

YOUTH MENTAL HEALTH AWARENESS & SUICIDE PREVENTION

**Guidance and information for Sports
Coaches and Youth Leaders**

YOUTH MENTAL HEALTH AWARENESS & PREVENTION

Guidance and information for Sports Coaches and Youth

Written by Dr Hannah Farnsworth this document is copyrighted and licensed to Youth Suicide Prevention Ireland Publications Limited on an exclusive basis. The Four Steps to Help Programme is republished by kind permission of Alan McKelvie and Anthony Philpott. Four Steps to Help Programme Copyright © Alan McKelvie and Anthony Philpott 2010 – 2023. All rights reserved. E&OE

First edition published May 2022. Reprinted 2022, 2023.

This publication may not be copied, reproduced or changed in any way without the express written consent of the publishers. You must obtain written permission before editing or changing this document. Selling without prior written consent is prohibited. In all cases this notice must remain intact. This work cannot be retailed or resold without the publisher's written consent. This work is registered with the UK Copyright Service as Copyright Witness and the rights of the Author are protected under International Copyright Law. UKCS Registration Number 324197. (www.copyrightservice.co.uk). Published by Youth Suicide Prevention Ireland Publications Limited.

Extracts from "Youth Self-Harm and Suicide" republished by kind permission of Doctor Keith Holmes. Copyright © Youth Suicide Prevention Ireland 2010 – 2023. All Rights reserved.

All information herein is provided as an information resource about suicide prevention and research activities only. It is not the intention of Youth Suicide Prevention Ireland Publications Limited to provide specific treatment or care advice. Youth Suicide Prevention Ireland Publications Limited does not provide certification or accreditation for any counselling organisation, individual practitioners or treatment or care models that users may find out about through our information or publications or other materials provided by or through us. Youth Suicide Prevention Ireland Publications Limited does not endorse or recommend any of the service providers, agencies or organisations listed on any leaflet or publication provided by us or any other organisation. In no event shall liability exist to any user (or any third party who obtains access to the information) under any law for any loss or damage (including but not limited to direct, indirect, economic and consequential damage) in respect of any matter whatsoever related to any information in any website or leaflet or publication nor for the use of the information nor for actions taken or not taken as a result of information contained in this or any other websites leaflets or publications (including, without limitation, loss or damage caused by negligence). The material contained in this leaflet is provided for general information purposes only and does not constitute care, treatment or other professional advice. Due to the general nature of the information provided in the leaflet, should you require specific help, you should seek the assistance of an appropriately trained professional person. While every care has been taken in the preparation of the information contained in this leaflet, due to the nature of the information and the processes of publication, the information may not be complete, correct or up to date. Information contained in this leaflet which has been provided by recognised third parties is provided in good faith and no liability shall exist for any errors or omissions contained.

CONTENTS

Introduction	4
The role of the sports coach	4
An introduction to youth self-harm and suicide	6
The Four Steps to Help Programme	6
Why awareness and vigilance are so important	7
Fighting stigma	8
Frequently Asked Questions	8
Myths about suicide	11
What should I be watching for?	13
Some of the underlying causes of youth suicide and self-harm	13
Cyber Bullying	14
Suicide Clusters	15
Warning signs and behavioural changes	16
Main Indicators	17
General Warning Signs	18
Teen specific warning signs	18
General risk factors	19
Teen specific risk factors	21
The Dangerous Calm	21
Basic guidelines on how to help	22
Tolerant and accepting	22
Respect	22
Not judging or trivialising	22
Allow the young person to talk	23
Don't guarantee confidentiality	23
Listening	23
Discussion does not cause suicide	23
Under 18s	23
Getting support	23
Helping students – Do's	24
Helping Students – Don'ts	24
Mental Health Awareness Programmes	24
Availability of staff	24
Providing teenagers with coping skills	25
What can I do as a coach?	25
The role of the listener	26
General guidance	26
Active Listening	27
Characteristics of good active listening	27
Attitude of the listener	28
If you cannot help a young person	29
Policy matters	29
Child Protection	29
Self-protection	29
Types of intervention Resources	30
Summary	31

INTRODUCTION

Sports coaches and leaders enjoy a positive role in the growth and development of the children and teenagers attending a club. Whereas the relationship between a school teacher and a student can be quite formal, teens may enjoy a more informal, yet still professional, relationship with the leaders at sports clubs. Friendly sports coaches are likely to be trusted and respected by teenagers, which means they might turn to you for advice or share worrying thoughts with you. Whereas at school a teenager might hide their feelings, a sports coach may be in the unique position of seeing the warning signs of poor mental health.

If you only see a child for one hour a week, you may assume that you will have little impact on their life. However, you could have far more influence than you realise. The children who attend your club may be caught up in the pressure-cooker of modern life, feeling anxious, low, helpless, hopeless or with no sense of what their future holds. Just as you might feel overwhelmed as an adult, many teenagers will be struggling to make sense of their feelings, too.

Although it might seem that your main role as a coach or leader is to help teenagers develop their sporting ability, many will also look to you to help them deal with their emotions. As a coach this may be unfamiliar territory for you, and the idea of supporting someone may make you feel out of your depth. To spot teenagers who may be struggling, or those who might turn to you for help, you may first need to learn more about emotions and mental health.



The role of the sports coach

When you trained as a coach, you may not have thought you would need to learn about mental health or the warning signs of suicide. Although you are not expected to provide specialist advice or care, you are in a good position to observe the teenagers in your care, and get a sense of emotions that might be bubbling under the surface. You may also spot subtle changes in mood and behaviour, recognising a young person who might be badly hurting.

You may notice that a teenager:

- ✦ Appears upset, lacks enjoyment in the sport, puts in less effort, struggles to concentrate or is less engaged in the activities than usual;
- ✦ Isolates themselves or withdraws from the others at training;
- ✦ Has intense mood swings;
- ✦ Has been hurting themselves – you may notice cuts, bruises or burns that worry you;
- ✦ Starts eating a lot more or a lot less, with noticeable changes in weight;
- ✦ Turns to drugs or alcohol;
- ✦ Talks about self-harm, death or suicidal thoughts.

Supporting diversity

There is no place for bullying, racism, sexism, homophobia, transphobia or any other form of discrimination in sport or anywhere else. The teenage years are often a time of discovery, but bullying and prejudice may also become apparent. All children should be supported to enjoy sport and other activities, with diversity being celebrated. Any discriminatory behaviour within a club must therefore be quickly acted on by coaches and other adults involved in the sport. Reports of discrimination elsewhere should be raised with a senior coach, teaching staff, or in some cases, An Garda Síochána.

Appropriate behaviour as a coach

Compared to their teachers at school, some teenagers may see you as more of a friend than a professional. This may mean they find it easier to confide in you if they have worries, concerns, or are struggling with their mental health. It is important that the boundaries do not become blurred, and you must remember that you are acting in a professional capacity rather than a personal one.

In some situations, you will be able to keep a child's confidence if they ask you to. However, there may be some circumstances where you need to talk to someone else about what a teen has said. This may be because you are concerned about their wellbeing, or the wellbeing of someone else. It is therefore wise to let a teenager know that what they say will stay between you, unless they say something that greatly concerns you. Let them know that in this case, you may need to speak to another coach, their parents, a teacher or another authority figure.

If you feel unsure how to proceed, speak to a more senior coach, club manager or a mentor for advice. In some circumstances, you may need to speak to a child's parents about your concerns.



