

MINDMATTERS SPOTLIGHTS

SUICIDE PREVENTION OVERVIEW

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About this resource

This resource is intended to be used in conjunction with the MindMatters Suicide Prevention Spotlight at <http://www.mindmatters.edu.au/spotlights/suicide-prevention>. It provides information about suicide, and suicide prevention in schools and provides links to resources, supports and organisations that may assist schools to develop their suicide prevention approach.



Adolescent suicide is complex, worrying and preventable

Adolescent suicide is a worrying problem in Australia, and around the world. It is the most common cause of preventable death in young people aged 15-19 years (followed by traffic accidents).

When we look at the statistics, young people do not ordinarily die, but when they do it is mostly external causes of death that are responsible. Suicide and road traffic accidents are the highest causes of death for young people. As a proportion of all deaths of young people in Australia, suicide is the highest. In 2013, 22 children aged 5-14 years (1.4 per cent of deaths for this age group), 72 young people aged 15-17 (32 per cent of deaths) and 276 young people aged 18-24 years (29.6 per cent of deaths) died as a result of suicide in Australia (according to preliminary ABS data, 2015).

For this reason it is important to take action.

As a school staff member, your days are already stretched to the limit with competing priorities, and worrying about suicide prevention may seem like another huge responsibility. In fact, you are already doing so much to help the mental health of the young people in your care, and suicide prevention is just an extension of your day-to-day awareness of how your students are getting on with school and life. Looking out for concerning changes in behaviour, and following the school's policies and procedures when there are concerns, are the keys.

You may feel uncomfortable thinking about suicide, and you are not alone. Rest assured though, that the care you show your young people is already a huge protective factor and your efforts in understanding youth suicide may help reduce the likelihood of future tragedy.

A suicide in the school community can deeply impact individuals, the school and the wider community. You may feel deeply affected yourself by such an event, so it is important to take care of your own wellbeing and seek assistance when you need.

IMMEDIATE SUPPORTS ARE AVAILABLE

Lifeline

131 114

Suicide call back service

1300 659 467

beyondblue Support Service

1300 22 4636

In an emergency always contact

000

A global problem

Suicide is a complex phenomenon influenced by many factors. It is now recognised that it is mostly preventable; yet in Australia, and around the world, death by suicide continues to occur – impacting families, friends and communities in devastating ways. As a result, suicide is now considered to be a significant public health issue with efforts towards prevention and early intervention becoming an area of focus globally. This approach encourages communities and governments to use timely and effective evidence-based interventions, treatments and supports to prevent suicides and suicidality.

Suicidality: A definition

The term **suicidality** covers suicidal ideation (serious thoughts about taking one's own life), suicide plans and suicide attempts. People who experience suicidal ideation and make suicide plans are at increased risk of suicide attempts, and people who experience all forms of suicidal thoughts and behaviours are at greater risk of suiciding.

Source: [The Department of Health](#)

Suicide occurs within a context of individual, social, cultural, religious, political, economic and spiritual factors. The same life event can have varying effects on a person depending upon what else is happening for them, their ability to cope and their support system. People also vary widely in their beliefs about what makes life worth living, and these views may change over time (particularly for young people).

It is likely that these factors interact in dynamic and unique ways to impact on individuals – with negative experiences and deficits more likely to line up as **risk factors**, and positive experiences and orientations providing **protective factors**.

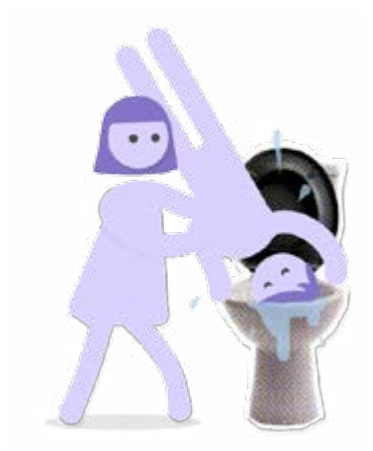
Risk factors

Of the many complex factors which influence a young person's reaction to life events, the following may contribute to suicidal behaviour – and are therefore considered suicide risk factors.

- mental health problems
- gender – male
(although females are more likely to think about, plan and attempt suicide)
- family discord, violence or abuse
- family/close friend history of suicide
- alcohol or other substance abuse
- social or geographic location
- financial stress
- bereavement/loss
- prior suicide attempt
- non suicidal self-injury.



