



**Parent Forum**  
**Wednesday 17<sup>th</sup> August 2016**

Panel:	Dr Michael Slattery – College Principal
	Mark Bonnici – Deputy Principal
	Geraldine Tague – College Counsellor
	Terase Killin – College Counsellor
	Rachel Comerford – Headspace – Gosford
	Leonie Everett – Headspace School Support
College Staff Present:	Paul English – Pastoral Care Coordinator
	Robert Speziale – Year 11 Coordinator
	Stephen Carroll – Year 10 Coordinator
	Br Michael Burton
	Craig Friend – IT Manager
	Kylie Beynon - Administration

*Please note this is a transcript from the Parent Forum evening.*

***These questions focus on how parents engage in dialogue with their son's regarding their state of mental health. Three groups focussed on this topic and all three questions were answered.***

***How to deal with your son when he is feeling he has no self-worth. Eg you find on social media that he is having a break up issue with a girlfriend and tells her that he would be better off not being here.***

Rachel: I think it's how you approach that conversation with your child around "you know when you said that", what did you mean? I guess normalising as well, the heartbreak we all go through with relationships at that age and acknowledging I guess the significance for them. For them that relationship could have been the most important thing and now they kind of don't see where life is without that person. I think really acknowledging the distress they're in, keeping that communication open, letting them know that you're here for them if they need to talk about it.

Leonie: I guess I might also challenge, I think just to see the platform here, I think it's important for our self-care that we acknowledge how we're feeling in the room today as well but it's also okay to bring a certain amount of levity into the room as well to kind of break up the stress that you might be feeling and the anxiety and fear that you might be feeling so I think if I am okay with respect to that emotion, to commenting in a semi-light way. I guess quite often as parents, but also as caring people, for our young people we don't want them to be feeling pain, we want to impart the wisdom that we've got as a benefit of just being here longer with all due respect, and no comment on the relative ages in the room, we've got that experience so we have had the learning of there's more fish, you know? But that's the last thing a young person wants to hear because of where their brain development is up to.

We can put this in perspective to other things that are much worse, other things that are much more emotional and it's hard not to come at this sort of conversation with a perspective of "you guys have only been together for a month", come on, really, yeah? But for that young person, given how the amygdala - the emotional centre of their brain is working, given how that's working in contradiction to the prefrontal cortex - the decision-making part of their brain, this is the most significant thing that's ever happened to them so it's really quite difficult for them to broaden their perspective out, to be taking on board what you're saying. They want to, because at a time of emotionality, at a time of something that's a significant change in their lives, this is a time of vulnerability. At a time of vulnerability a young person, irrespective of their age, is at a bit of a point of fluctuation between wanting to show you that they're an adult and that they can cope but also still being a child and needing someone to sit with them and to listen and to be silent and to provide an opportunity for them to say whatever they want to say or if they're not ready to say whatever they want to say, providing them with some reassurance, some language or just letting them know that you're here when they're ready.

It's okay if they take some time, that you acknowledge that this is really significant for them and that this person is really important to them and that if, when they're ready, you're here and you're not going to make a judgement, you're not going to make a comment - you just want to listen. I think it's about ... this kind of sits in a bit of a context in the way in which we continue to reinforce our younger people as well. It's quite easy in that moment where there is acute distress for it to be overwhelming, for there to be tunnel vision. To get back to that point of levity, it's only at the age of 28 for women that our prefrontal cortex stops developing and guys, I'm sorry if this sounds a little bit judgemental but it's 30 for you and some people would say maybe not then.

Leonie: When sitting with them, encourage them to talk to their friends or spend time with their friends and by encouraging them to continue to engage in sporting activities and that sort of thing you're also giving them an opportunity for them to destress, for this not to be the only thing that they're focusing on. To recognise that there's a bit of a break in the emotionality that they're feeling and through

doing that, helping bring perspective back into things, helping them recognise that they are more than this one relationship.

Michael: The last little part of that question concerned me right where he's saying he'd be better off not being here. After having that conversation, as a parent, I would also seek some professional counsel on how severe that part of it is, not wanting to be somewhere. It's a trigger, it's a signal and my lights went on and the bells went off. I'd be going to a counsellor at the College perhaps, someone like that, ask advice on what's the next step here? Should I be taking this any further? Should I be more concerned? Should I be less concerned? Where's the next level?

***How do we get our children to accept or agree to seek professional help, if they don't want to?***

Geraldine: When one of the teachers have noticed that the child is withdrawn, is not doing their work, seems disconnected, teary or down they send a referral to us and we call them up just for a chat and call it only a "chat". There's been no student that has refused to come. We engage with them fully and they participate and they quite love it, actually, they always want to come back. Very seldom do any of the students have any qualms about coming back. They may want it to be more secretive so that nobody else knows and we arrange that but generally we see so many kids in the College every year. We have referrals on our door so they can jot that down and put it under our door, then we can call them up to see how they're going. And we don't make it a kind of therapy session, it's just a chat but they always want to come back. Thank you.

Terase: If we see a child and we've done a risk assessment with that child and we think that they need to have a mental health assessment up at the hospital then what we do is we talk to the child and tell them that that's what is required for them. And if we actually have done that risk assessment and think that's the next step we have never had a child say no, no, I don't want to because if a child, through that assessment, is giving us information that we're concerned about, that child is also concerned about that too. The next step we take is to notify the parents that this is what's happening. For you at home there's a 24 hour mental health intake number and you can ring that number and talk to the worker there to get advice on what your next step will be at home.

Rachel: Head Space is a voluntary service so we do need the young person's consent to engage in treatment with us when they're 14 years or over. When someone doesn't agree to accept help, absolutely, that does occur sometimes and that can be a really hard place. It can be a hard thing to sit with as a parent because you might feel your son really needs help but he's just not quite at that point that he's ready to engage. What I would say is that frequently we see young people who at this point in time, they mightn't be quite ready to engage with a counsellor. That doesn't necessarily mean they never will, we often see people who actually come back and maybe on that second time coming to us, that's when they're ready to actually engage and open up and trust someone else with their feelings and what they're saying.

Leonie: The challenge that we are continuing to have as a society to is to tackle breaking down the stigma, of walking through the door and accessing professional support so something that might be possible is through Head Space, you can access a GP so you can go to Head Space and access a nutritionist or a GP or kind of focus on some group work or something like that so it's breaking down those barriers, it's making that environment a little bit more acceptable. YouTube, flood them with YouTube clips. See what services are available, where they are so things like Reach Out, a young person can go onto Reach Out and can type in their symptoms and kind of try and navigate what should I do? What support should I get? Beyond Now is an app that they can use to kind of develop their own support plan and we'll provide feedback to say we really strongly encourage you to go and see a professional. So those sorts of resources are where a young person is. Something like eHeadspace or a mental health line, they can access support during the night when they're at home in their room and 18, they're online anyway and that might be a gentle first step before kind of going through the door, stepping over the threshold and actually talking to someone face-to-face.

***Do you confront the young adult and ask directly if they were thinking about self-harm/suicide?***

Leonie: It's perfectly fine to ask that question because you feel more comfortable and confident knowing that you've asked that question, you've put that out there. And even if they say "nah, you're an idiot, don't be stupid, Mum". That's okay because you will feel relieved and there is zero evidence to say that asking a question, asking that question in a way that's compassionate and empathetic, that is open and is a way to show you're interested. Under the surface you may be terrified but with open kind of non-judgemental curiosity there's no evidence to say that asking if a young person has thought about suicide increases their risk, it actually decreases their risk because you've shown them that whatever they say is okay, that you can take it on board. They don't have to be fearful about it, that they've got someone who can try and help guide them to get the most appropriate support. So it may be the most terrifying question that you've ever asked but feel confident in the fact that it's good to ask it, it's important to ask it.