Talking to parents

There may be times when you need to talk to a teenager's parents about your observations or concerns. You may be the only person who has picked up on worsening mental health, and may therefore find that parents are upset or concerned, or may even deny that there is a problem. Try to speak calmly and gently, and explain what you have observed or been told by their child.

It is not your responsibility to support parents, but over time you may develop a professional relationship with them. You may find it helpful to point parents in the direction of professional help, such as their child's doctor, teachers or the pastoral lead at their child's school, a school or private counsellor, or mental health services.

Before you speak to parents, it is polite to let a teenager know that you will be doing so, as well as explaining your reasons. This will help to minimise the risk that they will feel their trust in you has been broken.



Child protection

Coaches may notice things that teachers, friends or parents do not. If you only see a child once a week, behavioural or emotional changes may be more noticeable than they would be to those who see them more frequently. You may also notice signs of abuse or neglect, such as bruising or very poor hygiene.

As a coach, you have a responsibility to report concerns about a child's welfare to The Child and Family Agency. The Agency should be contacted if you are worried that a child is being abused or neglected, or is at risk of being abused or neglected.

AN INTRODUCTION TO YOUTH SELF-HARM



There has been increased coverage of suicide and self-harm within the youth population in Ireland, and with good reason. Unfortunately, Ireland is one of the most severely affected countries in the EU in this regard. While there is some recent cause for very cautious optimism, there is much work yet to be done.

While depression and self-harm are more common in females than males, completed suicide remains far more likely in boys and men. In the past, one of the explanations given was that while females were more open about describing their feelings, males tended to “bottle them up”, and often resorted to drugs or alcohol to deal with their emotional distress. However, recent work done by the HSE has shown that drug and alcohol misuse is at least as prevalent in teenage females as males, suggesting that we have to look elsewhere for reasons.

While the suicide rate is a very important indicator of mental health in a population, it does not tell the

whole story. The frequency and severity of depression in young people is extremely important, because severe depression may not only prevent a young person from reaching their potential, but could also impact their social, sporting, and academic confidence or achievement.

The issue of self-harm has certainly generated much discussion over recent years, with some research suggesting that children as young as seven years old can engage in such activity. While this is very much the exception, it nonetheless backs up the impression that self-harm in young people is happening at a younger age, and appears to be more widespread. There are many reasons why people engage in self-harm, and it would be wrong to assume that everybody who engages in self-harm is suicidal. Equally it is incorrect that everybody who engages in self-harm is depressed. Nonetheless, it does represent a worrying act because of its associations.

The most common forms of serious self-harm are cutting (particularly to the arms, but less frequently to the legs, abdomen and torso) or poisoning (particularly with over-the-counter medications), and choking/hanging (which is more common in completed suicides).

Becoming aware of warning signals

Young people may feel they lack solutions to their problems. A teenager who feels cut off from other people may start to break under the pressure they feel, leading to thoughts of the most permanent solution – death. We know the agony and inner panic adults feel when faced with a young person who is having thoughts of suicide.

This guide is not meant to reduce coaches and sports leaders to a state of paranoia about suicide. Instead, it is designed to bring information to the sports coaching community, to aid the understanding of mental health, suicidal thoughts and the warning signals of inner turmoil that a teenager may display. By practising and developing Active Listening skills, and increasing your awareness of suicide, you will start to ease into the role of suicide prevention.

Recognising warning signs of suicide is one thing, but knowing what to do is another. Fortunately, Chad Varan, founder of The Samaritans, put all our minds at ease when he argued that one doesn't need a degree or diploma to help another human being. He said, “What is needed to save another human being from death ... is a compassionate heart, the willingness to accept, to pay attention, to care.” As a sports coach, you have already shown that you care by teaching adolescents to enjoy sport and develop their skills. To help someone who is feeling suicidal, all you need now is the knowledge to help you direct your care and compassion in the right direction.



The Four Steps to Help Programme

Originally developed for teachers in schools, the Four Steps to Help Programme is relevant to other professionals, such as sports coaches, who work with teenagers aged 16+. It was created and approved by our Advisory Panel, including a consultant child and adolescent psychiatrist.

The Four Steps to Help Programme is designed to increase awareness of suicide prevention. It focuses on simple, factual guidance, highlighting the support and resources available to coaches who are worried about a child they teach, or anyone who is concerned about a friend or family member.

The programme emphasises:

- ✦ the importance of being aware of sudden changes in behaviour in friends, family or acquaintances;
- ✦ how to recognise the suicide warning signs, as well as signs of other mental health issues;
- ✦ how to actively listen, by teaching simple listening skills and exercises which can be used in everyday situations;
- ✦ making appropriate family members or other adults aware of concerns so that action can be taken;
- ✦ practical information on dealing with a crisis situation and how to respond.



If you are worried about someone else's mental health, you may feel nervous about stepping in to try to help them. You might worry that they will reject your offer of help, or that you will feel foolish for trying. You might also be unsure what you can do to help. The four step programme is a simple introduction to suicide prevention and mental health awareness that will give you confidence in reaching out to help someone else, which could potentially save their life.

The four steps are:



Step 1: Watching

This step teaches you to be aware of the warning signs of suicide. It also helps you to identify things you can look out for in the teenagers you coach, such as sudden behaviour changes.



Step 2: Showing

If you have concerns about an adolescent that you coach, the next step involves showing the teenager that they can discuss their concerns with you. You may also need to show them that they can turn to their parents, teachers, friends, or siblings for support and advice. This step introduces the Active Listening skillset, providing guidance and examples to help you learn how to listen effectively.



Step 3: Asking

Building on techniques introduced in Step 2, in Step 3 the focus is on simple techniques for asking someone how they are feeling and encouraging them to feel safe to talk about their concerns.



Step 4: Helping

The final step provides guidance on how to help someone you are concerned about. This step focusses on getting assistance from a trusted adult or directly from a medical professional. It also introduces a crisis scenario and provides information on how to deal with the need to get immediate assistance. This step links to the YSPI FreeText Crisis Information service detailed on the back page of this leaflet.

WHY AWARENESS AND VIGILANCE ARE SO IMPORTANT

Ireland has the second highest youth suicide rates in the European Union (Eurostat). Young males in Ireland (aged 10-24) are more likely to die by suicide than by any other cause based on CSO Statistical Data from 2014. Suicides in 2014 were registered at 10 per 100,000 of the population, an increase on previous years, with males accounting for 80% of all registered suicide deaths (CSO Statistical Data 2014).

We can bring the rate of youth suicide down if we reach young people at their most vulnerable. To do this, we must spot the early signs of distress and do our best to reduce any stressors. As a sports coach, it is possible to assist a young person by being aware of the signs of distress and acting on any concerns you have.



Fighting stigma

One way to have an impact is to fight the stigma attached to suicide. Whereas we might be able to talk about physical illness easily, we may worry about talking to young people about suicide.

Although we might have our own views, it is important that we allow teenagers to develop their own attitudes towards the issues that challenge them, their friends and peers. This is particularly the case with suicide, where an old-fashioned view still exists that sees the young person as a perpetrator rather than a victim. Breaking down the stigma of mental health and suicide may make it easier for young people to confide in you and understand that you will not judge them.

FREQUENTLY ASKED QUESTIONS

Why do people die by suicide?

