

*The Youthline approach is to provide therapeutic interventions for clients based on safety, client preferences, needs, available resources and international best evidence in accordance with Youthline Ethics and Policies and Procedures.*

New Zealand has concerning rates of suicide, particularly in the youth sector. For every person who dies by suicide, it is (conservatively) estimated that 6 others are seriously impacted. It is essential that these people are well supported.

### WHAT IS POSTVENTION?

**POSTVENTION** is "the provision of crisis intervention, support and assistance for those affected by a completed suicide" (The American Association of Suicidology). Postvention also encompasses prevention principles by reducing the risk of further suicides.

**SUICIDE BEREAVED** Some of the people impacted by a death by suicide include families, whanau, significant others, friends and communities.

The bereft are often referred to as "suicide survivors;" in line with the New Zealand Ministry of Youth Development, this paper will refer to people who are affected by suicide as being "bereaved by suicide" or "suicide bereaved," so as to avoid confusion with people who have survived a suicide attempt.

**BEREAVEMENT: does bereavement from suicide deaths differ from that of non-suicide deaths?**

Grief arising from bereavement by suicide is comparable to the grief response experienced by other traumatic, sudden and/or unexpected deaths.

Research however, indicates that measurable differences exist between suicide bereaved and those bereaved by other modes of death. Differences include:

- Significantly greater frequency of feelings of responsibility;
- Higher levels of overall grief;
- Slower recovery in the first 2 years following the suicide;
- Prolonged feelings of grief.

Further common characteristics of a person bereaved by suicide include:

- Having unanswered questions that are likely to underlie and exacerbate the above feelings of grief;
- Strong need to find meaning in the death;
- Great feelings of guilt, blame, rejection and abandonment;
- Feelings of stigmatisation and social isolation;
- Interrupted family communication and interaction.

### Common feelings/reactions to death by suicide in young people:

Terror, devastation, physical collapse, frightened that they could die themselves/kill themselves, more awareness of their risky lifestyle (if the death was alcohol/drug/risk taking behaviour related), feeling like they have lost a 'part of themselves' (young peoples relationships can be very fused, integrally important), idolizing lost friend (this can be both positive and negative, positive for example if the young person wants to further develop in themselves positive aspects of the lost person such as their kindness however sometimes negative for example the young person was remembered as a gang member), anger at the

media if things are misrepresented or portray the young person in the wrong light (where media are involved).

### **SUICIDE CONTAGION**

Research shows that the death of someone by suicide renders those closest to them at greater risk of self-inflicted injury, suicide attempts and completed suicide.

### **SUICIDE CLUSTERS**

A secondary effect of suicide contagion that may account for up to 13% of youth suicides is the emergence of a suicide cluster. A cluster is when more suicides occur in a community than are statistically expected (usually 3 or more).

Most vulnerable to a contagion and cluster effects are adolescents and young people.

To minimise this risk, postvention approaches must promote appropriate representations of and reactions toward suicide.

#### **To minimise the risk of contagion:**

- Identify young people who witnessed/found the person who completed suicide. They may develop trauma symptoms complicating their grief process.
- Identify young people connected to the person who died by suicide who may be more vulnerable due to a history of mental health difficulties.
- Identify young people who share feelings and a similar life situation to the person who completed suicide. A sense of inevitability might arise about their own suicide. This is particularly a risk when family members have died by suicide.
- Present suicide as the result of multiple factors and complex interactions between often long standing psychological, social and medical problems.
- Suicide should not be presented as a means to achieve a certain end, to cope with loss or personal problems, or in any way as an acceptable solution.
- Empathy for family and friends can lead to the focus being on the positive aspects of the deceased. It is natural for people who are bereaved by suicide to praise the qualities of the deceased however venerating statements need to be balanced with some attention to the problems the person was experiencing.

### **HELPFUL APPROACHES**

- Ensure a support network is in place for those affected including young people and family/whanau. Identify young people who are linked with the person who died by suicide and organise a support person/people to check in with each of them following the event. This person does not need to be the school counsellor but may be a trusted adult who the young person sees as a mentor – for example a sports coach.
- Ensure young people and families are provided with information and contacts where they can seek support.
- Never underestimate the impact of a sudden death by suicide on young people even if the impact is not obvious. Check in with young people.
- Support young people in their grief process.
- Always affirm young people's resourcefulness.
- Assist family/whanau with helpful approaches to support other young people they care for.
- Seek professional help where impacted young people's behaviour or mood concerns you.
- Assist young people to build resiliency through ensuring they stay connected with friends and family and engaged in activities.
- Where affected young people have a strong identification with the suicide victim ensure you identify their strengths and differences from the victim as well as looking at alternative methods of overcoming difficulties.
- Follow up with young people and families after the dust has settled. Grief processes take their own time and concerning behaviour or moods may unravel after initial supports have been reduced and/or removed.