Mark: When the answer is yes, what do we next?

Rachel: Don't panic is the big one. At Headspace we ask this question every day to young people, I can honestly say I've never had a young person refuse to answer that question, they always ask it. I think it's about how we ask it. I know it seems like a really unnatural question to ask someone for some people but you could ask "you know when you say you've been feeling bad do you ever have days where you know you think that you mightn't want to be here"? Or you could use scales of zero to 10. A young person will often not be able to put a word to what they're feeling but they're able to put a number to it so they'll give you a number between one and 10. If zero is yes. If there are days where they really think they don't want to be here anymore, they will give you that number quite regularly.

Continue the conversation, never stop the question there and ask "you know is that something you know"? "Have you talked to your friends about that"? "Have you attempted to seek out where there is some support"? Is there peer support there? Is there school support? "Have they seen the counsellor before"? Is there anything the teachers can do to help support that young person? A first port of call might be a GP to have that conversation. There's lots of different options around counselling in the public system and in the private system. There really is a lot of services out there, GPs, online, there's a lot of information out there for where to go.

Leonie: If they say yes give them kudos for saying yes because it takes a huge amount of courage for anyone who's that dark, who is feeling shameful about the fact that they've thought about suicide to admit that. So encourage that that takes strength and thank them for sharing that with you. And I guess perhaps a follow-on question may be how bad has it gotten? When was the last time you thought about that? What do you feel we need to do to get you some support and to keep you safe? Yeah? Because then you'll kind of know where that thinking's got to and that'll kind of help you understand what sort of support do we need to get for your young person to try and keep them safe?

***Similar question to these which were recorded at the forum include:***

1. When do we as parents intervene?
2. What if your child wants to get help but doesn't have their own Medicare card and doesn't feel comfortable in telling you as a parent?

***The focus of the following questions were on the programs that are available for parents to assist them in dealing with their own mental health as well as suggestions for other program initiatives aimed at involving parents.***

***What should a parent do to look after their own mental health?***

Leonie: I think taking some time to reflect on how you're feeling yourself at this point in time, is important. You may be thinking about your sons and all your worries placed on them but as well as that just to reflect on how you're finding this, your own thoughts and feelings about it and how you're displaying that outwardly because sometimes we don't even realise how we do display things outwardly that we're feeling on the inside. I would encourage if this situation has brought up any concerns for anyone that you should seek help themselves either from their own GP to get linked in with someone who they can speak to about this, there's many services available and your GP will be a good starting point to get linked in with any services if anyone felt the need that they needed to speak about this a bit more.

Rachel: The fact that you're here and you're at tables and you're talking to each other is a really good way of looking after your mental health. By that I mean having your own peer support, other parents that you can talk with about what is happening for your child is a really helpful thing because it normalises what's happening for you and you have that commonality that you can share and that's really important. It's important for our kids to have peers and have that support and it's important for us as adults to have that as well. So if you're not connected with other parents then it's also a really good idea maybe to think of ways that that can happen, if through the College there are opportunities for that to occur, just keep that in mind too, that you need the peer support as much as your sons do.

Leonie: I would like to encourage you to be kind to yourself as well. I do parent sessions all the time and when schools and communities have been in a really difficult position, what we hear from parents is their biggest fears as parents and what we hear from parents sometimes also is that they themselves are grieving too. You're all members of a really tightknit community, you know one another's kids, you know one another's families. I would encourage you to put language to your fears, to feel that you have permission to be grieving as well, to acknowledge when you're doing well as a parent and if you have fears and you have questions, to do exactly what you're doing tonight, to seek more information. To feel encouraged in the way in which you're providing support to your young people and to feel conviction in the fact that if you are asking difficult questions then you're doing a good job. If you're checking in with them, you're acknowledging they're struggling, you're providing an avenue for them to talk to you, you're doing activities together where they might notice that you care and that might be an opportunity for them to talk when they're ready, you're asking the hard questions even up to a point of the school's been impacted on by a death by suicide, is this something that you've ever thought about? That's the worst question that you'll ever have to ask as a parent but in doing so you're doing a good job and you're helping a young person feel that whatever they say to you, you can handle it, it's okay and you can do something about it together, that both of you can get some support.

***Is there a survey of some description or type of assessment to gauge their mental health status?***

Leonie: There are surveys that can be taken that provide a young person or anyone with feedback about how they're going and how they're coping. These can be accessed through sites like Beyond Blue, Black Dog Institute or Reach Out. I think my preference would probably be the Reach Out one because it's actually a guiding tool, it's a triage tool that links responses to actions that a young person can take and services that they might access and provides advice on how that can be accessed. I think that if we're encouraging our young people to take surveys on their mental health I think it would be best practice if that's undertaken with someone to support them because I think

the challenge that we're encountering currently is that we've introduced depression and anxiety into the vernacular, into the language but it's also important that we are normalising distress, we're normalising sadness, we're normalising anger and that that's not necessarily indicative of a pathology. So if someone's doing a survey and it comes back and it says that they're a 10 on depressed, it's important that that's linked to an outcome that indicates them to seek support. It's also important that they're not taking that to be indicative of some level of pathology within themselves. I am aware that it is one of the areas of the Black Dog system's approach to reducing mental illness, that increasing surveying but I think what is also a part of that research is that it's important that it's done in the right context, that it's age-appropriate and that it's not done too frequently because then it loses its validity because it becomes something that someone is test-ready. If you do an intelligence test and you do it too many times then you know the answers and it loses its validity so it is something that is an increasing focus in mental health research at the moment and I think it's an interesting idea.

***Similar questions to these which were recorded at the forum include:***

1. Maybe there can be a dedicated session for parents to encourage involvement – it's not just a school issue – home plays a big part. We need to work together.
2. More parent or family BBQ's/social events.
3. Maybe a night with only Year 11 boys and parents. Tonight was helpful but a lot of people are very disconnected from the reality of this.
4. We should suggest to have a father/son breakfast for Father's Day coming up – boys could bring a family member if father can't come (from P&F table).
5. Suggestion for Parents: Joey's ran a wonderful course in Term 2 on suicide funded by Rotary and presented by Lifeline. I would highly recommend Eddies running it – SafeTALK.

***These questions also focus on the College's response to assisting students in gaining a better understanding as well as coping mechanisms to deal with their own mental health.***

***Can more education be introduced into PDHPE classes to include resilience, mental health and the effects of social media?***

Mark: There have been syllabus amendments in PDHPE which is now made compulsory from years 7 to 10 and deals with issues such as mental health, drug use, sexual activity, risk taking behaviour to be interwoven with units on decision making, resilience and positive mental health. Work done in PDHPE classes are supported by RE classes as well including issues associated with mental health. For example, Year 8 are currently doing a unit on bullying at the moment and the mental health and the stress that it causes some people. We have a Year 8 information elective night coming up and we have invited a Police Liaison Officer to come and speak to parents. The Police Liaison Officer have spoken to all the boys in 7 to 10 about the legal side of cyberbullying. Can we be doing more?

