

Suicide Response Resources

Supporting young people after a suicide

When a suicide occurs, the effect on families, young people and communities is immediate and traumatic.

The impact on a school community is equally profound and staff often feel unprepared and uncertain about how to respond.

To mitigate the serious implications for a school community, it's vital that schools respond with considerable care.

This resource looks at how to support young people to limit the risk of suicide contagion. For more detailed information about how schools can respond after suicide, see the Suicide Response Toolkit.

Why is the school's response critical?

When a young person ends their life, it can increase the risk of suicide for other vulnerable young people.

International research has identified a phenomenon known as 'suicide contagion', where a person's knowledge of or exposure to a suicide may increase the likelihood of them attempting or dying by suicide. Young people can be particularly susceptible to suicide contagion because of their developmental stage and social structures. It's therefore crucial that schools respond to a death by suicide with care and planning.

While grief is a normal and expected response to loss, the impact of suicide on school communities and the associated grief is particularly complex. This is because of the suddenness and shock experienced, perceptions of preventability and the difficulty understanding why the person ended their life. Grieving can be complicated by guilt, anger, resentment or feelings of rejection.

Given this complexity and the risk of suicide contagion, a response tailored specifically to this circumstance is imperative.

Suicide contagion

Suicide contagion is when one suicide or suicidal act within a school, community or geographic area increases the likelihood that others will attempt or die by suicide.

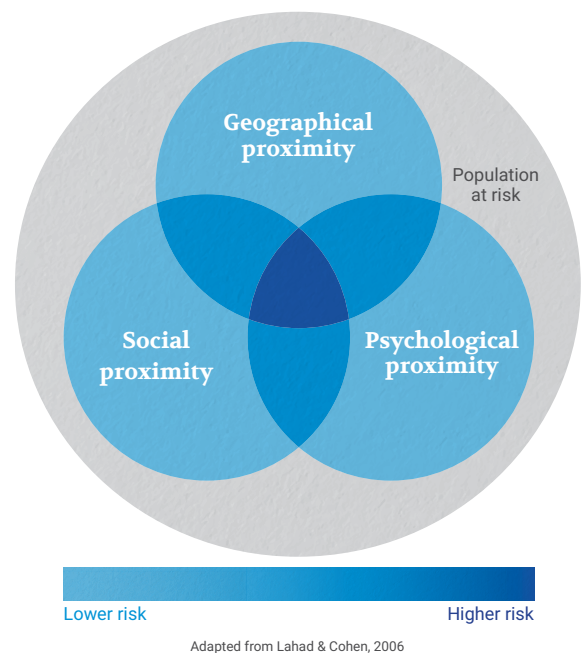
Suicide contagion can occur when the act of suicide is glamorised or romanticised — in other words, when the communication about a suicide makes it seem appealing to at-risk young people.

Young people are more vulnerable to suicide contagion than older people. This may be because young people identify more strongly with their peers and adolescence is a period of increased vulnerability to mental health conditions, which is one of the strongest risk factors for suicide.

It's more common for people to talk positively about a person after they pass away than about the difficulties they experienced prior to death. While this is well-meaning, it has the potential to encourage suicidal thoughts and behaviour in vulnerable young people. The way the school communicates about suicide is therefore of critical importance. Oversimplified messages about why someone suicided and identifying those at risk is best avoided.

Who's at risk of suicide contagion?

The Circles of Vulnerability Model can help you to determine the impact of the death by suicide on members of your school community.



Population at risk: Young people who already have a range of suicide risk factors.

Geographical proximity: Young people who have witnessed the death, were exposed to it or had contact with the person shortly before they died. Social media can substantially broaden the exposure and impact of the suicide.

Psychological proximity: Young people who relate to the deceased through cultural connections, shared experiences or perceive themselves to be like the deceased in some way.

Social proximity: The relationship someone had with the deceased, including family, friends, social circles and romantic partners. Even if they don't appear to have had a relationship with the person who died, a young person's perception of closeness (for example, feeling close to the person because they travelled on the same bus together for years, even if they never spoke) has been found to significantly influence their level of risk.

Reducing the risk of suicide contagion

- Provide clear and accurate information immediately. Don't provide unnecessary detail and ensure information is age and culturally appropriate.
- Provide information individually or in appropriate friendship groups to close friends and family. Next, information should be provided to logical groups such as homeroom or first period classes.
- Recognise and monitor young people at increased risk.
- Provide appropriate support and treatment for those at risk, including initial one-to-one support for distressed young people.
- Provide permission and a safe place for young people to talk about their feelings, understand their reactions and discuss helpful coping strategies to reduce grief. Talking to young people about suicide will not 'give them ideas'. If a suicide has occurred among their friends or peers, young people will probably already be thinking about it. Appropriate discussions about mental health and suicide reduces the risk of suicide contagion.
- Advise young people that there's professional support available for mental health issues and suicidal thoughts in the school and in the community.
- Encourage appropriate reporting of suicide in the media. Advise young people to not talk to the media and to refer media enquiries to a nominated staff member.
- Encourage safe engagement with social media and using social media in a positive way to share health-promoting information.

