

# Understanding suicide: Information for communities

**Exposure to suicide can be a traumatic experience.**

**It can have a profound emotional effect not only on family and friends, but on the whole community.**

People may experience shock, disbelief, confusion and a deep sadness. Some people may struggle with guilt and have unanswered questions about what happened and what they could have done to help.

While grief is the normal and expected response to loss, grief relating to suicide can be particularly complex due to the suddenness and shock experienced, perceptions of preventability and the difficulty in comprehending why the deceased ended their life. Cultural issues such as stigma can also complicate the grieving process.

Below is some information that may be helpful during this difficult time.

## People respond to suicide in a range of ways

How a person responds to a suicide will be influenced by an individual's personality, age, connection to the deceased, cultural traditions, previous experiences of death and the emotional environment in which they live. People who have experienced other stressful situations in their lives may find it harder to cope.

Common, normal grief reactions include:

- Shock, disbelief or numbness
- Guilt or feelings of failure that the death was not prevented
- Anxiety, nightmares or intrusive thoughts
- Preoccupation with thoughts of the person who has died; trying to make sense of the death and understand why it happened
- Withdrawal from others
- Irritability or anger
- Difficulty concentrating
- Changes to sleep patterns, appetite, energy and enjoyment of activities.

Some reactions can happen weeks, months or a year after the event. There is no standard timeline for grief to resolve.

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## Risk factors for suicide

Suicide is rarely the result of a single event or factor. Research shows that a wide range of biological, psychological and social factors are associated with an increased risk of suicide. Risk factors can be things that can change (such as substance abuse) or things that cannot change (a family history of suicide).

Risk factors include:

- Experiencing mental health and/or drug and alcohol problems
- A past suicide attempt
- Experiencing family difficulties or violence, or family history of suicide
- Loss of a friend or family member
- Social and geographical isolation
- Being male; males have a statistically higher risk than females.

The presence of mental illness is one of the strongest risk factors for suicide<sup>1</sup>. Research indicates that between 70 per cent and 91 per cent of young people who attempt suicide or report suicidal ideation have a mental illness<sup>2</sup>. Mental illnesses can cause changes in a young person's thinking, behaviour and functioning, and can also increase their feelings of hopelessness and helplessness. This can then lead to thoughts about suicide.

Knowing whether a young person has any of these risk factors can help identify vulnerable young people. However, experiencing risk factors does not necessarily mean a person has had – or will ever have – suicidal thoughts.

Suicidal thoughts and actions are the consequence of a range of factors, including past and current experiences, level of social connectedness, coping style and trigger events, such as a relationship break-up or the death of a loved one.

Stressful life events might trigger suicidal thoughts and actions in young people with a history of risk issues. However, some young people will develop suicidal thoughts without having any previously identified risk factors at all. While most young people cope well with stressful or traumatic events in their lives, and do not become suicidal, watching out for common warning signs can help to identify those that may be at risk.

## Promote safe conversations within your community

Suicide can have a profound emotional effect not only on family and friends, but on the whole community.

When you speak with other members of the community:

- Respect the bereaved/affected family
- Encourage help-seeking actions in people, such as talking to a trusted relative or friend, a counsellor or GP
- Encourage people to promote help-seeking in anyone they have concerns about.

Though people may have a lot of questions, discussing details about the way a suicide occurred is potentially harmful to others. Ensure you steer discussion towards the positive help-seeking actions that people can take when feeling suicidal.

## Suicide contagion

Suicide contagion refers to the process whereby one suicide or suicidal act within a school, community or geographic area increases the likelihood that others will attempt or complete suicide.

Suicide contagion can lead to a suicide cluster, where a number of connected suicides occur following an initial death. While it's a rare phenomenon, young people seem to be more vulnerable to suicide contagion than older people. This may be because young people identify more strongly with the actions of their peers, and because adolescence is a period of increased vulnerability to mental health problems, which in turn can increase the risk of suicide.

One of the factors thought to contribute to suicide contagion is the glamourising or romanticising of suicide that can occur in the process of communicating about a suicide death. This refers to actions or messages that may inadvertently make suicide seem desirable to other vulnerable young people.

It's common for people to remember the positive things about someone who has recently died and to focus less on the difficulties they may have been having prior to their death. While this may be well-meaning, it has the potential to encourage suicidal thoughts and behaviour in other vulnerable young people. Care needs to be taken not to give the impression that suicide was a positive outcome for the young person.

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Following a suicide, the young people most at risk of suicide attempts include those who:

- Have attempted suicide in the past
- Were close friends or family members of the person who died
- Witnessed the death
- Are already dealing with stressful life events
- Had contact with the person shortly before they died
- Are preoccupied with thoughts of death and dying
- Have experienced other losses or suicides in the past.

## Suicide contagion and the media

Research has shown that the way suicide is reported in the media is important. Some types of media coverage can increase the risk of suicide contagion.

