

# RANGI MĀRIĒ

YOUTH SUICIDE PREVENTION STEERING COMMITTEE  
REPORT TO GOVERNMENT - MARCH 2015



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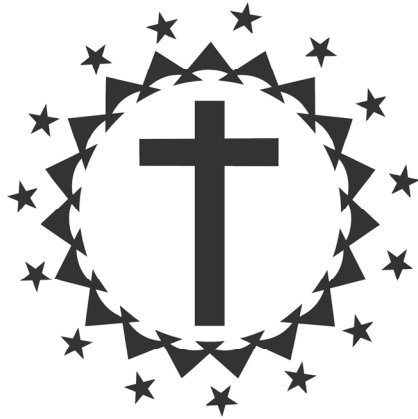
**YOUTH FORUM  
CHOOSE  
20LIFE**  
IKITE ORU

**YOUTH FORUM  
CHOOSE  
20LIFE**  
IKITE ORU



# COOK ISLANDS SUICIDE PREVENTION

Final Report of the Youth Suicide Prevention Steering Committee



This symbol represents the rising Sun for the calm new day; Rangi Māriē. It is made up of the 15 stars of the Cook Islands representing all the Islands of the Cook Islands. Manutai, the bird, are lined up within the 15 stars, symbolising a journey; and in the center of everything is God.

## **RANGI MARIE** [pronounced: *raa-ng-e maah-re-eh*]

The content of this report has been developed and is intended to find ways to help us through the difficult times in life, finding ways and means to prevent a person from taking their own life. We desire calm and peace, bringing about happiness in the inner soul, within families and our communities. Whilst you may feel that suicide is the only option, please know that your friends, family and community can provide support – help is available.

Some parents, families and friends may not be able to recognise the signs of your distress – but we must find a way through the hovering clouds to that *one fine day*.

**Production of this report** was kindly sponsored by the **Future for Youth Committee**.

**Cover Photo and symbol:** Designed and reproduced by Thomas Tarurongo Wynne

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## ACKNOWLEDGEMENTS

### *Kaurapa te "oe", ki te pokipoki'anga ngaru*

*Swift the paddle through the rippling waves*

*Together with perseverance...we will succeed*

The Youth Suicide Prevention Steering Committee (YSPSC) acknowledges all the agencies, organisations, groups and individuals, who committed their time, support and expertise to initiatives carried out between 2012 and 2013.

The work of the Youth Suicide Prevention Committee would not have been possible without the overwhelming involvement of so many; and for this we are enormously grateful.

First and foremost, we give thanks to our Heavenly Father who has guided and directed our work. We have achieved much in a short space of time, thanks in no small way to the resources and people who contributed and supported this project.

Sincerest appreciation to the Cook Islands Government in particular, the Hon. Prime Minister Henry Puna; former Deputy Prime Minister Hon. Tom Marsters; former Minister of Education Hon. Teina Bishop; Office of the Prime Minister; Ministry of Education; Ministry of Health; Ministry of Internal Affairs; Cook Islands Police; and the Pa Enea Island Governments.

Our earnest thanks to Dr Deborah Perrott for providing her time, knowledge and expertise to the Youth Forum; and her sensitive approach in considering our unique 'cultural context' in all our discussions.

Our heartfelt gratitude to the New Zealand Government including the previous New Zealand High Commissioners His Excellency John Carter and Her Excellency Joanna Kempkers, High Commission staff and the Community Initiative Scheme for their tremendous support given to the Committee's work.

Acknowledgements to the Cook Islands National Youth Council; Cook Islands Cricket Association (CIC); Cook Islands Sports Academy (CISA); Bank of the Cook Islands; ANZ Bank; Westpac Bank; Wigmore's Superstore; and individual citizens.

Gracious thanks to the people of Araura Enea (Aitutaki); Youthline New Zealand; Telecom Cook Islands; "Pieter T"; Polynesian Rental Cars and Bikes; Edgewater Resort and Spa; 88FM, Radio Cook Islands, Matariki FM, and Cook Islands Television; Cooks Buses; Hori Signs; Jim Brown (Data consultant); Macan and the team at Turamatuitui Store; Anne Paitai; Tekura Lusby; Jacqueline Hosea; Rangi Ataera; the late Christine Willis and the Frangi team; Irene Santos; Cook Islands Printing Services; Muri Beach Club Hotel; Mana Productions; Punanga Tauturu Inc.; Cook Islands Health Network Association (NZ); Rotaract Club of Rarotonga; Phillip Eyre; Tony Feao; GDub; Rotary Rarotonga and the late Orometua Ngatokorua Patia.

A special thank you to the parents and caregivers who completed our survey and provided a wealth of information to help understand the pressures and challenges that families face; and for providing solutions to help others rise above and meet those challenges.

To the representatives of organisations who attended the stakeholder meetings, we extend our appreciation for giving your time and imparting your expertise on ways you can continue to support our youth and communities. Keep up the amazing work!

To the families who have lost loved ones through suicide, thank you for accepting the invitation to meet with the Committee; and for the courage and generosity you showed in sharing your heartbreaking experiences to assist our work. As a result, we hope your feedback is translated into actions that improve current support systems for survivors. Your contributions were highly valued and appreciated.

I pay tribute to the many volunteers co-opted to the Committee during this journey and who along the way provided valuable advice and expertise. Alister Stevic, Maine Beniamina, Nukutau Pokura, Ana File, James Puati, Jonathon Cargill, Dr Rangi Fariu, Mereana Taikoko, Shaniqua Ngaoire, Rebecca Buchanan – my sincere thanks to you all.

A sincere Meitaki Ranuinui to Damiane Rikihana. Firstly, for providing her media and communications expertise to the Committee. Secondly, for her words of wisdom that often encouraged me to maintain our core Cook Islands values in the development of our approach; and thirdly for her passion and commitment to helping us complete and communicate our work through the final development of this report. Na Te Atua e akamanuia mai iakoe e Maine no te au ra ta'au ka aere 'ia ki mua.

As Chairperson, it was vital for me to seek the guidance and support of a select few who imparted their wisdom and shared their wealth of knowledge to assist in this challenging task. I would like to extend my sincerest appreciation to Papa Tui and Cecilia Short for their encouragement and support often at times when the obstacles seemed insurmountable. Thank you for seeing the value in our young people; and for affirming the importance of completing our work.

The naming of this report was an important part of completing the project, as is with the naming of a child. It required seeking the wisdom of those who are well versed in our Cook Islands Maori Language, History and Culture and for that we are truly grateful. To Mauri Toa, our enormous gratitude to you for the name of this report – we look forward to that Rangi Māriē (one fine day). To Makiuti Tongia and Rutera Taripo, our sincere thanks to you both for your input which has confirmed that this is a fitting name for the report.

My thanks to the Future for Youth Committee for recognising the vital need to capture the learnings and insights of the Steering Committee; and for agreeing to fund the compilation of this report. Without your support and investment, the reader would not be reading this right now.

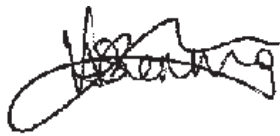
Above all, I extend my deep heartfelt appreciation to the 'A-team' of people who worked tirelessly throughout this project: my colleagues and fellow Committee members - Thomas Wynne (Vice Chairperson), Charlene Hoff (Secretary), Edwina Tangaroa, Ian George, Katie Maher, Nga Teinangaro, Ngaria Stephenson, Rebecca Hosking-Ellis, and Teina Mackenzie. Thank you all so much for your unwavering commitment, creativity and passion; and for

-serving our people above and beyond the call of duty, so we might build safer, healthier and happier communities.

And last, but by no means least, on behalf of the Steering Committee I would like to pay tribute to our young people. When given the opportunity, they openly shared their thoughts and feelings; and graciously partnered with us for youth suicide prevention initiatives. Having young people as a core part of our work was particularly poignant, given that those most affected by suicide often came from within their peer group.

Our mission was not to write policy, but to report back to Cabinet and the public with recommendations to go forward. Ultimately, we hope that through our work, people will in future 'CHOOSE LIFE'!

*Na Te Atua e akamanuia mai ia tatou katoatoa, Te Atua Te Aroa*



**Vania Kenning**  
Chairperson  
Youth Suicide Prevention Steering Committee



**Photo :** (top left) Charlene Hoff (Ministry of Internal Affairs Youth officer), Alister Stevic (CEO Cook Islands Cricket), Inspector Rebecca Ellis (Cook Islands Police), Thomas Wynne (Vice Chair & Ministry of Education), Katie Maher (YSPC Committee and Training Psychologist), (at front) Lydia Sijp (Board Member, Community Initiative Scheme)

# FOREWORD

## Youth Suicide Prevention Steering Committee

It is an honour to present this report of the Youth Suicide Prevention Steering Committee to Cabinet and the people of the Cook Islands.

This report describes the range of activities undertaken by the Steering Committee in partnership with both government and non-government organisations. From these activities we have identified key considerations to guide future discussions, policy planning, and services development and delivery. We recognise that everyone has a role to play in suicide prevention.

While we can take some satisfaction from our accomplishments, there is still so much more to do. Suicide prevention is complex and involves coordinated effort on a number of levels and across government and civil society.

There are no quick and easy fixes; however we acknowledge that a whole of government approach working cooperatively and cohesively with civil society and communities, with adequate resourcing is the most effective strategy to safeguard the wellbeing and build the resilience of people in the Cook Islands.

We believe a national policy framework - developed, implemented and monitored by a Taskforce comprising government and civil society representatives - is an essential component of any effort to effectively address suicide and suicide prevention.

The Framework should:

- Outline the scope and magnitude of suicide and suicide attempts
- Signal the commitment of government to tackling the issue
- Provide authoritative guidance on activities i.e. identify what works and what does not
- Identify key stakeholders; and allocate specific responsibilities and coordination amongst these groups
- Identify critical gaps in legislation, services and data collection
- Indicate the human and financial resources required
- Advocate the appropriate mix of services, awareness raising and media activities
- Propose a robust monitoring and evaluation framework

The Committee is mindful that resilience or protective factors have been identified worldwide as being the key to help individuals cope with particularly difficult circumstances and minimize the risk of suicide.

Accordingly, an effective national policy framework should therefore identify ways to establish, enhance and sustain these factors that include:

- Strong connections to family and community support



- Skills in problem solving, conflict resolution, and handling of disputes
- Personal, social, cultural and religious beliefs that discourage suicide and support self-preservation
- Seeking help and easy access to quality care and services.

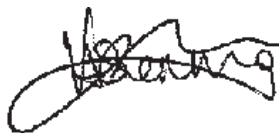
The efforts of everyone involved in this work have contributed to several key achievements. Notably, data and analysis of the youth and parent/caregiver surveys; the establishment and launch of the 0800 Helpline thanks to Telecom Cook Islands and Youthline NZ; an opportunity for families bereaved by the loss of loved ones to exercise their collective voice and be heard; and the development of a media campaign to raise awareness of available support services.

Naturally, the ultimate benchmark of our success would be a clear and evidenced reduction in suicides and suicide attempts in the Cook Islands.

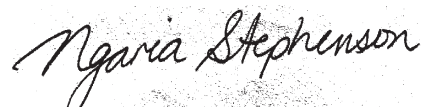
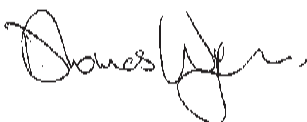
Unfortunately, however, during the preparation of this report we lost three more young men to suicide – potential and talent gone in an instant. Our sincere condolences to the families of these young men and those families who have previously lost loved ones to suicide.

We hope this report and our recommendations go some way to helping our nation move towards a vision of a Cook Islands where *'...people are valued and nurtured; are supported and strengthened when they experience difficulties; and rather than take their lives, CHOOSE LIFE instead'*.

## Kia manuia



**Vania Kenning (Chair)**



**Thomas Tarurongo Wynne**

**(Vice Chair)**



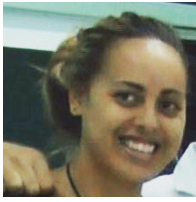
**Nga Teinangaro**



**Ngarua Stephenson**



**Charlene Hoff**



**Edwina Tangaroa**



**Rebecca Hosking-Ellis**



**Teina Mackenzie**



**Ian George**



**Katie Maher**



**Youth Suicide Prevention Steering Committee**



**Photo : (top left)** Thomas Wynne (Vice Chair & Ministry of Education), Dr Deborah Perrott (Registered Psychologist), Ngaria Stephenson (Committee Member, Ministry of Education) and Vania Kenning (Chairperson and Ministry of Internal Affairs)

## SUMMARY OF RECOMMENDATIONS

In its deliberations, the Youth Suicide Prevention Committee proposes the appointment of an **inter-agency taskforce** to develop and champion a **national suicide prevention policy framework**; and ensure the continuation of suicide prevention initiatives in the Cook Islands.