### **UNHELPFUL APPROACHES**

To further minimise the risk of contagion, certain postvention approaches should be avoided:

#### **• sensationalising the death**

Unnecessary and/or inappropriate attention should not be given to the suicide act. It is also important to ensure that facts are verified and rumours are addressed.

#### **• glorifying or vilifying the suicide victim**

Individuals for whom postvention has been arranged should not be encouraged to identify with the suicide victim nor admire their actions.

#### **• providing excessive details about the suicidal act**

Unnecessary detail about the mode of suicide should be avoided.

This also includes inappropriate or excessive media coverage of the incident, which might encourage imitative behaviour.

**Advice about the ways to avoid perpetuating stigma is provided at the end of this paper**

## **YOUTHLINE'S APPROACH**

To facilitate the effective coordination and implementation of community postvention strategies, the Ministry of Youth Development (MYD) has provided a set of guiding principles. The following section will discuss Youthline's approach to postvention within the framework of these principles, relating to the YDSA. By employing a strengths-based approach that is aligned with both the MYD Principles and the YDSA, Youthline will action the 6th goal of the New Zealand Suicide Prevention Strategy 2006-2016, which is to 'support families/whanau, friends and others affected by a suicide or suicide attempt.'

## **MYD GUIDING PRINCIPLES FOR POSTVENTION APPROACHES**

### ***PRINCIPLE ONE: Establish appropriate values***

Youthline operate from a youth development perspective; postvention initiatives, therefore embrace the following values:

- Strengths-based approach: identification with a suicide victim and their difficulties increases young people's vulnerability to suicide contagion. By focussing on the young person's strengths rather than their weaknesses, alternative pathways out of difficulties can be achieved and resiliency built. This is aligned with the 3<sup>rd</sup> principle of the YDSA.
- Respect: the avenues of help and support available at Youthline will be identified and offered to young people and their families. They will have the choice to engage in as many or as few of these services as preferred.

### ***PRINCIPLE TWO: Recognise culture***

Cultural competency is embedded within Youthline practice. Practitioners are trained to recognise that different cultures may have different perceptions of suicide and/or treatment preferences. This is in accordance with the 1<sup>st</sup> principle of the YDSA, which is that youth development is shaped by the big picture.

### ***PRINCIPLE THREE: Link to services, information and support***

This principle relates to the 2nd principle of the YDSA, which is that youth development is about young people being connected, and to the 6th principle, which is that youth development needs good information. These principles are especially important for clients who are bereaved by suicide as access to relevant information may help answer some of the questions they face. Youthline will inform clients of both internal and external services that can support them during the grieving process.

### ***PRINCIPLE FOUR: Make use of the research***

Youthline are familiar with and work to implement the New Zealand Suicide Prevention Strategy. This paper and practice at Youthline are evidenced based and informed by current best practice guidelines and research to ensure client care, including postvention initiatives is appropriate.

### ***PRINCIPLE FIVE: Become learning organisations***

Youthline encourage and provide professional development for staff and youth development programmes for young people so as to educate members of Youthline about the issues surrounding suicide. These issues include prevention, intervention and postvention strategies. Promoting development through learning embraces the 5<sup>th</sup> principle of the YDSA, which is that youth development is triggered when young people fully participate. Feelings of empowerment and autonomy can be protective factors against the risk of suicide and these are created through meaningful participation.

### ***PRINCIPLE SIX: Promote safe practice***

As with all Youthline work, the safety of clients and those who work with them is of paramount importance. This is especially central when coordinating postvention strategies as there is an increased risk of suicide amongst this population. Please refer to the section 'Safety of clients and others' for details about how this principle is enforced.

## **SAFETY OF CLIENTS AND OTHERS**

As with all Youthline work, the safety of clients and those who work with them is of paramount importance. This is especially central when coordinating postvention strategies as there is an increased risk of suicide amongst this population.

All counsellors will clearly explain confidentiality and its limits when they enter into a new counselling relationship.

All Youthline counsellors are familiar with and utilise

Youthline Policies and Procedures to underpin their practice. These policies and procedures are assessed by Child Youth and Family and Youthline is an accredited provider under the Child Youth and Family Act.

Risk of suicide and suicide attempts are increased among people with depression; Youthline's policy includes comprehensive risk assessment and regular review. Therapists are required to follow Youthline Policy and Procedures re safety, suicide and self-harm.

### CONFIDENTIALITY

All information about the client is treated with confidence within Youthline and not passed on without the client's prior consent, unless the safety of the client or of others is threatened.

If a Youthline worker determines that a client or another person's safety is threatened and they need to contact an outside agency they will inform the client of this step if at all possible.

If clients prefer, Youthline will help them to find someone from their own culture to talk to.