People who die by suicide are often having intense feelings of helplessness and hopelessness and may not see any other way out of their emotional pain. It is important to remember that most people who attempt suicide do not really want to die. They simply want to end the pain they are experiencing.

2 Is it true that people attempt suicide as a cry for help?

The suicide attempt is quite often a conscious or unconscious method for getting others to recognise just how badly the individual is feeling. Yes, suicide attempts are very often cries for help.



If someone in a family has completed suicide, are other members of the family tempted to try suicide when they have problems?

3

If someone in a family has completed suicide, other family members may be tempted because suicidal behaviour has been "modelled" for them. However, suicide behaviours are not inherited in families.

4 Do people ever attempt suicide to "get attention" or to get others to feel sorry for them?

4

Anyone who attempts suicide in order to get attention desperately needs it. It is tragic when someone feels they need to bargain with their life in order to have their problems taken seriously. Any suicide attempt needs to be taken seriously.

If a person attempts suicide and fails, what is the likelihood of them trying again?

5

One of the important warning signs for suicide is a prior attempt. Anyone who attempts suicide once is more likely to try suicide again than those who have never attempted. However, many people who receive licensed professional medical and behavioural health care following a suicide attempt may never become suicidal again.

6

Is it true that people who attempt to kill themselves really don't want to die?

Many people who attempt suicide are ambivalent about life. They want to live and die at the same time. But, as noted in number 1, it is not that the person really wants to die, but rather that death may seem like the only way to end the emotional pain the suicidal person may be feeling. It is the pain they want to end usually, not the life.

7 Will a person who is deeply depressed always become suicidal?

7

While it is true that suicidal feelings often develop in a person who is deeply depressed, the fact that one is depressed does not mean that a person will become suicidal.

8

Does anyone ever impulsively try suicide and then become sorry for making such an attempt?

A person at a particular moment may find the emotional pain being experienced absolutely intolerable. At a given moment, a suicide attempt might impulsively be made which, in retrospect, might be regretted.



9 Does taking drugs or alcohol increase one's chances of becoming suicidal?

9

Taking drugs or alcohol in excess can exaggerate painful feelings to a point where the feelings become intolerable. In such a state, a person might attempt suicide who otherwise would not go that far.



10 Is a person who attempts suicide mentally ill?

All suicidal individuals are not necessarily mentally ill, though many people who attempt or complete suicide may have symptoms of mental illness, the most common being some form of depression. It is important to note that most depression is of a temporary nature and is treatable.

Is it true that gay teenagers are at higher risk for suicide than teenagers in general?

Studies in the US indicate that gay, lesbian and bisexual youth account for some 30% of all youth suicides, yet constitute only about 10% of the total youth population. Thus, it is clear that such youth are at much higher risk for suicide than the youth population as a whole.

How can one help a person who is suicidal?

12

A person who feels that life is too painful is often feeling very worthless, perhaps unloved, perhaps isolated. Showing such individuals some real caring, by listening to them, accepting their feelings without judgment, by staying close, and getting others to be supportive, can really help. Giving time and really listening to someone in crisis is critical. It may be important to refer the person to a professional medical or mental health worker at some point.

How does talking about suicide help to prevent it?

Talking about suicide diffuses some of the intensity of suicidal feelings. It helps the person get connected to the help that may be needed. It creates a climate of caring and helps to break through the loneliness and isolation a person may be experiencing. By asking someone in crisis if they are suicidal, we give that person permission to talk about possible suicidal feelings, about which they may otherwise feel they cannot, or should not, talk about.

13



14

Is suicide or attempted suicide against the law?

At one time suicide or attempted suicide was against the law. In some countries it has only been within the last 20 years that suicide has ceased to be a crime.

15

What effects does a suicide have on the individual's remaining family and friends?

The survivors of a suicide are left with complex and often confusing feelings of rage, guilt, despair, grief, loss, shame, etc. Recovery from the loss of a loved one by suicide is a very difficult form of grief to resolve, and may never be completely resolved. It has been estimated that every suicide, on average, has a direct, profound emotional impact on 8 to 12 other people. With some 30,000 suicides each year in the EU, there are consequently a huge number of emotionally impacted "suicide survivors".

Why do some people keep secret the fact of a suicide in the family?

Some people keep the fact of suicide in the family a secret out of fear of being blamed or socially ostracized. Fortunately today, much of the historical stigma of suicide is lifting and people are dealing with suicidal death more directly and honestly.

16

17

What are the most common methods used by teenagers to attempt or complete suicides?

Lethal methods for attempting suicide by teenagers include guns, hanging, carbon monoxide, jumping, and drug overdoses. Auto accidents account for many deaths, but it is often difficult to determine whether the death is suicide or an accident.

Do more men or women make attempts on their lives?

Although about three times as many women attempt suicide than do men, about four times as many men complete suicide than do women. This is due to the fact that men use more lethal methods, such as guns or hanging, while women are more likely to attempt suicide by using pills.

18

19

Does everybody think about suicide at least once in their lifetime?

At some point in their lives, most people have at least fleeting thoughts of suicide, especially in times of personal crisis but it does not mean a person will die by suicide.

Myths about suicide

1. People who talk about suicide seldom mean it and can, in fact, be regarded as low risk to attempt suicide.

Quite often people who talk about suicide do attempt suicide. Most of those who kill themselves have left definite warning signs. One of the major clues is talking about suicide. Many times people make statements about suicidal intentions to see how others respond, to see if anyone cares enough to ask about what is going on. It is important to treat all talk about suicide seriously. The talk may be a cry for help.

FALSE



2. The fact that someone has attempted suicide once greatly reduces the risk of a second attempt

A suicide attempt is considered a cry for help. Once an attempt is made, the person is at higher risk for making another attempt or completing suicide. Statistics show that 10 percent of those who attempt suicide will eventually try to kill themselves again, two percent within a year. Many others will make further attempts but survive. Young people are, in many instances, likely to make successive attempts. The elderly, on the other hand, are more likely to die with a first attempt. Of course, not everyone who attempts suicide once will try again.

FALSE

10. Suicide is inherited or runs in the family.

Suicide is an individual problem but risk factors can include a family history of suicide and other health and behavioural health issues that may or may not put a person at risk for suicide. Other individual and family lifestyle issues can also be risk factors for suicide including the use of drugs and alcohol.

FALSE

11. All suicidal individuals are mentally ill and suicide always is the act of a psychotic person.

All suicidal individuals are not necessarily mentally ill, nor is suicide always the act of a psychotic person. Many people who attempt or complete suicide may have symptoms of mental illness, the most common symptom being some form of depression. (Most depression is treatable and temporary in nature). Some studies do indicate that between 40 and 60 percent of people who died by suicide were at the time experiencing an episode of depression.

FALSE

12. The incidence of suicide among the poor and deprived is substantially higher than among the advantaged.

Suicide is quite democratic. It is neither the poor man's curse nor the rich man's disease, but is represented proportionately among all levels of society based on advantage or disadvantage.

FALSE

13. At least half of all people who complete suicide leave notes explaining their action.

Studies have showed that only approximately 15 to 20 percent of those who complete suicide leave any type of note, and not all notes provide explanations of the person's actions. One of the difficult realities many survivors of suicide (family members and significant others left behind) must come to terms with in many cases, is the fact that they will never really know why someone completed suicide.

FALSE

14. The elderly have the highest rate of suicide for any age group.

For many people, their so called golden years are anything but golden. Age inevitably brings with it certain losses. Friends and relatives die, careers come to a close, and physical health begins to fail. It can be a difficult and even depressing time of life - a time when many are at heightened risk for suicide.