In addition, the following risk factors are relevant to young people at school:



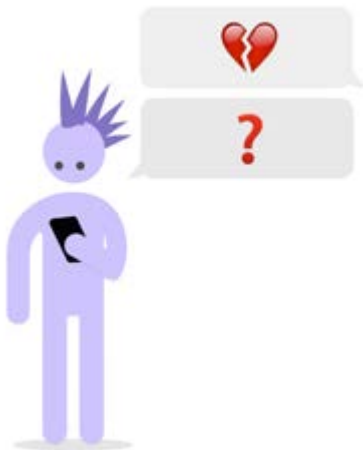
Bullying

Recent research suggests that young people who were targeted by bullying were around two times more likely to have suicidal thoughts and two and a half times more likely to attempt suicide as those who were not targeted. Cyberbullying has been shown to have similar negative impacts, with some research suggesting that cyberbullying is more strongly related to suicidal ideation and may have more severe effects because wider audiences are reached and negative experiences can be relived (van Geel, Vedder, Tanilon, 2014).

Bullying Spotlight

Find out more about the causes of bullying and the preventative actions that can be taken by schools.

<http://www.mindmatters.edu.au/spotlights/bullying>



Stress

Stressful situations, especially relationship problems, may contribute to suicidality in young people. This is likely to be particularly true in those younger than 14 years, for whom suicide may follow a brief period of stress.

Myth 1: Students who talk about suicide are attention-seeking and don't need to be taken seriously

While suicidal thoughts are common among young people, talking about suicide can be a strong sign that a student is experiencing difficulties and distress and maybe considering suicide. It can be a way for young people to communicate their struggles and seek support, when they may not feel able to ask for help in other ways. Taking suicidal talk seriously by following agreed school policies and procedures will enable a conversation to take place between the student and an appropriate adult. This conversation aims to explore what is happening in the young person's life and whether further support or risk assessment is required.

Self-harm

Self-harm can be related directly to a suicide attempt and can be a risk factor for suicide – however self-harm usually occurs without suicidal intention. Individuals who self-poison (by taking an overdose of prescription medications, for example) are more often motivated by suicidal intent, while those who cut are more often motivated by self-punishment and tension relief (Hawton, Saunders & O'Connor, 2012).



Without a thorough risk assessment by a trained healthcare professional, the intentions of the young person will not be known. The risk assessment helps to gain a better understanding of the level of distress a young person is experiencing and informs the development of a support plan to reduce the escalation of risk of self-harming behaviours or potential suicide attempt.

MindMatters Spotlight: Self-harm

There are strong links between suicidal behaviour and self-harm, however there are also fundamental differences. Most young people who self-harm are not involved in suicidal behaviour. [MindMatters Self-harm spotlight](#) explores youth self-harm and presents practical information for teachers and schools.

Some groups are at higher risk

Research suggests that there are some groups who are at higher risk of suicide than the general population in Australia.

Young people with mental health difficulties

Medical studies suggest that mental health conditions (such as depression) are prevalent in young people who die by suicide. Many of these young people may also have problems related to alcohol and drug misuse leading to poorer mental health and wellbeing.

Not all young people with mental health conditions attempt suicide, and not all young people who die by suicide have a diagnosed mental health condition. It is therefore important to identify other factors which may also contribute to the risk of suicide, particularly in a school setting.

Aboriginal or Torres Strait Islander young people

The rates of suicide of Aboriginal and Torres Strait Islander people are two to three times higher than the country's general population. Studies suggest that the suicide of Aboriginal or Torres Strait Islander people is influenced by a very complex set of factors. These include history of colonisation, dispossession of land and culture, transgenerational and intergenerational trauma, removal from family and community, relegation of people to missions and reserves, racism and discrimination (Suicide Prevention Australia, 2015).

In a consultation conducted under the MindFrame initiative in 2014 it was found that Aboriginal and Torres Strait Islander Australians are particularly affected by reports of people who have died by suicide whether or not the person who died was an Aboriginal or Torres Strait Islander person, especially if they identify with them in some way.

Resources on suicide prevention for Aboriginal and Torres Strait Islander young people

- [Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project](#) (ATSISPEP). Fact sheet on the prevalence of suicide for these populations and approaches to supporting Indigenous young people.
- [How Aboriginal and Torres Strait Islander young people might respond to suicide](#). Fact sheet from headspace on how these populations may experience grief following a suicide.
- [headspace](#) has a range of Aboriginal or Torres Strait Islander specific resources acknowledging the unique considerations to be made in relation to suicide prevention.