Youthline is able to refer clients to other community agencies if it is appropriate. Clients have the right to choose whether they see a counsellor alone, with a friend, or with family members. A translator can be arranged if required.

### REFERENCES AND INFORMATION

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**Beautrais AL**, *Suicide Postvention Support for Families, Whanau and Significant Others after a Suicide: A Literature Review and Synthesis of Evidence*. Ministry of Youth Development, 2004.

**Gould MS**. (1990). *Suicide clusters and media exposure*. In: SJ Blumenthal SJ, DJ Kupfer, (eds). *Suicide Over the Life Cycle: Risk factors, assessment, and treatment of suicidal patients*. Washington, DC: American Psychiatric Press.

**Henare K & Ehrhardt P**, Support for Maori, Pacific and Asian Family, Whanau, and Significant Others who have been Bereaved by Suicide: Findings of a

Literature Search, Ministry of Youth Development, 2004.

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Suicide: Findings from Stakeholder Consultation, Ministry of Youth Development, 2004.

**Johansson L, Lindqvist P, Eriksson A**. (2006). *Teenage suicide cluster formation and contagion: Implications for primary care*. BMC Family Practice 7: 32.

**Ministry of Youth Development** (2005) Guidance for community organisations involved in suicide postvention

**SPINZ**, Support for Families, Whanau and Significant Others after a Suicide: A Resource Identification Report, Ministry of Youth Development, 2004.

**Brock, S.E.** (2003) *Suicide Postvention*. California State University, Sacramento Department of Special Education, Rehabilitation & School Psychology

*Supporting survivors of suicide loss: a guide for Funeral Directors*

**SIEC Alert #46**, November 2001 *Grief After Suicide: Notes from the Literature on Qualitative Differences and Stigma*. Centre for Suicide Prevention. Canadian Mental Health Association.

**Shneidman ES**. Postvention: The case of the bereaved. *Suicide Life Threatening Behaviour* 1981;11:349-359)

**Ministry of Youth Development:**  
[www.myd.govt.nz](http://www.myd.govt.nz)

**Ministry of Health:**  
[www.moh.govt.nz/suicideprevention](http://www.moh.govt.nz/suicideprevention)

**The American Association of Suicidology:**  
[www.suicidology.org](http://www.suicidology.org)

**Suicide Prevention Information New Zealand**  
[www.spinz.org.nz](http://www.spinz.org.nz)

**The Canterbury Suicide Project**  
[www.chmeds.ac.nz/research/suicide](http://www.chmeds.ac.nz/research/suicide)

- [www.skylight.org.nz](http://www.skylight.org.nz)
- [www.victimsupport.org.nz](http://www.victimsupport.org.nz)
- [www.spinz.org.nz](http://www.spinz.org.nz)
- [www.griefcare.org.nz](http://www.griefcare.org.nz)

## SELF-HELP INFORMATION FOR CLIENTS

<http://www.afsp.org>

Irving, T. & Hirsh, L. (2003). *After the suicide of someone you know: Information and support for young people*. Wellington, New Zealand: Skylight, 2003.

- **Urge/Whakamanawa:** [www.urge.co.nz](http://www.urge.co.nz)
- **Youthline 24 hour contact details:**  
Youthline support line: **0800 37 66 33**  
Free txt: **234**  
E-mail: [talk@youthline.co.nz](mailto:talk@youthline.co.nz)

## HELPFUL INTERNATIONAL WEBSITES

- [www.save.org](http://www.save.org)
- [www.grieflink.asn.au](http://www.grieflink.asn.au) (Australia)
- <http://www.tcf.org.uk> (UK)
- [www.griefnet.org](http://www.griefnet.org) (US)
- [www.kidsaid.com](http://www.kidsaid.com) (US)
- [http://www.survivorsofsuicide.com/help\\_heal.shtml](http://www.survivorsofsuicide.com/help_heal.shtml)
- <http://au.reachout.com/find/articles/when-someone-takes-their-own-life>
- **American Foundation for Suicide prevention:**

## TALKING ABOUT SUICIDE -WAYS TO AVOID PERPETUATING STIGMA

Avoid	Reason	Instead
They <b>committed</b> suicide	The word “commit” implies something morally wrong and evokes the religious concept of committing a sin	They <b>completed</b> suicide The <b>died</b> by suicide
Positive implications for a tragic act, eg: ‘the suicide attempt was <b>successful</b> ’	Suicide is a preventable tragedy. Portrayals of suicide as being rewarding may encourage others who are facing similar difficulties to take their own life.	‘The suicide was <b>completed</b> ’
Critical comments that vilify the suicide victim, eg: ‘such a <b>waste</b> ’ ‘it was a <b>selfish</b> act’	These words evoke shame; the factors precipitating a suicide are likely to be extremely difficult/painful for the person, therefore it is a tragedy.	‘It was a <b>tragic</b> act’