Welsh youth consultation on suicide and help seeking behaviours
Mind Cymru’s Positive Choices Project aims to help reduce the suicide rate across Wales, and promote mental health by improving the professional and public response to the serious mental distress experienced by individuals with thoughts of suicide. Funded by the Big Lottery Fund’s Mental Health Matters programme, the project engages with voluntary and statutory sectors as well as the wider community to raise awareness of suicide, break down stigma, and increase the perception that suicide is everybody’s business.

Positive Choices is not just about preventing suicide: many of those who feel suicidal will never go on to attempt suicide, but having thoughts of suicide results in acute and extreme emotional and mental distress. The National Office for Statistics estimates that 3.4 per cent of the population has thoughts of suicide in any one year – the Samaritans put it even higher at 5 per cent. This means that between 100,000–150,000 people in Wales are having thoughts of suicide. The Welsh suicide prevention action plan Talk to Me – a National Action Plan to Reduce Suicide and Self harm in Wales 2009–2014 (Welsh Assembly Government, 2009), emphasises the importance of early intervention and the role that all front-line services should play in responding to individuals in need, at the point at which they request help.

Principles of effective action

Underpinning the delivery of the Action Plan is the need to change the behaviour of the public and the agencies that are responsible for positively engaging with them. The Action Plan highlights the need to raise awareness of suicide and self harm; deliver training to those agencies that engage with the public and improve the immediate response to individuals in distress at the point at which that distress is recognised. Standardised, quality-assured training is needed to establish a common language for referrals and build a network across Wales that promotes the sharing of peer experiences regionally and nationally. Creating a common language between organisations and community is key to ensuring support, both for people experiencing suicidal thoughts and those supporting them. The project aims to help create clear and lasting community and inter-organisational pathways and networks for understanding and communicating risk and appropriate solutions.

One of the measures identified in Talk to Me was the need to collect information on help seeking behaviours and attitudes towards suicide generally in order to inform both policy and practice. In October 2008 the Welsh Assembly Government funded Mind Cymru to consult with young people living in Wales. The aim was to explore attitudes, identify help seeking behaviours and their knowledge around the issues of suicide, and to develop resilience skills. An exploratory project, using a range of methods including workshops and questionnaires, enabled 195 young people between the ages of 12–25 to be consulted. The following report presents the findings from this work.

This report has been commissioned by the Positive Choices project with acknowledgements for the development, consultation work and data gathering carried out by the Youth Agency Liaison Officer, E. Bassadone.
1. Introduction

The rates of suicide amongst young people in the UK have almost doubled since the 1970s, particularly in the male population aged 15–24 (Office for National Statistics, 2000). Childline, who in 2001 published a report, Saving young lives: calls to Childline about suicide (McConville, 2001), highlighted the increase in young suicide. Childline case notes (2009) showed a 221 per cent increase in the calls received in 2007/08 where young people were counselled with suicide being their main problem.

Those working in health and social care settings have been concerned about the increase in suicide rates over the last few decades, more recently the impact has been seen in education. Suicide is a major public health concern and in Wales it has been the focus of attention for many public bodies and in the local and national press. The Welsh Assembly Government has responded with the publication of Talk to me – A National Action Plan to Reduce Suicide and Self Harm in Wales 2009 –2014 (Welsh Assembly Government, 2009).

Mind Cymru has been actively promoting suicide prevention and intervention within Wales since 2006. As part of this work Mind Cymru has introduced Applied Suicide Intervention Skills Training (ASIST). This training is now being taken forward through the Positive Choices Project. This project holds an exclusive licensing arrangement with Living Works, the developers of ASIST. The Positive Choices manager has been actively negotiating with various agencies to promote this intervention approach, and ASIST is a significant part of the National Action Plan to reduce suicide and self harm within Wales.

Partnerships have been developed that promote multi-agency working, and in particular the Siaradwn Ni project has received funding for ASIST training. The aim is to promote a network of specially trained people working towards a prevention and intervention based approach. This project, started in April 2009 and is currently only available in Bridgend, Neath and Port Talbot County Borough, so as yet there is no data to evaluate the efficacy of ASIST in the reduction of Welsh suicide rates. Global research surrounding ASIST is positive however, and closer to home, Scotland report a reduction in their suicide rates since ASIST became a key part to their suicide reduction strategy (Griesbach, et al, 2008).

The Positive Choices project and Mind Cymru continue their rights-based work to reduce emotional and mental distress in the population: to educate, support and lead the way in best practice and the training of caregivers. The Youth Agency Liaison Officer post was identified as key to gathering data to inform future developments, (Welsh Assembly Government 2008, p19)
2. The Project
Young people consultation exercise – Positive Choices project

2.1. Background

The stigma and taboo surrounding suicide does not promote conversations around the subject. It is rarely talked about openly outside of academic circles. In the UK suicide was only decriminalised in 1961, so historically it has not been an acceptable subject to broach. Culturally, there remains a taboo and this makes it difficult for anyone, especially young people, to admit that they are having thoughts of suicide. If we want to reduce rates of suicide and self harm in young people, it is essential that we have some understanding of their thoughts, attitudes, beliefs and knowledge.

There is a lack of information on public attitudes, beliefs and knowledge about suicide in the UK. The need for some research to be undertaken was clearly identified. The aim of this project was to run a consultation with young people across Wales so that information could be gathered that may help inform future proposals and approaches to reduce suicide. It was essential that the young people themselves were directly involved, not only in information gathering exercises, but also consulting them about services they might access and getting their suggestions regarding anything more that could be offered to help reduce youth suicide rates. This approach is consistent with the ‘United Nations Convention on the Rights of the Child’ (UNRC). This was ratified by the UK in 1991 and is supported by the Welsh Assembly. Article 12 (UNRC, 1991) calls for state parties to:

“assure to the child who is capable of forming his or her own view the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.”
Funding was obtained from the Welsh Assembly Government for a time-limited post to undertake consultation work on attitudes towards suicide and help seeking behaviours in young people. The post was staffed for six months from October 2008 until April 2009 by a Youth Agency Liaison Officer. The remit of the consultation was to engage with young people across Wales, using various approaches to ask specific questions around the subject of suicide. The post-holder was then to gather and record this information in a report, with a view that the findings would be used to inform the development of future resources and services.

