

# SUICIDE CONTAGION AND ADOLESCENTS

When a suspected suicide or a serious attempt occurs, there is the possibility that this may lead to further attempts (or deaths). 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 and compared to older adults, are less likely to be suffering from psychiatric disorders. However, contagion also is known to occur in older populations also.

Multiple suicidal behaviors or suicides that occur within a defined geographical area and fall within an accelerated time frame may represent a potential cluster.

NB: suicide clusters are a rare occurrence accounting for only 1- 5 % of all youth suicides.

## RISKS INCREASING THE POSSIBILITY OF CONTAGION

- 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 (i.e., 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.
- Unsafe and extensive media reporting about the suicide(s)
- When the death occurs within an institution (e.g., school/educational facility, hospital, armed forces, etc.)

## HOW TO MINIMISE AND MANAGE CONTAGION

Have a clear coordinated community response to help identify those at risk in the different communities and ensure a community wide interagency postvention plan

Identify, screen and refer those potentially at risk from the death and ensure the bereaved generally are provided with appropriate support to allow grieving to occur.

### 1 Identify those potentially most at risk of contagion

- Those who witnessed the suicide
- Those who had a psychological or social connection to the deceased or identified with the deceased in some way

- Those who have pre-existing vulnerabilities (eg previous suicide attempts, previous or existing mental ill health, current substance abuse, has recent losses etc)
- Those who may have helped the suicide occur
- Those who may have failed to identify the signs of suicide intent or feel responsible in some way for the death

## **2 Screen for distress or increased suicidal thoughts or behaviour**

- 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.

## **3 Refer for further assessment and/or support (if you have any concerns at all) to**

- Mental health
- GP
- Culturally appropriate youth health facility
- Emergency services personnel
- Youth health facility
- Grief counsellor

## **4 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 six weeks and six months.

Also see CASA's CPRS:

- Circles of Vulnerability (to identify who may be at risk after a death by suicide)
- Identifying Suicide Concerns in Children and Young Adults
- Risk Factors and Triggers for Suicidal Behaviour

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