The Committee further proposes that the Ministers' responsible for Health, Education, Police, Justice, Statistics Cook Islands, Office of the Prime Minister (Policy and Planning) and Internal Affairs provide governance across the national framework.

All services and programs will link directly to the national policy framework which will contribute to the NSDP. The framework will provide coordination and direction across sectors and will inform the specific services, programs and policies of agencies.

### The national policy framework should address:

- Co-ordinated reporting, classification and collection of data for effective planning, funding, delivery and evaluation of programs and services. The Committee regards as a top priority, seeking the agreement of key agencies e.g. the Ministry of Health, Punanga Tauturu Inc., Te Kainga Mental Health Services, and the Cook Islands Police to collect consistent, accurate, year-in-year-out data and information relating to suicide within a measurement framework that can illustrate population and demographic trends and projections against performance measures that underpin the outcomes of the national framework.
- Cook Islands Statistics should also be involved in this work, mandated by Cabinet, to design a system that draws the required reporting information and data from the key government agencies and records the methods used by these agencies to collect data and information.
- Workforce development strategies such as the establishment of a scholarship regime to increase counselling and mental health capacity and capability in the Cook Islands.
- Options to maintain the current 0800 Helpline service and explore its eventual establishment as a service fully staffed and operated by the Cook Islands.
- Effective implementation of health and well-being policies; and effective programs in schools for youth and suicide prevention to offset the risk factors associated with suicide.
- Provision of support services for families affected by suicide or suicide attempts.
- Provision of confidential and accessible face to face counselling services for youth, including the potential for reciprocal placement of medical and health professionals between the Cook Islands and New Zealand.

- Provision of appropriate suicide prevention training for key agencies like the Cook Islands Police and the Ministry of Education; and support and supervision procedures following attendance at traumatic incidents like suicide.

**Accordingly, the Youth Suicide Prevention Committee recommends to Cabinet that it:**

**Note** the key findings resulting from initiatives and consultations regarding suicide prevention. Specifically these relate to: the establishment of a Taskforce with government and civil society representation responsible for the development of a national policy framework; increased social service capacity and capability (particularly in the field of counselling); continuation of the 0800 Helpline; and an agreed method for recording and classifying information and data pertaining to suicide and suicide attempts.

**Agree** that a medium to long-term interagency/civil society commitment is required; to lead and coordinate a government response to suicide prevention initiatives.

**Agree** that the Ministry of Health will lead and coordinate the Taskforce to develop a national framework; and ensure alignment with government priorities and fiscal constraints with the support of the Planning and Policy Division of the Office of the Prime Minister.

**Agree** that the national framework incorporates monitoring and reporting requirements to Cabinet.

**Agree** that the Secretaries of Education, Health, Statistics, Police, Justice and Internal Affairs provide governance across the national framework.

**Direct** that officials report back to Cabinet on the policy framework by May 2015.

**Agree** to the Prime Minister making a public statement about the Government's commitments following Cabinet's approval of the national policy framework.



*Photo: Youth Forum attendees, Tiktikaveka Youth With a Mission (YWAM)*

## CHAPTER 1

## BACKGROUND

*“The Cook Islands must challenge itself to inspire its young population to turn away from such a tragic and final option to escape the challenges they face in their young lives. Whatever we do, we must strive to create an environment where our young thrive and yearn to live a fulfilling life.”* **Prime Minister Hon Henry Puna, February 2012**

This report has been produced by the Youth Suicide Prevention Steering Committee (YSPSC) and reviews the efforts of both government and non-government agencies to address suicide prevention between 2012 and 2013.

It describes the establishment of the Steering Committee: data from various sources on suicide globally, in the Cook Islands and in other Pacific nations; the existing policy and services landscape; outcomes of the first National Youth Forum; and subsequent suicide prevention activities undertaken in partnership with government, non-government and private sector organisations.

It begins with a set of recommendations to Cabinet for further consideration. The recommendations have implications for the Ministries of Health, Education, Police, Statistics, Internal Affairs, the Office of the Prime Minister and civil society organisations working in this space.

### The Youth Suicide Prevention Steering Committee

Following several tragic cases of suicide in late 2011, Prime Minister Hon. Henry Puna directed that work be undertaken to address youth suicide as an urgent and immediate priority. As ministries were not already resourced to do this, Cabinet approved a fund of \$30,000 for this purpose.

Representatives from the Ministry of Education, Cook Islands Police, Cook Islands Sports Academy and the Ministry of Health met with relatives of youth who had committed suicide.

As a result of discussions, it was agreed that a National Youth Forum be held to identify why young people were choosing to ‘opt out of life’ rather than ‘choosing life’.

Representatives from the Ministries of Education, Health, Internal Affairs (Youth Division); Cook Islands Police; Cook Islands National Youth Council (CINYC); and the Cook Islands Sports Academy then held an inaugural planning meeting that included selecting members of a Steering Committee to drive work related to the Forum. Those present included:

- **Ministry of Education** – Sharyn Paio (HOM), Ian George, Ngaria Stephenson, Thomas Tarurongo Wynne and Nga Teinangaro
- **Ministry of Internal Affairs** – Bredina Drollet (HOM) and Vania Kenning

- **Cook Islands National Youth Council** – Nukutau Pokura (President) and John Taivairanga
- **Ministry of Health** – Edwina Tangaroa and Maine Beniamina
- **Cook Islands Police** – Rebecca Hosking-Ellis
- **Cook Islands Sports Academy** – Kevin Iro
- **Katie Maher** – Registered Comprehensive Nurse (NZ) & Post Graduate Psychology student

Due to competing commitments, a decision was made to co-opt people to assist the Committee as required. This included Damiane Rikihana of the Prime Minister’s Support Office who coordinated work with the media; and Teina Mackenzie who facilitated work related to the 0800 Helpline and Charlene Hoff of the Ministry of Internal Affairs who both became core members of the team.

Others who joined the Committee for shorter periods of time to provide specific expertise and skills as needed included: Alistair Stevic (Cricket Cook Islands); Pastor Jonathon Cargill (Celebration on the Rock Church); Ana File; Shaniqua Ngaoire; Dr Rangi Fariu and James Puati.

The Committee met weekly in the lead up to the Forum.

## **Terms of Reference**

The Terms of Reference for the Youth Forum Steering Committee were to:

- Organise a ‘forum’ for youth between the ages of 15 and 25 years that provides a space to voice their honest views, opinions, concerns and solutions to overcome the challenges they face today with a core view that “young people are experts of their own experiences”.
- Provide a space where solutions are brought out into the open with discussion on the practicality of these solution(s).
- Provide feedback from youth to the Government of the day and the general public, which aims to inform our community; and most importantly addresses the need for policy development across various government departments and NGOs.
- Provide practical (no-cost, low cost & cost estimated) recommendations on a way forward.
- Report on findings, and or recommendations after reviewing analysis and responses from the Forum.

According to the Terms of Reference, the Steering Committee would cease to exist once the Forum had been completed and a full report provided to the Prime Minister and relevant Ministers of Internal Affairs, Education and Health.

## Phase Two Activities

Phase Two activities were not initially in the scope and plan of the Steering Committee. However, following a review of feedback from the Youth Forum, the Committee felt it was necessary to explore the concerns and challenges raised by young people who attended; and to explore practical solutions to address these.

In 2011-12 the New Zealand Government provided approximately \$48,000 to support consultations for Phase Two activities which had two key foci i.e. realising youth potential; and strengthening support networks in response to youth suicide.

While the funds were necessary and appreciated, the amount was nowhere near sufficient to cover the time required to undertake the work. Ultimately, for almost two years, the Committee relied heavily on the significant voluntary and unpaid time of its members.

Unrealistic expectations were placed on Committee members to maintain their fulltime work roles whilst also:

- organising and holding public consultation meetings
- planning and implementing a media awareness campaign including managing the production, printing and distribution of promotional materials including brochures, posters, and other collateral
- responding to calls and engaging necessary support for cases of attempted suicides
- establishing and launching the 0800 Helpline
- responding to emergency service reports that phone lines in the Pa Enea were not operating; working with Telecom CI and Youthline NZ to remedy 0800 Helpline operational issues; and posting public notices advising of services being unavailable
- commissioning, reviewing, analysing and presenting data from two major surveys
- follow up and distribution of Youthline New Zealand quarterly reports
- fulfilling the role of counsellors and attending to suicide callouts as needed; and
- compiling and completing this report.

In particular, staff of the Ministry of Internal Affairs Youth Division, committed enormous time and resources to facilitate and maintain the work of the Committee, including many months seeking funding to produce this report which was eventually secured through sponsorship of the Future for Youth Committee.

## Previous Suicide Prevention Initiatives

It would be remiss for the Steering Committee not to mention previous attempts made to address suicide in the Cook Islands. This included a community effort in 2006 to establish an agency to provide support to families and individuals who had lost a family member to suicide.

In 2008, Te Kainga Mental Health created a concept called 'Te Kete Ou'. This initiative brought together the Ministries of Education, Health, Internal Affairs and Punanga Tauturu

Inc. to explore various ways to provide preventative and post-suicide programmes and services to the public.

For reasons unknown to the Committee, neither of these initiatives gained the traction necessary to ensure their continuity and success.

It is our view that a tendency to react in a 'knee jerk' fashion to spates of suicide over time, has only added to the absence of any long-term commitment to planning and funding suicide prevention initiatives in the Cook Islands.

The Committee believes any knowledge and momentum that may have been gained by these early initiatives has unfortunately been lost; and in future every effort in suicide prevention must ensure this does not occur again.

## Global Suicide Estimates

In 2012, the World Health Organization (WHO) estimated that approximately 800,000 to one million people<sup>1</sup> commit suicide every year. This represents:

- one death every minute,
- almost 3,000 deaths every day, and
- one suicide attempt every three seconds.

According to the WHO:

- More people die from suicide than from armed conflict and traffic accidents
- In many countries, suicide is one of the top three causes of death among adolescents and young adults between the ages of 15 and 24 years
- It is one of the top 10 causes of death overall
- Worldwide, suicide rates have increased by 60% over the last half century
- For every suicide that occurs, there are 10 to 20 times more suicide attempts
- Various sources estimate that for each person who dies by suicide, between five and 10 people are **severely** affected by the loss

Furthermore, the World Health Organisation identifies low and middle income countries as bearing the larger part of the global suicide burden.

*'It is also these countries that are relatively less equipped to prevent suicide. Unable to keep pace with the rising demand for mental health care, they are hindered by inadequate infrastructure and scarce economic and human resources. As a result, there are few sustained efforts and activities that focus on suicide prevention on a scale necessary to reduce the number of lives lost to suicide.'* World Health Organisation 2012

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<sup>1</sup> World Health Organization, 'Preventing Suicide : A Global Imperative' 2014  
[http://www.who.int/mental\\_health/suicide-prevention/en/](http://www.who.int/mental_health/suicide-prevention/en/)



## CHAPTER 2

### INTRODUCTION

In this chapter we explore the importance of recording and collecting data on suicide completions and suicide attempts; and consider what available data tells us about suicide in the Cook Islands.

Reports of suicide in other Pacific nations are also included, drawing on information collected and reported largely by the police and non-government agencies working in the field.

A summary of the current policy and services landscape in relation to suicide prevention in the Cook Islands is also described.

### Data Collection & Suicide in the Cook Islands

*‘Given that over 60 percent of suicides in the world are believed to occur in low and middle-income countries, it is unfortunate that there is comparatively little information about the burden of suicide in these areas. The lack of knowledge about suicide in low and middle income countries is likely to be connected to the fragmented nature of recording systems for suicide mortality.*

*There are numerous reasons why establishing recording systems for suicide are important. First, systems can help quantify the size of the problem, even more so with the specification of age, sex and methods used. Ascertaining this information is fundamental to the development of targeted suicide prevention strategies. A recording system can also provide information on trends in suicide over time and be a valuable tool for research. WHO Preventing Suicide - A Resource for Suicide Case Registration, 2012*

Currently there is no formal coordination for recording, collecting and classifying suicide completions and attempts in the Cook Islands. Cook Islands Police, the Ministry of Health and other community organisations working in the area of suicide, each retain their own records with variations in their handling and recording of data.

