

APPENDIX 6: PROCESS USED IN DEVELOPING THE GUIDELINES

These guidelines have been developed using the following process:

- A development team was formed by inviting individuals who could represent and understand the perspectives of the stakeholders. (See “Membership of development team” below.) The role of this working group was to evaluate the literature review, identify “closeable gaps” and key issues identified by this review, decide the content of the guidelines, draft the guidelines, make recommendations around the key issues, and devise implementation strategies to address the closeable gaps
- Other opinion leaders in the field were invited to review guideline drafts for accuracy of technical content, language and style suitability for the target audience, and cultural appropriateness
- The systematic review and critical appraisal of the literature was completed by New Zealand Health Technology Assessment (NZHTA)
- The first draft was developed and reviewed by the development team
- A review of current practice was undertaken by the Wellington School of Medicine
- The second draft was sent to the development team and reviewers for comments
- A small writing group was formed to develop the third draft
- The third draft was sent to the development team and reviewers for comment
- Feedback and comments requiring consensus on content and wording were incorporated into the final draft
- The final draft was compiled incorporating feedback
- A post implementation practice survey will be undertaken by the Wellington School of Medicine.

Project leaders notes

1. There is comparatively less high quality research available for many of the issues surrounding youth suicide. To meet the need for useful information and guidance, sections of the guideline have been based on available expert opinion, we have attempted to be explicit where this occurs.
2. There is minimal evidence that closing the identified gaps will alter the rates of suicide among our young people. Some members of the working party felt that in focusing only on the “closeable gaps” we are not addressing the real psychosocial or societal gaps that contribute to the meaninglessness in some young people’s lives. While guidelines can raise the awareness of these issues they are not able to address the wider societal issues behind youth suicide. These guidelines address only what can be achieved within the context of the clinical encounter.
3. There is no magical tool that will identify the young person who is going to attempt suicide. There are background risk factors, individual risk factors, recent risk factors and resilience factors. However A+B+C minus protective factors does not equal D. Certainly risk factors are cumulative but they can only indicate the young person who is more likely to attempt suicide.
4. I commend to you Kiri Lightfoot’s contribution on “Understanding the Worlds of Young People” (inside front cover).

5. I would like to thank the Ministry of Youth Affairs for commissioning the development of these guidelines and the Health Funding Authority who is funding the implementation. I especially would like to thank the members of the working party who have contributed to developing these guidelines, especially during times when strongly held beliefs came into conflict. This document represents an achieved consensus.

Membership of development team

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Robyn Beckingsale	Practice Nurse facilitator, Nelson GPs Inc
Nicole Coupe	Whakamomori: Māori Para/Suicide (PhD researcher), Department of Māori and Pacific Health, School of Medicine, Auckland University
Sue Fitchett	Psychologist, Resource Team for Borderline Syndrome, North Shore Hospital
Kiri Lightfoot	Young Person's Advocate, Auckland
Dr Sally Merry	Adolescent Psychiatrist, Department of Psychiatry and Behavioural Science, Auckland School of Medicine
Dr Richard McCubbin	Rural General Practitioner, Waikari
Helen McLean	Public Health and School Nurse, Public Health Unit, Blenheim
Dr Mark Oakley-Browne	Psychiatrist, Faculty of Medicine and Health Science, University of Auckland
Dr Michelle Pearse	Māori General Practitioner, Wellington
Ben Taufua	Manager of Manukau Centre for Youth, Auckland
Dr Peter Watson	Paediatrician, Centre for Youth Health, South Auckland Health

Reviewers

Dr Sue Bagshaw	Medical Director, Family Planning, Christchurch
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Dr Brian Craig	Psychiatrist, Youth Speciality Service, Health Link South, Christchurch
Dr Tony Dowell	Professor of General Practice, Wellington School of Medicine
Dr Brian Jones	General Practitioner, Youth Speciality Service, Health Link South, Christchurch
Zara Meha	Researcher, Māori and Pacific Health Research Centre, School of Medicine, Auckland University
Dr Robynanne Milford and GP peer group, Christchurch	
New Zealand Guidelines Group	
Māori Health Branch, Ministry of Health (cultural sections)	
Dr Jonine Penrose-Wall	Chair of Evaluation Working Group, National Youth Suicide Prevention, Australia
Members of the Evaluation Working Group, National Youth Suicide Prevention, Australia	
Debbie Sorensen	Chief Advisor Pacific Health, Ministry of Health (cultural sections)
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