The 20 to 24 year population is at highest risk of suicide in NZ (In 2002, 30 per 100,000 young males and 12 per 100,000 young females died by suicide). We note that currently approximately 44% of VUW students fall within this age group.
- University programmes that “invite” or “encourage” students to attend counselling and seek-help following suicidal behaviour are less effective than those that take an assertive approach and “require” students to attend multiple assessment and treatment sessions (Joffe, 2003).
- Improving clinical responses to at-risk students is a critical component of any effective suicide prevention and mental health promotion strategy (Beautrais, 1998; 2005).

THE VUW SUICIDE PREVENTION PLAN

The VUW Suicide Prevention Plan is based on a framework informed by both research and current best practice and sits alongside work currently being conducted within national suicide prevention activities. It is based on the goals, principles and key objectives outlined in the NZ Youth Suicide Prevention Strategy and the draft New Zealand Suicide Prevention Strategy and has been informed by those outlined in various international tertiary institution suicide prevention strategies.

The Key Objectives of the Suicide Prevention Plan are to:

1. Promote protective factors in the VUW Community.
2. Improve early identification and intervention.
3. Improve crisis support, treatment and care.
4. Provide support after suicide and incidents of suicidal.
5. Build the evidence base – research, information and evaluation.

POLICY PROPOSAL

To effectively reduce the risk of suicide and self-harming behaviour in students VUW needs to be able to take compassionate but assertive action to help ensure that students take responsibility for their own well-being and receive the care and support necessary to reduce their risk of suicide and suicidal behaviour.

The attached *Responding to Suicidal Behaviour by Students Policy* will enable VUW to take such compassionate and assertive action. The policy:

- Targets high-risk students (those who have engaged in suicidal behaviour¹, including those who make threats and high-risk age-groups).
- Takes the responsibility for “assessing the degree of risk” and follow-up away from general and academic staff through the use mandatory reporting of all disclosed incidents of suicidal behaviour¹ by VUW staff using the Suicide Incident Report Form (SIRF), and the administration of cases by the Suicide Prevention Team.

¹ Suicidal behaviour includes a whole range of phenomena including: suicidal ideation/thinking, suicidal threats, suicidal gestures/actions, non-fatal suicidal behaviour (or suicide attempts) and fatal acts of suicidal behaviour that result in death. Suicidal behaviour is often motivated by a desire to permanently or temporarily escape an intolerable situation or state of distress but is also understood as both an act of violence (or harm) towards the self and towards others. Suicidal behaviours often result in self-inflicted injuries (sometimes lethal) but also result in the secondary infliction of distress and harm on others.

- Provides VUW with the leverage to ensure students get adequate care by including a provision that it is a *reasonable request* that suicidal students attend four sessions with a mental health clinician. In cases where students do not comply with the request the University may take further compassionate but assertive action to bring about a change in the person's behaviour and reduce further risk to self and others.

CONSULTATION

The proposed Mental Health Promotion and Suicide Prevention Plan and Policy have been reviewed and supported by key experts in New Zealand including:

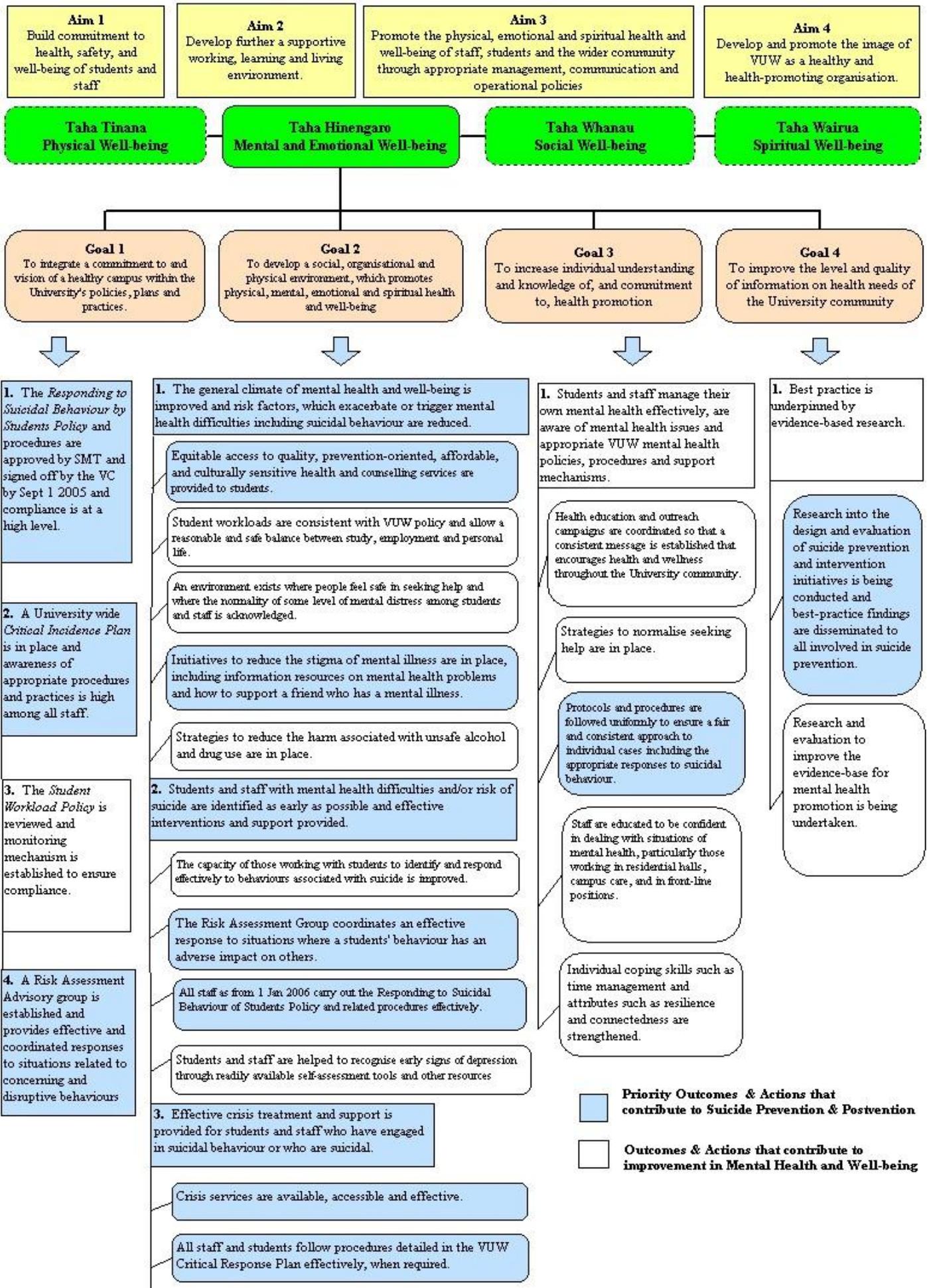
- SPINZ Team and their Reference and Technical Advisory Group (Suicide Prevention Information New Zealand)
- Associate Professor and leading international suicide researcher, Annette Beautrais, Principal Investigator, Canterbury Suicide Project, Dept of Psychological Medicine, CHCH School of Medicine and Health Sciences
- VUW consultant psychiatrist
- Consultant psychiatrist Mark Davis