LGBTI young people

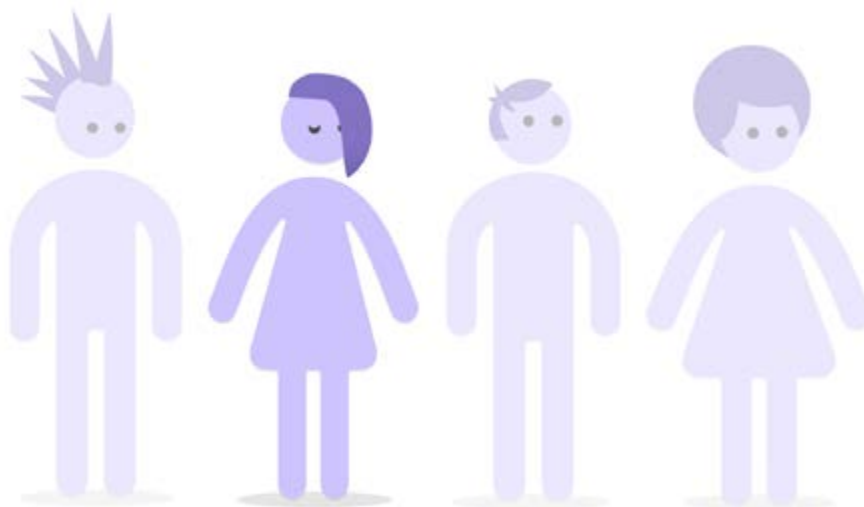
The [Growing Up Queer](#) report found that same-sex attracted and gender diverse young people are at increased risk of mental health difficulties and suicidality, not because of their sexuality or gender identity, but due to discrimination and exclusion. Less is known about suicidality of intersex young people, although research suggests these groups are at increased risk. Available data suggests that same-sex attracted young people are on average six times more likely to attempt suicide than their heterosexual peers, and risk is even higher for gender diverse young people (Robinson, et al., 2014).

Young people with disabilities

Young people with a disability can be at an increased risk of intentional self-harm and suicidal behaviour. In addition, young people with co-occurring chronic physical and mental health conditions are also said to have higher probabilities of self-harm and suicidality when compared with healthy peers. Research also suggests an association between chronic pain and suicidality in children and young people. (Children's Rights Report, National Children's Commissioner, 2014).

Rural and remote young people

Recent research has shown that male suicide rates are 33 per cent higher in rural areas than in major cities, rising to 189 per cent higher in very remote areas (AIHW, 2014). Rural and remote areas of Australia experience unique challenges, many of which impact on young people. Under-employment, lack of infrastructure (including health and education services), restricted social and career opportunities, drought, and cultural stoicism may contribute to the distress of these young people. Young people in need of help for emotional or mental health problems often experience a lack of services and available information, particularly in remote areas, which often rely on general practitioners (GPs) for all health services. Furthermore, the accessibility of firearms in rural areas contributes to the lethality of youth suicide attempts (Suicide Prevention Australia, 2010).



Social disadvantage

Youth suicide and self-harm rates are typically higher in socio-economically disadvantaged areas than in other areas (Eldridge 2008). Contributing factors can include poor physical health, substance abuse, social disengagement, criminality, and low educational attainment.

Juvenile detention

Students with a history of contact with the juvenile justice system can have an increased risk of suicidality. This may be a consequence of the distress caused by incarceration and the related proceedings. However, it may also relate to the increased likelihood of deviant or criminal behaviour among those vulnerable to suicide – for example, substance abusers and those with untreated mental health conditions (Suicide Prevention Australia, 2010). In Queensland, 38 per cent of youth who died by suicide had contact with the police or juvenile justice before they died (QCCYPCG 2009).

Identifying risk factors and warning signs for suicide

This factsheet from headspace provides more information on the risk factors and warning signs for suicide. <http://headspace.org.au/assets/School-Support/Identifying-risk-factors-and-warning-signs-for-suicide-web.pdf>

Protective factors

Protective factors enhance resilience and may serve to counterbalance risk factors, reducing the likelihood of suicide. They include a huge range of factors, such as:

- supportive social relationships and sense of social connectedness
- supportive and caring parents/family and a harmonious and safe family environment
- sense of self-determination, self-concept, self-efficacy
- sense of belonging, purpose and meaning
- resilience and coping skills
- positive educational experience and a supportive school environment
- access to social supports and caring services
- good communication skills
- good physical health and ability to move about freely
- no alcohol or other drug problems.

Young people who have close relationships with family and friends, are able to seek and accept help when they need it, and have helpful ways of thinking about problems, are more likely to respond well when faced with challenging life events. When the school focuses on increasing protective factors, such as building connectedness and resilience, through a whole school approach to mental health and wellbeing, all students benefit.

Want to know more about risk and protective factors?