The availability of reliable statistical information is central to understanding the extent and nature of suicide; and how best to manage and prevent its occurrence. Without this, we continue to work in the dark and assume a hit-and-miss strategy and response.

Having consistent data collection and classification ensures that all those who have a role in suicide prevention have appropriate information to work with. This necessitates a process to effectively, accurately and confidentially distribute information to those agencies charged with responsibility for suicide prevention.

Our limited understanding of suicide; our poor recording systems; and community perceptions of suicide and its concealment; all affect the reliability of data collected.

This can result in an underestimation or overestimation of the true extent of suicide in the Cook Islands.

From various sources, the Committee has however, noted the following:

## **Te Kainga Mental Health and Wellbeing Centre**

Mereana Taikoko has been collecting data since she started working with mentally ill patients in 1997.

In a Cook Islands News article in September 2012 she estimated that 24 people had committed suicide on Rarotonga since then. Seventeen were males and seven were females. The majority were aged 15 to 24 years, though in 2008 a male aged 70 years had taken his life. On average, she reported that two people commit suicide in the Cook Islands every year.

## **Cook Islands Statistics 2010-2012 (Ministry of Health)**

Meanwhile, Ministry of Health figures record a total of two suicides in 2010; three in 2011 and two in 2012. Since 2012, we have had one suicide in 2013, two in 2014 and one in 2015 (as at February 1 2015).

## **Youth Suicide Prevention Steering Committee (Counsellors)**

Based on the information provided by a counsellor who is also a member of the Steering Committee, there were 11 attempted suicides in 2012. Four were males and seven were females.

In 2013, three members<sup>2</sup> of the Steering Committee documented five completed suicides<sup>3</sup> for the period October 2011 through to February 2012; one in December 2013; and 22 attempted suicides in 2013. Seventeen of the 22 attempted suicides were referred to the counsellors by Cook Islands Police, whilst the remaining cases were called in directly to the counsellors by other individuals and agencies. Of the 22 attempts, 12 were males and 10 were females.

## **Suicide Attempts**

The Steering Committee believes the number of 'attempted suicides' documented in 2012 and 2013 is alarmingly high and indicative of the urgent need for programmes that promote suicide awareness and prevention; and counselling services that target the specific needs of the young.

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<sup>2</sup> 2 members are professional counsellors and one is a committee member working in the area of youth

<sup>3</sup> Consistent with the Ministry of Health Statistics Dept figures

Available research indicates that suicide attempts are the strongest predictor of suicide. It is therefore crucially important to incorporate a system for identifying suicide attempts as part of a national recording system.

## Suicide Estimates for the Pacific

To gain an insight into the occurrence of suicide in the Pacific, the Steering Committee undertook a cursory look at online articles and studies pertaining to the region.

A common theme in the information gathered from other Pacific countries was the need for **improved data collection** (local and national reporting and recording systems) to assist in the development of more specific and focused strategies for suicide prevention. The predominant message of most of the articles examined was that government agencies must work in **close collaboration** with civil society organisations and community groups to develop appropriate responses to suicide.

## Global Comparison

Global comparison shows Pacific suicide rates are amongst the highest reported. According to UNICEF, Pacific Island nations have the highest suicide rates in the world. The Pacific Mental Health Network (PIMHnet) was established in 2005 to assist member countries with these challenges with a priority focus on advocacy for mental health, human resource training, policy, legislation, planning and service development, research and information, and access to psychotropic medicines. (HO/WPRO – 22 February 2008)

PIMHnet currently counts 18 member countries, each with an officially appointed focal point: American Samoa, Australia, the Northern Mariana Islands, Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga and Vanuatu.  
[http://www/wpro.who.int/media\\_centre](http://www/wpro.who.int/media_centre)

**Tokelau** - In Tokelau a survey conducted by the Tokelau Health Department, Health Research Council of New Zealand and the World Health Organisation revealed extremely high suicide prevalence in the 25 years to 2004. Published in 2009, the study showed an attempted suicide rate of 40/1500; and fatal suicide rate of 6/1500 (1980-2004) with an increasing trend in recent years. Described as 'devastating' the survey showed suicide was highest amongst those aged 14-25 years and causal factors were identified as failure within family relationships between parents and children; relationship problems; gossip and public humiliation; loss of loved ones; and loss of status within the community.

**Pacific Health Dialog 2009, Vol. 15. No. 2 Suicide in the Tokelau Islands by: Mr. Alapatu Tavite, Tokelau Health Dept. and Dr. Silvia Tavite, Flinders University, South Australia**

**Samoa** - Suicide rates for Samoa in the last six months to August 2007 surpassed the annual rate in the last five years according to recent statistics. According to the figures obtained from Tupua Tamasese Meaole II Hospital (TTMHII), 11 victims of suicide were pronounced 'dead on arrival' or 'died in ward'. Official documentation from the National Hospital titled: 'suicide attempts' recorded more than 20 suicide attempts since the beginning of this year (2007). Faataua le Ola (FLO), the Lifeline Agency, Director Ms. Ofeira Manutai Salevao said the figures presented were disheartening. "This is the worst year for Samoa, ever since FLO was established five years ago the numbers were decreasing, this is not normal," Manutai said.

According to published FLO suicide statistics there were 14 suicides in 2006, 10 in 2005, 18 in 2004, 11 in 2003 and 12 in 2002.

The TTMHII statistics show that out of the 11 suicide victims, 1 was female. The youngest victim recorded was 13 years and the eldest 50 years. FLO says they continue to create awareness on this issue in Samoa. **NZ Herald, August 2007.**

**Tonga** - Between 2000 and 2012, Tonga recorded 98 suicides. Most were male and under the age of 30 years. Tonga's Police Commissioner Grant O'Fee said that of the 98 suicides, 90 were male and eight female, while 69 were under the age of 30 years. In 2012, there were 10 suicides and several had already been recorded early in 2013. **(Matangi Tonga Online, 20 March 2013: 'Tonga Starts to Talk About Suicide')**

**Fiji** - In Fiji, police statistics released in June 2013 revealed 64 attempted suicides and 55 suicides that year. The year before, police recorded 124 suicide cases and 144 attempted suicide cases, of which eight who committed suicide and 20 who attempted suicide were 16 years old and below.

The youngest person who committed suicide in 2012-13 was a 13-year-old male while the oldest was a 79-year-old female. Of these cases, the majority resulted from family disagreements and relationship problems. Statistics released by police reveal that the majority of those who either committed suicide or attempted were males. **(The Fiji Times Online, Monday June 10, 2013: 'Suicide Cases Worry Police')**

## **Current Cook Islands Policies and Programs**

*"It is imperative to have relevant policies and programs in place that will help us navigate through any challenge, however, having policies and programs without any consideration for the provision of resources, is poor management".* **Participant, Families Consultation Meeting**

Suicide prevention is a multi-faceted issue and requires a multi-sector approach in order to provide effective solutions. There is no single solution, so it is therefore necessary that all Cook Islands national development planning and policy tools, government agencies, non-government organisations and individual citizens, pool their resources and expertise to formulate solutions that support the strengthening of individuals, families and the community.

## National Sustainable Development Plan (NSDP)

The work of the Youth Suicide Prevention Steering Committee relates to the vision of the National Sustainable Development Plan, *'To enjoy the highest quality of life consistent with the aspirations of our people in harmony with our culture and our environment'* and specifically to Priority Goal 4 Social Development - Opportunities for all people who reside in the Cook Islands.

This goal is described as *'A Cook Islands where all people who reside in our islands enjoy opportunities to fulfil their potential, prosper and participate in the Social, Economic, Political and Cultural life of our communities and nation'*.

### Ministry of Health

In the Cook Islands, the Ministry of Health (Cook Islands National Health Strategy 2012-2016) has a specific goal that relates to 'suicide' (youth and adolescents) in particular.

<u>Goal 2:</u>	To support families and communities to live healthier lives.
<u>Outcome 1.2.4:</u>	Counselling services to youth and adolescents to prevent risky behaviour and self-harm.
<u>Actions/Interventions 1.2.4.1:</u>	Develop education programs on mental health, self-harm and suicide prevention to address the problem of youth suicide.
<u>Indicator 1.2.4.1:</u>	A suicide prevention program developed.
<u>Indicator 1.2.4.2:</u>	Reduction in the youth suicide rate.

The Ministry of Health also has a Mental Health Unit which reports on incidences of suicide i.e. counselling support and psychiatric assessment.

### Ministry of Internal Affairs (Youth Division)

The Ministry of Internal Affairs Youth Division has primary responsibility for coordination of youth issues that are directly the responsibility of other line ministries. For example, the Ministry of Health has primary responsibility for positive sexual and reproductive health of young people; whilst the Ministry of Education has primary responsibility for the learning of young people.

The role of the Youth Division is *'to contribute to a healthy, productive, participative, confident and prosperous youth community between the ages of 15-34 years in the Cook Islands*. It does this by facilitating; advising and brokering youth initiatives with Cook Islands organisations that support personal development such as budget management, life skills training, trade training and employment opportunities; whilst providing quality policy advice to government on youth development.

A key component of the work of the Youth Division relates to the establishment of baseline data on youth in the Cook Islands. This has occurred as an effort to establish processes that help identify trends in the youth population. The Youth Suicide Prevention project was an opportunity to collect data and capture any analysis for the purpose of informing policy to better address the needs of youth.

## Ministry of Education

Whilst the Ministry of Education has no definitive suicide prevention policy with relevant strategies and guidelines for schools; there is a component contained within the Health & Wellbeing curriculum year 1 to 10 which should be delivered as part of the schools Learning and Teaching program.

The Cook Islands Health and Physical Wellbeing curriculum document promotes student well-being by raising awareness of mental health issues and encourages students to recognize mental health concerns in themselves and others. It also seeks to promote processes for seeking help and teaching self-awareness, problem-solving and coping.

The component of mental health is delivered because schools are charged with providing a safe and positive environment for students. It is a key area of learning in the curriculum and the implementation of a programme to develop a safe emotional environment in classrooms and the wider school, is required by the Cook Islands Administration Guidelines 5 (i).

## Cook Islands Police Department

*'Police and others who are first to respond to suicides and attempts are often not well trained in the signs of suicidal behaviour nor do they know the most appropriate actions to take when suicide is a concern. Institutions like the Police may help reduce suicides in the community by ensuring that frontline staff are appropriately trained to recognise and identify the risks of suicide; developing programmes to help them manage suicidal crises in the field including debriefing after crises have occurred and stress management; streamlining police referral processes to counsellors and services; and maintaining strong linkages with other professionals and agencies involved in addressing suicide.'* **WHO Preventing Suicide - A Resource for Police and First Responders, 2012**

The Cook Islands Police Department role in suicide prevention mainly focuses on raising public awareness about the Helpline Service, emergency services contact numbers and encouraging positive behaviour within the community.

In terms of suicide incidents, Cook Islands Police are often the first point of contact. Despite their central role however, they receive no formal training in appropriate actions and procedures when responding to suicide incidents (including reporting of attempts and completed suicides).

Police need a definitive set of protocols with regard to maintaining the scene of a suicide; documenting details on arrival at the scene; processes for removal of the deceased; and

working with traumatised parents, caregivers and friends. Given the stress often associated with suicides, the Steering Committee believes attending officers should themselves have access to support and counselling as required.

### **Emergency Service Referrals System**

Prior to the establishment of the Youth Suicide Prevention Steering Committee, the Cook Islands Police Emergency Services invoked a process which involved contacting the duty doctor to attend a suicide incident.

In February 2012, the Steering Committee aided by the work of Senior Sergeant Rebecca Hosking-Ellis expanded that process to include contact details for two nominated counsellors to attend suicide incidences; and to provide support to the victim and family as necessary.

Despite its success, this initiative placed extreme pressure on the counsellors involved, both of whom were also employed as fulltime guidance counsellors with the Ministry of Education.

Given the untenable demand made on the counsellors, the Committee in agreement with the Cook Islands Police and the Ministries of Education and Health reverted back to the original process of only calling the duty doctor to all incidences.