2.2 Project aims

The aim of the Youth Consultation project was to explore and obtain information on:

- existing knowledge around the issues of suicide attitudes around suicide
- what help seeking behaviours, if any, young people could identify
- ascertain what services they may access
- ascertain what resources and ‘who’ they may turn to for help.

2.4. Considerations

An important issue for this consultation was to consider the safety of participants. It was imperative that should there be any young person involved who may be having thoughts of suicide they were kept safe. Hypothetically they could be inadvertently exposed to stigma and negativity by their peers during the course of a workshop, or be overwhelmed by their feelings. With this in mind the other essential component of this consultation was to ensure that the resilience of the young people would be developed and enhanced as a result of participating. Safety information was given out to all participants via signposting to resources, i.e. Samaritans, Community Advice and Listening Line (CALL), and Papyrus. Adults in contact with the young people were identified as future points of call should they be needed.
3. Method

3.1. Consultation methods

In order for the consultation to be successful it was essential to identify specific ways in which young people would engage. A variety of formats were explored, including those that had been successful in other similar consultation exercises. The workshops were designed by the Youth Agency Liaison Officer with some variation in format. The methods used in this consultation had to be varied and easily adaptable in order to ensure that as many of the young people who were being consulted engaged and participated. This was done through a workshop, quiz, and discussion. For those sites where it was not possible to run a workshop a questionnaire was used. Using a variety of methods also allowed them to be compared to assess their suitability for use in any future consultation projects. The tools used for the workshops are included in the appendices. All data was collected and recorded anonymously.

3.1.1 Workshops

The workshops involved a number of activities that when completed gathered a range of information. Through active engagement and participation, the direct benefits to participants were an increase in their knowledge around the issues of suicide, with identification of the help available from call lines and agencies. Completion of activities provided the project with information on help seeking behaviour, identification of services that participants were aware of and why they may or may not access these services. It also explored what the young people felt a prevention programme should look like, who it should be aimed at and where and who should provide it, a session plan is included in appendix 1.

3.1.2 Questionnaire

The questionnaire was intended to collect a range of information, varying from attitudes towards suicide, knowledge about suicide and best ways to help young people who are at risk and possible barriers to accessing help. Thirteen of the questions used a five point Likert type scale to elicit the young peoples’ attitudes towards suicide. The remaining questions were largely open ended and sought views on help seeking. All questionnaires were bilingual, all were returned in the medium of English. A copy of the questionnaire is included at appendix 3.

3.2 Sample

It was important that the consultation was representative of Wales rather than one specific geographical location. Wales is a diverse country with some areas of conurbation and some very sparsely populated rural areas. There is considerable contrast in deprivation and affluence within Wales and areas of poor infrastructure. The aim was to capture a cross section of Welsh youth from a variety of areas across Wales.

One hundred and ninety five young people between the ages of 12–25 took part in the consultation. Other than sex, demographic information on the participants was not collected. The areas involved were Llanelli, Aberdare, Cardigan, Cardiff, Machynlleth, and Monmouth. It was not possible to include young people from North Wales, but the areas involved covered a range of urban and rural settings across South and mid Wales.
3.3 Participants

Six sites were involved in the consultation. These were chosen because limited time was available for the process and the Youth Agency Liaison Officer had existing relationships with, or contacts, on these sites.

**Coleg Sir Gar – Llanelli**

This is a further education college, with over 12,000 students aged 16 and over. One hundred and thirty six students were consulted using questionnaires that were completed during tutorials. No workshops were run at this site. The college counselling and support service was involved in coordinating the distribution and collection of the questionnaires, whilst promoting the Positive Choices Project and the aims of the consultation exercise.

**Monmouth Comprehensive School – Monmouth**

This is a comprehensive school with students aged 11–18. Eleven students from years 7–11 engaged in a one-hour workshop during school time. The deputy headmaster assisted with scheduling the workshop, getting parental/guardian consent and informing the students of the workshop’s aims. The questionnaires were not used at this site, data was gathered using a quiz and discussion.

**Books and Babies, Amman Community Education Centre – Aberdare**

This is a project that engages young mothers in structured learning days where they can work towards gaining a number of qualifications. It also provides a crèche for their babies. Eleven girls aged 14–17 participated in a two and a half hour workshop. The project manager assisted with data collection by scheduling the workshop and informing the students of its aims. Data was gathered at this site using a quiz and discussion.

**Area 43 – Cardigan**

This is a drop-in and information shop that provides help and support to all young people aged 16–25 in Ceredigion, Pembrokeshire and Carmarthenshire. Eleven young people were consulted by completing questionnaires with voluntary staff at the centre. The project manager ensured that the questionnaires were distributed and returned before the deadline. No workshop was run at this site.

**Northlands – Cardiff**

This is a Salvation Army hostel that supports young people aged 16 and over. Nine young people were consulted by completing questionnaires with a member of staff at the hostel. The principal project workers distributed and returned the questionnaires. No workshop was run at this site.

**Woodcraft Group – Machynlleth**

This involved a voluntary group for young people aged 12–18, run by the Woodcraft movement. Seventeen young people participated in a two-hour workshop and completed questionnaires. The group leaders were involved throughout the consultation workshop. This workshop was delivered by a different facilitator – because of time constraints it was completed after the Youth Agency Liaison Officer had left her post.
4. Results

4.1 Questionnaires

The questionnaires were used at four of the participating sites. One hundred and seventy two questionnaires were returned, although some had data missing. The responses to questions concerning attitudes and beliefs were collected on a five-point scale but this has been collapsed to three for analysis. The results are displayed in table 1.