[MindMatters Module 1.3 What is mental health?](#) looks at how understandings of mental health are closely related to suicide prevention. The risk and protective factors framework is particularly useful in understanding suicide risk.

[MindMatters Module 1.4 Relationships and belonging](#) discusses how students' sense of belonging is crucial to mental health and assists with suicide prevention.

Everyone has a role to play

Suicide prevention in schools begins with a coordinated approach where everyone plays an important role. Teachers provide strong protective factors through the care they show their students on a daily basis and are also best placed to identify and act on concerns. Wellbeing and leadership staff are responsible for establishing policies and procedures, including referral pathways through the school and to external support agencies. They are also responsible for responding to immediate concerns in relation to individual students, leading suicide prevention activities and connecting with families, carers and community. A whole school approach to mental health and wellbeing that builds strong protective factors in all students is the core of any school-based suicide prevention and early intervention strategy.

Suicide prevention

Suicide prevention programs attempt to mitigate risk factors and promote protective factors. Universal prevention programs target the whole population, while selective programs target high-risk groups, and indicated programs target individuals who have displayed significant risk. (Suicide Prevention Australia)

In addition to school-based promotion, prevention and early intervention, the bigger picture of suicide prevention involves working in partnership with families, healthcare professional and the broader community. This includes connections with, and promotion of, suicide assessment services, emergency care hotlines, emergency departments of hospitals, specialised care facilities, and so on.

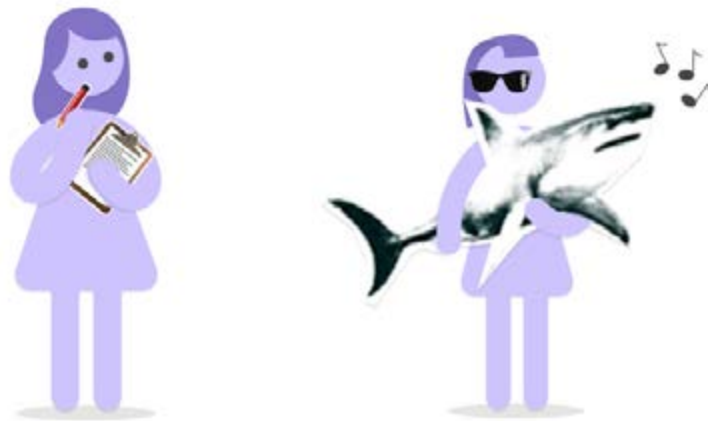
Build everyone's capacity to respond

As part of your school's approach to mental health, it is important to have identified healthcare professionals and trained staff members on hand to respond when there is a high level of concern for a student's safety. There is key training available to assist with building staff and community capacity to undertake suicide prevention work, such as:

- Mental Health First Aid, Youth Mental Health First Aid and Aboriginal and Torres Strait Islander Mental Health First Aid training
- Applied Suicide Intervention Skills (ASIST), suicideTALK, and safeTALK training
- Gatekeeper training.

School staff play an important role

Because of your day-to-day contact with many young people, you may be the first to notice that a student could be feeling suicidal. For this reason it is important to be alert to warning signs and to know what action you need to take within the boundaries of your role at the school.



Being aware of suicide warning signs

Young people thinking about suicide will usually give some clues or signs to those around them that show they are troubled. These signs may be subtle or overt, so the more you know the student, and what is typical behaviour for them, the easier it will be to notice a change in their behaviours. Knowing the following warning signs of suicide may help you act quickly and confidently:

- Talking about or making plans for suicide.
- Expressing hopelessness about the future.
- Displaying severe/overwhelming emotional pain or distress.
- Showing worrisome behavioural clues or marked changes in behaviour, particularly in the presence of the warning signs above. Specifically, this includes significant:
 - withdrawal from or changing in social connections/situations
 - changes in sleep (increased or decreased)
 - anger or hostility that seems out of character or out of context
 - recent increased agitation or irritability.

If you notice any of these signs, and you have a gut feeling of concern, then it is important to act by following your school's agreed policies and procedures.

MindMatters Module 4.3: When should I be concerned

looks at some of the factors you need to consider in order to understand whether you should be concerned about a student. The module summary has useful information on noticing and recording changes in a student from page 9, and action guidelines for responding to observations on page 13.

<http://www.mindmatters.edu.au/explore-modules/when-should-i-be-concerned>

Addressing high levels of concern

There are a number of key steps you can take to help ensure the safety of a student you may be concerned is at immediate risk of suicide, including:

- Ensure the student is not left alone, but has an adult with them at all times.
- Advise the students that the information about the risk must be shared with appropriate staff members and therefore cannot remain completely confidential.
- Seek immediate support from appropriately trained staff or healthcare professionals.