### **Non-Government Agencies**

Non-government agencies play a vital role in our community and have been a strong driving force behind some of our most successful community projects aided by the support of private sponsors, development partners and governments. Their access and wide reach at a grassroots level within our communities is effective and invaluable.

NGOs are usually formed to fill a gap evident within society's support structures; and to cater to the various needs of our communities. They provide these critical services, often at no charge, as most clients do not have the financial resources to meet these costs.

Several organisations provide information and advice on various topics e.g. reproductive health, first aid courses, human rights, victim support, disaster management and counselling services, including Punanga Tauturu Inc., Te Kainga Mental Health, Cook Islands Family Welfare Association, Cook Islands Red Cross, and Rotaiana (men's counselling). Various churches on the island also provide counselling services and support for their members. Some extend this support beyond their own congregation.

The Committee believes it is crucial that these organisations are adequately resourced and supported to sustain the necessary services they currently provide to our communities.

Despite the central role that churches and church leaders maintain in the daily lives of Cook Islands people, the Committee notes that survey feedback indicates they are not highly regarded as a trusted or valuable source of support by young people.

## Commentary

Collaboration across all sectors is hugely effective in the reduction of suicide. The absence of collaboration and coordination has in the view of the Committee, been a huge contributing factor to the sporadic and ineffective response to suicide prevention in the Cook Islands.

Based on discussions with various agencies and feedback from consultations, the Youth Suicide Prevention Steering Committee believes that the Ministry of Health (Statistics) is ideally placed to be the lead and central coordinating and collection agency for suicide data.

The Steering Committee suggests that all agencies dealing with suicides (attempts and completed) should provide monthly reports to the Ministry of Health for consolidation. If names cannot be shared, a system of numbered coding to preserve an individual's confidentiality should be instigated with details of the suicide provided so as to avoid duplication of data.

Details of a suicide should record the date, time, location (i.e. private home or place of significance to the victim), method of suicide (hanging, poisoning etc.) and any additional information about the circumstances such as relationship or family troubles, financial distress, if the victim was seeking counselling or support, history of mental illness etc.

There must also be a policy that encourages consistency in recording and classifying 'suicides' (attempts and completed). These records will give a clearer picture about the incidence of suicide.

Whilst maintaining confidentiality and privacy of information, data should be shared amongst relevant stakeholders to encourage services planning and delivery.

The Steering Committee contends that it would also be worthwhile to develop ways of providing this information to the media, so as to encourage accurate reporting of the statistics and data when published.

This may include a media briefing every time information is released; and should involve representatives of key agencies to explain the data and statistics; and describe any trends or patterns over time.

The Steering Committee believes an '**expert taskforce**' with government and civil society representation must be formed to take the lead in addressing and responding to the suicide prevention needs of Cook Islands communities.



This Taskforce would also act as ‘caretaker’ of information, learnings and data gathered through social awareness activities, targeted campaigns and funded services. This should provide the basis for any required legislation and future funding aimed specifically at addressing suicide prevention.

We wish to also encourage churches and church leaders to assume a more proactive role in providing supportive and trusted counsel to their youth and their wider congregation.

Beyond financial realities, the Committee contends that political will is an essential ingredient to bring about change at the policy and programme level.

A lack of resources - human or financial - can no longer remain an acceptable justification for not developing or implementing a national suicide prevention framework and strategy. Governments, regardless of political affiliation must focus on ways to use the available resources optimally.

The Steering Committee concludes that suicide is a collective responsibility, and must be spearheaded by both government and civil society in the Cook Islands.



**Photo:** Youth Forum attendees, Tiktikaveka Youth With a Mission (YWAM)

## CHAPTER 3

### NATIONAL YOUTH FORUM: CHOOSE LIFE 2012



*Photo: Deputy Prime Minister Hon. Tom Masters opening the Forum at YWAM Titikaveka*

*“Life is full of successes that often require that we first learn from our mistakes and failings. But you cannot experience these mistakes and failings and ultimately success - if you do not ‘choose life’. You must begin by choosing life.”* **Deputy Prime Minister Hon. Tom Marsters, 13 March 2012**

The National Youth Forum was held at *Youth with a Mission* in Titikaveka, Rarotonga with 180 young people aged between 11-24 years of age from Rarotonga, Aitutaki, Mangaia, Mitiaro, Atiu and Mauke.

School principals were involved in the selection of Year 8 to Year 13 students, whilst the other young people were drawn from those currently working, unemployed or in training.

Students helped to develop the Forum theme ‘CHOOSE LIFE’, giving the event a positive focus and placing an emphasis on living life abundantly. With the Bible verse John 10:10, *I have come that they might have LIFE..and LIFE more abundantly.*

The Steering Committee believed that although the initiative had come about because of events involving young people taking their lives, the emphasis of the Forum *‘should be on supporting and maintaining the wellbeing of young people and dealing with the challenges of the world they are growing up in’.*

Acting Prime Minister Hon. Tom Marsters officially opened the Forum supported by the Minister of Education, Hon. Teina Bishop and the NZ High Commissioner, John Carter.

The day's programme was structured so facilitators could work in small groups. The questions asked in each of the three sessions were designed to draw out youth views on the factors contributing to young people deciding to take their lives; and most importantly the types of support and initiatives they felt would make a positive difference and contribution to their lives.

A total of 30 facilitators and note takers were screened and selected by the Steering Committee from a list of community volunteers. They were chosen for their ability to engage with youth; and included youth workers, health nurses, teacher assistants, teachers and counsellors.

A briefing for facilitators and note takers was held the day preceding the Forum.

Amongst those at the briefing were two New Zealand Youthline counsellors who were invited as observers to the Forum to get a sense of the context in which prospective Cook Islands callers live; and also a visiting psychologist Dr Deborah Perrott who assisted the Steering Committee to shape the programme for the day and who provided support and guidance to the facilitators.

Working in 16 small groups in separate spaces provided a safe and confidential environment for participants. Each session ran for approximately 1.5 hours with up to two facilitators and a note taker present in each.

Each discussion session was preceded by a large group icebreaker activity involving team-building exercises to energise and establish rapport amongst participants before talking and sharing their views.

Following is a summary of feedback from each of the Forum sessions conducted throughout the day.

## **Youth Feedback**

### **Session 1**

#### **What is it like growing up in the Cook Islands as a young person?**

In general there was a positive response in terms of everybody knowing each other and involvement in cultural activities. Pace of life was referred to as being slow and relaxing. Some commented that life was boring and that the Cook Islands had limited opportunities to offer in education and employment.

#### **What are the stresses affecting youth at this time in the Cook Island?**

The following themes arose from the identified stressors and pressures:

**Family Associated Problems** were identified as being a major stressor to youth. Hypocrisy featured highly along with domestic violence. Also, unrealistic expectations of responsibilities, specifically church commitments, household duties and school homework. Discrimination of gender in regard to male/female engendered roles was also highlighted as a stress factor.

**Gossip** is problematic in small communities especially where inter-relationships exist. This was considered to be a major contributing factor prevalent amongst Cook Islands youth.

**Peer Pressure** was identified as a major stressor to growing up in the Cook Islands. Specifically youth referred to bullying in the form of mocking and intimidation as opposed to verbal abuse. Text message bullying was also noted.

**Abuse** was mentioned by all of the groups but because of the sensitivity surrounding sexual, physical and emotional abuse, the environment was no conducive to speaking openly about personal experiences and therefore no further data was available.

**Relationship Break Ups** featured highly and anecdotally seems to be the main causal factor (or last presenting symptom) in factors contributing to suicide in the Cook Islands. Teenage pregnancy was identified as a high risk factor to suicide and emotions in relation to and associated with relationship breakdowns.

**Illegal Activities (Underage)** sex outside of marriage in relation to upholding religious teachings of celibacy until marriage, coupled with teenage pregnancy was highlighted as a major stressor. Abuse of alcohol was a contributing factor to stressors in relation to self-medication. Drugs and smoking cigarettes also presented as common stressors.

**Depression** featured highly amongst the groups; more specifically with grief in regards to losing someone and not having the “permission” to openly express that grief. Low self-esteem was also regarded as a concern. Rejection was also noted in reference to lack of forgiveness when making a mistake or not meeting expectations and failing. Also mentioned by the majority of groups were unrealistic expectations of parents, community, church and schools, therefore leading to depression.

Other factors identified as causing stress and pressure included: technology, culture, and the attitudes of the Police.

Overwhelmingly, all groups identified **friends** as the person/people that they would speak to about these stressors. Counselors were a close second in gaining help when these stressors become too burdensome. Teachers and pastors were also identified as people that youth would approach and speak to about the pressures identified in this first session.

Most youth appeared to lack an understanding of what the ‘counselling’ process entailed. Though they clearly felt there were barriers to seeking professional help, a common response to seeking support was that “they [the counselor] wouldn’t understand my situation”. Most groups identified that they would feel “better” once they had shared their “problems” with their friends.

When asked if they knew the warning signs of someone contemplating suicide, most participants indicated they could not identify these with any certainty.

## Session 2

### Who are the safe people in your community you would talk to and what are the characteristics that make that person safe for you?

Youth seek help from people who are trustworthy (i.e. won't gossip), understand their situation, are caring, good listeners, reliable and mature. Friends along with teachers, cousins and relatives (cousins, uncles, aunts) were identified as fulfilling this expectation. Most responded that they would seek out a friend first and foremost to help them to deal with their stressors/pressures.

### What do you say to a friend that has come to you and is presenting with some of the issues we spoke about i.e. telling you they are thinking about suicide?

The majority of the feedback indicated that youth are not overtly aware of the signs of potential suicide within their peer group and expressed their concern about not knowing how to react/respond in this situation. The facilitators found it necessary to allow time to explore and find out how young people *were* responding and reacting to their peers when these issues arose.

Facilitators continued with some basic education on various ways to respond effectively and positively. This discussion was guided by the *Dos* and *Don'ts* listed below.

#### DO

- Talk to her/him – ask how he/she is feeling and what is bothering them.
- Ask about suicide, speak openly. Mentioning suicide will not give her/him the idea
- Offer your unconditional friendship and support. That doesn't mean that you have to agree with everything he/she does but let your friend know you still care no matter what has happened to her/him, or whatever he/she does.
- Listen. Listening isn't always ears. To really listen you need to listen with your ears, eyes and heart – it doesn't mean you have to find all the answers.
- What a person often needs more than anything is to feel understood. Try to listen and understand
- Be non-judgmental.
- Look after yourself. You need to be healthy yourself if you are to offer support to a friend.
- Talk about the things that are good in her/his life, his/her strengths and the people who care and are supportive.
- For your friends safety it is important to tell a responsible adult that you trust
- Your friend might need professional help. There is help around i.e. school counselors, help lines. Discuss options.

## DON'T

- Tell your friend not to worry
- Say that whatever is upsetting him/her may not be something that would upset you, but it is very important to him/her – if you tell him/her it's not really important it will seem that you don't understand and you wouldn't be very helpful
- Try not to seem shocked by anything your friend says, this could make it seem like you don't understand
- Interrupt with stories of your own
- Panic, especially if your friend talks about feeling suicidal. It may be a relief to be able to speak and have someone understand how he/she feels
- Dare him/her to try it, make fun of it or use guilt to prevent suicide
- Leave your friend alone with anything that could be used to harm themselves
- Don't try to handle things alone. For your friend's safety it is important to tell a responsible adult that you both trust.
- Don't try to go it alone - If you are worried about yourself, often when you feel this bad you feel alone, isolated, as though no one cares, that there is no way out to whatever is happening. Talk to someone you feel comfortable with who is responsible and that you trust.

## Session 3

Youth explored positive messages about “health and well being” and created their own visual art of the “message” they would share with their peers. Some of their messages included:

*Just Breathe*

*Don't Worry, Be Happy*

*Life is worth Living*

*Life is too good to be taken*

*Life or death – your choice*

*L.I.F.E – Life is full of excitement*

*Live your life to the fullest*

*There's more to life than meets the eye*

*Don't be a fool, choose wisely*

*Life – Live it, learn it, love it*

*In the darkest tunnel there will always be light*

*Life is precious, don't take it for granted*

*Life DOES matter*

*If Life gives you 1000 reasons to cry, then give Life 1000 reasons to smile*

At the conclusion of the National Youth Forum, all participants were provided with a \$10 phone card donated by Cook Islands Telecom in appreciation of their contribution to the day's discussions.