TRUE



WHAT SHOULD I BE WATCHING FOR?

As a coach, you are in a good position to observe the teenagers in your care, spotting changes in emotions or behaviours. You may be one of the first to notice a worrying change in an adolescent's mental wellbeing.

It is possible for all of us to misinterpret the behaviours, emotions or signals of others, and for this reason you may be worried about wrongly thinking a teenager is at risk of suicidal thoughts or suicide. However, although you might worry about appearing foolish if you misread the signs, this is far better than regretting saying nothing. The risk of a teenager dying is more serious than the possible risk of being embarrassed for asking the "wrong" question. If you raise the question of suicide needlessly, it is still possible for a teenager to see this positively as it could reinforce their belief that their coach cares about them.

The following information is designed to help coaches become aware of the messages or signals that may quietly come your way from someone in crisis who may well be planning on ending his or her life.



Some of the underlying causes of youth suicide and self-harm

Much work has been done to try to clarify the reasons why young people consider suicide. We know that young people who are depressed are more likely to go on to complete suicide, but it is important to remember that this still represents a relatively small percentage of depressed adolescents.

It is also the case that drug and alcohol misuse is more common in those who die by suicide. Drugs and alcohol tend to have a two-fold effect. The first is that over time they act as a depressant, making low mood more likely. The second is that they tend to decrease inhibitions, and therefore remove the internal controls that would normally prevent one from engaging in self-harm or suicide. It is important to be aware that drug and alcohol misuse can be a marker, in any young person, for increasing levels of unhappiness or distress. It is not unusual for those who are unhappy to turn to drugs or alcohol to give themselves a lift, but the effect is short lived and is replaced by a further deterioration in mood.



When young people self-harm, they give a variety of reasons, but certain themes quickly emerge. The most common themes are:

- ✦ The break-up of a relationship;
- ✦ Difficulties with friends and peers;
- ✦ Problems at home – either longstanding or new;
- ✦ A build up of pressure – this may be academic or any other pressure that leads to rising stress and feeling that they cannot cope;
- ✦ Striving for perfectionism – if "failure" is not an option, it can lead to catastrophe if a young person cannot find a way to problem-solve or find a solution.



Having problem-solving difficulties is common in teens who self-harm, especially if they are unable to find an alternative solution for managing their feelings. At this age, the ability to put words to internal feelings can be underdeveloped. Although a young person might understand psychological terms such as anxious or depressed, they may not be able to apply them to their own situation.

Young people discover that, as this ability improves, they develop some sense of control by being able to express their internal feelings and discuss emotions in a new way. It is also important to remember that it is much more difficult to problem-solve when we are struggling with our emotions. If we are stressed, we are less able to manage difficult situations compared to when we are calm. We tend to “catastrophise” imagining the worst possible outcome. If a young person reacts to their catastrophising, this could involve self-harm.

Self-harm also develops as part of an on-going pattern or routine. While it may initially begin as a result of acute distress, it can later become a way to regulate one’s levels of discomfort. Hard though it is to believe, young people who cut themselves while highly distressed describe, not a sense of pain, but a sense of relief. There are many theories as to why this may happen, but it is important to note that for a young person, cutting themselves may not always be a painful or a distressing act.

Essentially, young people harm themselves (either by cutting or by overdosing, or by drug or alcohol misuse) to get rid of unpleasant feelings. This can create a cycle whereby they believe that the only way to get rid of such feelings is to carry out that specific act, and a pattern ensues. That is the reason why many people who harm themselves on one

occasion go on to repeat such an act. It is by no means always a suicidal gesture, and while a very unhelpful way of coping, must be seen in context. In this regard, cutting is the most common method of self-harm which becomes repetitive.

Overdoses tend to be more serious, and are far more likely to have lethal intent. Hanging and choking are almost always lethal with respect to intent and must be taken very seriously. The one exception to this is that many young children, either in their early teens or perhaps younger, can engage in either breath-holding or asphyxiation games in order to induce an altered state of consciousness. While this does not, generally, have lethal intent, it is quite likely that, in situations where people carry this out alone (by using a ligature) they may be unable to release the ligature in time. This has led to loss of consciousness and even death.

Cyber Bullying

Young people who self-harm often say that they do so because they have been left out by their friends or classmates, or have been bullied. In the past, bullying could be physical, verbal or involve excluding someone. With the huge increase in phone use, bullying can now also occur remotely.

Under the umbrella term of cyber bullying, bullying via a phone, tablet or computer can occur in a variety of ways including:

- ◆ Abusive messages;
- ◆ Spreading rumours;
- ◆ Posting photographs on social media sites;
- ◆ Filming physical aggression towards a young person, and sending the video to others.



It is extremely difficult to monitor these forms of communication, and in many cases the technological awareness of teenagers is far ahead of that of their parents.

Bullying is sadly no longer confined to school hours. Cyber bullying can continue after the school day has ended, and even persist throughout the night. Before phones were part of teenage life, a young person would have known where to avoid at school. Nowadays, they may feel that nowhere is safe and therefore feel extremely vulnerable.

It is important that young people know that they should report any form of bullying to an adult. Even if an incident appears to be a “prank” or isolated episode of teasing, it can be highly distressing to a young person, leading to multiple episodes of self-harm or worse. If bullying or teasing is reported, it must be taken seriously.

Suicide Clusters

Suicide clusters cause tremendous concern. They can either occur in a single geographic location or have an internet-based connection. A suicide cluster that occurs locally is more common in a group of friends who have become dissatisfied or disillusioned and may be accelerated by drug or alcohol use. If one young person dies by suicide, adults should be alerted to the fact that others may be considering the same thing.

In this situation, a group of teenagers may cluster together, pushing the adults in their life away. However, groups of concerned adults can network together to build up as much information about the vulnerabilities within the group. Sports coaches, who may have a better rapport with young people, may find they unexpectedly hear or are told information that is critical. This information must be shared with parents, teachers, or emergency services as appropriate.

Reality TV and social media has permitted a level of exhibitionism that was not previously possible. This has allowed vulnerable young people to express their thoughts and emotions to an audience, particularly when distressed. As like-minded individuals can easily network online, it is possible to see how suicide clusters can form.

It is much harder to prevent internet-based suicide clusters as the warning signs may be hidden. As with cyber bullying, teenagers may have far greater technological awareness than the adults around them. If you have concerns about the online sites or groups a teen may visit or be part of, it is best to talk openly with them about it so that they feel able to confide in you without being judged, blamed or criticised.



Suicide clusters do not always occur within a core group of teens. Other young people, who may only be distantly connected, may find their sense of unresolved loss is triggered upon hearing of the suicide of another young person. Adults must therefore be vigilant regarding the mental health and behaviour of other teens following a suicide. Sports coaches must seek advice in managing such a situation.

After hearing of a suicide, as a sports coach you are likely to feel intensely vulnerable or anxious about the young people under your care. The tendency for young people to idealise the deceased is very common, and, because we are always so reluctant to speak ill of the dead, it is very difficult to challenge. In time, such intense feelings diminish, but vigilance must remain high for those who continue to show depressive features.