In order to explore any gender differences in attitudes and beliefs about suicide the results to questions 1 to 13 were analysed by gender, although this information was not completed on all questionnaires. These results are set out in table 2.

Question 14 asked, “Do you think that depression and suicidal thoughts or attempts are a problem among young people today?” 81 per cent of respondents replied “yes” to this question, 10 per cent “no”, and the remaining 9 per cent “did not know.”

Participants were asked what kind on information they thought young people might benefit from. Their suggestions are set out in table 3.
### Table 1. Attitudes and beliefs about suicide – all respondents

<table>
<thead>
<tr>
<th>Question</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most young people who attempt suicide are lonely and depressed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would feel ashamed if a member of my family died by suicide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide happens mostly in troubled individuals who come from difficult</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>family situations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prisoners who attempt suicide in jail are just trying to get</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>better living conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Those who attempt suicide in public places are more interested in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>getting attention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young people who attempt suicide are just trying to get sympathy from</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most young people who try to kill themselves don’t really want to die</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most people who have thoughts of suicide never go on to attempt to kill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>themselves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More boys die by suicide than girls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talking about suicide will cause it</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The predominant feelings of most young people who are contemplating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>suicide are helplessness and hopelessness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young people who talk about suicide don’t really go through with it</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If someone wants to kill themselves there is nothing that you can do to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>stop them</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NB. Percentages have been rounded to whole numbers so may not add up to 100
### Table 2. Attitudes and beliefs about suicide – by sex

<table>
<thead>
<tr>
<th>Question</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Most young people who attempt suicide are lonely and depressed</td>
<td>67</td>
<td>74</td>
<td>19</td>
</tr>
<tr>
<td>I would feel ashamed if a member of my family died by suicide</td>
<td>19</td>
<td>34</td>
<td>24</td>
</tr>
<tr>
<td>Suicide happens mostly in troubled individuals who come from difficult</td>
<td>26</td>
<td>52</td>
<td>45</td>
</tr>
<tr>
<td>family situations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prisoners who attempt suicide in jail are just trying to get better</td>
<td>12</td>
<td>25</td>
<td>43</td>
</tr>
<tr>
<td>living conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Those who attempt suicide in public places are more interested in</td>
<td>33</td>
<td>44</td>
<td>21</td>
</tr>
<tr>
<td>getting attention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young people who attempt suicide are just trying to get sympathy</td>
<td>5</td>
<td>31</td>
<td>33</td>
</tr>
<tr>
<td>from others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most young people who try to kill themselves don’t really want to die</td>
<td>31</td>
<td>44</td>
<td>55</td>
</tr>
<tr>
<td>Most people who have thoughts of suicide never go on to attempt to</td>
<td>36</td>
<td>39</td>
<td>45</td>
</tr>
<tr>
<td>kill themselves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More boys die by suicide than girls</td>
<td>24</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>Talking about suicide will cause it</td>
<td>5</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>The predominant feelings of most young people who are contemplating</td>
<td>38</td>
<td>41</td>
<td>38</td>
</tr>
<tr>
<td>suicide are helplessness and hopelessness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young people who talk about suicide don’t really go through with it</td>
<td>21</td>
<td>38</td>
<td>48</td>
</tr>
<tr>
<td>If someone wants to kill themselves there is nothing that you can do</td>
<td>12</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>to stop them</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NB. Percentages have been rounded to whole numbers so may not add up to 100

### Table 3. Suggestions of the type of information that young people might benefit from.

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information and advice on issues that affect young people and where they</td>
<td>42</td>
</tr>
<tr>
<td>can go for help and support</td>
<td></td>
</tr>
<tr>
<td>How to increase self-esteem, confidence and well-being (resilience</td>
<td>18</td>
</tr>
<tr>
<td>building)</td>
<td></td>
</tr>
<tr>
<td>Advice for young people on looking at the positives in their lives/how</td>
<td>17</td>
</tr>
<tr>
<td>to cope with stress and difficult situations</td>
<td></td>
</tr>
<tr>
<td>Information and advice from someone who has had first hand experience.</td>
<td>14</td>
</tr>
<tr>
<td>Counselling services</td>
<td>11</td>
</tr>
<tr>
<td>How to better support networks, e.g. family and friends</td>
<td>8</td>
</tr>
<tr>
<td>Consequences of suicide on communities</td>
<td>8</td>
</tr>
<tr>
<td>No one is ever alone</td>
<td>8</td>
</tr>
<tr>
<td>Listen to people in trouble</td>
<td>6</td>
</tr>
<tr>
<td>Symptoms of mental health conditions to raise awareness</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 4. Suggestions on the best way to get information about depression and suicide to young people.

They were asked what they thought was the best way of getting information about depression and suicide to young people.

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taught in school or college (PHSE)/discussions in schools, colleges or youth clubs</td>
<td>53</td>
</tr>
<tr>
<td>TV: advertising campaigns, storylines in soaps, celebrities</td>
<td>48</td>
</tr>
<tr>
<td>Website</td>
<td>38</td>
</tr>
<tr>
<td>Leaflet/Booklet distribution</td>
<td>21</td>
</tr>
<tr>
<td>Poster Campaign</td>
<td>15</td>
</tr>
<tr>
<td>Via Counselling (open counselling also suggested)</td>
<td>9</td>
</tr>
<tr>
<td>Internet forum/websites</td>
<td>8</td>
</tr>
<tr>
<td>Shock Tactics</td>
<td>7</td>
</tr>
<tr>
<td>Befriending schemes/Peer Education</td>
<td>7</td>
</tr>
<tr>
<td>Drama workshops</td>
<td>7</td>
</tr>
<tr>
<td>Magazine articles</td>
<td>6</td>
</tr>
<tr>
<td>Short Films shown in schools</td>
<td>4</td>
</tr>
<tr>
<td>Setting up support groups in schools</td>
<td>3</td>
</tr>
<tr>
<td>Via GP surgeries</td>
<td>3</td>
</tr>
<tr>
<td>Via Police initiatives</td>
<td>2</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 5. What do you think stops young people asking for help?