***What is, or could, the College be doing in earlier years to prepare boys for the pressures and stresses of older years (to discuss feelings and even the topic of self-harm/suicide)?***

Mark: As mentioned before, certainly in PDHPE we look at units on mental health all the time. One thing we're embarking on now more and more is developing the skills the boys have to be more successful in their studies. There is no doubt the step from Year 10 to 11 for example, adds great stress on boys. The amount of work that's required in order to succeed and boys do struggle at

that time, we know that. Some boys struggle and give up, some boys struggle and work their hardest to try and do their best but some boys certainly do struggle with the increased workload to try and achieve the best result they can and sometimes that does get too much, there is no doubt about that. Our teachers are well versed, our teachers develop great relationships with the boys. The very fact that we start with a core class in Year 7, when your son comes into the College and has the same teacher for three subjects. It's all about developing relationships and the relationships that teacher build with the boys is about that. It becomes someone that they can come in contact with.

We will often experience the same things that you experience at home when you ask your son how he's coping with things and that's why we've got experts full-time that help us and deal with those pressures the boys might be feeling. So it's the same for us, there's no doubt about that. We're finding Geraldine and Terasa are noticing more and more, the boys talk amongst themselves more about how they're dealing with it and they tend to cope with it more. Tonight is a bit about that as well, finding out from yourselves what the questions are and that's certainly something that we will need to ponder as a staff. Like we're having a forum with you tonight we'll be doing something similar with our staff in coming weeks and that's certainly a question we can put to our staff - is there more that we can be doing in early years, in Year 7, Year 8, Year 9 and 10 to deal with the emotional pressures and the emotional literacy that's required.

Can we be doing more? More than likely. It is our challenge to continue to learn to do more? Yes, there is and where do we need to get the advice for that is from the experts that can support us in doing that. So we'll certainly take that question as well from tonight and take it to our staff as well.

Michael: Don't forget also, Mark, that in the English syllabus you know Year 9, for example, there's a whole 10 weeks on resilience in adversity, the texts are all around that, they're the themes and the English staff work very hard for 10 weeks on that one theme alone. It's also within the religious education program on how to deal with advertising and so forth, becoming more resilient. In terms of added pressure, the curriculum's graduated all the way through. There is a bit of a quantum leap between years 10 and 11 but we're trying to drive that down into year 10 so that they take a lot more responsibility earlier and get used to that rigour, I guess, of being on time and submitting and having their assignments ready, spreading their time out between girlfriend and car and sport and HSC and part-time job, they're the big five. We've had numerous sessions with Year 10 and 11 on that just recently. And then the other part of it which is the double whammy part is self-harm and discussing suicidal thoughts. Particularly for the 10, 11 and 12s, we're onto them pretty quickly when as Geraldine said, those triggers start to show.

It's pretty obvious when they're off the boil, it's pretty obvious something's worrying them. We'd never know what it is and I agree with that other speaker about triggers, please don't do what they call pin the tail on the donkey. When there's a suicide there can be many triggers, certainly not just one, it could be a multitude. And sometimes it's got nothing to do with the things we're reading up here. Because we need to know those facts too but certainly HSC stress is real, it's there and it graduates itself from 10, 11 and 12 and we can't shirk that fact, that's got nothing to do with self-harm or suicide, it's that normal stress. Some of our boys deal marvellously well with it and of course there's some that don't and we're onto them all the time. And there are ways and means too of giving them a break from being able to cope with the added stresses, extensions and a lot of help and so forth. And in some cases just not getting them to do the assignment because they're just not well. Geraldine and Terasa do quite a bit of that and advise us too, look, this boy's just not in a good space, don't go pressing the buttons on assignments and tasks. So behind curtain 23 they're the things that are real in schools.

Leonie: Brene Brown is a researcher through the University of Houston and she's done a lot of work on looking at the relationship between vulnerability and strength and what makes a successful person. And we might kind of posit that there are lots of factors that we could determine to be the leading marker of a successful person but it's actually a self-aware person, it's a person who knows to set

themselves challenges but challenges that are reachable. It's a person that knows when they're struggling and it's a person that knows how to cope with struggle and how to cope with pressure as well so I think when we're moulding our young people, our young men to be successful young men. I think it's about pairing academic success and career success and relationship success with emotional success, with emotional intelligence and self-awareness as well. The number one concern from the Mission Australia's Youth Survey in 2015 of our young people is their ability to cope with stress so it's something that we can do as a society better.

I will just comment on that addressing self-harm and suicide in a school context if that's okay because I think it is a big concern. There actually isn't any evidence to say that doing group conversations in class settings around suicide contributes to the kind of positives because it's such a complex topic that it's actually better navigated on an individual level through counselling or through conversations or exposing our young people to different forms of information to build their own awareness about that.

***Does the College have any specific ways of coping with the weight of expectations and the pressure of fitting in?***

Geraldine: Not specific because it's just in our general culture of caring. You know the boys surprise you, they are so caring of each other. The weight of expectations, usually that's about their own expectations and they need to feel normal in the younger classes, 7, 8 and 9, they need to be able to fit in and just be normal.

Parent: Weight of expectation can be in a whole diverse range of things, it may be on the sporting field, it may be in the classroom, it may be fitting in as an Eddie's man, the Eddie's boys image because it's something that's really strong to be an Eddie's boy. Now that's great to have that direction but it also then brings in that weight of expectation, am I a good Eddie's boy? It could be that you know we all like our children to succeed and do the best they can and we hear a lot of success stories but how do they deal with that weight of expectation that I don't think I'm being a success? I know I'm not measuring up to my peers, I don't have as many mates as everyone else? There's an expectation there. There's a whole range of issues but each of them has a weight of expectation. Is that something that's been identified? Is that something that you deal with?

Michael: When my boys went to the College it was one of the most violent places I've ever seen. The only way to come here was to fight your way out of the College. Both my boys were good fighters, they had to be. I don't see that here anymore in the old Eddie's boy footy head you know boofhead, blokey stuff, sexist. I don't see that anymore. What I see is a whole bunch of different expectations about diversity. You don't have to play football here. You can be a racing car driver, you can be a musician, you can be whatever you like. I don't know what an Eddie's boy is anymore. I knew what it was, it was a horrible thing. I was disgusted with the College when I sent my boys through it, it was not what we wanted. And people did get bashed here, even by teachers. And you get back to the '60s and '70s, I can assure you that happened. I'm trying to get a hold of what an Eddie's boy is, I think I understand where you're coming from, it's about the weight of expectation on each individual boy that he might want to be something more than he actually is. But ... he's not measuring up.

Mark: We'd encourage you to talk to your boys if you feel that, the same way in which we quite often do, we speak to the boys quite regularly about achieving your personal best, whether that's on the football field, in the classroom, your own personal best. We celebrate with boys' improvement, for example. NAPLAN is a great example. We have NAPLAN awards every year but we don't allocate awards to the boys who get the top bands, we allocate awards to the boys who get the best ... the most learning gain from Years 7 to 9 or 5 to 7. We get quite often boys who get an award who will never get an academic achievement award in assembly and their parents are full with pride as well because they've got the most amount of learning gain. We're looking for more and more ways to celebrate that with boys. Just about every assembly that Dr Slattery speaks at he talks to the boys

about learning about improving in your own learning and I think that's the kind of language you need to support him with at home as well. You don't have to be the best athlete to get an A in PDHPE, for example as long as you're attempting your personal best. And a lot of our teachers take that philosophy into the class with them.