WARNING SIGNS AND BEHAVIOURAL CHANGES

With the benefit of hindsight, in some cases it is recognised that a young person showed signs of low mood or increasing impulsivity prior to suicide. In others, there were no indicators that suicide was being considered. However, it is vital that we pay very close attention to signs of depression and increasingly risky or impulsive behaviours so that interventions can quickly be put in place where appropriate.

Depression was previously considered unusual in teens and children. However, we now recognise that while uncommon, it is certainly a concern from the pre-teen years and continues to rise through adolescence. It is more common in girls than boys.

Depression is characterised by:

- ◆ Low mood;
- ◆ Increasing irritability;
- ◆ Withdrawing from friends and clubs;
- ◆ Poor concentration;
- ◆ Changes in sleep and appetite.



Mental Health Warning Signs to watch out for:

MAY INCLUDE BUT ARE NOT LIMITED TO:



The thinking patterns associated with depression are self-critical, finding fault with many things, pessimistic regarding the future and discounting anything which may appear to be of value or benefit to the person. Essentially, it is the very opposite of “rose tinted glasses”.

While most cases of depression are mild to moderate and resolve within a few months, some cases become more serious. A vicious cycle begins in which irritable teenagers find their school performance drops, they withdraw from friends and show more challenging behaviour, but find they cannot get themselves out of the situation because of their low mood. This can lead to alienation from family and even friends.

Peer groups are vital for many teenagers, and so falling out with friends can feel catastrophic. This may worsen the cycle of depression, leading to agitation and anger. Self-harm may also occur. Drugs and alcohol may also be seen to offer temporary relief. It is important to note that drug and alcohol use is often experimental and not usually associated with mental illness. If used regularly, however, mental health may start to be impacted.



Many teenagers, especially boys, are quite impulsive by nature. This can often be seen in the context of young people with ADHD (Attention Deficit Hyperactivity Disorder) but is not restricted to this. For such teenagers, who struggle with deferred gratification, the likelihood of an impulsive act of self-harm is greater than for the general teenage population.

While in some ways such acts are more easily excused, and indeed occasionally explained away because of the impulsivity, when one thinks further about it, one realises that the level of impulsivity actually makes it more difficult to plan prevention strategies compared to those whose acts of self-harm are the result of the more protracted planning.

Main Indicators

Probably the most important indicator that a teenager is struggling with something will be a change in their behaviour. A young person who is usually outgoing, hard-working, or determined to succeed in sports may suddenly become quiet, withdrawn or indifferent to the coaching session. It may cause concern, make you feel uneasy, or cause you to question what’s wrong.

There is usually somebody in the team who is very keen, always first to arrive at practice and determined to help with the equipment. Alarm bells should start to ring if they:

- ✦ Suddenly say that they are not going to practice, are not interested or can’t be bothered
- ✦ Were once the most dedicated team member, but now turn up late, miss sessions or put minimal effort in
- ✦ Have previously been interested in maintaining health or fitness, but you start to notice dramatic changes in what they eat, their weight, or their exercise levels
- ✦ Show signs of self-harm, such as cuts or burn marks, or have visible plasters or medical dressings.



If you notice these behaviours, it can be hard to work out what the behavioural change might indicate if you do not know of any wider issues elsewhere in their life. However, you can begin to support a young person when you first become concerned by changes similar to those listed above.

General Warning Signs

If someone is severely depressed and thinking of attempting suicide there are often warning signs that teachers, sports coaches, family and friends can pick up on. Noticing and acting upon these warning signs could save a life.

Most people who are considering suicide are willing to talk about their problems if someone shows they care. Don't be afraid to discuss the subject with a young person who you think may be suicidal. Talking about suicide won't 'plant the idea' in their head. This is a myth. If you are wrong, you are showing that you care. If you are right, you could save their life.

Sometimes stress or a traumatic event like bereavement can trigger suicidal thoughts in a vulnerable person. For this reason, if someone is going through a tough time, it is important to ask how they are coping and if they need some support. Having someone to talk with can make all the difference.



Warning signs that a young person is considering suicide include:

- ✦ Withdrawing from family and friends.
- ✦ Having difficulty concentrating and thinking clearly.
- ✦ Sleeping too much or too little.
- ✦ Feeling tired most of the time.
- ✦ Gaining or losing a significant amount of weight.
- ✦ Talking about feeling hopeless or guilty.
- ✦ Talking about suicide or death.
- ✦ Self-destructive behaviour like drinking too much or abusing drugs.
- ✦ Losing interest in favourite things or activities.
- ✦ Giving away prized possessions.
- ✦ Mood swings.

Additional warning signs that a teen may be considering suicide are:

- ✦ Change in eating habits
- ✦ Withdrawal from regular activities
- ✦ Violent or rebellious behaviour, or running away
- ✦ Drug and alcohol use
- ✦ Unusual neglect of personal appearance
- ✦ Persistent boredom or difficulty concentrating
- ✦ Worsening school grades
- ✦ Frequent complaints about physical symptoms, often related to emotions, such as stomach-aches, headaches, or tiredness
- ✦ Not tolerating praise or rewards

IMPORTANT NOTE

If someone mentions suicide, take it seriously. If they have expressed an immediate plan, or have access to prescription medication or other potentially deadly means, do not leave them alone. Get help immediately.

Teen specific warning signs

Talking about suicide	Any talk about suicide, dying, or self-harm, such as <i>"I wish I hadn't been born," "If I see you again..."</i> and <i>"I'd be better off dead."</i>
Seeking out lethal means	Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.
Preoccupation with death	Unusual focus on death, dying, or violence. Writing poems or stories about death.
No hope for the future	Feelings of helplessness, hopelessness, and being trapped (<i>"There's no way out"</i>). Belief that things will never get better or change.
Self-loathing, self-hatred	Feelings of worthlessness, guilt, shame, and self-hatred. Feeling like a burden (<i>"Everyone would be better off without me"</i>).
Getting affairs in order	Making out a will. Giving away prized possessions. Making arrangements for family members.
Saying goodbye	Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't be seen again.
Withdrawing from others	Withdrawing from friends and family. Increasing social isolation. Desire to be left alone.
Self-destructive behaviour	Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a "death wish."
Sudden sense of calm	A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to die by suicide.

General risk factors

LOSSES:

1. The break-up of a romantic relationship

For an adolescent the loss of such a relationship is traumatic in many cases. His or her world has come crashing down. Behind many a macho exterior or sour grapes attitude is a sensitive and hurting young person. Trite expressions like "Things will get better in time" or "There are other fish in the sea" show no sensitivity for the hurt the young person is feeling and deny that the pain is real.



2. The death of a loved one

The pain of separation by death can be so great that the young person might be driven to join that person in death. Furthermore, the grief process often does not include the young person in the family. Many adults do not consider the possibility that the grief that a young person is experiencing at the death of a close family member is as profound as their own.



3. The death of a pet

Consider the teenager whose only true listener is the dog. The dog is there to listen and to love and to never pass judgment. And if that dog should die?



4. The loss of a job

For many teenagers, "job" means maturity and independence. Take away the job? What happens to the independence?



5. Losing face

Consider the boy who publicly stated he was aiming to be a team captain and didn't make it. Consider the teen who wanted to attend a prestigious college but got a rejection instead, and everyone knows it.



6. Divorce

The loss of a parent through divorce is more traumatic than is commonly admitted. Many teenagers feel responsible for the break-up of the marriage. The imagined or actual fear of a possible divorce is also tremendously painful for the teenager.