## Commentary

*'Worldwide, suicide is among the top five causes of mortality among 15 -19 year olds. In many countries suicide ranks first or second as the leading cause of death among boys and girls this age.'* **World Health Organisation 2012**

For the Steering Committee it was essential that the Youth Forum enabled young people to be experts of their own experience. It was important to acknowledge that young people have the capacity, when given the tools, to talk about what is going on for them; and to help identify where efforts and resources are best directed.

As noted in this chapter, we were extremely fortunate to have the skills and experience of Dr. Deborah Perrot, a visiting psychologist from Australia who assisted with the planning and running of the Forum; and who honoured the work of the Committee and the contribution of young people by having regard for our cultural practices and processes. Her ability to listen, observe, support and work constructively with the Committee was hugely beneficial and of immense value to the Forum and youth who attended.

The information shared at the Youth Forum was rich and privileged. At the conclusion of the Forum, the Committee recognised the need to delve further into the feedback and issues discussed by young people at the gathering.

It was decided that a second phase of activities would significantly increase the quantity and quality of information available to the Committee to develop suicide prevention initiatives responsive to the needs of young people, their families and the wider community.



*“Talk About it” Bus billboard.*

# CHAPTER FOUR

## PHASE TWO ACTIVITIES

*“Our aim is to launch this Vaka of consultation and then allow our people that have a stake in our youth - such as churches, youth groups, the Police, Ministries of Education, Internal Affairs/Youth Affairs, Health, CINYC and other NGO’s - to take this Vaka out further than we have gone before. It will take all of us in a partnership to help create the change we want for the lives of our young people and our future as a nation.”*

**Thomas Tarurongo Wynne, Deputy Chair Steering Committee**

Following the *National Youth Forum – Choose Life 2012*, it was decided that feedback from young people (via the youth survey and feedback from the Forum) warranted further exploration.

The Committee also felt it necessary to collect and analyse additional information from parents/caregivers (via survey), to hear from families who had lost loved ones to suicide; and to consult widely with the community on its ideas and suggestions to address suicide.

In this chapter, the full extent of the activities undertaken is described in detail along with insights and outcomes of these initiatives which are central to the recommendations in this report.

The goal of this second phase of activities was to *‘promote resilience amongst young people (15-25 years) in the Cook Islands to reduce the impacts of youth suicide or at risk behaviours’*.

Consultation meetings with families and stakeholders including service providers were planned by the Steering Committee to provide feedback from the National Youth Forum and report on the findings of the youth and parent surveys. The meeting with stakeholders was also an opportunity to find out what services were on offer; and what other services could be provided to families, parents and youth.

Once completed, it was decided that a national feedback meeting would be an appropriate vehicle to inform all parties of the Committee’s discussions and findings; and how these would be presented to government for further action.

In addition to the consultative meetings and surveys, the Steering Committee in collaboration with the CINYC developed a proposal for a media campaign to raise awareness of youth suicide prevention initiatives, in particular the 0800 Youth Helpline to be sponsored by Telecom Cook Islands and Youthline NZ.

Funding of \$48,000 for the surveys, consultation meetings and media awareness campaign was provided by the NZ Aid Programme via the Community Initiative Scheme (CIS).



At this time, the Steering Committee was reconstituted under the guidance of the Ministry of Internal Affairs to carry out these activities by 30 June 2012.

Under the guidance of the Ministry of Internal Affairs, time beyond the formal end date was required so tasks could be completed. These tasks included: facilitating the collation and delivery of promotional materials to the Sister Islands (Pa Enea); finalisation of the Data Analysis Report relating to the Youth and Parent/Caregiver Surveys; ongoing follow up of 0800 Helpline quarterly reports; sourcing funds to engage a consultant for the compilation and completion of this report; providing support to the consultant in the compilation of this report; writing and submitting various proposals seeking funds to support an ongoing media campaign; facilitating the delivery of the media campaigns (2) that have secured funding; responding to calls and engaging necessary support for cases of attempted suicides; ongoing advocacy about the work carried out under the project; and a need for ongoing work to continue.

## Descriptive Statistics Surveys 2012

*'When asked about what feelings they associated with suicide, youths indicated 'anger' was the strongest emotion associated with suicidal thoughts (65%)... in general, youth were more likely to confide in (descending order) a Friend (515), Parents (394), Cousin (387), Sibling (353), Aunt or Uncle (308), Family Friend (220), School Counsellor (204), followed last of all by Priest, Youth Pastor and Phone Counsellor.'* **Youth Descriptive Statistics Survey 2012**

Two surveys were conducted between February and June 2012; one of 824 youth and another of more than 500 parents/caregivers. The data was collated and then analysed in July and August, and a summary of both surveys was submitted by the consultant<sup>4</sup> to the Committee in September 2012.

The purpose of the Youth Survey was to collect information to help inform the agenda for the National Youth Forum in March 2012. This information would also aid planning of any other awareness raising and prevention initiatives for youth. The surveys were distributed (several were collected from outside of the formal school system), to the principals of every school in the Cook Islands to distribute to all students aged between 12 and 19 years.

The Steering Committee was intent on maximising the 'one day' forum, with approximately 180 young people from Rarotonga, Atiu, Aitutaki, Mangaia, Mauke and Mitiaro. It was imperative that facilitators asked the right questions and this could only come from understanding the current context (i.e. knowing the current issues young people face). The surveys would therefore serve this purpose.

Following is a summary of data elicited from the youth survey and the parent/caregivers survey.

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<sup>4</sup> Data Consultant – Nimerota Jim Brown

## Youth Descriptive Statistics Survey 2012

### Age, Gender, Ethnicity

The age of youth participants in this survey ranged between 10 and 20 years old, with an average age of 14 years old. 46% of participants were male and 53% female. 94% were of Cook Island Maori ethnicity and 6% of 'other' ethnicity.

### Birthplace / Residence

74% of participants indicated the Cook Islands as their birthplace, and the birthplace of their parents. This was followed by New Zealand 18%, Australia, 5%, the Pacific 2% and other 2%.

81% of youth indicated that they lived with their parents, while 19% lived with (in descending order) Grandmother, Grandfather, Aunt, Uncle, other relative, non-relative. On average there were six people reported to be living in their household.

### Language

70% of youth surveyed were bilingual (both CI Maori and English), while 25% spoke English exclusively, and 3% spoke CI Maori exclusively. When asked what language was spoken at home 66% admitted to speaking both CI Maori and English, 19% spoke English exclusively and 13% spoke CI Maori exclusively.

### Religion

Majority of participants belonged to the CICC religion (51%), followed by Catholic (17%), Seventh Day Adventist (7.2%), Church of Latter Day Saints (5.8%), Assembly of God (4.7%), and other religions (12%).

### Education

According to the survey, the majority of participants attended Tereora College; 359 (44%), followed by Avarua School 101 (12%), Nukutere College 89 (11%), and Titikaveka College 68 (8%). Eight participants (1%) indicated they were not enrolled in school and were in the workforce; 18 participants were from the Cook Islands Sports Academy; and the remaining 135 or 16% were grouped together and classified as 'other' i.e. drawn from Arorangi School, Araura School, Papaaroa College, and Nikao School.

### Youth Suicide

435 (52%) of youth knew a friend or family member that had committed suicide.

567 of the 824 youth surveyed answered this section, with 114 (13.8%) of youth indicating they had contemplated suicide and 20 (out of the 114) indicating that they 'frequently' had suicidal thoughts. 46 'sometimes' had suicidal thoughts, and 84 indicated they had suicidal thoughts 'not that often'.

When asked about what feelings they associated with suicide, youths indicated 'anger' was the strongest emotion associated with suicidal thoughts (65%), with a set of 18 milder emotions making up the rest <sup>5</sup>(range: from 6% to 23%).

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<sup>5</sup> In descending order of frequency: Loneliness, depression, guilt, rejection, shame, hopelessness, frustration...  
NOTE: However this question does not take into the account the perspective of the participant. For example, are these feelings from the perspective of the victim ('I feel angry and want to commit suicide') or as a friend/relative of someone who has committed suicide ('I feel angry that my friend/relative committed suicide')?

In general, youth were more likely to confide in (descending order) a Friend (515), Parents (394), Cousin (387), Sibling (353), Aunt or Uncle (308), Family Friend (220), School Counsellor (204), followed last of all by Priest, Youth Pastor and Phone Counselor.

But when narrowing the sample down to include only youth that were susceptible to suicidal thoughts; parents dropped from second place to fourth on the list, with cousin and sibling moving up to second and third respectively.

When asked for their ideas on suicide prevention, the following solutions were suggested in the following order of most votes:

- Course for parents (parenting courses)
- Access to a confidential free 0800 counselors number
- Access to a free confidential text/email service
- Participation in youth forums
- Suicide awareness campaigns
- More school counselors
- Teachers trained in suicide prevention
- Access to brochures/pamphlets

## **Parents/Caregivers Survey Descriptive Statistics 2012**

Following the distribution of the Youth Surveys, the Steering Committee decided it was also necessary to seek feedback from Parents and Caregivers – to give a ‘holistic’ rather than one-sided view.

Accordingly, a Parents/Caregivers survey was developed and distributed via the Ministry of Education throughout schools on Rarotonga. Senior Sergeant Rebecca Hosking-Ellis of the Cook Islands Police Department conducted the surveys in Aitutaki whilst briefly there on travel duty.

The Steering Committee agreed that an incentive was necessary to get a quick turnaround time for the completion of surveys. It created a competition with the school returning the most surveys (percentage, rather than number due to the varying school rolls) winning one of two Nikon s2600 cameras with a 4gb memory card. This worked well and schools promptly sent out the surveys and collected them from Parents and Caregivers which were then handed to the Steering Committee for tallying. Winners of the competition were Arorangi School (Rarotonga) and Araura College (Aitutaki).

### **Parents/Caregivers Profile**

The term Parent/Caregiver is defined as Mother, Father, Legal guardian or caregiver of any number of children.

Parents’ ages ranged between 18 and 60+ years old, while there were two participants who identified their age under 17 years old. The majority of parents who answered the survey identified within the 40-49-age range (201 or 36%), and 172 participants (31%) identified within the 30-39-age range.

62% of parents were married, 24% lived in a de facto relationship, 11% were single parents, and nearly 4% either separated or divorced.

The majority of participants in this survey were female (75%), and the remaining 25% male.

Approximately 99% of participants currently live on the Island of Rarotonga, in the following villages (descending order); Arorangi (25%), Tupapa (16%), Nikao (12%), Matavera (10%), Titikaveka (9%), Muri (8%), Takuvaive (8%), Avatiu (7%) and Avarua (4%).

50% of participants were born on Rarotonga, 21% born in the other islands, followed by 20% of participants born in New Zealand.

The majority of parents were '*Full Time workers*' (384), followed by '*Part Time workers*' (61). Only 89 participants identified themselves as '*Stay Home Parents*', 25 indicated they '*Work away from home*', and 23 indicated they were committed to '*Academic study*'. Only 4 participants indicated they received '*No Income*'.

### **Religious Affiliation**

Two of the major religions identified were the Cook Islands Christian Church (50%) and the Catholic Church (20%). Other denominations rank as follows; Seventh Day Adventist (5%), Church of Latter Day Saints (5%), and other (14%). Only 5% identified belonging to no religion, in other words, identify as atheists.

### **Language**

45% of parents spoke CI Maori exclusively growing up, however only 20% of parents speak Maori to their children. 29% of parents spoke English exclusively growing up; this had increased over the years with 46% of parents now speaking only English to their own children. Participants also indicated 22% grew up in a bilingual household, while 31% of participants speak both languages to their own children today. Less than 2% of participants grew up speaking 'other' languages, or speak 'other' languages to their children.

### **Household, Family and Children**

Parents have on average, 3 children; and according to the survey results not all children necessarily live with their parents. According to the survey, there are on average 4-5 occupants living in the household.

91% of parents indicated that they provide full financial support for their children, while the remaining 9% indicated they did not.

### **Learning and Physical Disability**

When asked whether their children had any learning and/or physical disabilities, 472 (84%) participants responded '*No*', while the 87 (16%) remaining participants answered '*Yes*'. In descending order; 45 Slow Learners, 16 Hearing Problems, 12 Vision Problems, 4 Diagnosed Disability, 3 Motor Disabilities, and 7 indicated some other kind of disability.