A lot more teachers are doing work on individual learning goals where the boys identify their own learning goals and show improvement towards achieving those learning goals. And that's certainly something we're going to work on more next year in a pilot study. But that's showing there's some great success with all boys. I sat in a class recently, a Year 10 class, one of our learning support classes, a small group with a couple of teachers' aides and I went and said now, we're doing MacBeth? And remember MacBeth? I remember MacBeth from Year 10 and this boy in Year 10 who really struggles literacy-wise was talking to me about Macbeth's soliloquy and he showed me what he wrote at the start of the unit and he spoke to me about what his learning goals were for that unit. He was able to talk about Macbeth's soliloquy, I was extremely impressed. So we're trying to do more and more on that, on individual learning goals, achieving personal best. Our code for learning that we've established and we report to you now on your reports is all about achieving your personal best. It's certainly raising expectation. Certainly boys need to have aspirations, there's no doubt about that, they need to improve themselves and that's the language we use with them. They're not all going to be ATARS of 90 plus, they're not all going to represent New South Wales or Australia in sport but at least have a go and attempt your best is the way in which we try and promote the work that we do with boys here at the College quite regularly.

Geraldine: And just to add one more thing, we get our kudos from outside, from maybe our achievements and what comes to us like as Sir was saying, the achievements they have through sport, through academic, at camps and so forth, the basic thing is the kudos that we get from inside and that's your job to notice your kids' strengths in saying "you know you did really well" "... you were so kind with that". By giving them that encouragement.

***Similar question to these which were recorded at the forum include:***

1. Is the College doing enough in earlier years to prepare boys for the pressures and stresses of older years (to discuss feelings and even the topic of suicide)?
2. What programs/support is in place for the senior years and what might be changed as a result of what's occurred?
3. What programs does the College have in place to identify potential mental health. Triggers etc.....grades dropping, work pressures, family pressures, exam pressures, self-expectations.
4. Is the Rock & Water program still being conducted at St Edward's?
5. Are there are any screening programs at the College that are used to help identify any at risk boys?

***These questions focus on how adults should engage with students post a suicide.***

***Should they be told all the actual facts of the incidents and possible triggers? Are they being told that this is not "normal" behaviour and not how they should deal with problems? They are hearing so many things on Social Media.***

Leonie: Head Space School Support, support secondary schools around the management of mental health emergencies and death by suicide and serious self-harm. Our advice is evidence based and best practice is brought to a school to work alongside them. In what is being told to young people either through small assemblies or through working groups and support groups that Terase and

Geraldine have been setting up is best practice in terms of what to tell a young person following a death by suicide. Because there are certain things that we know that can contribute to risk, things like a discussion of the method, the way in which it happened, and simplistic or judgement-laden explanations as to why. But how we get around that is that we help young people make sense of what's happened which is overwhelming and confusing and raises so many questions, is to acknowledge the language that they're using. So the school has made the decision to call it a suicide because that's best practice and that's the language that the young people are using.

The College has made a decision not to talk about it in more detail because we know that that's not helpful. But what the College has also done and what you as parents are able to do is to model what is safe and appropriate communication about this. There's going to be so many questions, there's going to be so much curiosity. What's actually helpful for those of your young people who have been bereaved by Cameron or Jackson or both is to think about him as a person. And what you remember about him and what you know of him. It's not helpful to talk about triggers because as has been acknowledged by the College in the way that they've been providing messages to your young people, suicide is incredibly complex, it's not the result of any one person, it's not the result of any one factor or any one trigger, it's a societal challenge and it's an interpersonal challenge and I guess what we can do is we can help provide our young people with appropriate language about the fact that it is incredibly complex.

We can help them understand how they might recognise if one of their friends is struggling and it's okay. It's a part of being a good friend to tell an adult about that even though that may feel terrible and it may feel like you're being a bad friend. We can focus on building relationships and connections because the strongest protective factor against mental ill health and against suicide is connection. I hope that answers your question.

Michael: Certainly from a school's perspective we'd endorse everything said there. Peter Dignam who began a campaign 18 months ago called R U OK? Today he was presented with his certificate at Gosford RSL for the work that he's done with R U OK? He has done a great job and has spoken to the boys here many times at assembly about his passion for R U OK? And asking a second, third and 54th question rather than just R U OK? He's been a great advocate of that and certainly within the context of all those classroom experiences and within R U OK? Certainly the message going out is this is not normal. No glorification, no sensationalism and certainly no heroics with it if that's what that question was asking about but I agree with everything said there.

***Similar question to these which were recorded at the forum include:***

1. How much do the boys know, is it all true and how much should they know about the incident and the lead up?
2. Is there a way to have speakers at the College that have attempted suicide and can share their stories and how they have overcome their issues and build resilience? Maybe someone their age a peer. Eg Suicide Prevention Australia.
3. You said that discussing the how and why of suicide was not helpful but isn't it worse for them to be hearing rumours on Facebook? In the absence of factual information the boys will create their own theories. Suicide isn't a mystery, there are factors that can be identified and considered (not blaming). There is enormous evidence via psychological autopsies etc. Speaking in generalities is in some way an insult to these boys intelligence and will not allow the boys to gain an understanding and reflect on their own responses – as previously stated they will develop their own theories and carry that with them for the rest of their lives.

***These questions focus on how we can encourage the boys to talk about their feelings, on strategies to engage them in conversations and ways to empower them and support them in dealing with issues concerning mental health and suicide.***

***How do we encourage our sons to talk to us about this incidence? When you ask them specifically do you want to discuss it and they say "no"?***

Geraldine: They've talked about it a hundred times already but before you talk to a young person you need to divulge how you're feeling about it so starting your sentences with "I'm really upset about this", "I'm really shocked about this, how are you feeling"? "How has it affected you"? And your intuition will tell you how they're travelling with that response. Maybe you should see the College counsellors". Do you think you need more help with that"? So telling them how you're feeling, I'm worried about you. I need a bit of reassurance from you.

Terase: And just to add to what Geraldine said, if they say no, they don't want to talk about it, it doesn't necessarily mean that they're not talking to anyone about it. They may be talking to their friends about it and they may be talking to the teacher that they trust if they're not travelling well. They may be coming to see us, if a friend has brought them up or suggested it so you can always ask them well, if you don't want to talk to me about it, are you talking to anyone else? Can you talk to your mates? And suggest that they do talk to somebody about it in that way.

Mark: We know that that response for us as parents makes us feel a bit helpless. That we want to be the ones to be able to help our sons. We do have to realise, and we certainly experience with the older boys at the moment, they are talking to each other, there is no doubt about that. Coming up with strategies and opportunities where you are persistent in asking the question is important as well at times but if you are concerned and you know your son better than anyone, let us know as well and we can facilitate that. Coming up with strategies on when to do it and how to do it. I know I do it with my boys when they're driving their car because they don't have to look at me, they're looking straight ahead. I ask the question - how are you going? Oh good. How are you feeling? Okay. But how are your mates feeling? How are your friends feeling? What are they talking about and often what they're going to talk to you about is what they're feeling as well, so you get a good insight as to what they are feeling at that time as well. Be persistent. I know we feel helpless at times, we feel they don't want to talk to us but it's important at times that if you are concerned, you feel you're not getting any headway with them please let us know and we'll assist as best we can here at the College as well.