Participants were asked what they thought stops young people from asking for help. This was a closed question giving respondents a number of options to choose from. Where respondents chose “other” their suggestions have not been recorded.

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>They are afraid parents/guardians will find out</td>
<td>82</td>
</tr>
<tr>
<td>They are worried that peers might find out</td>
<td>51</td>
</tr>
<tr>
<td>They are not aware of what services are available and don’t know what to access</td>
<td>62</td>
</tr>
<tr>
<td>They don’t know how to ask for help</td>
<td>62</td>
</tr>
<tr>
<td>They are worried that they will be labelled and this will stay on their medical record</td>
<td>45</td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
</tr>
</tbody>
</table>
Table 6. What can be done to make it easier for young people to ask for help?

Respondents were asked if there is anything that could be done to make it easier for young people to ask for help.

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up one to one support</td>
<td>37</td>
</tr>
<tr>
<td>Provide more information and advice to young people</td>
<td>27</td>
</tr>
<tr>
<td>Better advertising on services available including help lines</td>
<td>22</td>
</tr>
<tr>
<td>Poster Campaigns</td>
<td>21</td>
</tr>
<tr>
<td>Train teachers to notice changes in their students</td>
<td>19</td>
</tr>
<tr>
<td>Help provide support via schools</td>
<td>18</td>
</tr>
<tr>
<td>Breakdown stigma</td>
<td>17</td>
</tr>
<tr>
<td>Set up confidential support groups</td>
<td>14</td>
</tr>
<tr>
<td>Create internet sites for all ages</td>
<td>4</td>
</tr>
<tr>
<td>Set up befriending services in schools</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 7. If you were concerned about a friend’s safety who would you turn to for help/advice?

<table>
<thead>
<tr>
<th>Source of help/advice</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>61</td>
</tr>
<tr>
<td>Teachers</td>
<td>29</td>
</tr>
<tr>
<td>Friends</td>
<td>27</td>
</tr>
<tr>
<td>Social Services</td>
<td>23</td>
</tr>
<tr>
<td>Counsellor</td>
<td>16</td>
</tr>
<tr>
<td>No-one I would deal with it directly</td>
<td>16</td>
</tr>
<tr>
<td>Other trusted adult</td>
<td>14</td>
</tr>
<tr>
<td>Someone else close to my friend e.g. their parents or friend</td>
<td>14</td>
</tr>
<tr>
<td>Help lines</td>
<td>12</td>
</tr>
<tr>
<td>Doctor</td>
<td>8</td>
</tr>
<tr>
<td>Police</td>
<td>7</td>
</tr>
<tr>
<td>Internet</td>
<td>2</td>
</tr>
<tr>
<td>Someone who has been through this themselves</td>
<td>1</td>
</tr>
</tbody>
</table>
4.2 Quiz, workshop and discussion findings

It was difficult to analyse quantitatively the data collected and collated from the workshops because of the variation in collection and recording, however the findings can be presented qualitatively.

Views were sought on what young people perceived to be risk factors for suicide and the following were suggested at one workshop:

- Loneliness
- Depression
- Drugs and alcohol
- School related stress
- Grief
- Parents splitting up
- Break up of a relationship

At a different workshop the following were suggested:

- Mental health problems
- Alcohol/drug use
- Loss of significant relationship
- One or more suicide attempts
- Compulsion/extreme perfection

At one workshop, when asked for their views on those who attempt or die from suicide, respondents expressed the following attitudes:

- Lonely
- Depressed
- Selfish
- Cowards
- Attention seeking
- Feeling sorry for themselves
- Stupid

It was reported by those running the workshops that most participants’ attitudes seemed to have been formed through media influence – in particular television particularly drama and soap operas. This is an issue that could be explored further.

Most young people were able to identify a number of sources of practical help. The following were identified and are listed in order of preference, the source most often mentioned being at the top of the list:

- Parents
- Teachers
- Friends
- Social services
- No one, I would deal with it myself
- Someone else close to my friend for example their parents or a friend
- Helplines
- Doctor
- Police
- Counsellor
- Other trusted adult
- Internet
- Someone who has been through this themselves

Although the participants identified these sources of help, the majority reported that should they need emotional support they would try to deal with the situation alone and not seek help from these sources. The reasons why this was the case were not explored, and this is an area that would benefit from further work. They also said that should they have a friend who was distressed and had mentioned thoughts of suicide they would not talk to a parent or a teacher. This was because teachers were seen as being unable to resolve situations in the best way and that generally adults did not listen. They also wished to keep the confidence of the friend.

Confidentiality was mentioned by number of participants who were consulted as being a barrier to accessing services. This is well documented as a major reason why young people do not seek help in many areas of their lives and is corroborated amongst others by Langstaff et al (2001) who links this specifically to Wales and to small communities. Anonymity was highlighted as essential to increase the chance of help seeking behaviours.

With regards to the identification of resources the Youth Agency Liaison Officer identified that there were discrepancies amongst the young people. They were able to identify some resources (notably either those that are local or those who invest in advertising campaigns). The most common identification of resources were youth groups, for example, youth clubs, local groups etc, and school counsellor. The only help line that was consistently identified was Childline. Interestingly the young people during consultation were unaware of the services offered by CALL, Samaritans and Papyrus. They made the point that face-to-face services should be available not just help lines.

