

SUICIDE, DEPRESSION AND THE CLASSROOM: REVIEWING THE EVIDENCE

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Youth suicide is a significant public health problem in Canada, with the majority of youth suicides associated with mental disorders. Numerous suicide prevention programs, many of them based in schools, have been implemented to address youth suicide. However, there is insufficient evidence outlining their effectiveness. Educators are well positioned to help identify young people who may need treatment for mental health problems and suicidal thoughts or behaviours.

Facts about suicide and depression

Suicide is the second leading cause of death among youth. As many as 500 young people in Canada between the ages of 15 and 24 commit suicide every year. Mental illness, depression and suicide are intrinsically linked – nine out of ten youth suicides can be attributed to mental illness in non-Aboriginal populations. Approximately 15% of teens will experience significant mental health problems during adolescence. Mental illnesses are the most prevalent medical disorders which onset during adolescence.

What does this mean for the average classroom?

Based on current rates of mental disorders in young people, about five students in any classroom may have a mental illness. The likely manifestation would include two students with depression, two or three with anxiety and one with ADHD. Other mental disorders that educators may encounter in the classroom include eating disorders and psychosis. Fortunately, early identification and effective treatment of mental disorders in youth may lead to better outcomes. Therefore, it is imperative for educators to be able to understand, recognize, and refer youth who exhibit signs of a mental disorder for appropriate assessment and treatment.

Myth vs. Reality

Myths about suicide are widespread. People often believe that suicide is a normal response to stress and that people who attempt suicide are just looking for attention. It is often accepted that people who talk about suicide are unlikely to follow through, that those who commit suicide are selfish and weak, and that there is nothing that can be done for a person who is suicidal.

Contrary to these myths stand the realities of suicide and depression. Suicide is an abnormal response to stress and usually occurs in the context of a mental disorder, either existing or undiagnosed. Everyone experiences stress, many people suffer from mental illness, but not everyone attempts suicide. Many people who commit suicide have communicated their feelings or plans in advance and have contemplated taking their

Definitions

'*Depression*' is often used to mean many different things – ranging from feeling “the blues” to clinical depression. What is important is that we understand that these things are not the same. Clinical depression is a mental disorder characterized by a subjective inner state of sadness, unhappiness or gloominess, accompanied by negative thoughts and physical symptoms which substantially impede normal function.

'*Suicidal behaviour*' is more accurately defined through a series of specific terms:

Suicidal ideation – thoughts of harming oneself

Suicidal intent – a decision to commit suicide

Suicidal plan – considered events leading to an attempt

Suicide attempt – a non-fatal self-inflicted injury that occurs in the presence of suicidal intent

Suicide – a fatal self-inflicted injury that occurs in the presence of suicidal intent

Self-harm – self-inflicted injury that is not associated with an intent to die

Suicidality – thoughts or actions associated with intent to die

life prior to the act. A cry for help is not the same as wanting attention. Sometimes it is not until someone has made a suicide attempt that the first mental health care intervention may occur. Sometimes a suicide attempt is the first clear indication to outsiders that a person is suffering from a mental disorder. Fortunately, appropriate and effective treatment of a mental disorder can greatly reduce the risk of suicide.

Importance of addressing mental health

Teachers and other education professionals are often the first people to notice mental health problems in teens. They can act as important links to students and parents in helping them understand mental disorders and available interventions.

Educators can play an important role in addressing mental disorders through education, identification and referral of both students and parents. Educators can provide support and educational interventions for students who are ill. All of these actions can help to reduce the stigma associated with mental illness and improve outcomes.

Finding the right information

Information about suicide and depression is widely available; however it is not always based on fact. It is important to understand how to recognize the validity of research studies and to be able to decipher the statistics used by the media or websites. The best means to determine the value of mental health education or suicide prevention programs is to determine whether there is evidence of their effectiveness. An evidence-based prevention program would be based on information, which is empirically validated through strong scientific studies.

Evidence also accumulates and changes over time, leading to changes in what is regarded as the best approach or means of treatment. As evidence evolves, it is necessary for continued updating of skills, knowledge and training.

Mental health education programs

A variety of prevention programs have been implemented to address youth suicide. Two types of training have been proven effective: *gatekeeper training* which targets individuals who have regular non-clinical contact with youth (teachers, school administrators, youth workers, etc.) and *primary health provider training* which enhances healthcare providers' capacities in treating depression.

Increasing mental health literacy for educators and health providers is a necessary first step for the success of any mental health prevention program, since speaking the same language makes delivering the same message and attaining the same results easier.

One such initiative currently available across Canada, the Understanding Adolescent Depression and Suicide: Education Training Program, teaches educators and health professionals to understand, assess and refer suicidal or depressed youth for treatment. Presented by Dr. Stan Kutcher, an international expert on adolescent mental health, the program offers an innovative combined approach to mental health education.

The success of this program lays in a combination of two proven methods: the training of first-line education professionals and capacity building of healthcare providers using evidence-based knowledge. The program teaches education professionals to effectively identify youth with probable mental disorders and to refer them for appropriate evaluation and care by health providers who have developed an increased capacity for meeting the needs of these young people. Additionally (and

unlike all other suicide information activities), the program teaches participants how to critically understand the core concepts pertaining to suicide and depression and how to critically evaluate information presented about these issues. This approach results in understanding – not just information accumulation – which is the foundation to lifelong self-directed learning.

Results of the education training program

Since April 2007, more than 700 educators and health professionals across Canada have participated in the Understanding Adolescent Depression and Suicide: Education Training Program. Participants in the educators' training specifically account for more than 375 of the nationwide total and include administrators, teachers, school nurses, educational psychologists, counsellors, youth workers and social workers.

The program has shown consistent increases in knowledge based on pre- and post-training tests, with an average improvement in post-training knowledge by 24%.

The program has been well received by educators and health professionals alike. They see the information covered as being practical and appreciate the simplification of complex scientific issues. One participant commented that the training had caused her to review her practices with regards to mental health interventions; another said, "I am amazed by what I thought I knew but don't, all the false info we are given and the reality of depression and suicide. What an eye-opener."

Be prepared to recognize signs of depression in your students

- Review school and school board policies on mental health.
- Know your school's procedures for dealing with mental health problems.
- Know what links your school board has to youth mental health services.

For more information about the Understanding Adolescent Depression and Suicide: Education Training Program visit www.teenmentalhealth.org.