



Supporting those at risk

If you observe these behaviours or are concerned about a person it would be advisable to ask the person directly if they are thinking about killing themselves. If the person is contemplating suicide it is important they get professional support immediately. In a life-threatening situation, such as this, confidentiality is secondary. Remember, suicide is probably being seen as a way to ease pain. Relief from this kind of intense pain often requires support from skilled professionals.

Where to go for extra help:

- your doctor
- a psychologist
- a trained grief counsellor
- youth health service or youth worker
- a Child and Adolescent Mental Health Service

References

Coggan, C., Dickinson, P., Rimm, M., Cherrington, J. (1999). *Coping with suicide: A practical guide*. Auckland, New Zealand: The Mental Health Foundation of New Zealand.

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Silverman, E., Range, L., & Overholser, J. (1994-95). Bereavement from suicide as compared to other forms of bereavement. *Omega*, 30, 41-51.

Van Dongen, C.J. (1993). Social context of postsuicide bereavement. *Death Studies*, 17, 125-141.

Wagner, K.G. & Calhoun, L.G. (1991-92). Perceptions of social support by suicide survivors and their social networks. *Omega*, 24, 61-73.

For Further Information visit:

www.spinz.org.nz
www.suicideinfo.co

Youthline, Lifeline, The Samaritans or another telephone counselling service may be able to provide local contact details.

If the threat of suicide is imminent (i.e. they have a plan and are about to act on it) a suicide watch should be put in place. The person should be monitored 24 hours a day (on a rostered basis) until adequate professional help has been received and the immediate danger has passed.

Support After a Suicide

A suicide death can be a particularly difficult type of bereavement. It often leaves people isolated in their grief and with many unanswered questions.

Grief responses to suicide include:

- reliving the details of the death
- heightened intense shock
- disbelief
- sleep disturbances
- nightmares and dreams about the suicide
- fear of death of remaining parent, family members or friends - and seeking extra time with them
- emotions such as - excessive guilt, powerlessness, withdrawal, shame, outrage, rejection
- feeling betrayed

- anger, acting out or being destructive, verbally and physically abusing those close to them
- feeling judged
- feeling insecure and lacking in self-worth
- difficulty in concentrating
- loneliness
- blaming -
 - self for not seeing warning signs
 - family members
 - professionals who were working with their loved one
 - others they believe have played a part in bringing about the unbearable stress in the person's life that led to their suicide

Those bereaved by suicide (sometimes known as survivors of suicide) may face greater difficulties than those grieving due to other kinds of losses. Interviews with survivors tell of the following difficulties:

- a prolonged and intense search for meaning and reason for the suicide
- a perception of being stigmatised and a perceived need to deny or conceal the cause of death due to this stigma
- distorted notions of responsibility for the death and the ability to have prevented the suicide
- a feeling of being blamed for causing the problems that began the other's suicidal thoughts
- feelings of anger related to the suicide that may affect their interactions with others and lead others to avoid them entirely
- feelings of relief followed by guilt. This is often the case if the person who completed suicide has been regularly threatening suicide and refusing to accept professional help and family support.

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Providing support

People can become very isolated in their grief – especially when bereaved by suicide.

Bereavement complications can include physical illness, depression, anxiety, substance abuse and suicidal thoughts. For this reason it is important that supports are put in place. Community-based (or school-based) support immediately after a suicide is known as **postvention**.

Postvention assists individuals, families, friends or organisations who have been recently bereaved by a suicide death. Its purpose is to reduce the negative impact arising from the death and to reduce suicidal behaviour among survivors. It provides a safe mechanism for exploring the effects of having someone die by suicide and strategies for adjusting to life without them.

Objectives of postvention

- to maximise resilience and coping and to minimise risk and distress
- to establish structures and networks to deal with the suicide and its impact
- to ensure that those responsible for the care and education of young people can recognise early warning signs and provide appropriate assistance
- to prevent suicide by contagion. Ensure survivors understand that suicide is not a good choice and that help is available

Some of the issues that may need to be addressed include:

- familiarity with aspects of grief (physical, emotional, spiritual, intellectual) and common grief reactions
- familiarity with tasks of grieving:
 - to accept the reality of the loss
 - to experience the pain of grief and learn to cope with it
 - to adjust to an environment in which the deceased is missing
 - to emotionally relocate the deceased and move on with life
- opportunities to tell their story
- self-care
- support systems
- commemoration (e.g funeral or tangihanga)
- how to manage times of intense feelings (e.g. accessing crisis phone lines, talking to peers or caring adults, etc)

"All survivors need help, support, care, and understanding. Help may also be required at different times in the survivor's life. There are no clear strategies that will help all people. As all people grieve differently, what is helpful for one person may not be at all helpful for another person".

Help for those bereaved by suicide

Some general strategies for supporting someone bereaved by suicide:

- be around them, don't allow them to isolate themselves
- reassure them about their short-term goals, let them know you are there to help them find ways to adjust to life without the deceased
- ensure that you get enough support yourself and that you have someone to talk to as well. Being a support person can be very hard work
- if you are the person's primary caregiver talk to the health professional who is working with them (if applicable) about what you can do to keep the person safe

Be aware that this support may need to continue for some time. Some bereaved people have commented that support is often not forthcoming later on and that within six months people often expected them to be "over it."

Help through counselling

Help can be sought from professionals through counselling. Counselling may just take a few sessions to enable a person to adjust and refocus or it may continue for a longer period of time.

Bereaved by suicide support groups

Some people do not feel comfortable in groups and may never wish to join with others bereaved by suicide. Other people will benefit from joining with others to share common hurts, experiences and emotions.

Bereaved by suicide support groups can provide a safe environment for sharing similar experiences. They also encourage people more recently bereaved to see that their grief can become more manageable over time.

Please contact SPINZ for local support group information.

Increased suicide risk

There is evidence to show that people affected by suicide are at increased risk of suicide themselves. Many people who die by suicide have had a family member die the same way. For this reason, it is important to monitor people who have been bereaved by a suicide death.

Possible warning signs of increased suicide risk include:

- previous attempt
- signs of depression – such as tearfulness, persistent low mood, loss of capacity for enjoyment and sleep and appetite changes
- talk that doesn't include a future
- sudden calm after a period of depression
- giving away possessions
- creative works, such as poems or pictures, that show recurrent themes of death