The following have also been involved in discussions and have supported the Plan and Policy:

- VUWSA
- VUW General Counsel
- Office of the PVC (Māori)
- Victoria Healy VUW Counsel.

Fig 1. VUW Healthy Campus Strategy

VUW Healthy Campus Strategy



Clear protocols for assessment, treatment and referral and assertive follow-up exist and are followed by all staff involved.

Best practice treatment models and management techniques are developed, implemented and evaluated.

Seamless and effective support is provided through effective liaison between VUW and community agencies involved in the treatment and support of people with mental health difficulties and in suicide prevention policy and activities

4. Effective support is provided to those supporting others experiencing mental health difficulties and/or who are bereaved or effected by suicidal behaviour.

Staff and students who become involved in the support of others with mental health difficulties are confident in their actions and have the opportunity to debrief when appropriate.

Support outside of normal working hours is available in relation to acute incidents and adequate follow-up is conducted as quickly as possible where resources are limited.

Practical information based resources to support students and staff impacted by incidents of suicide or suicidal behaviour are developed on a continual basis.

Specialist student support services are available for staff and students to consult with.

Debriefing sessions led by experienced support staff are held as appropriate in wake of particular incidents and on an ongoing basis where required

Appendix 2: The Concept of Well-being: Hauora

There are four strands of the Healthy Campus Strategy that relate to promoting well-being or hauora in members of the Campus Community.

Well-being

The concept of well-being encompasses the physical, mental and emotional, social, and spiritual dimensions of health. This concept is recognised by the World Health Organisation.

Hauora

Hauora is a Māori philosophy of health unique to New Zealand. It comprises taha tinana, taha hinengaro, taha whanau, and taha wairua.

Taha tinana - Physical well-being

The physical body, its growth, development, and ability to move, and ways of caring for it.

Taha hinengaro - Mental and emotional well-being

Coherent thinking processes, acknowledging and expressing thoughts and feelings and responding constructively.

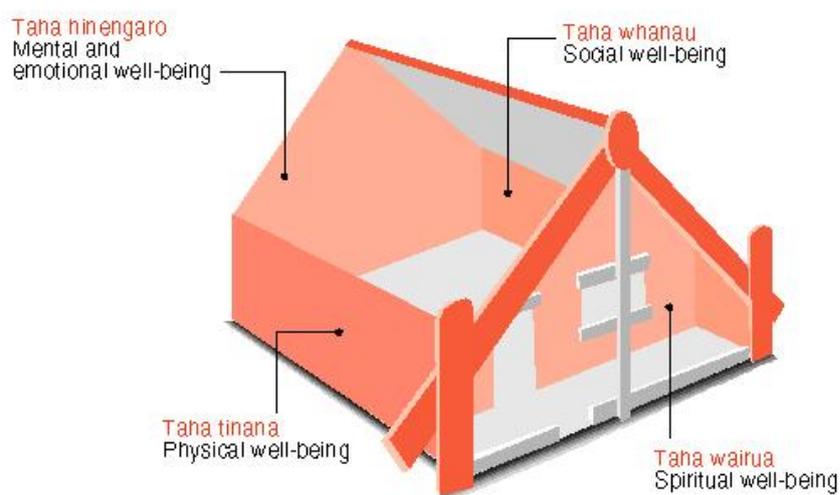
Taha whanau - Social well-being

Family relationships, friendships, and other interpersonal relationships; feelings of belonging, compassion, and caring; and social support.

Taha wairua - Spiritual well-being

The values and beliefs that determine the way people live, the search for meaning and purpose in life, and personal identity and self-awareness. (For some individuals and communities, spiritual well-being is linked to a particular religion; for others, it is not.)

Each of these four dimensions of hauora influences and supports the others.



http://www.tki.org.nz/r/health/curriculum/statement/page31_e.php

Dr Mason Durie's whare tapawha model compares hauora to the four walls of a whare, each wall representing a different dimension: taha wairua (the spiritual side); taha hinengaro (thoughts and feelings); taha tinana (the physical side); and taha whanau (family). All four dimensions are necessary for strength and symmetry. (Adapted from Mason Durie's *Whaiora: Māori Health Development*. Auckland: Oxford University Press, 1994, page 70).

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