How do you talk with someone thinking about suicide?

It can be difficult to know what to say to someone who you are concerned is thinking about suicide. [The Conversation Matter resources](#) provide practical tips and information about how to have these important conversations.

Your school policies and procedure may outline specific steps for staff, depending on their role and level of training, in such situations.

Myth 2: Asking a student you are concerned for about suicide will lead to increased risk of suicide

While these conversations can be very difficult and confronting, there is a lot you can and should do when you have concern for a student. By talking to the student (or getting someone who can) and getting further information, you can assist them to talk to others and get the professional support they may need.

There is no evidence that talking to a student directly about suicide is harmful – Find out more in headspace’s [MythBuster: Suicidal Ideation](#)

Supporting the school’s prevention efforts

There are key things that you can do to support your school’s suicide prevention efforts. These can be specifically targeted at suicide prevention, or fall under broader health promotion strategies of the school, such as:

- Being familiar with your school’s policies and procedures, and referral pathways for helping students at risk and in crisis.
- Implementing programs and curricula to build the social and emotional wellbeing and resilience of students. Such programs can be aimed at reducing risk factors, such as bullying or marginalisation, and increasing protective factors, such as coping strategies and help seeking.
- Developing and maintaining positive relationships with students and families.
- Engaging in staff professional learning and training programs about mental health and wellbeing and suicide prevention.
- Providing families with relevant information and connections to support (as appropriate).

Through your ongoing work in supporting the development of students’ social and emotional and resilience skills, you are already doing much to foster the wellbeing of all students, including those most at risk.

You may be interested in accessing training to become a gatekeeper at your school . Gatekeepers are individuals who are trained and resourced to recognise and respond to suicide risk in others. Parents and teachers have been recognised as the primary gatekeepers in youth suicide. It is important to know who from your school has the training to respond to the concerns you have for a student.

School wellbeing and leadership staff

School wellbeing and leadership staff have additional roles and responsibilities in relation to suicide prevention. These roles and responsibilities need to be outlined in the school's policies and procedures and the staff appropriately trained to respond to concerns.

Responding to concerns

Where there is a high concern of suicide, most school policies and procedures will direct an identified and trained staff member or professional to have a supportive conversation with a student. This conversation may include the following:

1. **Ask if they are ok or if they are having thoughts of suicide, or plan to end their life.**
2. **Express your concern about what you are observing in their behaviour.**
3. **Listen attentively and non-judgmentally.**
4. **Reflect what they share and let them know they have been heard.**
5. **Tell them they are not alone.**
6. **Let them know there are supports and treatments available that can help.**
7. **If you are or they are concerned, guide them to additional professional help.**
8. **Follow the school's referral pathway for support.**

The identified staff also need to ensure that the student has support from within and outside of the school environment and will need to work closely with the young person in relation to the appropriate sharing information with parents or carers. Engaging with parents or carers can be crucial to support young people and prevent the risk of suicide.



How do I talk with families about their young person?

[MindMatters Module 3.2](#) looks at how you can effectively communicate and share concerns with families.

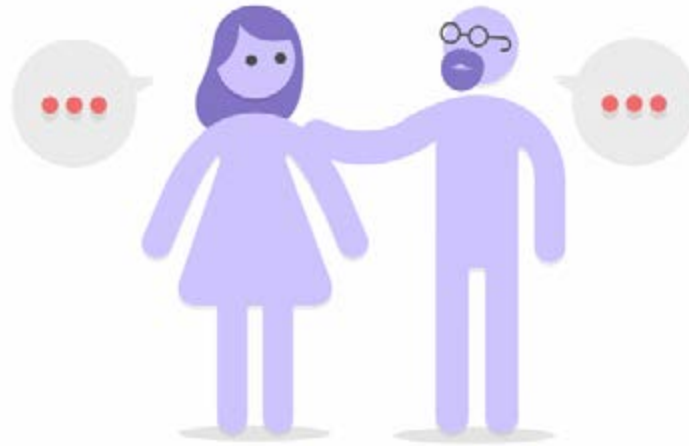
There may be times when the young person is estranged from the family or there are circumstances within the family which place the young person at risk. In such cases the student wellbeing and leadership teams will need to work closely with the young person to ensure that there are adults who are able to support them.