PRESSURES:

1. School Pressure

The need to achieve high marks, time to accomplish several major assignments simultaneously, involvement in too many extracurricular activities, demands of school sports, college applications.

2. Peer Pressure

The need to find acceptance, group morals, conformity to clothing styles, drugs, alcohol, sex, and bullying to name just few.

3. Parental Pressure

Success, money, the right college, the right friends, good marks, conflict between the need to control and the need to be independent, marital problems between parents, "get a job", clothing, music, the parent who wants to be a "friend", lectures rather than examples.

LOW SELF-ESTEEM:

1. Physical Unattractiveness

Consider the young man who thinks that physically he does not match his peers. Consider the young lady who thinks she's plain and homely. Consider the effect of skin blemishes at debs' time.

2. Never the first

Consider the young man or the young lady who always feels like a second choice when it comes to dating or being chosen for anything.

3. Sexuality

Consider the pain and agony of the teenager who is caught between the two worlds of sexuality and who is terrified to speak to anyone about this for fear of ridicule. Consider the young person whose fear of being homosexual is based on a lack of fundamental sexual knowledge.

4. Clothing

Consider the teenager who, influenced by the media blitz and by teenage styles, judges importance or lack thereof by the type of clothes he or she is forced to wear.

5. Physical Disability

Consider the teenager who must not only cope with a physical problem, but also with the unkind remarks and glances of others.

6. Academic Disability

Consider the teenager whose older brother or sister was a "genius" and is constantly reminded of the difference between them.

LACK OF COMMUNICATION AND LACK OF HOPE:

1. Isolation and loneliness

Many teenagers feel so isolated and alone that they are convinced that there is no one to help them and that no one really cares. Whether this is true or not is irrelevant. What matters is that this is how they perceive it, and so they suffer in silent isolation.



2. Without a future and hopelessness

Consider the teenager who instead of looking to the future with expectation is overwhelmed with a sense of hopelessness. All hope in the future has been lost.

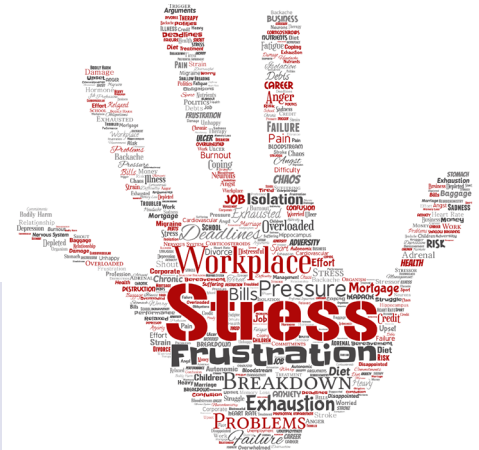


Teen specific risk factors

The teenage years can be emotionally turbulent and stressful for all teenagers. Teenagers face pressures to succeed and fit in. They may struggle with self-esteem issues, self-doubt, and feelings of alienation. For some, this leads to suicide. Depression is also a major risk factor for teen suicide.

Other risk factors for teenage suicide include:

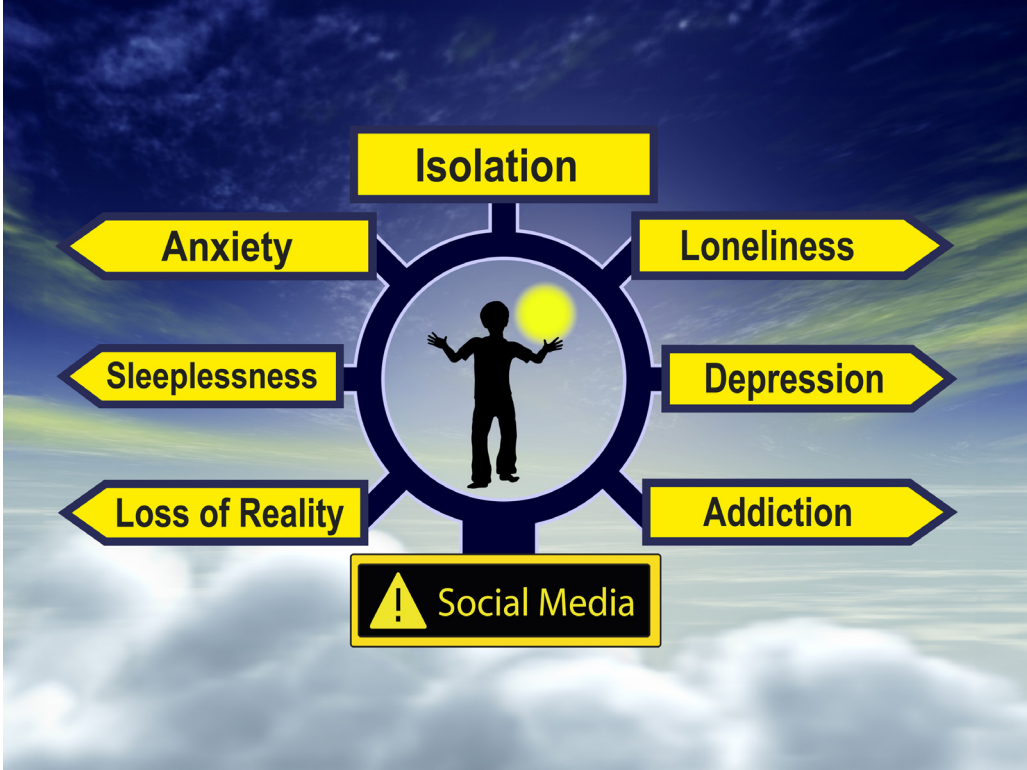
- Childhood abuse
- Recent traumatic event
- Lack of a support network
- Availability of means of suicide
- Hostile social or school environment
- Exposure to other teen suicides



The Dangerous Calm

The “Dangerous Calm” is a recently highlighted mental health phenomenon. A teenager may show sudden changes of behaviour, often to quite a significant extent. The student then reverts back to their normal disposition and behaviours.

In 95% of cases this would be perfectly normal as everyone has times of depression, sadness, and irritability that will later resolve. But in 5% of cases, this reversion to normal behaviour can mask the decision to take their own life. Some teenagers make this decision and feel it is a solution to their problems, and it becomes a calming coping strategy. This may lead to their behaviour normalising. It is therefore vitally important that sudden changes in behaviour are noticed and acted upon.



BASIC GUIDELINES ON HOW TO HELP

When an adult becomes aware of a young person's emotional distress or their self-harm, it comes about either because an adult has, through vigilance or information received, developed an opinion that a young person is at risk, or else a young person has taken the initiative in discussing their concerns with an adult.

It is worth noting the qualities that make a young person feel they can confide in an adult.



Tolerant and accepting

The issue of stigma regarding mental health difficulties is one which has been widely discussed, and is very much seen as a barrier to intervention. Young people are far more likely to approach those whom they know have a tolerant and accepting attitude towards psychological difficulties rather than those whom they perceive to be disparaging or intolerant of such problems. Therefore, the way you talk about mental wellbeing already sets the scene for whether a teenager is likely to approach you when facing difficulties.

Respect

Another significant point is the central importance of the respect an adult shows to a young person. It cannot be over emphasised that for a teenager to describe their own internal world at a time when they feel close to crisis takes a huge amount of courage, and the response of the adult is crucial.

