Towards Wellbeing (TWB)

Minimising Further Risk After a Suicide or Serious Attempt

(v1.02 2018)

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 (suicide contagion). Given that the young people involved with Oranga Tamariki – Ministry for Children are already a high risk group, they are thus potentially more vulnerable to be triggered to engage in further suicidal behaviours. Certain steps are recommended to be taken by Oranga Tamariki staff (in liaison with TWB Clinical Advisors) to minimise the risk of contagion after a death by suicide. It is important to note also that suicide contagion can be triggered by deaths by other means also, e.g., car accident.

The possibility of contagious behaviour is increased:

- 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.
- Where there is detailed and sensationist reporting of suicide[2].

If a young person in Oranga Tamariki care completes suicide or makes a serious suicide attempt, this has the potential to trigger suicidal behaviour in other Oranga Tamariki people in care given that many of these young people fit the risk factors above.

Recommendations

Identify

Identify young people within Oranga Tamariki who may be more vulnerable and at risk. As a team go through caseloads identifying the young people of concern. Those most likely to be at risk:

- Those on the TWB monitoring programme.
- Those already known to have mental health concerns and who are seen as vulnerable (e.g., those with depression, suicidal ideation, self-harm, previous attempts, substance abuse).
- Friends/family of the person who has attempted suicide or completed suicide, particularly those who appear to be traumatised.
- Youth with an obsession (above that of their peers) about the suicide.

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

- Youth who have previously lost a family member or friend to suicide.
- Youth with known current stressors such as bullying problems, relationship break ups, etc.
- Those who may have weak social supports (e.g., new to the district).

Screen

Screen all young people of concern require screening and follow up. Screening simply means asking the young person questions and gathering information to determine if that young person requires a mental health assessment and/or tight package of care around them to keep them safe. Gather information around the suicide (ask about the suicides directly, how they feel about them, what impact it is having on them – mood and behaviour). Additionally inquire about their general mood and behaviour, view on self and future. Screen immediately after an incident and continue screening up to 6 weeks after any incident as people respond to suicide in different time frames.

Means to screen:

- TWB tools including the SKS and the Suicide Risk Assessment. The SKS has particular questions around suicide but can also give an indication of their general level of psychological distress as indicated by the Kessler. The Suicide Risk Assessment has more specific questions around suicide and more general risk factors.
- From your observation of them – is the young person withdrawn, particularly anxious, displaying out of character disruptiveness?
- Get information from other sources (parents/caregivers, teachers, services) to determine how they are managing

Intervention

- If nil concerns are identified: monitor from a distance and review at a specified follow up period (up to minimum of 6 weeks). Continue with usual management plan.
- Medium concerns: arrange assessment with mental health, liaise with parents/caregivers and other services to implement tight 'wrap around" plan. This includes monitoring, structured daily activity to distract, support people to discuss current situation and distress, screening of contact with peers as this can exacerbate distress, removal of access to means, monitoring of drug and alcohol intake, monitoring of cellphone use and accessing of Internet sites such as Facebook or Bebo.
- Major concern: inform parents/ caregivers, refer immediately to mental health.
- Take a long term view to the impact of the contagion effect
    - Some people have a delayed response to suicide.
    - Continue monitoring those at risk and rescreen and refer as necessary.
    - Rescreen at 6 weeks and 6 months.

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