### **Behavioural Difficulties**

The top three behavioural difficulties identified by parents have been ranked according to highest frequency; Unwillingness to Listen (210), Temper Tantrums (176), and Disobedience (125). The remaining issues are listed in descending order; Technology influences e.g. frequent cell phone (97), Providing enough money to pay for living expenses (87), Sleep Habits (71) and Bad Influences such as friends (60).

### Parenting Approaches

Popular methods of discipline identified by parents; Sitting down with your child and discussing consequences (327), Corporal punishment (186) and Shouting, yelling or growling (147) ranked as the top three, followed by implementing a system of rewards and punishments (134), and lastly, Ignoring the behaviour (30).

Only 78% of parents knew who their children confided in with their problems, 12% had some idea, while 8% of parents had no idea who their children were confiding in. Consequently 71.5% of parents admitted that their child/children had asked them for support with a problem, 3% admitted their child/children did not come to them for support, 13% indicated sometimes, and 12% said it depended on the nature of the problem.

When asked whether they approved of their children's smoking and drinking habits, 69% indicated 'No', however 17% admitted 'Yes', and 14% claimed to have set limitations together, therefore indicating consent under supervision.

493 parents (92%) have admitted to having a '*very open*' relationship with their children, 40 parents (7%) indicated having a '*not so open*' relationship, and 5 admitting to having '*no communication*' with their children at all.

When asked to identify their most valuable support when raising their child/children, parents chose Family (87%) as the major helpers, followed by the Church (27%), Friends (18%), Public Health (4.8%), and Other (5%). That said, participants indicated '*Help/awareness on the law/rights to discipline children*' (212) and '*Free Parenting Workshops*' (205) would provide valuable support to parents. Other ideas include introducing more '*Parenting Programmes on TV*' (164) and access to '*more books/brochures with information available in the library*' (63).

A majority of parents view their own parenting style as '*Democratic*' (427), while 119 identify with the '*Authoritarian*' style, and 52 admit to being '*Laissez-faire*'. Participants are regularly involved in Church Activities (253), and/or involved in Sports Clubs (196), attending Community Meetings (93), Housie and Socialite (66), and other (74).

### Parents/Caregivers and Suicide

About 80% of participants acknowledged they knew someone who had committed suicide; in most instances the victim was Family (206), a Friend (128), followed by a Friend of a Family Member (92) and a Friend of a Friend (76); while (51) instances identified some 'Other' kind of connection to the victim.

Approximately 18% of participants admitted to having suicidal thoughts and identified the following pressures associated with these thoughts (in descending order of importance):

- Relationship issues/break-ups (47)
- Constant depression (24)
- Unrealistic expectation of responsibilities (23)
- Verbal abuse (17)
- Gossip (11)

Six participants indicated family/parental issues as a source of pressure contributing to suicidal tendencies, and four disclosed further relationship problems. Two mentioned financial issues.

Nearly 7% of participants admitted thinking about suicide all or a lot of the time, 23% admitted thinking about suicide sometimes, while 70% did not think about suicide often.

For those contemplating suicide, or buckling under the pressures associated with suicide (above), only 52% indicated they would look for support primarily from friends (40), family (36) church (16) counselors (6) and/or other (14). The other 48% who would not seek support preferred to 'Keep it to myself' (43), or believed that 'no one would understand', 'didn't know how to bring it up' with others (11), or else they had no access to support services (9), while 16 indicated other reasons.

Parents/Caregivers identified a range of emotions they associated with suicide<sup>6</sup>; Anger (171), Feelings of Being Unloved (137), Unwanted (120), Shame (109), Hopelessness (108), Loneliness (100), Guilt (94), Rejection (91), Helplessness (83), Revenge (81), Unable to talk (57) and other (12).

Forty eight percent of participants were able to identify someone contemplating suicide; of this number, 16% felt they could definitely identify someone at risk, while 32% knew some of the signs. When parents/caregivers were asked to identify ways to reduce youth suicide in the Cook Islands, the most popular idea was to introduce educational programmes such as health and wellbeing into the school curriculum (313), followed by free calling to confidential counselling services (282), and access to parenting courses (175).

## Commentary

The data collected evidenced a strong similarity in challenges and issues that youth and parents/caregivers face in relation to youth suicide issues. These are set out in the table below.

<i>Identified pressures associated with suicide. Parent/Caregiver Survey Feedback</i>	<i>Identified stressors and pressures associated with suicide.- Youth Forum Feedback</i>
1. <i>Relationship issues/breakups</i>	<i>Relationship break ups</i>
2. <i>Constant Depression</i>	<i>Depression</i>
3. <i>Unrealistic expectation of responsibilities</i>	<i>Family associated problems (including unrealistic expectation of responsibilities)</i>
4. <i>Verbal Abuse</i>	<i>Abuse</i>
5. <i>Gossip</i>	<i>Gossip</i>

Note: also from the Parent/Caregiver surveys - Six participants indicated family/parental issues as a source of pressure contributing to suicidal tendencies, and four disclosed further relationship problems. Two mentioned financial issues.

The Committee believes the data from the surveys is vital to inform the future development of a national policy framework for suicide prevention, particularly as it pertains to young people and their families.

## Media

### Reporting on Suicide - Cook Islands News Media

International studies indicate that the media plays a significant role in suicide and its prevention.

Vulnerable individuals may be influenced to copycat or imitate suicide because of media reports, particularly if the coverage is extensive, prominent, sensationalist and/or explicitly describes the method of suicide.

On the other hand, responsible reporting can help to educate the public about suicide, and may encourage those at risk of suicide to seek help.

In late February 2012, the Cook Islands Media Association met to begin exploring ways in which journalists could portray suicide appropriately in news reports.

The meeting brought together freelance journalists, government communication advisors and staff from Cook Islands News, 88FM and the Pitt Media Group to examine how the Cook Islands media can safely and responsibly report on suicide.

The Association formed a working group to consider how it could guide Cook Islands journalists on their responsibilities in covering incidents of suicide. It would also find out how the Cook Islands may share similar or different approaches with other Pacific nations reporting on suicide.

Steering Committee member Damiane Rikihana advised the benefit of having a set of guidelines to help journalists tackle issues of suicide.

She said there was a fine balance the media must find in its coverage of suicide. On one hand, it was important reporting on suicide did not encourage others. On the other, it was also important that the community discusses the issue including through the media; in order to remove the stigma surrounding suicide and to raise awareness of the issue.

The Association discussed plans to hold a training seminar on the ethics and techniques of reporting suicide. New Zealand guidelines for media reporting on suicide were circulated to

Cook Islands journalists to help prompt thinking about the development of a resource specifically tailored to the Cook Islands News Media.

The guidelines outline issues relating to suicide reporting; provides suggestions for best practice reporting; and identifies sources of information journalists might find useful. The resource can also be a discussion document when journalists discuss with their editors or newsroom managers their own codes of practice and policies on the reporting of suicide.

### **World Health Organisation: Suicide Prevention: A Resource for Media Professionals**

An international reference guide '*Suicide Prevention: A Resource for Media Professionals*' has also been developed by the World Health Organisation to assist journalists and editors reporting on suicide. Copies of this resource were provided by the Steering Committee to all Cook Islands media. The resource suggests the media:

- take the opportunity to educate the public about suicide
- avoid language that sensationalises, normalises or presents suicide as a solution to problems
- avoid prominent placement and undue repetition of stories about suicide
- avoid explicit description of the method or site of a completed or attempted suicide
- word headlines carefully
- exercise caution in using photographs or video footage
- take particular care in reporting suicides of celebrities
- show consideration for people bereaved by suicide
- always provide information in a story about where people can seek help
- recognise that journalists and media professionals themselves may be affected by stories about suicide.

### **'Talk about It' Media Awareness Campaign – May 2012**



**KARE TEIA NUMERO E AKANGARO!**

**Taniuniu mai:**  
**0800 4357**

**Text mai:**  
**4357**

**KARE E TUTAKI**

**www.youthline.co.nz**

**PUNANGA TAUTURU INC.**  
**PH: 21133**  
**I TE AU TAIME KATOA**

**TAUTURU NO TE MAPU I RAROTONGA:**

**GUIDANCE COUNSELLORS**

- RUNANGA TAUTURU, SCHOOL GUIDANCE COUNSELLORS  
PH: 23822 THOMAS WYNNE OR NGA TEINANGARO  
MON - FRI 8AM-3PM

**REPRODUCTIVE HEALTH**

- COOK ISLANDS FAMILY WELFARE ASSOCIATION  
PH: 23420  
MON - FRI 8AM-4PM

**ALL LOCAL CALLS WILL COST**

- YOUTH PEER EDUCATORS (RED CROSS)  
PH: 22598 DANNY VAKAPORA OR PATIENCE VAINERERE  
MON - FRI 8AM-4PM

**TETAU UATU UIANGA, TANIUNIU MAI**

- MINISTRY OF INTERNAL AFFAIRS, YOUTH & SPORTS DIVISION  
PH: 29370 EXT 250/251  
MON - FRI 8AM-4PM

**EMERGENCY SERVICE**

**ATIU ONLY**  
**AKAVA: 33120**  
**ARE MAKI: 33664**

**ALL LOCAL CALLS WILL COST**

### *“Talk About It” brochures*

In May 2012, a campaign was developed to encourage people of all ages to ‘Talk about It’ – ‘It’ being any issue they may be struggling with. The FREEtext and FREEcall numbers were part of the ‘Talk about It’ campaign and were promoted via newspapers, radio and television.

The strapline ‘Talk about It’ was put forward by a church group on Rarotonga that had developed it as a result of discussions with youth in their congregation who were facing challenges including suicide. The church group agreed to the slogan being used for the media campaign.

The campaign kicked off with the launch of the 0800 Youth Helpline on 30 May 2012. As with the National Youth Forum, students including those from Tereora College, were involved in the design of the artwork used in the materials developed for the campaign.

### **Resources and Advertising**

The ‘Talk about It’ campaign included the production and distribution of a suite of resources including posters, stickers, wallet size brochures, USB wristbands, pull up banners for use at events; a TV advertisement that aired for three months; a badge advertisement in Cook Islands News; and a variety of half page and quarter page advertisements in the Cook Islands Herald and Telecom 2013 & 2014 Directory.

Advertising also appeared on a Cooks Passenger Bus billboard and radio advertising on Matariki FM, 88FM, and Radio Cook Islands. Part of the process of developing the ‘Talk about It’ campaign included checking that all the emergency numbers listed in the phone directory were correct and operational. This was a very worthwhile exercise with the discovery that some of the emergency numbers were either incorrect or no longer working.

Resources for the 'Talk about It' Campaign were distributed nationwide to 10 schools on Rarotonga, five schools in the southern group and six schools in the northern group. These resources were accompanied by presentations made by the Steering Committee and Ministry of Education staff where possible.

The Steering Committee notes that between three to six months of the media campaign<sup>7</sup> running, there was a noticeable increase in calls to members of the Steering Committee directly seeking advice when people were aware of an individual feeling suicidal.

## 0800 Youth Helpline - May 2012

*"You guys are the experts. We needed you to tell us 'this is what is going on with us young people in the Cook Islands'...it is sometimes hard for adults to know what is going on in young people's lives and how to help them with problems. But now you've told us, we've responded, and here is the Youthline."* **Thomas Tarurongo Wynne, Steering Committee Member and Vice-Chairperson, May 2012**

The image shows two brochures for the Youthline helpline. The left brochure is titled "PROUDLY SUPPORTED BY" and lists various issues such as Depression, Parenting Support, Relationship Problems, Teenage Pregnancy, Discrimination, Physical Illness, Studying for Exams, Stressed?, Anger Issues, Addiction, Unwanted, Not Needed Etc, Children with Difficulties, Feeling Unloved, Disabilities Etc, Stealing - How to Stop Myself, Feeling Unhappy All of the Time, Ask Questions Etc, Anxiety, Past Abuse (Physical, Sexual, Verbal, Emotional), and Drugs and Alcohol Abuse. It also includes the text "ARE YOU WORRIED?" and "IF YOU FEEL ANY OF THESE, JUST CONTACT 0800 4357 TXT 4357 FREE OR CONTACT ANY OF OUR LOCAL FRIENDLY SERVICE PROVIDERS (AT YOUR OWN COST)". The right brochure features a photo of a young couple and the text "talk about it", "FREE CALL 0800 HELP", "FREE TEXT HELP (4357)", "Youthline Changing lives.", "The youth helping service", "IS FREE AND CONFIDENTIAL", "IS A NON-JUDGMENTAL SPACE TO EXPRESS YOUR THOUGHTS AND FEELINGS TO PEOPLE WHO WANT TO LISTEN", "PROVIDES EMOTIONAL SUPPORT AND CARING", "CAN HELP YOU MAKE HEALTHY POSITIVE DECISIONS", "CAN HELP YOU EXPLORE YOUR OWN STRENGTHS AND RESOURCES, AND THINK ABOUT WHO ELSE YOU CAN TURN TO IN YOUR COMMUNITY FOR HELP", and "COOK ISLANDS FREE CALL: 0800 HELP | FREE TEXT: HELP (4357) | WWW.YOUTHLINE.CO.NZ".