Not judging or trivialising

The most important aspect is to listen carefully and calmly without judging and without jumping to conclusions. Not only must the adult respect the young person, but they must also respect their account of their difficulties. It is important not to trivialise their symptoms, dismiss their experiences as normal, tell them that they should be thankful for what they have, or highlight that there are others with greater difficulties.

Allow the young person to talk

It is not a time, when listening to a young person's story, for drawing premature conclusions or cutting them short. The young person is the expert in their own story. It is also worth remembering that young people, in describing such symptoms, may not always feel ready to describe their most pressing concerns, and often, especially if there are particular on-going stressors, may provide a "test case" of such difficulties in order to see how the adult responds.

Don't guarantee confidentiality

In situations where young people describe episodes of abuse, either physical, sexual or emotional, it is absolutely critical that the adult does not give a guarantee of confidentiality to the young person, however much the young person seeks it. To do so, while often based on compassionate grounds, serves to compromise the adult, to undermine the rights of the parent, and indeed on occasion to thwart due process (when the issue is more appropriately dealt with by the civil authorities).

Listening

In a situation where an adult forms the impression, either from their own observations or from information passed on from others, that a young person is particularly low in mood, or at risk of self-harm or indeed suicide, an approach needs to be made to the young person.

It may well be that the adult who has formed the impression is the best person to do so, or perhaps there is another adult with a more developed relationship with the young person who might be more appropriate. In either event, once the initial approach is made, the importance of listening empathically and without judgement to the young person's answers is critical.



Discussion does not cause suicide

There is a diminishing, although unfortunately still prevalent, mistaken belief that discussing the topic of suicide is merely implanting the idea into the young person's mind. This is not true.

It is important that, in situations where it appears that it needs to be asked, the adult does not shy away from asking very specifically about whether or not the young person feels their life is no longer worth living, whether or not they have in any way harmed themselves in the past, or whether they have plans to do so in the future. It is crucial that the adult can tolerate the young person's distress, because this is very comforting for the young person.

Under 18s

In either event, if one is dealing with a young person under the age of eighteen, it is essential that the young person's parents be first informed. The one exception to this is if there are sufficient grounds for concern that a young person has been the victim of some form of abuse at home and that his or her parents may not have the young person's best interest at heart. In this situation, you should approach the civil authorities.

Getting support

In situations where there is a level of unhappiness without any concern regarding self-harm or suicide, there may well be people locally, either within the sports club, school, youth clubs or other organisations, who can support them. It is important that young people can be reassured, in so far as possible, that their feelings are valid and that help is available. Advice should be given on who they can contact.

If there are concerns regarding self-harm or significantly lower mood, then parents are best advised to discuss matters with their family G.P. who will know both the family history and also the range of appropriate local options.

Helping students – DO'S

- 👍 Do befriend when appropriate
- 👍 Do consider the possibility of suicide
- 👍 Do focus on the pain
- 👍 Do ask if suicide is on their minds
- 👍 Do get involved
- 👍 Do allow them to express feeling
- 👍 **DO LISTEN**
- 👍 Do make life an option for them
- 👍 Do be non-judgmental
- 👍 Do get help and support for yourself as well
- 👍 Do stay with the person at risk

Helping students – DON'TS

- 🗨️ Don't lecture or moralise or give advice
- 🗨️ Don't think it is a passing phase
- 🗨️ Don't brush off feelings with inane remarks
- 🗨️ Don't be afraid that you will instil the idea of suicide
- 🗨️ Don't do nothing
- 🗨️ Don't trample on feelings
- 🗨️ **DON'T TALK TOO MUCH**
- 🗨️ Don't dare them to follow through with suicide
- 🗨️ Don't react verbally or physically with shock
- 🗨️ Don't go it alone
- 🗨️ Don't leave the person alone
- 🗨️ Don't promise not to tell anyone

Providing teenagers with coping skills



Perhaps the most important subject we can support teenagers with is how to cope with the challenges that life presents to each and every one of us. Techniques for dealing with stress and emotions are learned through watching others and modelling their behaviour, trial and error, practice through life experiences, and the process of maturing.

Young people must be helped to recognise that they need to constantly develop techniques and strategies for coping, and to continue to build the necessary skills throughout their lives. This takes a conscious effort, careful thought and practice. Each individual develops his or her own methods and styles of coping with difficulties and stress in their lives.

They are as personal as each individual's personality.

As a coach, you can help guide a young person to develop positive coping skills. While we cannot and should not make decisions for young people, we can help them to become aware that they have choice and control in their lives. With this comes the ability to learn and develop positive ways of coping with stress, which is inevitable.

Our task then becomes one of facilitating the exploration of healthy, positive coping techniques, providing support, and helping teenagers to grow and mature. This will help them in their quest to acquire the tools to cope with emotions and difficult circumstances.



What can I do as a coach?

- ✦ Be open to discussing difficult or taboo subjects with teenagers
- ✦ Don't be afraid to use the words suicide, self-harm and cutting
- ✦ Don't be afraid to ask teenagers if you are worried
- ✦ Be approachable
- ✦ Be aware of the new challenges facing young people
 - Cyber-bullying
 - Online blackmail
 - Coercion & intimidation
 - Sexualisation by peers



THE ROLE OF THE LISTENER





For coaches, the role of listener can feel a bit unnerving. In teaching sport, you may be much more used to talking, to taking charge of a group and being the source of information. To assist a teenager who wants to express themselves, you will need to take a more passive role.

The good news is that although you may feel daunted by learning how to listen, the techniques of Active Listening can be learnt quickly and easily. Active Listening is widely used by helplines such as the Samaritans as it allows a consistent, empathetic approach, but, importantly, also allows the listener to keep distance between themselves and the person who wants to talk.

General guidance

It is ok to ask teenagers about their mental state. We need to know where their thoughts are going even though it may seem challenging.






So how do you ask a young person about their thoughts?

-  **DO be yourself.** Let the person know you care, that he/she is not alone. The right words are often unimportant. If you are concerned, your voice and manner will show it.
-  **DO Listen.** Let the person unload despair, ventilate anger. No matter how negative the conversation seems, the fact that it exists is a positive sign.
-  **DO be sympathetic, non-judgmental, patient, calm, accepting.** Your family member is doing the right thing by talking about his/her feelings.
-  **DO offer hope.** Reassure them that help is available and that these dark, possibly suicidal feelings, are temporary. Let the person know that his or her life is important to you.



If the person says things like, “I’m so depressed, I can’t go on,” ask the question: “Are you having thoughts of suicide?” **You are not putting ideas in their head;** you are showing that you are concerned, that you take them seriously, and that it’s OK for them to share their pain with you.



-  **DON'T argue with them.** Avoid saying things like: “You have so much to live for,” “Your suicide will hurt your family,” or “Look on the bright side.”
-  **DON'T act shocked, lecture on the value of life,** or say that thinking these thoughts is wrong.
-  **DON'T promise confidentiality.** Refuse to be sworn to secrecy. A life could be at stake and you may need to speak to a health professional in order to keep your teen safe. If you promise to keep your discussions secret, you may have to break your word.
-  **DON'T offer ways to fix their problems,** or give advice, or make them feel like they have to justify their feelings. It is not about how bad the problem is, but how badly it’s hurting your friend or loved one.
-  **DON'T blame yourself.** You can’t “fix” someone’s depression, only support them, seek professional assistance and offer love.

Active Listening

"Active Listening" is simply the offering of friendship by one ordinary human being to another at a time of crisis or loneliness. An Active Listener doesn't need to have professional status or authority, but is simply a fellow human being who cares. The purpose of Active Listening is to listen, accept, care and empathise.