Leading suicide prevention activities

Student wellbeing and leadership staff are in a position to lead, or assist others to lead, the suicide prevention efforts of the school. Some key suicide prevention strategies, as part of the school's whole school approach to mental health, include:

- Ensuring that all school staff are aware of, and confident with, the policies and procedures associated with recognising and responding appropriately to students at risk of suicide.
- Playing a key role in establishing safety plans and appropriate return to school plans for students who have attempted suicide, are at risk of suicide or bereaved by suicide.
- Ensuring that all school staff are aware of, and confident with, the policies and procedures following a death by suicide.
- Providing support and opportunities for debriefing for all staff following an incident relating to suicide or a suicide attempt.
- Providing relevant professional development and training opportunities for school staff.

The leadership group may find the activities in the [Suicide Prevention Spotlight: Making it Happen Guide](#) useful to undertake a review of existing relevant policies and procedures to further enhance their suicide prevention activities.



Working with parents, carers and community

Parents and carers play a significant role in the lives of young people and can be a strong protective factor against suicide. When families have relevant information about the warning signs to look out for and where support is available, they may be better equipped to get help when they need it. For this reason, it can be useful for schools to consider approaches to sharing information with parents and carers.

Seeking guidance and support from healthcare professionals, key community members and staff when planning this can assist with developing a sensitive and appropriate approach for your school context.

Information for families

beyondblue's [Family Guide to Youth Suicide Prevention](#) provides information about suicide and the risks facing young people, as well as information about communicating effectively and supporting young people to become more resilient.

It is important to note, at times, families can also present as risk factor for young people, so opportunities to support and strengthen parents and carers can contribute to the school's suicide prevention efforts.

A planned response is necessary

Schools need to have planned response in the event that a student attempts suicide and after a suicide occurs in the school community. Having clear policies and processes can help schools manage the needs of students and staff following these events, and may reduce the risk of further suicides occurring.

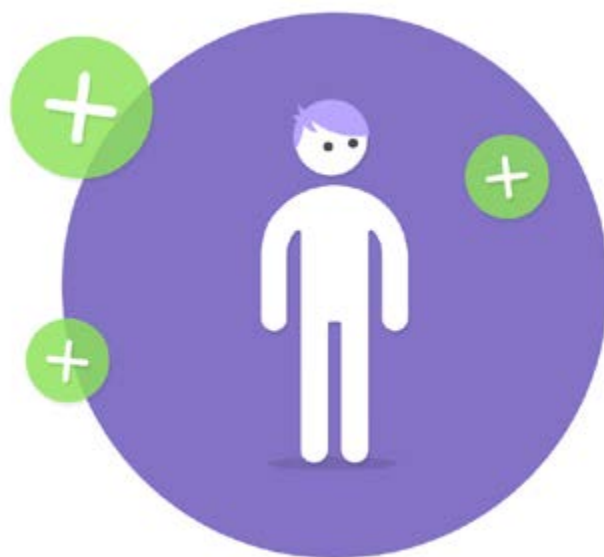
After a suicide attempt

People who engage in non-fatal suicidal behaviours (suicidal thought, specific suicidal plan and suicide attempt) are likely to do so again unless they receive appropriate support. Research shows that the first three months after a suicide attempt are critical in a person's recovery as they are at a higher risk of a further attempt.

A suicide attempt provides an opportunity for the school and family to recognise the extreme distress the young person is feeling and intervene in a supportive manner. It is essential that all suicide attempts are taken seriously because:

- Attempted suicide is the third leading cause of injury in Australia (after falls and traffic injuries).
- Suicide attempts cause significant distress to the people involved, their families, friends and communities.
- People who attempt suicide are at a higher risk of suicide in the future. They may also have a greater chance of early death due to other health problems.

Anyone who has attempted suicide needs a thorough medical and psychological risk assessment and considerable support and care during the period following their attempt to prevent further suicide attempts or further ill health.



Support after a suicide attempt

beyondblue has developed a set of practical resources for people recovering from a suicide attempt and their families. The Way Back information resources include:

- **Guiding their way back** a resource for people who are supporting someone after a suicide attempt
- **Finding your way back** a resource for people who have attempted suicide.
- **Finding our way back** a resource for Aboriginal or Torres Strait Islander people after a suicide attempt.

In the event of a suicide attempt of a student, the school and external agencies will need to provide a crisis management response as outlined in the school's policies and procedures. This response may include:

- immediate support and risk assessment for the student
- psychological First Aid responses for other students and staff who witnessed the situation or are experiencing distress after hearing about the situation
- management of information about the suicide attempt, including social media and information provision to families
- follow-up support for the student, including a supportive plan for the student to return to school.



Information for schools on what to do after a suicide attempt

headspace provides useful resources for schools, including:

- [Responding to suicide attempts in Victorian secondary schools](#)
Provides information to support schools after a student has made a suicide attempt. Whilst this resource is designed specifically for Victorian schools, it provides information that all schools may find useful, including a flowchart to help guide the school response.
- [Return to school student support plan](#). This plan helps supports a young person's successful transition back to school following a suicide attempt and considers the needs of other students and staff members.