Supporting young people after a suicide

Suicide can elicit a range of emotional and behavioural responses

They're unique for each individual and will depend on factors such as past experiences, level of support, personality type and how close a young person was to the deceased.

Talking to young people about suicide can feel daunting. Many people fear it will cause increased anguish or even lead to the development of suicidal thoughts or suicide contagion, but it's OK to talk about suicide in and outside of the classroom in response to the needs of young people.

Discussing suicide in a calm and straightforward way, as well as providing information and support, helps young people to manage their feelings and make sense of what happened. Talking openly can also highlight individuals who may be having difficulty coping and who could benefit from some extra support from wellbeing staff or other professionals.

If you notice students are distracted and consumed by the topic of suicide, it may be appropriate to facilitate a class discussion about what occurred. If you feel it's appropriate to discuss the matter during class time, set a five to 10-minute limit so as not to overtake learning. You may also need to limit the number of conversations that take place, as repeated exposure may cause distress to some young people.

It's vital to be thoughtful and sensitive when you talk to young people about suicide. The aim is to limit the harmful impact of the death and to promote positive coping strategies and good mental health. Here are some key factors to keep in mind.

Give accurate information about why people suicide

Suicide is a complex behaviour caused by a range of factors. Providing accurate information encourages young people to seek help for themselves or others and decreases the risk of suicide.

Avoid blame

Young people often want answers about why a suicide has occurred, and this can lead them to blame the death on a specific event or person. Explain that suicide isn't simple and is often the result of a range of contributing factors. This can reduce the likelihood of blaming or scapegoating.

Don't focus on the method of suicide

Do not provide graphic detail about the way a person died. Detailed descriptions can be overwhelming and distressing, and increase the risk of imitation by susceptible young people. Keep the focus on how to manage the emotions brought up by the young person's death.

Listen to young people when they want to talk

They need to know they can talk with a trusted adult about how they're feeling or what they're experiencing. When young people are listened to and supported, they are more likely to be open about their risk and discuss options for further help.

Be empathetic

Young people feel supported when you speak to them with empathy. It tells them that you're listening and understand what they're feeling or experiencing. However, it's also important to be aware of clear boundaries and to know when it's time to refer the young person to wellbeing staff.

Maintain normal routine as much as possible

Routine will provide some certainty and comfort to you and your students, which is often lost temporarily during a traumatic event. It will also help to minimise excessive discussion about the suicide.

Address feelings such as anger and responsibility

Inform young people that a range of responses after a suicide are normal. Young people may feel angry towards the person who died or feel that they could have prevented the death in some way. These feelings can lead to increased confusion and anguish. Assure them they aren't to blame and that feeling angry doesn't mean they didn't care about the young person. Normalising these feelings, and allowing young people to talk through their emotions, can support the grieving process.

Encourage help-seeking

If a young person feels overwhelmed and unable to cope or develops thoughts of suicide, encourage them to seek help. Let them know about their support options. This will allow them to choose a person they feel comfortable with and increases the likelihood that they will ask for support. Options for support could be a family member or trusted adult, such as a teacher, school counsellor or family doctor.

Ask about suicidal thoughts

If you're worried that a young person might be at risk of suicide, you must talk to them directly about your concerns in a calm and non-judgemental manner. It can feel uncomfortable asking someone directly about suicidal thoughts or plans, but it's necessary to check whether a young person is at risk and how imminent that risk is. Asking questions directly can also be a huge relief for a young person struggling with thoughts of suicide. It gives them permission to speak openly about how they are feeling and the opportunity to gain support.

Your role in supporting a young person

Being supportive means knowing where your role begins and ends.

It's also important to remember *not* to:

- **Take on the role of a counsellor.** Unless qualified, this isn't your role. Only professionally trained staff should explore and manage the more complex and significant issues related to a young person's level of distress and ability to cope.
- **Make assessments or diagnose.** Again, this should only be done by professionals with appropriate training. However, you can provide critical support by passing on your concerns about a young person, and any behaviour observations, to wellbeing staff.
- **Guarantee confidentiality to a young person if you're concerned about their safety.** First, you need to communicate your concerns to the young person as well as your intent to refer them to wellbeing staff. If a young person asks you to keep information about their safety (or the safety of another young person) confidential, tell them it's your job to keep them safe and that you're required to pass the information to the appropriate people. Being transparent is essential in maintaining their trust and respect.

Identifying young people at risk

After a suicide, one of your main responsibilities is to ensure the process of identifying, supporting, referring and monitoring at-risk young people is well understood and effective.