LISTEN

Allowing the person with a problem to express and to talk without being judged.



ACCEPT

Allowing the person to stay in neutral and accept their feelings as they are.



CARE

Allowing one human being to reach out to another human being with respect.



EMPATHISE

Allowing the listener to hear where the speaker is coming from and allows us to be sensitive to another's feelings or ideas **even when we don't agree.**

The purpose of Active Listening is not to give advice, instruct, solve problems, or judge. It is to respect the worth and value of another human being through Listening, Accepting, Caring, and Empathising.

Characteristics of good active listening

A good Active Listener is someone who:

DOES

-  listen more than talk
-  direct the conversation to the painful feelings
-  have compassion for sufferer
-  risk being foolish
-  attempt to be available at all times
-  remain willing to share another person's pain
-  respect confidences
-  listen
-  accept
-  empathise

DOES NOT

-  offer opinion or judgments
-  belittle or minimise concerns
-  discuss one's own problems
-  give advice
-  express shock or surprise
-  patronise or probe
-  offer platitudes and clichés
-  make promises that cannot be kept
-  interpret, lecture or diagnose
-  say "I know just how you feel."
-  fail to pay attention or care

Attitude of the listener

YOU ARE LISTENING TO ME WHEN...

You come quietly into my private world and let me be me;

You really try to understand me even if I'm not making much sense

You grasp my point of view even if it goes against your own sincere convictions;

You realize the hour I took from you has left you a bit tired and drained;

You allow me the dignity of making my own decisions even though you think they may be wrong;

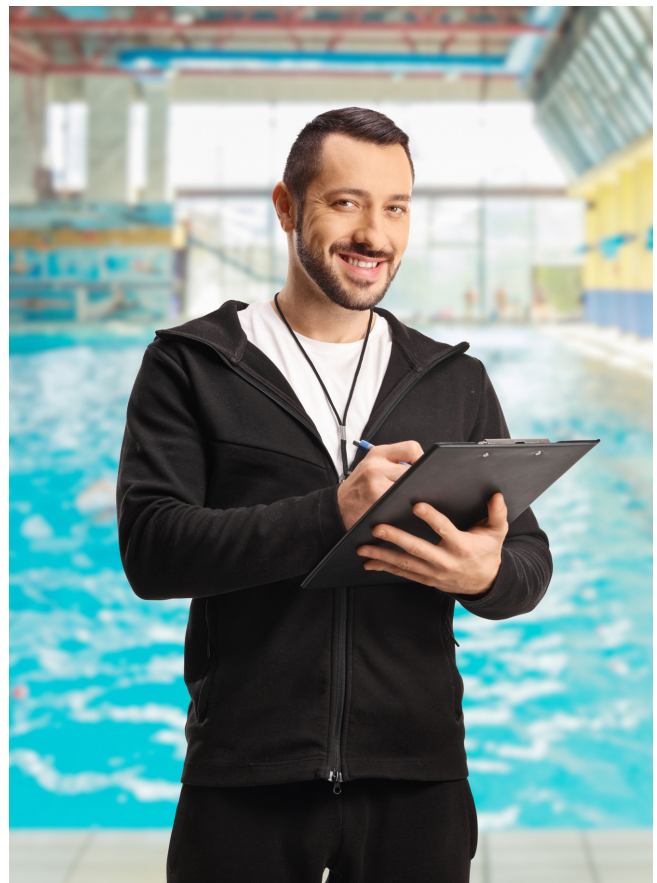
You do not take my problem from me, but allow me to deal with it in my own way;

You hold back your desire to give me good advice

You do not offer me religious solace when you sense I am not ready for it;

You give me enough room to discover for myself what is going on;

You accept my gift of gratitude by telling me how good it makes you feel to know you have been helpful



YOU ARE NOT LISTENING TO ME WHEN...

You do not care about me;

You say you understand before you know me well enough;

You have an answer for my problem before I've finished telling you what my problem is;

You cut me off before I have finished speaking;

You find me boring and don't tell me;

You feel critical of my vocabulary, grammar or accent;

You are dying to tell me something;

You tell me about your experience making mine seem unimportant;

You are communicating with someone else in the room;

You refuse my thanks by saying you haven't really done anything.

IF YOU CANNOT HELP A YOUNG PERSON

So what happens if a teenager comes to talk to you and you are just not comfortable with the idea? You might not be in a good place yourself, you might feel it isn't appropriate, or you may not easily relate to the particular young person. For some reason, we have noticed that teens will often come looking for support from adults who they have the most confrontation with, which may be because they perceive that person as strong, or they might even be seeking "permission" to talk about something that is bothering them.

If you find yourself in a position where a young person wants to talk with you and you cannot help them, there is some guidance available:

1. Bear in mind that the student may have a serious issue to report
2. Don't let the student start telling you the problem and then cut them off.
3. Be upfront that you can't assist and tell them why, gently.
4. Tell the student who can assist them.
5. Take the student to that person; don't just send them off. That can be seen as rejection.
6. The student came to you for a reason; offer to stay with them while they talk to the other teacher or counsellor.
7. Make sure that you report the fact that the student came to see you so that there is a record.
8. Always follow your school's child protection policy.

POLICY MATTERS

It is vital that child protection and welfare is always at the heart of any programme.

Child Protection

Coaches should follow their club's child welfare policies at all times. If anything in this guide contradicts your policies or you are unsure about how they should be implemented, then you should discuss this with a senior coach or club management.

Self-protection

It is also vital that coaches protect themselves. Follow your local policies and guidelines regarding coach welfare and dealing with traumatic or crisis situations.

There may be a designated person in your club who handles any issues with teenagers, and you should liaise with that individual to find out what your club's policy is in these matters.



SUMMARY

It is important to remember that up to one in four of the population will at some point experience symptoms of depression. As many as 10% of children and adolescents will experience impairing psychological symptoms during their childhood years, so these things are by no means uncommon. It is also the case that, for the vast majority, a full recovery is achieved.

In many situations, mental health difficulties may not be preventable but are still manageable. For those whose symptoms are severe and impairing, active intervention may be needed in order to allow a young person to return to their normal activities. Rather than disregarding or assuming that supporting mental health is not the responsibility of a sports club, it is important to have strategies in place to implement appropriate interventions for young people who are struggling. The hallmark of a mature organisation is an encouraging, non-judgmental approach to supporting the mental health of young people, and the ability to seek external help when necessary.



FreeText HELP to 50015

Texting 50015 is free of charge from any network and you can text this number even if you have no credit. This service is fully confidential and YSPI has no information on mobile numbers that use the FreeText service

For information on:

- Emergency Contacts
- National Helplines
- Local Support Groups
- Directions to your nearest GP or out of hours clinic
- Directions to your nearest safe place or refuge

 www.ineedhelp.ie

Always call 999 if someone is seriously ill or injured, and their life is at risk.

Gardaí / Ambulance / Fire call 999 or 112

NOTES





YOUTH MENTAL HEALTH AWARENESS & SUICIDE PREVENTION

Guidance and information for Sports Coaches and Youth Leaders

YOUTH SUICIDE PREVENTION IRELAND

Registered Charity 20070670



 83A New Street
Killarney, Co Kerry V93 FR59

 1800 828 888

 admin@yspi.ie

 schools.yspi.ie