A common theme identified during the workshops was that the majority of young people felt the subject of suicide and emotional distress should be discussed in school. Some explored the option of this being delivered in personal and social education, furthermore they identified using external
agencies/speakers for this, such as health professionals, drug and alcohol services, counsellors, and survivors of suicide (Griesbach et al, 2008). Taboo and stigma were discussed in relation to the impact that these have on the open discussion and disclosure of suicide.

Finally, it is important to note that for many who were consulted, the idea of a website and or forum was identified as a potentially appealing resource. The young people were quite specific in this and identified ‘Talk to Frank’ as a useful site, with some stating that this could have a section on suicide, and others said that a website on suicide that was similar in presentation would be useful. It is important to note the power of advertising in dealing with young people as being instrumental in its success and accessibility. Indeed, the young people stated that the same level of publicity and advertising that had gone into www.talktofrank.com should be comparable. They also identified television advertising campaigns, posters, leaflets and informative articles within magazines as effective ways in communicating key messages to young people about suicide.
The aims of the project were to explore and obtain information on:

- existing knowledge around the issues of suicide
- attitudes around suicide
- what help seeking behaviours if any young people could identify
- understanding what services they may access
- identifying what resources and who may they turn to for help.

5.1 Knowledge of issues around suicide

Overall the young people consulted during the project seemed to have an understanding of some of the risk factors for suicide. They mentioned mental health problems, particularly depression, the loss of significant relationships and alcohol and drug use, amongst other risk factors. They also recognised the relationship between attempted and completed suicide and the role of helplessness and hopelessness. Only 18 per cent agreed that more males die by suicide than females with 51 per cent undecided. 48 per cent were undecided on whether, “Young people who talk about suicide don’t really go through with it.” This suggests, as might be expected, that they may not have a complete understanding of all risk factors.

67 per cent disagreed with the statement, “If someone wants to kill themselves there is nothing that you can do to stop them.” 67 per cent also disagreed with the statement, “Talking about suicide will cause it.” This is very positive since it suggests that the majority of those who completed the questionnaire understand that suicide is preventable.

These findings suggest that the young people consulted do have knowledge and an understanding of some of the issues around suicide, but they might benefit from further information.

5.2 Attitudes towards suicide

A range of attitudes towards suicide were expressed. In the workshops, participants expressed a range of views about people that attempt suicide including: they are selfish, cowards, attention seeking, are feeling sorry for themselves or are stupid. 40 per cent of those completing the questionnaire agreed with the statement, “Those who attempt suicide in public places are more interested in getting attention”, whereas only 23 per cent agreed with the statement, “Young people who attempt suicide are just trying to get sympathy from others.” 30 per cent agreed with the statement “I would feel ashamed if a member of my family died by suicide”, with 46 per cent disagreeing.

Overall the attitudes expressed seemed generally negative and this is interesting in contrast with the apparent grasp of risk factors. It is not possible to tell if these attitudes stem from a lack of understanding of the issues around suicide and self harm or from something else. There is a lack of published research on attitudes towards suicide and self harm in the UK with which this finding could be compared. This would be an interesting issue to explore further. For example, an intervention to promote more helpful attitudes towards suicide and self harm could be tested using before and after assessment of attitudes.

5.3 Help seeking behaviour and resources

The young people consulted identified a range of information that might be useful to them. The most widely mentioned was “information and advice on issues that affect young people and where they can go for help” (table 3). This suggests that they feel there is a general lack of information and support available to them. The type of information and support required is developed further in some of the other responses in table 3, suggesting the need for support to develop confidence and self esteem and coping with stress and
difficult situations. The benefit of support and advice from those with first-hand experience is recognised, as is the need for counselling services and for support for family and friends. In the workshops, the majority of young people felt that suicide and emotional distress were subjects that should be discussed at school. They recognised the impact that stigma and taboo have on the acknowledgement and discussion of these issues.

A range of suggestions were made as to the best way to get information about depression and suicide to young people (table 4). The most popular was input in personal health and social education in school or college or discussions in schools, colleges or youth clubs. The next most popular suggestions were using television, advertising campaigns, storylines in soaps or celebrities. This was followed by websites, leaflet or booklet distribution, and poster campaigns. The findings from the questionnaire were supported by the discussion in the workshops.

Responses to the questionnaire identified a variety of factors that stop young people asking for help (table 5). The most popular choice was that they are afraid that their parents or guardians may find out. They were also worried that their peers might find out. Significant numbers said that young people were not aware what services were available or where to access them or that they do not know how to ask for help. It is worth noting that this was a closed question and they were asked to choose from a range of options, had this been an open question the young people may have given other reasons. There was an “other” category for this question but details of responses to this were not provided. In the workshops, confidentiality and lack of anonymity were highlighted as barriers to seeking help.

In their response to the questionnaire, the young people identified things that might make it easier for young people to seek help (table 6). These included the availability of one to one support, the provision of more information and advice, better advertising of available services, and poster campaigns. These reflected many of the responses detailed in table 4. Breaking down stigma was suggested by some respondents as was training teachers to notice changes in their pupils and providing support through schools.

When asked about whom they would turn for help and advice if they were concerned about a friend’s safety many respondents identified parents, teachers and friends (table 7). This however, is contradicted by the findings from the workshop where participants said they would not talk to a parent or teacher if they were seeking help for themselves or for a friend. This was because teachers were not seen as being able to resolve things in the best way and adults were perceived as not listening. This is a concern; young people identify these as their main source of help or advice yet say that they would not use them. This finding reflects the difficulties around open discussion of suicide and self harm.

In the workshops, young people did not seem to be aware of the services of CALL, Samaritans and Papyrus. The reasons for this were not established but it may be that these services are publicised in ways that are not usually accessed by young people. There was strong support in the workshops for the development of a web-based suicide resource similar to Frank, the resource for people concerned about drug use.