In the first 24 hours develop a list of:

- the most impacted young people
- young people who may be at risk of suicide
- young people who are vulnerable.

Ensure all those identified are monitored, supported and their risk considered. Anyone considered at high risk of suicide should be referred for risk assessment. School staff need to be aware of the processes for referral within the school.

Request a mental health professional, school wellbeing staff member or staff member trained in school-based risk assessments meet with you to help with this work from the outset.

Who's at risk of suicide?

Suicidal thoughts and actions are often associated with a young person's 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.

Suicidal behaviour indicates deep unhappiness. When someone talks about harming themselves or suicide, they're usually saying 'I'm not coping right now' or 'I need some help'. Often, they can't see a way out of the problems they're facing and view suicide as their only option. They may harm themselves because they want to stop or release some of the unbearable pain they're experiencing. Appropriate assistance can help them find answers to their overwhelming struggles and give them a sense of hope for the future.

The reasons why people suicide can be very complex. It's unlikely to be the result of a single problem or event, but more likely a combination of stressors, which result in a person feeling overwhelmed and unable to cope.

Many people who die by suicide are experiencing mental health conditions such as depression at the time of their death. Mental health conditions can make people feel hopeless and impact on their ability to think clearly and rationally.

Of the many complex factors that influence a young person's reaction to life events, the following may contribute to suicidal behaviour and are therefore considered suicide risk factors (at any time, not only following a suicide):

- mental health conditions
- being male (although females are more likely to think about, plan and attempt suicide)
- identifying as identifying as as lesbian, gay, bisexual, trans or intersex
- identifying as an Aboriginal or Torres Strait Islander young person
- family discord, violence or abuse
- family history of suicide or death by suicide of a close friend
- alcohol or other substance abuse
- social or geographic location
- financial stress
- bereavement or loss
- prior suicide attempt
- non-suicidal self-injury.

Experiencing risk factors doesn't necessarily mean a young person will think about or attempt to take their own life. However, the more challenges a young person has in their life, the greater their risk of suicide.

Warning signs

While risk factors are challenges that a young person may deal with over a period of time, warning signs are more immediate, such as sudden changes in behaviour.

Warning signs are behaviours and noticeable changes that may indicate a young person is thinking about or planning suicide.

The greater the number of risk factors and warning signs, the more likely the young person is to attempt suicide.

While we can never be sure who or why someone will attempt to end their own life, knowing the risk factors and warning signs can mean we can identify and assist young people who are most vulnerable.

It's not uncommon for young people to display one or more of these behaviours at various times, especially if they are stressed. However, it's always best to act safely and to talk to the young person as soon as possible about what's going on.

A young person may be at imminent risk of suicide include if they:

- talk about wanting to hurt or kill themselves
- plan ways to kill themselves or try to access the means to kill themselves
- talk or write about death, dying or suicide
- express feelings of hopelessness or worthlessness and that life is not worth living
- engage in reckless or risky behaviour without concern for their own safety
- talk or write about being a burden to others
- increase their use of drugs or alcohol
- withdraw from friends, educators and family
- undergo noticeable changes in mood, including increased levels of anger or agitation
- take less care in their appearance (such as not washing or appearing dishevelled)
- give away possessions
- say goodbye to loved ones.

If you're concerned that a young person is experiencing suicidal thoughts or plans to take their life, you must take them seriously and act immediately.

Directly ask the young person if they have thoughts of suicide and if they have a plan for how they will do it. This strategy won't 'put thoughts into their head' and is, in fact, a critical way of assessing their suicide risk.

If you believe a young person is at immediate or high risk of attempting suicide, you or an appropriate staff member should:

- stay with them (or arrange for supervision) until they can be seen and assessed
- contact their family as soon as possible
- remove access to methods of suicide or harm (such as sharp objects, medications, alcohol or drugs)
- contact an appropriate local mental health service, call 000 or take them to the emergency department.

Self-care for educators

It's important to be aware of your own needs and to seek additional support when required.

This not only safeguards your own welfare but will help you to support your students.

Look after yourself after a suicide by:

- seeking out your support team (for example wellbeing staff, chaplains, school counsellor or psychologist, nominated teachers or the employee assistance program)
- debriefing with external professionals
- monitoring your reactions and taking care of your personal needs
- planning where possible and having a contingency plan to manage difficult situations in the classroom or in other place at school
- giving yourself enough time to get to places and complete tasks
- taking some time out and arranging for someone to relieve you if you feel unable to carry out your role
- using positive coping strategies to manage grief
- avoiding unhealthy coping strategies
- maintaining a healthy work-life balance
- seeking additional support or professional help if difficulties persist beyond a few weeks after the suicide
- avoiding doing anything that makes you feel uncomfortable.



Further information

Suicide is a complex issue. To ensure a safe response to suicide risk contact your Be You Consultant.

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