After a suicide

Schools will have policies and procedures in place to guide their response following a death by suicide. To support schools in navigating this complex issue, headspace provides resources, such as the [Suicide Postvention Toolkit](#). The toolkit assists schools in managing a coordinated and informed postvention response designed to minimise student (and adult) distress and reduce the likelihood of further suicides or suicidal behaviour occurring.

Key Definitions: Suicide postvention

Suicide postvention is conducted after a suicide, to help those bereaved to cope with what has occurred. Postvention encourages healing within a community affected by a suicide, and lessens the risk of suicide contagion.

School postvention responses may include the following:

- Ensuring the immediate safety of school staff and students.
- Provision of information and support sessions for students, staff and parents.
- Scheduled counselling appointments either with school wellbeing staff or external agencies for those people most distressed.
- Consultation with immediate family members of the deceased student by appropriate staff members.
- Liaising with the media to manage information and ensure that no further harm is done.
- Monitoring and managing social media, including engaging in discussions with peers and family.

Depending upon the level of impact, your school may also need to consider postvention responses when a suicide occurs by a person in the wider school community. Suicidality in friends or family members has been shown to increase youth depression and reported suicidal thoughts, so it is essential to have a plan for support.

headspace School Support

[headspace School Support](#) is an initiative funded by the Federal Government that works with school communities to prepare for, respond to, and recover from the suicide of a student. It includes a comprehensive range of resources for schools

Understanding the role of media

The reporting and portrayal of suicidal behaviour in the media can affect those exposed, especially when the reporting is dramatic and includes details of the methods used. As a result, guidelines for media reporting of suicide have been developed to help reduce negative impacts. There may also be cultural or other considerations that schools need to take into account following a death by suicide.

The effects of new media on youth suicide can be of a particular concern, with some websites, social media, and chat rooms potentially encouraging suicidality.

Appropriate reporting of suicide

Although it has been recognised that it is important to talk about suicide, raise awareness of warning signs and encourage help-seeking, there is a substantial body of evidence demonstrating that media reporting of suicide can promote contagion, particularly if it glorifies or sensationalises suicide or provides explicit detail about suicide methods.

The Mindframe initiative has been developed to address these concerns and provides a range of evidence based information to promote the most appropriate reporting of suicide. For further information see: <http://www.mindframe-media.info/>



Understanding suicide contagion

Suicide contagion is where one person's suicide influences another person to engage in suicidal behaviour. The mechanisms of contagion are not fully understood but may be linked to:

- an expression of grief after experiencing the suicide of another
 - an attempt to deal with a range of emotions or events through imitation
 - an indication of a desire to be recognised, for identity, or to be part of group
 - the suggestive power of exposure to a particular method.
- (Source: Living is for everyone. Developing a community plan for preventing and responding to suicide clusters, 2012).

As schools are social contexts, with high numbers of young people, they can be at risk of being sites of suicide contagion. The headspace factsheet on suicide contagion outlines information and tips for reducing the risk of suicide contagion in a school or community.

Aboriginal and Torres Strait Islander young people in some communities may be particularly vulnerable to suicide contagion. Find out more about suicide contagion in these communities and strategies that can reduce the risk. headspace factsheet: [Suicide contagion for Aboriginal and Torres Strait Islander young people](#).



Circles of vulnerability

headspace refers to the [Circles of Vulnerability](#) model which highlights the groups at risk of suicide contagion.

A whole school approach is key

There is considerable research suggesting that the most effective youth suicide prevention models begin with a whole school approach to mental health and wellbeing. These whole school approaches include promotion, prevention and early intervention for positive mental health.

Promotion, prevention and early intervention

Having a whole school approach, such as MindMatters, which focuses on promotion, of positive mental health, prevention of poor mental health, and early intervention for students experiencing difficulties can make a significant contribution to the school's suicide prevention efforts.

