

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 die by 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.

Factors that contribute to suicide contagion

One of the factors thought to contribute to suicide contagion is the glamorising 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.

Contagion is also more likely when observers identify with the deceased, so oversimplified messages about why someone suicided should be avoided. Such messages may contribute to other vulnerable young people's increased identification with the deceased person.

Who is at risk of suicide contagion?

The Circles of Vulnerability model can help determine the degree of emotional impact a death by suicide has on members of the school community. In particular it highlights that individuals most at risk of suicide contagion are those geographically, socially and psychologically close to the deceased. People already experiencing risk factors for suicide are also at increased risk of suicide contagion.

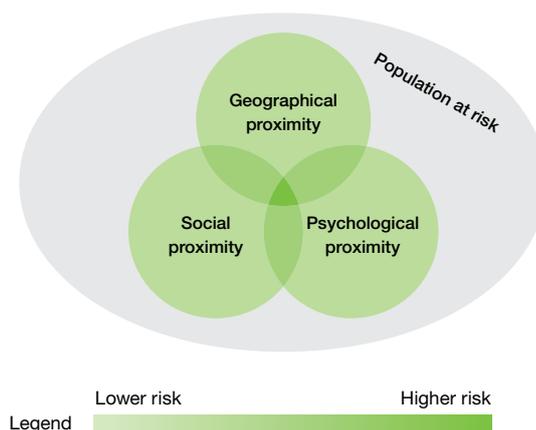
Below is a visual representation of the Circles of Vulnerability model. This may be helpful

in identifying vulnerable individuals in the school community following a suicide.

Population at Risk

A wide range of biological, psychological and social factors are associated with an increased risk of suicide including:

- 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.



Circles of Vulnerability model adapted from Rosenfeld, Caye, Ayalon & Lahad (2005); cited at Together To Live, Ontario Centre of Excellence for Child and Youth Mental Health

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Who is at risk of suicide contagion? (continued)

Geographical proximity

People who have witnessed the death, were exposed to it, or had contact with the person shortly before they died are more at risk of contemplating suicide. Suicide contagion can also occur via the internet, mobile phones and the mass media. Social media can substantially broaden the exposure and impact of the suicide.

Psychological proximity

People who relate to the deceased through cultural connections, shared experiences (eg victims of bullying, classmates) or perceive themselves to be similar to the deceased in some way, are also at greater risk of contemplating suicide.

Social proximity

The relationship someone had with the deceased, including family, friends, social circles and romantic partners is the final aspect of the Circles of Vulnerability model to consider. In particular, it is about how close a young person feels towards the deceased. Even if they don't appear to have had a relationship with the person who died, a young person's perception of closeness (e.g. feeling close to the person because they travelled on the bus together for years, even if they never spoke) has been found to significantly influence their level of risk.

For more information see [headspace School Support fact sheet Identifying risk factors and warning signs for suicide](#).

Tips for reducing the risk of suicide contagion in a school or community

- Provide clear and accurate information immediately. Do not provide unnecessary detail and ensure information is age and culturally appropriate.
- Provide information individually or in appropriate friendship groups to close friends and family. After they have been notified, information should be provided to naturally occurring groups such as homeroom or first period classes.
- Identify and monitor people at increased risk.
- Provide appropriate support and treatment for people at risk, including initial one to one support for distressed students.
- Provide permission and a safe place for young people to talk about their feelings, understand their reactions and discuss helpful coping strategies to help to reduce distress. Talking to young people about suicide will not put the idea into their minds – if a suicide has occurred amongst their friends or peers, young people will probably already be thinking about it. Appropriate discussions regarding mental health and suicide can help to reduce the risk of suicide contagion.

- Advise students that there is professional help available for mental health problems and suicidal thoughts in the school and in the community.
- Encourage appropriate reporting of suicide in the media ([see fact sheet Responding to the media](#)). Encourage students not to talk to the media and to refer media enquiries to an appropriate staff member.
- Encourage safe engagement with social media; using social media in a positive way to share health-promoting information. For guidelines around managing social media [see fact sheet Managing social media following a suicide](#).

If you believe that a young person is at risk of suicide seek professional support from the local mental health service or emergency department. Ensure they are in a safe environment (remove medications or weapons) and stay with them (or arrange for supervision) until they can be assessed.

Please refer to the [headspace School Support Suicide Postvention Toolkit – A Guide for Secondary Schools](#) for further guidance.

For more information on suicide or support and assistance visit headspace.org.au/schoolsupport or headspace.org.au

Acknowledgements

Cerel, J., Maple, M., Aldrich, R. & van de Venne, J. (2013). *Exposure to suicide and identification as survivor. Results from a Random-digit dial study*. Crisis.

Erbacher, T.A., Singer, J.B. & Poland, S (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*, first edition, New York, Routledge.

Niederkrontenthaler, T., Till, B., Kapusta, N., Voracek, M., Dervic, K., & Sonneck, G. (2009). *Copycat effects after media reports on suicide: A population-based ecologic study*. Social Science and Medicine, 69, 1085-1090

Robertson, L., Skegg, K., Poore, M., Williams, S. & Taylor, B. (2012) An Adolescent Suicide Cluster and the Possible Role of Electronic Communication Technology *Crisis* 2012; Vol. 33(4):239-245

Rosenfeld, L.B., Caye, J., Ayalon O., Lahad, M. (2005) *When their World Falls Apart: Helping Families and Children Manage the Effects of Disasters*. Washington DC: NASW Press. pp32-36 & 357-358.

Together To Live www.togethertolive.ca/postvention, Ontario Centre of Excellence for Child and Youth Mental Health

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