Community Response to Suicide

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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 (suicidal contagion). This occurs through the process of contagion where the original suicide influences others to attempt or complete suicide. Adolescents and young adults are more vulnerable to the effects of suicidal contagion.

A cluster:

- Is defined as the occurrence of suicides (usually three or more) greater than what you would expect in a given community over a given time period.
- Tends to occur 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 manifest 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 between often long standing psychological, social and medical problems.
    - Suicide should not be presented as a 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.

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

Generally:

[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

- Have a clear coordinated response to avoid youth slipping through the gaps.
- One person provides accurate appropriate information from one source to the media and community.
- Avoid large open meetings as these can heighten emotions.
- Keep normal daily routines in place in schools etc.
- Focus on the long term issues behind the risk for the young people (individually and collectively) and address these issues.

Specifically:

- Identify all those young people at risk:
    - 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.
    - 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 - ask directly about suicide:
    - Are you thinking of killing yourself?
    - Are you thinking about suicide?
    - How have the suicides impacted on you?
    - How has it changed your own mood or behaviour?
    - How do they present to you? Withdrawn? Anxious?
    - Discuss suicide openly and frankly.
    - Show concern and offer support.
- Refer - if you have any concerns refer as appropriate:
    - Arrange for a suicide risk assessment by a mental health professional.
    - Refer to school guidance counselling or other community agencies.
- 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