Leonie: I think I would just add one more thing to a certain extent some of this is also not feeling like they want to give you some of their emotion they may be concerned about how you will feel, about how they will feel you know. It might be if you say to me that's okay, whatever you're feeling right now is perfectly fine and as Geraldine said a big part of this is normalising. Right now it would be perfectly fine if you're angry, it would be perfectly fine if you're sad, it would be perfectly fine if you're feeling nothing at all and it's okay if you're not feeling exactly what your friends are feeling either. And if they say no, that's okay but just letting you know that I'm going to ask you again because I'm really concerned.

***How and when do we approach our son when he shuts down communicating?***

Mark: That is a real burning issue for us, as parents. It's the appropriateness of the time, the setting that you do it in, because they find it difficult to look at you and talk to you about their emotions. Are there other strategies? Other suggestions possibly that might work that are similar to that?

Leonie: The when is hard and I think that when, is a double-barrelled question. Actually, it's when that conversation is appropriate? And in what setting is that going to produce the results that you want?

But when also in their journey of grief or emotionality as well, so I will answer the second part of that when question if that's okay because I think sometimes we see a shift in our young people - maybe they're not sleeping, maybe they're not talking to us, maybe they're more agitated than usual, maybe they started eating everything in the house or nothing at all and sometimes it is hard to differentiate what is normal adolescence from what is an indicator of distress and something that we should be concerned about.

It's about significant change that doesn't feel right for you, that doesn't sit with what you know of your young person and that persists over a period of time that would make us concerned. It's when it starts to impact on their functioning, when it starts to mean that they're not engaging in activities that they used to enjoy, when it's impacting on their ability to attend school and to participate well and to achieve and to achieve according to their expectations. But when it's a sudden, marked big change it's always okay to ask. It's always okay to see where they're at and to place markers to say if you're not ready to talk yet I'm going to keep checking in with you.

Locations? It can be when you're making dinner together and I might be wildly optimistic in saying that your boys make dinner with you but you never know. It might also be about as early as possible and on a continuing basis setting up just time together. It doesn't have to be talk time, it can just be time. It's an indication for your availability and it can be anything, it's not necessarily sitting across from one another and staring someone in the eye because that's really awkward, don't do that. It might be playing sport together or at a dinner or something like that and you could even try at a dinner, everyone gets 15 minutes to talk about whatever they like and you might hear about Pokémon for 15 minutes and you'll be bored to tears but it's their sharing time. It's creating some freedom in that environment so that when something is on their mind and it's something big and it's something that's come up in the news or they're really concerned about there's a bit of an avenue for that to be shared as well.

Rachel: In my role I meet a lot of young people, I sit in front of a lot of young people and I rarely hear them say "my mum doesn't ask me how I'm going" than, "they always ask me" so I'd say even if they're not opening up to you don't let that be a barrier to you continuing to kind of check in, it's much better that they know you still care, you're still asking than not at all.

### ***How do you empower the boys to communicate openly about their feelings?***

Terase: I can tell you a little bit about what we've been doing this week with the boys that will address that hopefully. We're noticing that the boys with each other are in smaller groups quite open with talking about how they are feeling and how they are going. They're ready to be sharing a lot of that and we just listen and really encourage them to try and make that connection with what they're thinking and what they notice feeling in response to those thoughts. We acknowledge that sometimes it's hard to find the words that describe what they are feeling. And that's okay. We have feelings sheets. Sometimes it's easier for them to look at feelings and identify from that what they are experiencing because it is hard to find the words when something is so heavy and overwhelming. So that's what we're doing, we're normalising that it is a good thing to be discussing their feelings and we're listening and we're giving them the opportunity to express that and to make those connections and it seems to be going well.

Geraldine: I have a book that the kids have written in expressing their feelings and they're not scared to, they're very open, actually and it's quite lovely.

Leonie: I might also say that some of this is because they're at that point of feeling like they're the only person in the world who's ever felt this way and feeling like everyone's watching them and expecting them to stuff up, to fail. So some of this is because they're at that point of transitioning from being a child to being an adult, it can be modelling that it's okay as well, modelling that it's okay when you're frustrated to show that but then also to kind of provide some context to that emotion as well because if we're talking about young people, particularly young boys, having

difficulty attaching their emotions to their thoughts and then their behaviours to that and then kind of feeling guilty when they lash out, it's kind of about you acknowledging your fallibility as well, you acknowledging yourself as an emotional being. Boys to boy and dads to boys.

Head Space have found something similar through the Reach Out parent campaign, I'd encourage you to have a look at the Reach Out parent campaign. You can Google it. They've got clips on how to have difficult conversations, they've got feedback from young people on what I want my parent to say to me, what I'm concerned my parent may ask me but something that they focused on a lot was that generally speaking our boys feel more comfortable coming to us as mums but they take their lead on how to show their emotions from their dads. So it's kind of making it okay to not be okay.

***How do we, as parents, keep the communication open between our sons and us as they mature?***

**Terase:** Usually it's about having a relationship with your son in the early years. Spending some quality time - Mum spending quality time with your son, Dad spending quality time and I mean all of you take them to sports or to their friend's place and so forth but just having some quality time so you build that connection and have flexibility in your responses with them, so you model how to talk about your feelings. If you also divulge your own feelings, how you are, then you're modelling for them the words that they can use and it's okay to share what you know and you won't go into panic, you'll know if there's any indication that they might be sad or disappointed that they've lost a game or something so just building that emotional responsiveness with your son in the early years opens it up further because by the later years if you haven't done that there's going to be a wider gap in that communication.

**Geraldine:** Also the way you communicate with your child as they develop needs to change as they change. How you communicate with your child in Year 7 is obviously going to be really different with how you communicate with your child in their senior years. As they're changing, as they're going through their own developmental changes you know they're trying to establish who they are and their own identity as well. Your parenting style I think has to shift along with their shifts as well.

**Terase:** Just one more thing, because they are developing their sense of identity one of the tasks of adolescence around the age of 15, 16 and 17 that we must be really careful about is their egos. Give them strength around their egos, even if they've made a mistake and have done something bad, separate the deed from the doer, your son is not bad, he's just made a mistake or made a wrong decision.

**Mark:** That is certainly the language that we use when boys come up to the Year Co-ordinator, to Paul English or to me as Deputy Principal. We will often say, "Mate, you're a good kid, you've just done something silly" And often they're nodding their head in agreement. And you know, we're going to have to tell Mum. They're all good kids, all our boys are good boys, we know that and they do stupid things like we've all done so I'd encourage that approach definitely.

***Similar question to these which were recorded at the forum include:***

1. How do you open the conversation about how your son is feeling, and what do you do to keep the conversation flowing and gain your trust to be able to talk openly.
2. How do we improve the communication among boys to talk more, from the early years of high school, so that we can get the boys to open up and identify issues earlier?
3. How do you get the boys to open up to you without constant questioning or getting in their face?
4. How do you ask how your boys are going, without them feeling like you are nagging?