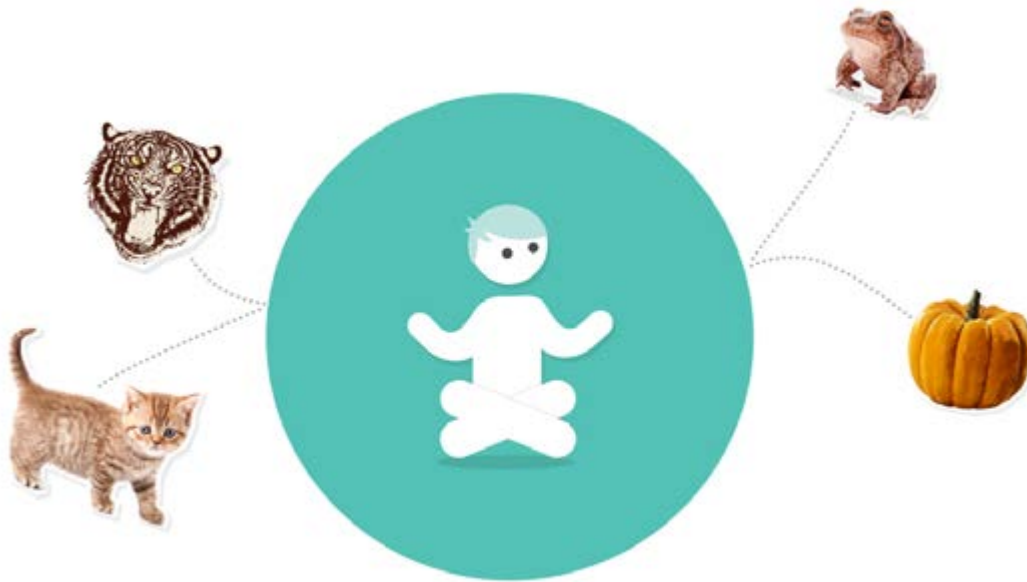
Want to find out more about developing a whole school approach?

MindMatters Component 1 modules look at promoting a positive school culture that will encourage inclusion, respectful relationships and valuing diversity, which in turn may lead to and reduction in risk factors and increased protective factors in young people.

A whole school approach to mental health and wellbeing that focuses on positive relationships, a sense of belonging, inclusion and active participation may build significant protective factors. This includes building strong and trusting relationships between students and teachers, as well as respectful relationships between students.



This kind of positive school culture, which engages students in meaningful ways and actively builds a sense of belonging for all school community members, also helps build valuable resilience skills in young people. Resilience-building skills are essential to assist students in gaining useful social and emotional skills which assist them to cope with challenges, solve problems, understand and express emotions effectively and feel comfortable to seek help when necessary.



How can resilience help?

[MindMatters Module 2.2](#) Developing resilience highlights that a young person's ability to manage change and deal with stressful circumstances, is a protective factor against mental health difficulties and can decrease risk of suicide.

Any whole school approach to mental health and wellbeing needs to include an understanding of suicidal behaviour, ways of preventing suicide, the warning signs to look out for and how to approach and respond when concerned. By having an understanding of the risk factors, warning signs and typical triggers which may come together to create a situation which could lead to suicide school staff can be alert and responsive, at the earliest possible stage.

Suicide prevention key factors

Knowing suicide risk factors and warning signs can make all the difference. Use the [Suicide prevention key factors](#) fact sheet to guide your early intervention actions and to build protective factors that can improve a young person's ability to cope with difficulties.

Having clear support pathways and connections to healthcare professionals can help greatly when students are seeking help. As a range of factors can impact on help-seeking behaviour, it is also useful to seek out external agencies and supports that are respectful of diversity and can specifically target young people with particular needs.

How can my school develop support pathways?

[MindMatters Module 4.3](#) When should I be concerned

[MindMatters Modules 4.7](#) and [module 4.8](#) look at how schools can build support pathways and access external services.

Where access to supports are limited, having an understanding of the range of online and phone supports available can be useful.

MindMatters spotlight on Technology

Find out more about the role of technology in strengthening the mental health of young people.

<http://www.mindmatters.edu.au/spotlights/Using-technology>

Looking after yourself

It is important to acknowledge that recognising and supporting students at risk of suicide can be challenging. You may find it triggering in terms of your own feelings and emotions or it may bring up issues relating to your family and friends. You may also feel anxious about your personal capacity to support students at risk of suicide and may feel like you are not well enough equipped.

Adequate training, clear processes, referral pathways, a team approach, and role clarity can all help.

Following a suicide at school, it would not be unusual to feel a vast mix of emotions and to feel unprepared or unsure of how to engage with your students about the tragedy. You may find headspace's [Tips for Teachers following a Suicide](#) helpful after such an event, or when you are supporting students at risk of suicide. Tips include seeking support and debriefing with colleagues and other school leadership and wellbeing staff, taking care of personal needs, maintaining routine and structure, and seeking further professional help as required.

If you need to talk with someone, you could reach out to trusted colleagues, your school leaders or the schools employment assistance service to arrange a confidential discussion.

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See more MindMatters resources at www.mindmatters.edu.au

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