5.4 Limitations

5.4.1 Data collection

Data was collected by a range of personnel and full details of this process has not been recorded. Where the workshop approach was used it is possible that the questionnaire was administered after the quiz and discussion had taken place. This means that some responses will have been informed by the workshop content. Administering the questionnaire at the start and then again at the end of the workshop would have allowed the establishment of a baseline and the opportunity to assess the impact that the workshop content had on knowledge and attitudes. This approach should be considered in any further work. Some of the questionnaires were returned incomplete. There may be a number of reasons for this: participants may not have wanted to answer the questions; there may have been time constraints; participants may not have realised that the questionnaire was continued over two pages. This could have been avoided if a pilot study of the questionnaire had been carried out.

The quantitative data in this exercise was collected using a variety of methods this casts some doubt on its validity and it cannot be considered conclusive. It does however raise interesting themes and ideas that could be explored further in future work.

In future work, where data is collected by a range of personnel, it will be imported to provide detailed information to ensure that data is recorded in the same format. This will allow for more complete analysis of the available data.

Gender is a highly relevant issue to consider in a study on suicide given that male suicide rates remain higher than female rates. It has been difficult to draw conclusions based specifically upon gender as many of the questionnaires did not have gender stated. This may simply have been because the questionnaire used the term gender, rather than asking respondents to indicate whether they were male or female.
Although all data was collected anonymously, in any future work consideration should be given to collecting sufficient information to look for gender differences.

5.4.2 Sample

The numbers of questionnaires completed as part of this exercise was substantial. Although the sample this represents cannot be generalised to the whole of the population of Wales aged 12–25, the results to give an indication of the attitudes of this age group towards suicide. Unfortunately, it was not possible to include any sites in North Wales. Of necessity, the numbers involved in the workshop elements of the consultation exercise were small. The study shows that the methods involved were effective in eliciting the views and attitudes of young people.
6. Conclusions and recommendations

6.1 Conclusions

This project led to the successful consultation of almost 200 young people and has provided information on their knowledge of and attitudes towards suicide and self harm. No information on this had previously been available. We now have a better understanding of what needs to be done to provide help and support to young people who may be having thoughts of harming themselves. Much further work is needed but this project provides a baseline from which to develop. Despite some minor limitations, this consultation project has also demonstrated that the tools used – the questionnaire and workshop – are useful methods for eliciting the views of young people on suicide and self harm.

This project highlights a number of important issues. First, it has shown that although the young people consulted had some understanding of the risk factors for suicide and self harm, their knowledge and understanding is limited. This may explain the negative attitudes that some express. The findings suggest that young people feel that they do not have sufficient access to advice and support but they are able to suggest a variety of ways in which this might effectively be provided to them. The most significant issue identified by this project is that although young people are able to list a range of sources of advice and support, they are reluctant to use these. This is because of their concerns around confidentiality and a lack of confidence in adults to provide them with the help and support they need. This issue in particular needs further exploration to try and identify sources of help and support that young people would turn to if they were concerned about their own or a friend’s safety.

6.2 Recommendations

The following recommendations are made concerning this report:

• This report should be disseminated to all those with a responsibility for planning and providing services for children and young people. This should include education, health and social services and voluntary organisations.

• Those responsible for planning and providing services for children and young people should take the findings of this project into consideration when developing services.

6.3 Future developments

The following could be considered to begin to address some of the issues highlighted in this report:

• Further consideration needs to be given to identifying and providing sources of confidential and effective help and support that are acceptable to young people who are at risk of self harm or suicide. This might include provision of: one to one support, helplines (this should include making young people aware of the help lines and other services available to them), and/or a website.

• Consideration should be given to including input about suicide, self harm and mental issues on the personal health and social education curriculum in schools and colleges.

6.4 Issues for further research

The following are suggested as areas requiring further research:

• Baseline assessment of attitudes towards suicide and self harm.

• Development and testing of interventions to promote helpful attitudes towards suicide and self harm.

• Role of the media in providing information on suicide and self harm and in forming young people’s attitudes towards these.

• The sources of practical help young people might be prepared to use if they needed emotional support.
References


Appendices

Appendix 1: Workshop plan

Exercise 1
Quiz – read out statements and respond by holding up a T or F provided (depending on the size of the group this can be done as individuals or as teams). Answers are issued following each question.

Exercise 2
Part 1 – Asking for help
Read out statements and ask in which situations they would ask for help, answer using thumbs up thumbs down etc. who would they ask and why.

Statements:
1. You’re stuck with your homework
2. You’ve run out of toilet paper

Dee’s diary

Monday
Dear Diary, It’s been a bad day. Shelly my so-called mate had a party Saturday night and I was the only one not invited. Every time I walked past her or one of her mates they stopped talking. Mum and Phil are arguing all the time and neither of them want to talk to me. I’ve been pulling my hair out more and more and it’s starting to show – I’m struggling to cover the patches. Nothing is going right. Nothing seems to matter, I don’t seem to matter. Dee

Tuesday
Dear Diary, Guess what? Another bad day. They’re still going on about Shelley’s party, turns out Ben was there with someone else, I knew he was lying when he said his Nan was visiting. Ben’s also meant to be my mate but he can’t be if he’s lying to me. Phil stormed off after another row with mum, he hasn’t come back yet and mum just keeps on crying. She still won’t talk to me though. Hair’s getting worse, not that mum will notice. Dee

Wednesday
Dear Diary, really down. Things are getting worse. I can’t remember when I last laughed or felt good. Phil’s back but that hasn’t stopped the arguing and they still don’t care how I feel. I didn’t bother going to school today because Bee rang last night and told me exactly what happened on Saturday and Shelley’s. Big discussion about me!!! They all think I’m weird, different and not like them. Maybe I am. I just couldn’t face them. Spent the day hiding out. I wish there was someone, anyone who thought about me. I wish I wasn’t here. Dee