*"Talk About It" brochures*

## Establishment and Launch

Following the success of the National Youth Forum, the Steering Committee continued to work closely with Telecom Cook Islands to prepare for the establishment and launch of a 0800 Helpline. The 0800 number is accessible from landlines, payphones, battery charged pre and post-paid mobiles including those without credit.

<sup>7</sup> 3 months with CI News; 13 weeks with Radio CI, 88FM, Matariki FM; 6 months with CI Herald and CITV; 1 year with Cooks Buses; 1 year with Telecom Cook Islands directory 2013 & 2014

Telecom Cook Islands also introduced a free prepaid 'Call Me' feature allowing users to send up to five texts a month to a designated person to call them back, without credit in times of emergency.

Prior to the 0800 Helpline going 'live', two members of the Steering Committee visited New Zealand Youthline to brief workers on issues impacting on the lives of young people in the Cook Islands.

As these workers would be answering calls from the Cook Islands, the Steering Committee considered it necessary to ensure they had sufficient knowledge and skills to assist and guide local youth through a counselling process that was culturally safe and appropriate to circumstances here.

Discussions included the possibility of having Cook Islands Maori speaking counsellors available if requested by young people calling from Rarotonga and the outer islands. This is a matter for future consideration should the Helpline continue to operate.

Youthline has been helping young New Zealanders and their families since 1970. Callers are assisted by trained and supervised professionals who listen carefully and respectfully and work with young people in a confidential and safe environment to relieve emotional distress. Youthline respects the diversity and rights of each person. All counsellors abide by a clear code of ethics and sessions are confidential.

The Helpline was initially set up to target youth (specifically); however, it became evident via the Youthline NZ reports that the service (FREEtext, FREEcall) was also being utilised by those aged 35 years and over. The Cook Islands National Youth Policy 2007-2010 definition of 'youth' is 15-34 years.

Telecom Cook Islands provides the phone lines and services for FREE (FREEcall & FREEtext) whilst Youthline NZ provides the trained counsellors.

### **0800 Helpline Ambassadors**

*"He told me he didn't think he could tell his friends about what he was going through, and that broke my heart – that he didn't think he could talk to me. Please, call this helpline, and don't struggle alone anymore."* **Pieter T, Youthline Ambassador, May 2012**

Early in its project planning, the Steering Committee identified the importance of youth feeling comfortable to discuss youth suicide; the need to breakdown social barriers associated with talking about the issue; and promoting the Helpline support - ergo the slogan 'Talk About It'.

Drawing on feedback from the Forum, the Steering Committee decided it was crucial to create an environment where young people felt it was okay and socially acceptable to talk about suicide. To cater for this the Committee engaged a celebrity Ambassador, and role model youth could identify with.

The Steering Committee engaged the volunteer services of New Zealand Youthline Ambassador and celebrity R&B singer Pieter T. He made a highly publicised visit to Rarotonga to coincide with the launch of the Helpline.

Pieter T had struggled with suicide amongst his peers and as a teenager had personal experience of depression. With his celebrity status, the Steering Committee believed Pieter T was an ideal role model who could draw upon his own experiences to encourage youth to seek help and *'Talk about It'*.

The Helpline was launched by the Minister of Youth, Hon Mark Brown at the Telecom Sports Arena on 30 May 2012 and included students from Tereora, Titikaveka, Nukutere, Immanuela Akatemia and Papaaroa colleges. The launch was also supported by Telecom staff and Youthline New Zealand Chief Executive (CEO) Stephen Bell.

Other organisations that were key to the establishment and launch of the Helpline included: Community Initiative Scheme (NZAID); Ministry of Education; College Principals, Cooks Buses; Tamarii Tutangata; Turamatuitui Store; GDub from 88FM, Tony Fe'ao; the Cook Islands Investment Corporation; Cook Islands Sports Academy; and community volunteers.

### **Youthline Quarterly Reports**

In October 2012, Youthline released its first quarterly report for the period July-September 2012. The report showed the average length of each text conversation was approximately 13 texts per conversation.

Disaggregated data from the report indicated 61% of callers were female and 31% male with the remaining percentage not identified. The age distribution of callers was: 14-17 years (38%), 18-25 years (15%), 26-35 years (8%), 36-45 years (8%) and 31% unknown.

According to Dr Deborah Perrott who analysed the first Youthline quarterly report there was a high percentage calling for 'suicidal' reasons as well as those who knew someone who had taken their own life.

"This highlights a serious and critical need for counselling services for youth on the Islands. In this instance, it is difficult to determine what 'suicidal' is about without assessment and follow up directly with youth. It may highlight the presentation of depression, other mental health issues or multi-complex issues. Whatever the reason for the call, there is a lack of service available to address this adequately. This adds weight to the need to continue educating youth about the Youthline service."

Those aged 14-17 years represented the highest call in numbers. According to Dr. Perrott this highlighted a very real need for services and support for younger people and a strong indicator of youth asking for help where it is currently lacking.

The high number of 'pregnancies' as a category is a concern. Youth choosing to use the 0800 confidential phone line for support is a matter of concern as these issues should ideally be managed by the health centers and GPs.

"The service acts as an excellent primary port of entry, however there is an urgent need for follow up services on the islands in addition to what is currently being offered," said Dr. Perrott. "A Cook Islands helpline would be an excellent initiative fully staffed by trained Cook Islands counselors. These statistics undoubtedly support the need for continued service development with adequate funding from government. They highlight the positive impact that a mechanism like an 0800 Helpline can have in youth suicide prevention."

In its last quarterly report 1 July – 30 September 2013 the Helpline reported a decrease in calls and steadying in the number of text contacts to the service. More than half of all texts were related to relationships with partners and then with families.

Sexual orientation and pregnancy had consistently been one of the top five issues for the year.

According to the report, some decrease and steadying of contacts is expected as a new service becomes more of a normal part of the community. The report states that previous suggestions had been made to review the promotion of the Helpline services to understand whether further resources are required.

"It may also be helpful to understand the way in which the community perceives the service, so as to reduce any barriers that may be present. Evaluation of peoples' experiences of the service can be an additional tool to understanding how relevant and effective the service is and whether there may be further training or developments required."

In the period October to December 2013 the text service continued to experience a steady number of contacts nearing the holiday season. Relationships with partners and family remained a central issue for people texting the Helpline. A small proportion of texts concerned sexual decision making, self-harm, & bullying in this quarter. Promotion of the service in the November month appears to have led to an increase in contact during this month. Although many of these were testing the service, we feel that this is positive as it means that young people were aware of the service and may therefore utilize it in the future if needed.

In its report for January to March 2014, the Helpline reported no text messages received. This was identified as likely being related to technical issues that occurred in this period. Youthline was in contact with telecommunications providers in New Zealand in January, who in turn liaised with Telecom Cook Islands to identify and resolve intermittent issues being experienced. Calls remained steady throughout January, with numbers dropping off in February and March. Between April and June 2014 a total of 92 texts were received and six calls.

## Consultation Meetings

### Meetings with Stakeholders – June 2012

*“Suicide is a topic we often feel uncomfortable talking about. It is one of those issues that for too long has been ‘swept under the carpet’, a case of ‘out of sight, out of mind’. That may work in the short term until another tragic suicide event takes place again in our small community. We must now face this issue ‘out in the open’ together. Suicide is a devastating and unnatural full-stop to someone’s life. It touches all families and hurts many people with a pain of absence and regret that seems to never go away. Let us continue to work together to minimise this pain.”* **Deputy Prime Minister, Hon. Tom Marsters, Address to Stakeholders Meeting, 13 June 2012.**

The Steering Committee conducted meetings with stakeholders to establish a directory of services that each group provides and to identify how better to work together to respond to the needs of youth, parents and families.

Two meetings were held with stakeholders on 13 and 20 June 2012. Stakeholders present included: New Zealand Youthline; New Zealand High Commission; Telecom Cook Islands; Cook Islands Churches; Cook Islands Schools; Cook Islands Police; Punanga Tauturu Inc.; Rota’i’anga (Men’s Counselling Centre); Te Kainga; Ministry of Health; Ministry of Education; Cook Islands Family Welfare Association; Rotaract; Rotary; the Prime Minister’s Office; Office of Statistics; Red Cross, Ministry of Finance and Economic Management and the Pacific Islands Aids Foundation.

The Steering Committee felt it essential to extend the meetings to include other organisations that could contribute to the long-term sustainability of suicide prevention initiatives in the Cook Islands.

#### **Key issues raised by stakeholders at the meetings included:**

- The importance of support services; and the need to make people aware about the availability of these and how to access them
- The need to ensure that information to Government about suicide prevention services emphasises the importance of coordination amongst all those involved in this area of work

- That there are other groups who would benefit from a presentation on suicide prevention including Aronga Mana, Religious Advisory Council and Parliament
- Parental rights must be considered when addressing the needs of young people. What are their rights? How can those rights be promoted so parents and young people are properly informed and ensure our messages are consistent?
- Who is most affected by suicide? More should be done to ensure their views and experiences are heard and addressed. What about those who have attempted suicide? How do we ensure they receive continued and expert support that is also confidential?
- With relationship issues identified as a key concern for youth and parents; what are some of the underlying reasons why young people say they won't turn to parents and churches for help? And how do we address this?
- The service provided by Youthline is great, but it is necessary to ensure there are staff who can speak Maori on the other end of the 0800 Helpline.

The meetings showed that overall many groups shared the same challenges related to the promotion of services and access to resources. There was a common call for greater collaboration and coordination across all sectors involved in suicide prevention.

A key outcome of the stakeholder meetings was the 'referral system' described earlier in this report. This links service providers who can refer at-risk youth to other relevant expert services. For example, if a school counsellor is working with a student concerned about his/her sexual reproductive health, he/she can now directly refer the male student to Men's Health Coordinator (within the Ministry of Health) or female students to a Public Health Nurse (within the Ministry of Health) and Cook Islands Family Welfare Association for short term or ongoing support.

## **Meeting with Families - June 2012**

A meeting with families affected by suicide was the first of its kind to be held in the Cook Islands. As well as capturing the views of youth, parents and stakeholders, the Steering Committee felt it was necessary to have an understanding of the experiences of families and the impact of their loss, in particular the services and programmes they felt would be of benefit.

The overarching question asked was ***'What can we do to provide better support to families affected by suicide?'***

A number of families were invited, however only three decided to accept our invitation. There was a very clear message from families that religious leaders with their condemning messages were unhelpful in any attempt to develop future suicide prevention initiatives.

This was communicated to the stakeholders meeting where some church representatives were present.

The Committee believes that the meeting provided a safe space for families to openly and honestly share their experience. Feedback from families indicated they were unaware of issues affecting their children; and they believed their child could have sought help and support, had there been a professional and confidential service to turn to.

## **National Feedback Meeting - July 2012**

A National Feedback Meeting was held on 16 July 2012 to report back on all the key initiatives undertaken by the Youth Suicide Prevention Steering Committee and to discuss what action would occur as a result of its work.

Those in attendance included representatives from the New Zealand High Commission, the Community Initiative Scheme (CIS), medical professionals from Rarotonga and New Zealand, and members of the general public who were keen to hear more about the Committee's work.

Speakers included Jonathan Rowe of the New Zealand High Commission who reiterated the willingness of the New Zealand Aid program to support suicide prevention through its investment of funds and its commitment to ensuring that Cook Islanders are leading the project.

Lydia Sijp, an Executive Member of the Community Initiative Scheme (CIS) commended the Steering Committee on its commitment and the tremendous effort invested in the project. She detailed how the Community Initiative Scheme Executive Board had been pleased with the way the project had been implemented and the successful outcomes they hoped would help inform work going forward.