***These questions focus on the College, students in the year group and ask are they more vulnerable now that two suicides have occurred.***

***What seems to be the common denominator as there has been 2 suicides from the same year group?  
What were the findings?***

Leonie: It's probably the one question that's been looming in the room so I want to applaud you on your courage for asking it. Suicide is so very complex and it's not as a result of any one factor and it's something that we've been looking at for years as researchers and yes, we've been able to come up with things that do put a young person or anyone potentially at more risk, that do correlate with an increased risk of suicide. But they don't cause it. So in terms of answering this specific question, no, there isn't a common denominator. It's complex and it's individual and when we talk about suicide, while it might be helpful for us to try and understand that it's as a result of mental illness or it's a result of risk factors, really what it is is a result of distress, an individual's distress and feeling unable to seek more support and feeling trapped and hopeless in that distress. The best thing that we can do is to build connectedness, to encourage help-seeking, to encourage positive coping and to let people know that we're here for them and that it's okay to talk about it when we're feeling distressed and that it's also okay not to be okay.

Rachel: When you asked what are the findings are you looking for statistics? What are the findings in the current situation or what are the findings generally? That age group of course is a high-risk age group and because they are forming their identity and they have many challenges from leaving childhood and growing into young men, what do they stand for, all those questions they want to ask. What sort of a man am I going to be? You know what sort of models have I got? So what are the findings?

Michael: I think I'd add to that that we're not even in a position to know. As we speak here tonight the Coroner is still working on one case. None of that information will be shared with us. If that's what that means, findings, and in the last case none of that was shared with us either. So we don't know, to be honest with you, and we'll never know.

Parent: In the case of where they're what we have here, do they ever find that there's a period where the kids around in that year might be at a higher risk directly afterwards?

Leonie: Because of the way in which young people affiliate with one another, because of the way in which they connect with one another, the loss of a peer as a result of anything is tragic is huge. The loss of a peer as a result of suicide is harder because it raises so many different questions. And I guess feelings of blame and responsibility and guilt and abandonment and anger, those sorts of things are really hard for a young person to try and work through and because of that difficulty and the way in which that may make them reflect upon themselves and their own responsibility, that can contribute to an increase in vulnerability, an increase in risk.

But what we know about that and what has been done at a school level and what can continue to be done by you as parents is to help normalise those feelings, that it's okay to be feeling all of that or none of that and I guess coming back to try and help our young boys understand that it's not their fault, that it's not a result of anything that someone did or didn't do, that it's not because you didn't tell your friend that you loved them, that it's not because you weren't talking to them on the internet at 3am because that's unrealistic and not fair, that it is incredibly complex. Dr Slattery said it takes a really big process to try and work this stuff out and we can never know what's going on in a person's head at that point in time. But what we can do is help our boys understand and help

them go back to thinking about their friend and the positive moments they had together and not blame themselves and try and cope as best as they can with that complex mix of emotions.

***Similar question to these which were recorded at the forum include:***

1. How does the attention that this event is receiving not provoke a copy-cat?
2. Does the school environment (regarding the suicide) affect the other children?
3. Speaking in generality, my son has had 2 friends kill themselves. How are we addressing the contagious effects?
4. I feel like the fact that this has happened twice in the same friendship circle is being ignored?

The following questions were also recorded on the evening and have been answered below by appropriate St Edward's staff.

**Parent:** **No-one's mentioned psychiatry and chemical imbalances and brains and things that can happen to young people, I just think it might be worth you saying something about that if you might, please?**

Rachel: I guess it's looking out for those early signs, that's never something that happens overnight, there's always early signs when someone is becoming depressed for instance, their mood changes, a change in their behaviour or the way they're acting at home. So they might be feeling lower than usual, maybe you're seeing that their facial expressions aren't quite the same, they become quite flattened in their affect. They might be sleeping a lot, they might be sleeping very little. Their appetite, it can be extremes. Maybe they're comfort-eating or maybe they're not eating very much at all. But if it gets to a point where someone has been low for a couple of weeks you'd want to be getting them some help from a GP and there is prescribed medication, antidepressants, anti-anxiety medication available if that's an avenue that is clinically indicated.

Leonie: I think adjustment to medication is challenging which is why it's not regularly prescribed under the age of 16 because the neurochemical balances are still balancing and the brain is still wiring, it's a point of neural plasticity so our brain is still working out how to cope with things and still learning how to do that. If it does get to the point of prescription, I think it is just important to continue to monitor in a stringent way and any adjustment to medication is also an important time of increased monitoring as well just because of the way in which that changes our chemical imbalances.

Michael: We do have a few boys that are on medication. If you asked us what the great difficulty with that is, it's certainly not the fact that they have a condition or they're medicated, it's us understanding and getting them to stay on their meds because when they come off it they become erratic. We notice it straight away so we're onto that pretty quickly. And as you say, working with a GP and working with Mum and Dad on that so it's not unusual to have in a school of this size, six or eight kids that are in that pool that suffer depression or suffer a mental illness and they're medicated. The doctors try not to do that and two danger periods for us is when their meds are being changed and they're trying different ones and they're a bit up and down for a while or they're being very sneaky and not taking them, in both cases, they're pretty obvious to us.

The group just below them are boys that get a bit anxious or suffer anxiety and have a little bit of depression and that's the next group we watch out for and ordinarily their GPs try not to put them on meds and try and manage it in the ways you're suggesting.

**Parent:** **As a parent of a Year 11 student I'm just making an enquiry that with the boys that have done the forum with you guys in here, was the feedback from the boys something that they may have foresaw coming and did you know? Was there signs that indicated that this was something that may happen? I don't know what they've been dealing with?**

Geraldine: That's part of the disbelief because they were so close, they were joking, they were talking, they were communicating on Facebook, on social media and it was just so out of the blue for them so there was no indications for any of our boys and he wasn't on Terasa or my radar or anybody else's radar for that matter so no.

Mark: And that was the same for Cameron, exactly the same, there were no outward signs. Neither of these two boys showed any signs.

Mark: I have one burning question, I think that was touched on in that response and that is the impact of social media. Have you any thoughts on what impact it might be having? Facebook constantly 24/7, in contact with peers and is there any correlation between that or increase or decrease in statistics associated with suicide?

Leonie: The short answer is no, there hasn't been research conducted into the way in which social media may contribute to any increase in vulnerability or a decrease. I will just say that I think that any forum where appropriate verbalisation is facilitated is actually okay. I think the challenge on social media is that quite often it is inappropriate and perhaps the best way to facilitate that in terms of a parenting style is quite often our kids know when something's not good for them, they just don't want to admit it and they're feeling like they're getting a lot of pressure to still do it even though it's not good for them. So asking some of those open questions of what do you get out of it? When is it good? When is it not so helpful for you? And maybe kind of helping them problem-solve on ways to reduce use of that when it's not so helpful. What we see quite often in terms of grief amongst young people is that their first step is not to go to parents, it's to go to one another and they do that through lots of different forums and social media. There's some benefit in being anonymous initially because if this stuff's too big to verbalise and they're typing it out, that's actually therapeutic. That actually helps so I think it's about having appropriate checks and monitoring in place, having appropriate boundaries in place and helping our young people understand or actually admit what they know in terms of when it's helpful and when it's not helpful.

### **What are the services available for boys here on the Central Coast?**

There are many services available on the Central Coast. They include:

- Family GP
- Headspace
- Gosford Area Mental Health
- College Counsellor
- Community Counsellor
- Lifeline
- Beyond Blue

Please telephone to inquire about whether a GP referral is required to access these services.

If a boy is referred to a service provider, it would be through the Pastoral Care Coordinator (Mr Paul English) and the College Counsellors. The College only requires a note from a parent if the boy is absent from the College whilst accessing a service. Parents should speak with the Year Coordinator if concerned about the impact on school workload.

