

Providing support and hope in the aftermath of suicide

Centre for Innovation in Campus Mental Health March 21, 2018 Webinar

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About us

We bring people and knowledge together to strengthen the quality and effectiveness of mental health services for children, youth and their families and caregivers.

SERVICE AREA SUPPORT

strengthen skills and knowledge in key areas that lead to improved outcomes

SYSTEM SUPPORT

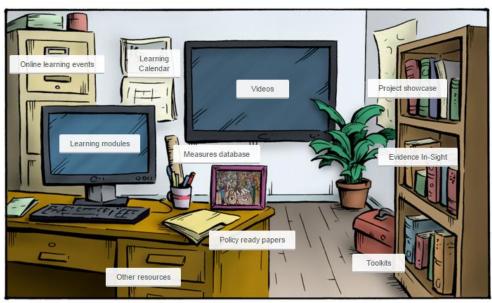
provide consistent evidence-informed approaches that enhance service planning and delivery

IMPACT AND INNOVATION

inspire excellence and innovation through continuous learning, evolution and innovation



Resource hub

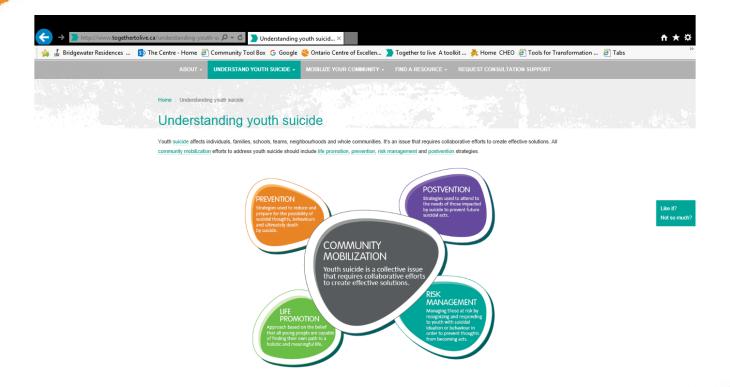




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A focus on postvention





Suicide in Canada

- In 2014, 4254 Canadians died by suicide,
 508 of those were youth (ages 10-24)
- For each death by suicide, it has been estimated that the lives of 7-10 bereaved 'Survivors" are profoundly affected.



Postvention

Planned interventions with those affected by a suicide death to facilitate the grieving process, stabilize the environment and reduce the risk of imitative suicide behaviors most notably the risk of contagion



Contagion & Clusters

Research suggests that suicide
behaviour can be modeled, and suicides
can be "contagious" to others who are
already at-risk.

 Suicide contagion can lead to multiple suicides in one region, timeframe or with similar characteristics, called clusters.

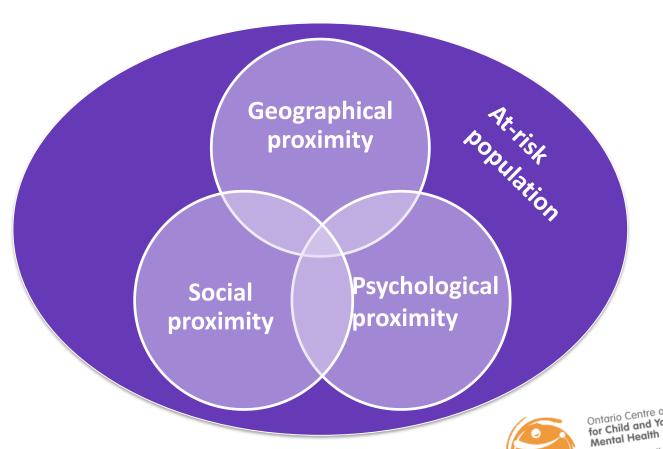


Suicidal behavior is more likely to be imitated if

- youth is vulnerable
- Youth that died has perceived status
- Suicide was glorified
- Youth can identify with the youth that died
- Belief that suicide is a normal response to pain instead of a rare event



Who is most at risk following a suicide?



Ontario Centre of Excellence for Child and Youth

Centre d'excellence de l'Ontario en santé mentale des enfants et des adolescents

Risk Factors for Imitative Suicide

- Facilitated the suicide
- Failed to recognize intent
- Believed they caused the suicide
- Had relationship with the victim
- Has history of suicidal behavior
- Has history of psychopathology
- Symptoms of hopelessness/helplessness
- Significant life stressors
- Lacks social supports



Types of Reactions

STRESS

- 1. Temporary Stress
- 2. Acute Stress
- 3. Post-Traumatic Stress

CRISIS

- 1. Crisis
- 2. Suicidal Crisis

GRIEF

- 1. Initial Grief Response: Shock
- 2. Moving through Grief Stages
- 3. Complicated Grief



Memorial

- Don't hold full campus memorial services
- Do the same for deaths by suicide as other deaths
- Create opportunities for small group/individual discussion
- Avoid large group gathering focusing on the victim
- Don't establish permanent memorials to the victim
- Don't dedicate yearbooks, songs, or sporting events to the victim
- Focus large events on life promoting/ awareness raising activities

Grieving Suicide

- Exacerbated by the fact the death could have been prevented
- Feelings of rejection, desertion
- Feelings of guilt, anger, shame
- Fear of their own self destructive impulses
- Cultural/religious attitudes
- Stigma prevents natural supports
- Search for "why" leads to scapegoating or blaming
- Sudden death, no time for anticipatory mourning



Social Media

- Postvention work done in real time should be duplicated online
- Use it to communicate life promoting messages and self care ideas
- Use it to dispel myths about suicide and warning signs of distress
- Use it to communicate about resources available on campus. Online, crisis services
- Be sure to use media guidelines for reporting on suicide online



Community based postvention protocols

- Activating the Postvention team
- Communicating with each other/privacy
- Announcing the suicide/policy
- Connecting with the media
- Memorials
- Caregiver support
- Continuous learning