The Steering Committee provided a report and update on the National Youth Forum; the launch and operation of the 0800 Helpline; summary results of the Youth and Parent/Guardian surveys; and feedback from its meetings with families and stakeholders.

### **Participants Feedback**

Participants provided comments and raised questions throughout the meeting including the following:

- When is the timed release and publication of the Steering Committee's final report? The Committee reported that most of its work had been completed; and the report would take time particularly given the given the demand on with no confirmed date for publication.
- What will happen with regard to the Police and their involvement in youth suicide and a welfare policy for Police? The welfare of police has been raised with the Committee as



an issue and will be tabled in its report. By and large the police talk to each other and try to support colleagues in their work.

- What research has been done specifically related to Pa Enea youth and Rarotonga youth? There has not been any comprehensive research done in the Pa Enea or Rarotonga. This project is the first of its kind and as such the Committee's surveys of youth and parents/caregivers though mainly undertaken on Rarotonga and Aitutaki; are the first attempt at any research; and should be built on.
- Suicide is a symptom. Service providers need to talk more about it and the Cook Islands should retain its link to New Zealand Youthline.
- Have any interviews been conducted with suicide survivors? The Steering Committee stated at the meeting that information about suicide attempts had to be collected from various sources including police and the hospital. The Steering Committee underscored the sensitivities related to suicide and that some survivors do not want to talk about their experience. Furthermore, the Committee shared that confidentiality remains a major issue amongst youth in the Cook Islands. Their fear is that confiding in someone will result in gossip spreading around the island.
- What do parents have to say about the signs and behaviours their children displayed before attempting a suicide? How can this information be of help to other parents? The Steering Committee responded that parents were left with many questions unanswered; and were unable to identify with any certainty the signs and behaviours indicating their child was going to take his/her life.

## Commentary

It is the view of the Steering Committee that the National Meeting was a useful process for conveying to the public in measureable terms, the severity of suicide, the overwhelming call for improved services, greater collaboration, confidentiality and support.

The meeting also gave the public an opportunity to voice their opinions and offer assistance in the future planning and delivery of services and suicide prevention initiatives.

Most importantly the meeting sent a strong message that professionalism, confidentiality, funding, and collaboration should be the key elements reflected in the Steering Committee's recommendations to Cabinet.

To cater for those people who could not attend, the meeting was filmed and later aired on Cook Islands Television.

# SERVICES SUPPORT

## Solution-Focused Counselling Course - July 2012

*"We should be telling (our children) what we value most in them. A kind word, a listening ear, and an encouraging note – it doesn't take much. We should listen to, talk to, love and build up the people around us, even if they seem to have it all together...if we can all reach outside ourselves and let the people around us know they matter – and why – maybe we'll be able to shine a light into someone's life."* **Sheldon Ramer, Registered Psychologist, Sept 2012**

As a result of a partnership with Punanga Tauturu Inc. the Steering Committee co-facilitated a basic counselling course inviting registrations from individuals and various agencies working with youth and families.

The aim of the 'Solution Focused Counselling Course' was to provide the participants with client-centred skills to assist those seeking help to resolve issues. It was based on the concept that it is the clients' realization of their inner strength that begins the healing process and enables them to take charge of their lives.

The three-week course was held between July and August 2012. It was open to all with a particular focus on attracting attendees working with youth.

### The course covered the following areas:

- the "art" of counselling
- finding and identifying inner strengths
- learning to identify the "real" problem
- solution focused resolution
- closure

A key outcome of the course was to increase the number of trained counsellors working with youth. Sheldon Ramer, a psychotherapist working for Punanga Tauturu Inc. was engaged to facilitate the training.

Twenty-six people from the private sector including church-based organisations as well as government sector representatives from Cook Islands Police, Probation Office, and Internal Affairs (Child and Family Division & Youth Division) attended the counselling training. Eight of the participants fully completed the course, while the remainder attended at least four of the six days set for the training.

### Evaluations

Based on an evaluation prepared by Punanga Tauturu Inc. participants who attended the sessions gained a better understanding of the concepts of counselling and appreciated the

basic skills required i.e. learning the skills of listening, setting healthy boundaries for clients and themselves and having a non-judgmental attitude.

At the interactive training sessions participants learned to use feedback and reflective skills to understand and clarify what was being said by a presenting client.

They considered Sheldon Ramer an experienced and knowledgeable psychotherapist. Participants acknowledged that being able to help and support a person to self-identify their issues and develop their own solutions to overcome them was empowering.

They rated listening skills as one of the most useful to possess in the counselling process. The use of 'Virtues' language i.e. acknowledging a person's gifts and strengths e.g. having a caring attitude, courage, tolerance etc. was also regarded as a powerful tool. For some individuals this maybe their first experience receiving positive feedback.

Participant evaluations also highlighted:

- A positive healthy counselling future requires having a pool of people trained to work with young people. However, funding issues needed to be addressed so further training and workforce development could occur
- In terms of sustainability, the skills learned can be useful in any type of counselling situation and once learned it's a skill for life.

### **Future Considerations**

In terms of the future, participants' comments included:

- a regular support group meeting and a monitoring and mentoring system be put in place for new counsellors under one organisation;
- advertising counselling services available on the Island which is also critical to encourage more people to work in the field;
- an invitation be extended to participants to attend future training programmes to improve and keep up with professional development including courses in youth development, mental health and other counselling training; and
- a more collaborative approach to any training to help and support future funding plans should be a priority.

## Rota'i'anga Services in Prison

*“Suicide is often the single most common cause of death in correctional settings, jails, prisons, and penitentiaries worldwide. Moreover, suicidal behaviour by inmates means a stressful event for officers and other prisoners faced with it. Therefore, the provision of adequate suicide prevention and intervention services is both beneficial to the prisoners in custody, as well as to the institution in which the services are offered.”* WHO Suicide Prevention: A Resource for Prisons, 2012.

In 2012, the Steering Committee was contacted by the Cook Islands Prison Service regarding the provision of counselling support for inmates. This followed a case of attempted suicide in the same year.

Rota'i'anga Services (Men's Counselling Centre) was subsequently contacted by the Steering Committee as a follow up to this request. Rota'i'anga Services advised that in the past it had been difficult to get prison services approval to provide counselling support to the inmates, especially male inmates and were grateful to have the opportunity to assist.



*Photo Above: Youth Suicide Prevention Committee Members along with students with the brand new Bus Billboard promoting the Helpline FreeCall & FreeText numbers. This was the only Bus Billboard included in the campaign and is used mainly to transport students to and from school as well as for charter services as is needed.*

At the time of writing this report, no further progress had been made to facilitate discussions regarding services to ensure prisoners could be adequately cared for and whether training for prison staff would be available to manage and prevent future suicide attempts. Despite visitation by one of the School Counsellor's, providing support with the Literacy Team, this was discontinued as it was considered outside their brief and job description.

## CHAPTER 5

### CONCLUSION

Over the past decade, the average suicide rate in the Cook Islands has been 3-5 per annum<sup>8</sup>. By any country's standards this is a cause for concern. Suicide in the Cook Islands requires a multi-sector approach matched with the necessary resources to ensure prevention, support and post-vention strategies and services are available to the public, regardless of gender and age.

Initiatives such as the Youth & Parent/Caregiver Surveys have provided much needed baseline information about today's family structure and context; whilst the FREEcall & FREEttext Helpline has been a welcome alternative and addition to existing counselling and support services.

#### **Cross-Party Political Support**

Without political commitment, a strategy and recommended actions are likely to remain empty promises spelled out on paper. Political commitment is essential to ensure that suicide prevention receives the resources it requires, as well as its fair share of attention from national leaders.

The Suicide Prevention Steering Committee believes that future work in suicide prevention and awareness should seek to build cross-party commitment and should not be subject to the vagaries of political will dependent upon the priorities of the government of the day.

To this end, the Committee concludes that activities aligned to the proposed national policy framework should aim to: enhance awareness of national leaders; and provide information to parliamentarians, Heads of Ministries, senior policy staff, medical professionals, the legal fraternity and prominent religious and community leaders.

#### **Political commitment could focus on:**

- policies and legislation, which may lead to improvements in the health and judiciary system's approach to suicide;
- increased and sustained allocation of resources;
- strengthened mechanisms to gather and monitor data on suicide and suicide attempts;
- enhanced support for training key staff in the public sector on their role in suicide prevention;
- information on suicide and suicide prevention incorporated into curricula of education, health and social sector professionals;
- increased efforts to tackle environmental and other risk factors, and provide greater access to services.

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<sup>8</sup> Data from the Director of the Mental Health Unit from the Ministry Of Health

World Suicide Prevention Day on 10 September, World Mental Health Day on 10 October and other international and national occasions provide a platform for involving leaders in awareness raising events and to demonstrate political commitment.

## **Establishment of an Inter-Agency Taskforce**

It is imperative that the momentum generated across 2011-2013 continues; and that an inter-agency Taskforce is established to act on and implement the Committee's recommendations.

Suicide has tragic and devastating consequences. It does not occur in isolation and ripples through relationships, families, communities and nations. For a country the size of the Cook Islands, suicide when it occurs is felt at a very personal level. That said, our close proximity to each other serves to enhance our ability to work collaboratively and cooperatively to address and reduce suicide.

Collaboration across agencies and sectors has been a key factor around the world where other communities have successfully dealt with suicide ideation.

The death of three young men, one at Christmas 2013, one in May, two in 2014 and one in January 2015 sends a clear message that we cannot afford to sit on our laurels; and that every effort must be maintained if we are serious in our efforts to ensure our people 'Choose Life'.

## **A National Policy Framework for Suicide Prevention**

The Inter-Agency Taskforce being proposed by the Committee will be led by the Ministry of Health. The Taskforce will develop a national policy framework that outlines the scope and magnitude of suicide in the Cook Islands; and signals the commitment of the Government to tackling the issue.

The policy framework will:

- provide authoritative guidance on key evidence-based suicide prevention activities, i.e. identifies what works and what does not work identify key stakeholders; their responsibilities; and mechanisms for ensuring coordination amongst these groups
- identify crucial gaps in existing legislation, service provision
- propose the establishment of a national system of data collection and classification
- indicate the human and financial resources required for interventions
- shape advocacy and awareness raising; and media activities and
- propose a robust monitoring and evaluation framework.

## **Resilience Factors**

As stated in our Foreword at the opening of this report, resilience factors can help individuals cope with particularly difficult circumstances and minimize the risk of suicide. An effective national policy framework should therefore identify ways to establish, enhance and sustain these protective factors for suicide:

- Strong connections to family and community support.
- Skills in problem solving, conflict resolution, and handling of disputes.
- Personal, social, cultural and religious beliefs that discourage suicide and support self-preservation.
- Seeking help and easy access to quality care and services.

## **Role of NGOs**

The role of NGOs cannot be underestimated. NGOs and non-profit organizations continue to work actively in both suicide prevention and advocacy, particularly where the public sector action is weak or absent.

NGOs frequently offer counselling services, conduct their own research, conceptualize and implement public education programmes and work with the media.

The Committee believes there is a need to strengthen the work of NGOs in the Cook Islands to further allow them to extend their reach to those in need of support. Representatives from the NGO sector should also be appointed to the inter-agency taskforce recommended by the Committee in this report.

## **Churches**

In addition, the survey results point to the role that religious organisations can potentially fulfil as a source of support for young people.

The Committee would like to encourage Cook Islands spiritual leaders to reflect upon, discuss and plan ways they can fulfil this crucial role of providing confidential support to young people and their other congregation members.

## **Monitoring and Evaluation**

The Committee asserts that a national suicide policy framework should also propose a comprehensive monitoring and evaluation framework to assess the quality and effectiveness of interventions. Recording numbers of attempted and completed suicides and monitoring data trends is an integral component in the development of a suicide prevention strategy.

The monitoring process should enable constant/regular progress checks to identify any deviation from the current path and any possible reasons for these deviations.

Evaluations can also indicate whether it is time to make changes to the intervention process based on the changes that have occurred along the way (i.e. change in terms of the relevance of certain aspects of the framework and reviewing things in the current context) or changes that may be required in order to improve outcomes .









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*"Talk About It" Posters distributed to every school, for every classroom in the Cook Islands, businesses, Government departments and Sports Clubs.*

*Our sincerest appreciation  
goes to the following agencies*

For funding the  
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