### **What other initiatives is the College planning to introduce to assist parents and boys?**

The College will organise a session for parents called *SafeTALK Suicide Prevention*. Parents are also encouraged to speak with the appropriate Year Coordinator if you are concerned about your son.

The College P&F will discuss the option of a dedicated Year 11 night and a Father/Son night.

### **R U OK?**

Year 11 student, Peter Dignam, has been conducting the RUOK Program for over 22 weeks. He recently addressed the College Assembly and staff regarding us checking on others. He was honoured for his contribution at Gosford RSL last week by the Maximum Potential Leadership Group.

### **Counsellors**

The majority of Year Coordinators are male and boys can access them if they wish, there is a trained male counsellor at St Edward's College who can be called upon and another at The Haven Annexe.

The fact is, no male applied for the Counsellor positions and our present counsellors won the positions as they are superbly qualified and do a wonderful job.

In essence, gender matters nil if a good counsellor can do their job with boys.

### **Should be told academic/sport.....**

The message continually given to boys is a balanced healthy lifestyle. Doing their personal best in all things social, sporting, academic, cultural and religious.

### **Are teachers now addressing bullying amongst boys in a different light, from an attitude of “they are just boys being boys” to one of immediate concern?**

The College has never addressed bullying ‘as boys being boys’ and take each reported bullying incident as being serious. The incidences of reported bullying are no different than in previous years and bullying is addressed in the curricula area of PDHPE in year 8, as well as in Religious Education classes, 7-12, where we talk of an inclusive community and solidarity and justice.

The College’s attitude to bullies is communicated to boys on a regular basis through College Assemblies.

- The rights and responsibilities of the College Community are published and supported.
- Students are urged to report bullying to the appropriate people. This can be verbally or by using the College email: [bullying@stedwards.nsw.edu.au](mailto:bullying@stedwards.nsw.edu.au)
- The College also surveys various year groups regarding bullying throughout the year.

The use of the bullying email is the most effective way families and students can report bullying and these emails are dealt with immediately upon receiving by the College Pastoral Care Coordinator.

When bullying is reported the following may occur:

- Peer conferencing between the victim, support person(s), the bully/bullies and supporting teacher.
- Follow up by the supporting teacher.
- Contact with the parents of the victim and the bully.
- If the bullying is repeated, intervention by the Pastoral Care Coordinator, who may involve the Police Liaison Officer in serious cases involving physical or cyber bullying.

### **Bullying Introduction**

Bullying is defined as “any action or implied action, such as threats of violence, intended to cause fear or distress”. In the words of students at St Edwards College “it is giving someone a hard time for no specific or apparent reason”.

Such bullying can be emotional, verbal and/or physical. It can be subtle or obvious, and can occur once or over a period of time. Whatever form the bullying takes it utilises the illegitimate use of power in order to hurt others. Examples of bullying are threats of violence, actual physical violence or intimidation, verbal malice, exclusion of the victim and harassment (including sexual or racial). It also includes electronic bullying, outside the College hours. Students may be skilled in bullying behaviours such as fighting, manipulating or intimidating. Others may be skilled in those behaviours associated with being a victim, such as attention seeking, over sensitivity and the inability to have their needs met. In both categories students are often inadequate in the socially desirable behaviours, such as negotiating differences, dealing with conflict, responding to failure, responding appropriately to stressful situations, to rejection, peer pressure and anger.

This policy is designed in response to the understanding that bullying has painful consequences.

This policy is designed in response to the understanding that bullying has painful consequences for the victim and also subsequently for the classroom environment and the College's learning culture. This is because a student's feeling of safety and their ability to learn is affected by the power struggles within the school environment. This Policy acknowledges that early intervention to address bullying behaviours may reduce the incidence of anti-social behaviours in adulthood.

Research has shown that taking two important steps can reduce bullying:

- Creating an active, practical policy;
- Openly discussing bullying (silence and secrecy nurture bullying).

### **The Proactive Process**

- Staff will actively supervise students in all school activities.
- The College's attitude to bullies will be communicated to boys on a regular basis through College Assemblies.
- The rights and responsibilities of the College Community are published and supported.
- Students are urged to report bullying to the appropriate people. This can be verbally or by using the College email: [bullying@stedwards.nsw.edu.au](mailto:bullying@stedwards.nsw.edu.au)
- The College also surveys various year groups regarding bullying throughout the year.

### **St Edward's College Policy Manual**

Section 5 – Student Policies Page 32.

### **Reporting Bullying Behaviour**

Students report the behaviour to the tutor, another teacher, directly to a member of the Pastoral Care Team or through the College web site.

When bullying is reported the following may occur:

- Peer conferencing between the victim, support person/s, the bully/bullies and supporting teacher.
- Follow up by the supporting teacher.
- Contact with the parents of the victim and the bully.
- If the bullying is repeated, intervention by Pastoral Care Coordinator, who may involve the Police Liaison Officer in serious cases involving physical or cyber bullying.

## **Warning Signs and Risk factors**

### **Indicators Signs and Symptoms**

The following key signs, symptoms and risk factors are a guide only. If you have serious concerns for your child's safety then contact the mental health assessment line, which is open 24 hours. You can also take your child directly to Accident and Emergency where they will arrange for a mental health assessment.

### **Warning Signs**

Warning signs can be different for each individual. As a parent, the main thing to guide you is any **significant** changes in mood, behaviour, or routine. Be guided by your intuition and gut feeling if something is not right. Some common warning signs are:

- Expressing feelings of hopelessness or worthlessness
- Withdrawing from friends or family
- Sudden, noticeable changes in mood
  - Changes that are out of character in the young person
  - Acting out more than usual
  - Uncharacteristic withdrawal
  - Change in eating habits
  - Looking very tired
  - Avoiding school
  - Change in grades
  - Poor hygiene
  - A sense as a parent that something just is not right (trust your instincts – you know your young person better than most)
  - Withdrawing from relationships and social interactions
  - Threatening to hurt themselves
  - Talking or writing about distress
  - Engaging in risky/unsafe behaviour
  - Increasing/commencing alcohol and other drugs behaviours
  - Noticeable changes in mood
  - Changes in study and or work effectiveness (Grades/performance)
  - Self-care and personal hygiene decreases

### **Red Flag Warning Signs**

If any of the following are observed, immediate action should be taken:

- Disclosing thoughts to hurt or kill themselves
- Withdrawing from friends, teachers and family suddenly or over a short period of time
- Saying goodbye to loved ones

- Planning ways to end their life or trying to access means by which they could harm themselves
- Engaging in reckless or risky behaviour
- Talking, writing, or drawing about death, dying or suicide
- Expressing feelings of hopelessness or worthlessness
- Talking or writing about being a burden to others
- Increasing their use of drugs or alcohol
- Giving away possessions

### **Risk Factors**

The following are factors associated with suicide although it cannot be said that these factors alone **cause** suicide.

Risk factors can be summarised into different categories:

**Psychological** factors can include feeling hopeless, low self-esteem, not able to deal with distress or intense emotions, loss of relationships including friendships, bullying, thoughts of failure and poor impulse control.

**Mental or physical health.** The risk factors include any diagnosed mental health issue such as depression and anxiety, previous self-injury, chronic physical health problems, history of psychiatric care, anti-social behaviour and substance abuse.

