

Suicide Prevention Resources

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 of the young person who died, 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.

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

How we respond to suicide

How we respond to suicide is influenced by personality, age, connection to the deceased, cultural traditions, previous experiences of death and the emotional support they receive.

People who have experienced other stressful situations in their lives like a marriage breakdown or death of a relative may find it harder to cope.

Common grief-related reactions include:

- shock, disbelief or numbness
- guilt or feelings of failure that the death was not prevented
- experiencing anxiety, nightmares or intrusive thoughts
- preoccupation with thoughts of the person who has died, and 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 usual activities.

Grief can continue to affect us for weeks, months or even a year after the event. There isn't a standard timeline for grief.

Risk factors for suicide

The reasons why young people attempt suicide can be very complex.

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) and things that can't change (like family history).

Risk factors include:

- experiencing mental health or drug and alcohol problems
- a past suicide attempt
- family stress or violence
- a family history of suicide
- the loss of a friend or family member
- social and geographical isolation
- being male — males have a statistically higher risk of suicide than females.

Mental health conditions are one of the strongest risk factors for suicide.

Research indicates that between 70 per cent and 91 per cent of young people who attempt suicide or report thoughts of suicide have a mental health condition. Mental health conditions 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 to identify vulnerable young people. However, the presence of risk factors doesn't necessarily mean a person has had — or will ever have — suicidal thoughts. Some young people develop suicidal thoughts without having any previously identified risk factors.

While most young people cope well with stressful or traumatic events in their lives, and don't become suicidal, watching out for common warning signs can help to identify those that may be at risk.

Some warning signs include:

- talking about wanting to hurt or kill themselves
- planning ways to kill themselves and/or try to access the means to kill themselves
- talking or writing about death, dying or suicide
- expressing feelings of hopelessness or worthlessness, that life is not worth living
- engaging in reckless or risky behaviour without concern for their own safety
- talking or writing about being a burden to others
- increasing their use of drugs or alcohol
- withdrawing from friends, teachers and family
- undergoing noticeable changes in mood, including increased levels of anger or agitation
- taking less care in their appearance (not washing, appearing dishevelled, etc)
- giving away possessions
- saying goodbye to loved ones.

Promote safe conversations in your community

Suicide can have a profound emotional effect on the whole community.

When you speak to members of your community:

- respect the bereaved family
- encourage help-seeking behaviours such as talking to a trusted relative or friend, counsellor or general practitioner (GP)
- encourage people to promote help-seeking to other members of the community.

Even though people may have a lot of questions, discussing details about the way a suicide occurred is potentially harmful to others. Try to steer the discussion towards positive help-seeking behaviours.

Suicide contagion

Suicide contagion is the process where exposure to a suicide or suicide attempt within a school, community or geographic area increases the likelihood that others will attempt 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 adolescence is a period of increased vulnerability to mental health problems, which in turn can increase the risk of suicide.

Glamourising — or romanticising — suicide is believed to contribute to suicide contagion. This refers to actions or messages that may inadvertently make suicide seem desirable to vulnerable young people.

It's common for people to remember positive things about someone who has died recently 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.

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 are family members of the person who died
- witnessed the death
- are 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, try to reinforce these principles about the reporting of suicide:

- Highlight the complexity of suicide.
- Encourage reporters to raise public awareness about 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 or listeners with information about local support services, local mental health services and crisis support contacts.
- Tell the media not to publish pictures of the death scene or distressed mourners.
- Focus on how the suicide has impacted the community.

It's best to avoid:

- Discussing details about 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's unlikely to be explained by this alone. Most people who die by suicide have had a history of problems that 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 when you're talking with young people.

Young people sometimes share their feelings about death with friends – in conversations, letters, emails, text messages and online. If they suspect a friend may be about to hurt themselves, they should tell an adult immediately.

If you're concerned about someone's reaction or behaviour, let them know you're worried about them and encourage them to seek help.

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 after 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's 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 they died. Setting some limits around the material, content, location and length of time the memorial remains in place can reduce potential distress and risk to vulnerable people.

Social media after a suicide

After a suicide, young people are likely to turn to social media for a variety of purposes

They might send news about a death (accurate and rumoured), post messages (appropriate and inappropriate), call for impromptu gatherings and create virtual memorials.

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

Concerning messages include:

- rumours
- information about upcoming or impromptu gatherings
- messages that glorify, vilify or stigmatise the deceased
- messages that bully or victimise young people
- comments indicating students who may 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 huge number of people so they can have an enormous impact. Think about how social media can be used in a positive way to help share health-promoting information including where young people can go for help, details of crisis services, resources that promote mental health and wellbeing, and resources about mental illness and the causes of suicide.

You can keep up to date with information about social media safety and sites used by young people at cybersmart.gov.au



For more information and help

- The **Beyond Blue support service** provides support any time of the day or night. To talk with a trained mental health professional, please call 1300 22 4636.
- **Lifeline** is a 24-hour telephone counselling service: 13 11 14 lifeline.org.au
- **Suicide Call Back Service** is a 24-hour service that provides telephone, video and online counselling: 1300 659 467 suicidcallbackservice.org.au
- **Your general practitioner (GP)**
- **A psychologist or counsellor** (your GP can refer you).
- **headspace** centres provide support, information and advice to young people aged 12–25: headspace.org.au
- **eheadspace** provides online counselling and telephone support to young people aged 12–25: 1800 650 890 ehheadspace.org.au
- **Kids Helpline** is a 24-hour telephone and online counselling service for young people aged five to 25: 1800 55 1800 kidshelpline.com.au

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