Towards Wellbeing (TWB)

Community Response to Youth Impacted by Suicide

When a suspected suicide[1] or a serious attempt occurs, there is the possibility that this initial death may lead to further attempts or deaths. This occurs through a process of contagion where the original suicide influences others to attempt or die by suicide. Adolescents and young adults are more vulnerable to the effects of suicidal contagion.

A suicide cluster:

- Is defined as the occurrence of suicides (usually three or more) greater than what you would expect in each given community over a given time.
- Tends to occur more frequently in under 25-year-olds.
- May involve attempted suicides not just deaths. Some research indicates that close friends of those who attempt suicide are more likely to experience emotional and behavioural problems and engage in self-destructive behaviour than close friends of those who died by suicide.
- May involve people using different methods.

The possibility of contagious behaviour is increased by the following:

- When young people have had direct contact with the event (witnessed the suicide or saw the body) and had a traumatised reaction.
- When there is identification with the feelings and life situation of the suicide victim, particularly if other family members have died by suicide or have made attempts – it can lead to a sense of inevitability about one's own suicide.
- When the person who died by suicide was highly regarded or their death was "celebrated" and the others involved see the outcome of suicide as rewarding (e.g., it ends all emotional pain, gains recognition).
- The presence of disaffected and alienated young people who may see suicide as an opportunity for recognition and/or retribution.
- The presence of vulnerable young people who have a prior history of difficulties and /or mental disorders that renders them vulnerable to suicide.
- When the reporting of suicide is detailed and sensationalist.[2]

To minimise the risk of contagion:

- Present suicide as the result of multiple factors and complex interactions often between long standing psychological, social and medical problems.
- Suicide should not be presented as an inevitable or obvious means to achieve a certain end, to cope with loss or personal problems, or in any way as an acceptable solution.
- Empathy for family and friends often leads to a focus on all the positive aspects of the deceased. Survivors naturally want to remember the dead well, e.g., "He was a great kid with a great future." Such venerating statements about the deceased need to be balanced with some attention to the problems that they were also experiencing.

[1] A death cannot publicly be called a suicide until it has been formally ruled as a death by suicide by a Coroner.
[2] Please refer to the following Ministry of Health website regarding the safe and sensitive reporting of suicide: http://www.moh.govt.nz/moh.nsf/.pdf

What your community can do to minimise the risk of suicide contagion

Generally:

- Have a clear coordinated response to avoid youth slipping through the gaps.
- Identify one person who will perform the communications and media liaison role as appropriate. Preferably select someone from one of the agencies participating in the community response who already has this expertise.
- Avoid large open meetings as these can heighten emotions.
- Keep normal daily routines in place in schools as much as possible and appropriate.
- Focus on the long-term issues behind the risk for the young people (individually and collectively) and address these issues.

Specifically:

- Identify all those individuals potentially requiring increased supports:
    - those already with known mental health concerns and who are vulnerable (e.g. those with depression, suicidal ideation, self-harm, previous attempts, substance abuse).
    - friends/family of the person who has attempted suicide or died by suicide, particularly those who appear to be traumatised.
    - youth with an obsession (above that of their peers) about the suicide.
    - youth who have previously lost a family member or friend to suicide.
    - youth with known current stressors such as bullying, relationship break ups, etc.
    - those who may have weak social supports (e.g. new to the district).
- Screen - ask directly about suicide:
    - Show concern and offer support.
    - How does the young person appear to you? Are they withdrawn? Anxious?
    - Discuss suicide openly and frankly:
        - How has the recent suicide(s) impacted on you?
        - How has your own mood or behaviour changed?
        - Are you thinking of killing yourself?
        - Do you have any plans to harm yourself or attempt suicide?
        - What's preventing you from taking these actions?
        - What would trigger you to attempt suicide or harm yourself in anyway?
- Refer - if you have any concerns refer as appropriate:
    - Refer to school guidance counselling or other community agencies.
    - Arrange for a formal suicide risk assessment by a mental health professional.
- Take a long-term view to the impact of the contagion effect:
    - Some people have a delayed response to suicide.
    - Continue monitoring those who are potentially at increased vulnerability and rescreen and refer as necessary.
    - Rescreen at 6 weeks, 6 months, the 12 month anniversary of any death or other traumatic event and any other times when stressors are present or imminent.

References:

Hazell , P. (1993). *Adolescent suicide clusters: Evidence, mechanisms and prevention.* Australian and New Zealand Journal of Psychiatry, 27, 653-665.

Davidson, L.E. (1989). *Suicide clusters and youth. In Suicide Amongst Youth: perspectives on risk and prevention.* Edited by C Pfeffer. American Psychiatric Press, Washington DC.

Management of Suicide Clusters – Canterbury Suicide Project.