**Environmental** factors include, stressful life events, relationship difficulties, being intoxicated or drug affected.

**Social/Familial** factors include family breakdown, parental separation, moving house, moving school, disengaged with school, friends and community, childhood trauma.

**Individual:** Males are at more risk, identifying as Gay, Lesbian, Transgender or Intersex, Aboriginal or Torres Strait Islander and Migrant populations.

These are not conclusive, but are some of the most common factors in this category. If you are worried about particular risk factors for your son, please contact the school counsellors or mental health team.

### **Protective Factors**

It is also important to be aware of Protective Factors as well as Risk Factors. Protective Factors help to decrease the risk of self-harm and suicide, and refer to an individual's characteristics and coping skills. These include:

- Being connected to family, school and social supports
- High self-esteem and coping skills
- Good help seeking behaviours such as asking for help, self-awareness, self-direction ie looking up self-help websites, awareness of emotional needs and identifying thoughts and feelings

## **Support for boys with learning difficulties and social problems**

In the event the young person has diagnosis or suspected diagnosis of Autism Spectrum Disorder (including Asperger's) refer to the following web fact sheet: <http://www.autism-help.org/family-suicide-depression-autism.htm>

This fact sheet may also provide some guidance for parents with young people who have intellectual disabilities; depending on the type and functional impact of the disorder, parents should consider seeking an individual support plan from an appropriately qualified professional if they have concerns regarding risk of suicide or talking about the subject safely.

### **Links between Self-Harm and Suicide**

The research literature tells us that 90% of people who died by suicide have a mental health history. This leaves 10% of cases without a mental health history. This could mean that these people have either not accessed support for their mental health issues or do not have a mental health condition. It is therefore suggested that *mental ill-health is a major contributor to suicide*; other factors like intoxication and impulsivity in conjunction with major life events (relationship break up, death of a relative, exposure to suicide) could account for some of the 10% not associated with mental health.

With regard to self-harm; often self-harming behaviours are a coping strategy for dealing with distress. It is an unhealthy and risky coping strategy. Not all people who suicide engage in self harm behaviour; however, in order to contemplate suicide, one must contemplate harming one's self. The concept of harming ones self is thus a necessary component of suicide and therefore makes people who engage in the behaviour more at risk of suicide. The key differentiation is the intent of the behaviour – is the intent to self-harm an effort to change the way they feel? Or to end their life?

Hearing about the suicide of a friend or other young person can have a profound impact on young people; grief, guilt, depression, sadness. It can also have the effect of making the behaviour more attainable as a solution to life's problems, if the young person is vulnerable to the concept (see Risk and Warning Signs). That is to say, when a young person experiences a loss of a friend or loved one by suicide it increases the risk that they too may entertain the idea, as similarity is a key dynamic of adolescent relationships. This concept is at the heart of the phenomena often referred to as "copy-cat" or "contagion" behaviour. What is important to remember is that suicide should be talked about openly (forcing this subject underground then makes it harder to detect), however, it should be done in a safe way that focusses on alternative actions and promotes help-seeking behaviours.

Asking someone if they have been thinking about self-harm or suicide will not "put the idea into their head". Creating a positive connection and showing you care by asking about a young person's wellbeing is always a good thing; asking about suicide or self-harm is generally not the first question in a conversation which displays empathy and care. The concept of suicide is so widely known by adolescents, it would be highly unlikely you will be the first person to discuss the concept. In the rare event you are, it would be an opportunity to discuss the concept safely and promote help-seeking behaviours in a supportive conversation.

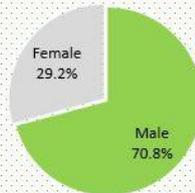
## Trends and Statistics on Youth Suicide

### Suicide among secondary school-aged young people (15-19 years)

Among 15-19 year olds in 2014 there were **130** deaths due to suicide.

Of these:

- **71%** were **male** (n=92)
- **29%** were **female** (n=38)



The **rate** of suicide among 15-19 year olds was **8.8 per 100,000 people** – 12.1 per 100,000 males, and 5.3 per 100,000 females.

Mindframe summary of ABS statistics

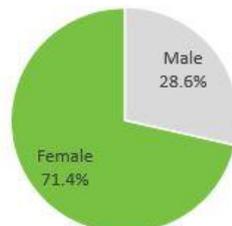
Facts and stats about suicide in Australia (Mindframe)  
<http://www.mindframe-media.info/for-media/reporting-suicide/facts-and-stats>

### Suicide among 0-14 year olds

Among 0-14 year olds in 2014 there were **21** deaths due to suicide.

Of these:

- **71%** were **female** (n=15)
- **29%** were **male** (n=6)



The **rate** of suicide among 0-14 year olds was **0.5 per 100,000 people** – 0.3 per 100,000 males, and 0.7 per 100,000 females.

Mindframe summary of ABS statistics

Facts and stats about suicide in Australia (Mindframe)  
<http://www.mindframe-media.info/for-media/reporting-suicide/facts-and-stats>

Rates have been increasing over the last 4 years according to ABS data only a whole (including all age ranges – see below).

Specific up to date data on suicides of young people on the Central Coast is not immediately available.

With regard to a local context; it cannot be said with any certainty that we know the cause for these deaths and some are still under investigation.

Statistics vary with regard to substance abuse and suicide, however, it is found that alcohol is a contributing factor to impulsivity associated with adolescents. It is clearly supported by the research literature that alcohol has a significantly negative impact on young people's decision making, and is implicated in many suicides of young people.

Without reference or commenting on the confidential nature of specific cases, it can be said that; relationship issues, familial conflict, disconnection from family or peers, substance use (mainly alcohol) and mental health challenges feature strongly in most suicides of young people.

When a suicide occurs, it is a traumatic event for a school or community and the impact on young people can be significant. Suicide can elicit a range of emotional and behavioural responses.

### **How to help our boys to identify when their friends are at risk and what to do about it**

The Beyond Blue website offers important advice for young people who have a friend who may be at risk. This can be helpful for parents to know, as you can guide your boys to this website or use the information we give to them yourself. The website offers advice such as the following:

“The important part of helping your friend is to understand that you are there to offer support, but it is up to your friend to decide how they are going to get it. If your friend does not want help, then be patient. Perhaps remind them of their options now and then, but try not to pressure them. If you are **worried about their safety or that they are going to hurt themselves somehow, then you need to let someone else know**” - immediately.

“If your friend is joking or talking about suicide, giving possessions away or saying goodbye, it is important to do something. You might tell their parents, partner, a trusted adult or contact Lifeline on 13 11 14. Even if you promised not to tell, what's most important is that your friend needs your support. You can talk with them another time about why you had to get them help”. Friendships can be repaired, some other things can't.

This information at: <https://www.youthbeyondblue.com/help-someone-you-know/supporting-a-friend>

### **White board questions:**

There were more general questions that were asked throughout the night these included parent's fears and anxieties for their son and for the whole family. Hopefully the above information will be helpful and provide a way to guide parents to know how to support each other. If you have specific questions that you would like to discuss further, please feel free to phone the Counsellors at the College.

## Support Information



Beyond Blue – 1300 224 636 <https://www.beyondblue.org.au/>



Black Dog Institute - (02) 9382 4530 <http://www.blackdoginstitute.org.au/>



Reach Out - <http://au.reachout.com/contact-us>



Lifeline – 13 11 14 <https://www.lifeline.org.au/>



eHeadspace – 11800 650 890 <https://www.eheadspace.org.au/>