If you speak to the media reinforce some principles about the reporting of suicide:

- Highlight the relationship between suicide and mental illness
- Encourage reporters to raise public awareness of the risk factors and warning signs of suicide, as well as the actions that can be taken to help a suicidal person
- Encourage reporters to provide their readers/listeners with information about local support services, local mental health services and crisis support numbers
- Tell the media not to include pictures of the death scene or distressed mourners
- Focus on how the suicide has impacted the community.

In these circumstances avoid:

- Discussing details of the method of suicide
- Glamourising the victim or the suicide itself. Take care not to give the impression that suicide was a positive outcome for the young person.
- Oversimplifying the cause of suicide. Suicide is rarely the result of a single factor or event. Although one event may appear to have triggered the suicide it is unlikely to be explained by this alone. Most people who die by suicide have had a history of problems, which may not get reported in the aftermath of the suicide.

## Promote help-seeking

Encouraging people to get help should be the focus of any discussion about suicide, particularly with young people. Adolescents sometimes share their feelings about death with friends – in conversations, letters, emails, text messages and on the internet. If they suspect a friend may be about to hurt themselves, they should tell an adult immediately.

If you are concerned about someone's reaction or behaviour, let them know that you are worried about them and encourage them to seek assistance (see services at the back).

## Memorials and remembering the deceased

A memorial gives friends, families and communities the chance to mourn together, share their grief and demonstrate the significance of their loss.

While formal services such as funerals will probably be organised by the family, informal memorials are often created spontaneously by young people following a suicide. They might leave messages, flowers, photos or other items at the site where the person died or another significant place. Online memorials – on social networking sites, blogs or at a dedicated website – are also common.

While it is beneficial for young people to grieve in this way, it's important to memorialise the deceased person in a respectful way. Memorials should address the needs of family and friends and avoid glamourising the person or the way that they died. Setting some limits around the material, the content, the location and the length of time it remains in place can reduce potential distress and reduce risk to vulnerable people.

The presence of mental illness is one of the strongest risk factors for suicide<sup>1</sup>.

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## Social media following suicide

Following a suicide young people are likely to turn to social media for a variety of purposes. These include sending news out about a death (both accurate and rumoured), posting online messages (both appropriate and inappropriate), calling for impromptu gatherings and creating virtual memorials.

If you are concerned about messages you see or hear about on social media sites, let someone know. This could be the young person's parents, local authorities, emergency services or the relevant school Principal or counsellor.

Please refer to the **headspace** School Support *Suicide Postvention Toolkit – A Guide for Secondary Schools* for further guidance.

Concerning messages include:

- Rumours
- Information about upcoming or impromptu gatherings
- Messages that glorify, vilify or stigmatise the deceased
- Messages that bully or victimise current students
- Comments indicating students who may themselves be at risk (such as “I am going to join you soon” or “I can’t take life without you”).

Messages posted on social media platforms can quickly reach a vast number of people so they can have an enormous impact. Consider how they can be used in a positive way to help share health-promoting information including where young people can go for help, crisis services, resources that promote mental health and well-being, and resources about mental illness and the causes of suicide.

You can keep up to date with information about social media safety and sites being used by young people, for example at [www.cybersmart.gov.au](http://www.cybersmart.gov.au).

## Where to get help

### For adults and young people

- **Lifeline** 13 11 14 [www.lifeline.org.au](http://www.lifeline.org.au)
- **Suicide Call Back Service**  
1300 659 467  
[www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)
- **Your GP**
- **A psychologist or counsellor** (your GP can refer you)
- **StandBy Response Service** (if available in your area) <http://www.livingisforeveryone.com.au/StandBy-Response-Service.html>

### For young people

- **headspace** centres provide support, information and advice to young people aged 12 to 25 – [headspace.org.au](http://headspace.org.au)
- **eheadspace** provides online counselling and telephone support to young people aged 12 to 25 – [eheadspace.org.au](http://eheadspace.org.au) 1800 650 890
- **Kids Helpline** is a 24-hour telephone and online counselling service for young people aged 5 to 25 – [kidshelpline.com.au](http://kidshelpline.com.au) 1800 55 1800

For more information on suicide or support and assistance visit [headspace.org.au/schoolsupport](http://headspace.org.au/schoolsupport) or [headspace.org.au](http://headspace.org.au)

### Acknowledgements

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### References

- <sup>1</sup> Harris, E.C., Barraclough, B., 1997. Suicide as an outcome for mental disorders. A meta-analysis, *Br. J. Psychiatry* 170, 205-228
- <sup>2</sup> Gould, M.S., King, R., Greenwald, S., Fisher, P., Schwab-Stone, M., Kramer, R., Flisher, A.J., Goodman, S., Canino, G. & Shaffer, D: Psychopathology associated with suicidal ideation and attempts among children and adolescents. *J Am Acad Child Adolesc Psychiatry* 1998 Sep;37(9):915-23.