Thursday
Dear Diary, there isn’t much to say today. Spent most of last night thinking about not being here anymore. Would anyone care? Don’t think so. Don’t think that they’d notice for a while anyway. My hair looks so bad now that I am scared people are right and I really am weird. Dee

Friday
Dear Diary, didn’t go to school. Told mum I was ill, I guess I look ill anyway. Keep thinking about taking something or doing something to stop all the pain. Phil’s taking mum away for the weekend to make-up for all the fighting. No one has called or sent a text to see how I am. There really is no one that cares. Maybe this weekend will be the right time to do something. Is there anyone out there? What can I do? Dee
3. Your friend always looks sad and you recently noticed some scars on their arm
4. You can’t find the remote control
5. You’re parents are always arguing
6. You can’t find something in the supermarket
7. You don’t understand what someone said, e.g. teacher
8. You think your friend might have an eating problem
9. You’re watching your favourite programme on the telly but you want a drink
10. You’re being bullied

Part 2 – Dee’s Diary (copies of Dee’s Diary)
Break the group into small groups; they are then to read Dee’s diary extract.

Pretending that they are Bee the friend mentioned in the story identify use flipchart
• People that they would ask for help
• People that they think Dee could ask for help

Once people who can help have been identified how do they feel about Dee? How does it feeling knowing that there is someone that they can turn to? *Ask the group to take a minute to identify whom they could turn to in difficult situations.*

Part 3 – Thinking about any services mentioned?
• What services have been identified as people that can help?
• What do they know about them?
• What is good?
• What is bad

Why do you think some young people don’t access any services?

If a service was being created for young people what would it offer and how? E.g. it would be run in schools by a school counsellor.

Exercise 3
Creating a prevention programme?
Get the group to identify what the programme would contain?
What information young people would benefit from?
How presented?
To who?
Where?

Is there anything that adults or teens could be doing to reach young people about mental health and suicide?

Offer examples of programmes that exist and allow them to identify what works and what doesn’t.

Exercise 4
Give out safety information
Appendix 2: Quiz

Questions

More boys die by suicide than girls
☐ True
☐ False

Which of the following is a risk factor for suicide in young people?
☐ a. Mental illness/psychiatric conditions
☐ b. One or more prior suicide attempt(s)
☐ c. Compulsive, extreme perfectionism
☐ d. Loss of significant relationships
☐ e. Alcohol and other drug use
☐ f. All the above

Most suicidal young people show warning signs before attempting suicide.
☐ True
☐ False

People who attempt or complete suicide usually present warning signs
☐ True
☐ False

Talking about suicide will cause it.
☐ True
☐ False

Suicide happens mostly in troubled individuals who come from difficult family situations.
☐ True
☐ False

People who are contemplating suicide will become angry and resentful if someone intervenes with their suicide plan.
☐ True
☐ False

Young people often threaten suicide as a way of getting attention.
☐ True
☐ False

Being angry with someone after he or she dies by suicide is a normal reaction.
☐ True
☐ False

Most people who attempt suicide ultimately want to die
☐ True
☐ False

Once a person attempts or contemplates suicide they will always be at risk
☐ True
☐ False

If a person who has been struggling with depression and suicidal thoughts for some time suddenly snaps out of it they are still at risk for suicide.
☐ True
☐ False

Answers

More boys die by suicide than girls.
True – 80% of the people who die by suicide are male; however 70% of the people who attempt suicide are females.

Which of the following is a risk factor for suicide in young people?
All the above – while there is no stereotypical "suicidal type" the following risk factors may increase the risk for suicide in some youth: a traumatic or recent loss (includes divorce), social isolation or neglect from family, youth living on the street, gay or lesbian youth – confusion around sexual orientation, low self-image, low self-esteem, perfectionist, engaged in risky or self-destructive behaviour (i.e. smoking, dangerous driving, substance abuse, unprotected sexual activity), history of self injury, history of sexual, physical, or verbal abuse, recent suicide of family member, friend, classmate, family history of suicide, previous suicide attempt, chronic or terminal illness and diagnosis of depression or other psychiatric disorder.

Most suicidal people show warning signs before attempting suicide.
True – most suicidal people show warning signs before a suicide attempt. Some early warning signs include: drug/alcohol abuse; disinterest in usual activities; restlessness, agitation, anxiety, irritability, moodiness over minor incidents;
and being overly self-critical. Some late warning signs include: talk of suicide or death, dropping out of activities, isolating self from friends and family, putting life in order, making a will, or giving away favourite possessions.

**People who attempt or complete suicide usually present warning signs.**

**True** – the majority of people who kill themselves have given definite signs or talked about suicide. The keys to prevention are recognizing the warning signs and knowing what to do to help. A suicidal person needs help from someone else to find solutions to their problems. Most suicidal people do not really want to die; they just want their pain to end.

**Talking about suicide will cause it.**

**False** – talking about suicide does not cause suicide to occur. In fact, it can be an excellent way to help prevent suicide. People who are not suicidal reject the idea, while people who may be thinking about it usually welcome the chance to talk about it. Often suicidal people are relieved because they feel that someone else recognizes their pain. Talking breaks the secrecy of the person who is feeling suicidal, and lets them know that there is help available. By not talking about suicide, the isolation and despair felt by suicidal individuals can get worse.

**Suicide happens mostly in troubled individuals who come from difficult family situations.**

**False** – suicide knows no boundaries. Suicidal youth come from all kinds of families, rich and poor, happy and sad, two-parent and single parent. People of all races, faiths, and cultures die by suicide, as do individuals from all walks of life and all income levels. Suicide can happen to anyone of any age, as it is not only adults and youth who consider suicide as a way to end their pain. Recent studies have shown that children under the age of 13 have considered and acted on suicidal impulses.

**People who are contemplating suicide will become angry and resentful if someone intervenes with their suicide plan.**

**False** – in most cases a person who is contemplating suicide will not become angry or resentful if someone intervenes with their suicide plan. Most people appreciate having a second chance at life, and value the support from someone who recognizes their state of desperation.

**Young people often threaten suicide as a way of getting attention.**

**False** – people do not usually threaten suicide as a way of getting attention. They will however, threaten suicide as a way of drawing attention to their pain. Take all suicide threats seriously. When a person shows signs of suicide they are trying to communicate their need for caring, support, and protection. It is a cry often aimed at changing life’s circumstances rather than ending life.

**Being angry with someone after he or she dies by suicide is a normal reaction.**

**True** – after someone close to you dies by suicide, it is very normal to feel emotions like anger or sadness. The best thing you can do is talk to someone about how you feel and to not feel guilty about the things you are feeling.
Most people who attempt suicide ultimately want to die.
False – most people who attempt suicide don’t actually want to die; they want to end their pain and see death as the only way out. People see their problems in the here and now, they cannot grasp the “big picture” of life. Unlike adults, they have difficulty considering the possibility that things might get better. Instead they believe that they have two options, to live with their pain or end it. Suicide is a permanent solution to a temporary problem.

Once a person attempts or contemplates suicide they will always be at risk.
False – just because a person attempts or contemplates suicide, does not necessarily mean they will always be at risk.

If people are able to access proper support and treatment they will be able to develop more healthy ways of coping with life’s challenges.

If a person who has been struggling with depression and suicidal thoughts for some time suddenly snaps out of it they are still at risk for suicide.
True – if a person who has been struggling with depression and suicidal thoughts for some time suddenly snaps out of it, they are still at risk for suicide. It is common for a person to feel light-hearted and almost cheerful when they have a suicide plan in place. They feel relieved that they have made a decision that will end their pain. They may even write out a will, or make a point of seeing friends in order to say their final goodbyes.
### Appendix 3: Questionnaire

Thank you for taking the time to complete this questionnaire. All the information that you provide will be treated confidentially. Please answer questions by either circling your answer or writing your answer in the space provided. If you need to continue on a separate sheet of paper then please feel free to do so but please ensure that you number the questions and secure any additional pages to this questionnaire.

Name: __________________________________________

Age: __________________________________________

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<tbody>
<tr>
<td>1.</td>
<td>Most young people who attempt suicide are lonely and depressed</td>
<td>□ Strongly agree</td>
<td>□ Agree</td>
<td>□ Undecided</td>
<td>□ Disagree</td>
</tr>
<tr>
<td>2.</td>
<td>I would feel ashamed if a member of my family died by suicide</td>
<td>□ Strongly agree</td>
<td>□ Agree</td>
<td>□ Undecided</td>
<td>□ Disagree</td>
</tr>
<tr>
<td>3.</td>
<td>Suicide happens mostly in troubled individuals who come from difficult family situations</td>
<td>□ Strongly agree</td>
<td>□ Agree</td>
<td>□ Undecided</td>
<td>□ Disagree</td>
</tr>
<tr>
<td>4.</td>
<td>Prisoners who attempt suicide in jail are just trying to get better living conditions</td>
<td>□ Strongly agree</td>
<td>□ Agree</td>
<td>□ Undecided</td>
<td>□ Disagree</td>
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<td>5.</td>
<td>Those who attempt suicide in public places are more interested in getting attention</td>
<td>□ Strongly agree</td>
<td>□ Agree</td>
<td>□ Undecided</td>
<td>□ Disagree</td>
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<tr>
<td>6.</td>
<td>Young people who attempt suicide are just trying to get sympathy from others</td>
<td>□ Strongly agree</td>
<td>□ Agree</td>
<td>□ Undecided</td>
<td>□ Disagree</td>
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<tr>
<td>7.</td>
<td>Most young people who try to kill themselves don’t really want to die</td>
<td>□ Strongly agree</td>
<td>□ Agree</td>
<td>□ Undecided</td>
<td>□ Disagree</td>
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<td>8.</td>
<td>Most people who have thoughts of suicide never go on to attempt to kill themselves</td>
<td>□ Strongly agree</td>
<td>□ Agree</td>
<td>□ Undecided</td>
<td>□ Disagree</td>
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<tr>
<td>9.</td>
<td>More boys die by suicide than girls</td>
<td>□ Strongly agree</td>
<td>□ Agree</td>
<td>□ Undecided</td>
<td>□ Disagree</td>
</tr>
<tr>
<td>10.</td>
<td>Talking about suicide will cause it</td>
<td>□ Strongly agree</td>
<td>□ Agree</td>
<td>□ Undecided</td>
<td>□ Disagree</td>
</tr>
<tr>
<td>11.</td>
<td>The predominant feelings of most young people who are contemplating suicide are helplessness and hopelessness</td>
<td>□ Strongly agree</td>
<td>□ Agree</td>
<td>□ Undecided</td>
<td>□ Disagree</td>
</tr>
<tr>
<td>12.</td>
<td>Young people who talk about suicide don’t really go through with it</td>
<td>□ Strongly agree</td>
<td>□ Agree</td>
<td>□ Undecided</td>
<td>□ Disagree</td>
</tr>
</tbody>
</table>
13. If someone wants to kill themselves there is nothing that you can do to stop them

14. Do you think that depression and suicidal thoughts or attempts are a problem among young people today?

15. What kind of information do you think young people would benefit from?

16. What do you think would be the best way of getting information about depression and suicide to young people?

17. What do you think stops young people from asking for help?
   a) They are afraid that their parents/guardians will find out
   b) They are worried that peers might find out
   c) They aren’t aware of what services are available and as a result don’t know what to access
   d) They don’t know how to ask for help
   e) They are worried that they will be labelled and this will stay on their medical records
   f) Other

18. Is there anything that we can do to make it easier for young people to ask for help?

19. If you were concerned about a friend’s safety who would you turn to for help/advice?