



# When an Adolescent Dies by Suicide

## A COMMUNITY RESPONSE

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**A**t some point in our lives, suicide touches each of us—through the loss of a friend, family member, neighbor, class mate, co-worker—or through media reporting on the death by suicide of a well-known person such as a movie star or politician. Across all areas of society, concerns about suicide in general, and among adolescents specifically, are on the rise. In addition, suicide is increasingly framed as a public health concern, not just a mental health concern.

This is not surprising since nationally suicide is ranked (all ages, genders, and ethnic groups) as the 11th highest cause of death. For U.S. men, it is the 8th leading cause of death. Across racial and ethnic groups, suicide rates are highest among the Caucasian population and second highest among American Indian and Native Alaskan men. It is the 3rd leading cause of death among individuals who are Latino/Latina, and African American males. In looking at national statistics for adolescents, suicide is the 3rd leading cause of death. At the WI state level, it is ranked 2nd. (Statistics: US DHHS & Center for Disease Control)

## FAMILY & COMMUNITY

Support, debriefing, and counseling can be very beneficial in the aftermath of a death by suicide. This combination constitutes "Postvention."

Postvention assists family/community healing as adolescent survivors often move through a gamut of feelings, emotions, and physical responses, including:

- Shock and disbelief
- Anger
- Guilt
- Sadness
- Blame and/or remorse
- Sleeplessness
- A need to say goodbye
- Fear of death
- Realization of one's own mortality
- Thoughts of self-harm

Postvention provides counseling and education about the grieving process. It also offers avenues for coping with the potential emotional/physical responses that may happen immediately or later to survivors. Postvention can take place in schools, homes, or other community settings. An important focus is to reduce

feelings of guilt, sadness, and isolation among young survivors.

How we address the questions, feelings, and emotional and physical responses following a death by suicide may have a profound effect on how we begin the healing process as individuals, as families, and as a community.

### COMMONLY ASKED QUESTIONS...

Following a death by suicide, there are often many complicated questions and feelings. This may be particularly true if the suicide death involves an adolescent. Questions may include: How did this happen? Were there signs and symptoms I missed? Did he/she tell anyone beforehand? How did he/she do it? Were there drugs and alcohol involved? How can I be supportive to the family? Should I talk openly about the death with friends? With the family? With people at school? How is this being reported in the newspaper? On the radio? Could this death have been prevented? Did he/she suffer from depression or other mental illness?

Postvention can help verify facts through debriefing sessions. Facts help to dispel rumors, which is important because rumors feed fear, anger, and anxiety. Presenting facts can help put the event into some kind of manageable context for the adolescent. Information is power and having correct information can help to positively empower young survivors.

Postvention can also help the adolescent learn of "warning signs" – signs that might indicate the need to be concerned about themselves or others. This is also a good time to put these warning signs into context. The aftermath of a suicide can be very complicated. Adolescent survivors need to learn how to be sensitive to their own and other's pain, and at the same time, not take on the responsibility of their friend's/classmate's death. Debriefing sessions can help adolescents bring their questions and concerns into the open and help guide them in their healing.

## BEREAVEMENT

It's important to remember there is no right or wrong way to grieve the death of a loved one. It is also important to recognize that adolescents may go through a series of emotional responses that include anxiety, remorse, guilt, anger, and hopefully, resolution. Additionally, we should be aware, and respectful of the multiple ways youth might cope with their loss.

Bereavement following a death by suicide has much in common with typical grief reactions. However, friends and classmates grieving a death by suicide may also feel a strong need to find meaning in the death and may experience higher levels of guilt, blame, and feelings of responsibility. They may also experience greater feelings of rejection, abandonment, and social isolation, along with strong feelings of stigmatization. This may be especially true for friends/family of the deceased.

In addition, family and friends may experience increased thoughts, feelings, and worry about suicide among family members and friends. They may also experience increased feelings of self-harm for themselves.

At present there is no body of research that defines the "best way" to intervene following an adolescent's death by suicide. However, we do know that youth affected by suicide often need to be with others affected by the death. Families, schools, faith community, and service clubs can provide settings for postvention. Giving adolescents opportunities to grieve, share fears, ask questions, gather facts, and dispel myths provides the "best practice" community response for healing.

## INTERVENTION

Some youth may require strategies that go beyond postvention. A school counselor, medical professional, or mental health provider can help in this assessment. Useful interventions include:

– **Individual Therapy:** Addressing intolerable feelings and thoughts helps to modify the perspective of a suicidal or potentially suicidal adolescent.

– **Family Therapy:** Helping family members resolve feelings of anger and worry can reduce family conflict, and societal stressors, and offer support to the adolescent.

## SCHOOLS

When a youth dies by suicide, schools are often called upon to take action and become involved. Sometimes this support needs to go beyond the school of the deceased youth. It might also involve a sibling's school, or focus on non-family associations, such as friends and teammates. Below are formalized guidelines designed specifically for use in schools. They can be effective in helping address the possible trauma and potential for cluster or "copycat" suicides that can occur following the suicide death of a student.

*To help adolescents cope with the death of a classmate by suicide, schools should establish and have in place:*

1. Ongoing education for teachers and all staff about adolescent suicide.
2. Developed and coordinated school-community connections.
3. A crisis team that can be called upon to act quickly.
4. Specific postvention steps to be implemented upon learning of the death.
5. Ability to enact the postvention plan within 24 hours.
6. Network to inform school staff of death and of school-based responses.
7. Plan for teachers to make an announcement in their first class of the day.
8. Counseling sites available throughout the school.

*Other guidelines:*

9. Carry out actions in a concerned, private, and conservative manner.
10. Acknowledge the death, but minimize the glorification.
11. Monitor the school's ongoing emotional environment.
12. Notify and inform parents of the loss and of school-based response.
13. Assign a postvention liaison to handle media inquiries, if needed.
14. Inform the school board of postvention activities.
15. Follow up with an evaluation of postvention activities.

*Adapted from "High School Suicide Postvention: Recommendations for an Effective Program," by: King, Keith A., Am Journal of Health Studies, 10900500, '99, Vol. 15, Issue 4.*



– **Medications:** Mental health concerns such as mood disorders, especially depression, are risk factors for suicide. Medications are often an effective treatment.

– **Screenings** (at schools, medical clinics): Teenagers are more apt to provide information on previous suicide attempts, suicidal preoccupations, depression, and alcohol and drug use

...if screened in a non-threatening way. Youth that are identified to be at risk can be referred for further assessment and treatment.

# MEDIA GUIDELINES

The death of a community member, especially a child or adolescent, signifies a shock and loss to the community. News media (including: newspapers, television, internet, radio) often highlight stories about the death, particularly if the youth was well known in the school or the community. If the death is by suicide, the media's sometimes complicated role can become even more complicated.

To best support a community response of healing, newspeople need to provide information without glorification of the death. Data has shown that youth (and adults) already at risk of suicide have gone on to make an attempt or complete a suicide after having seen or heard media reports. Mental health professionals aren't sure exactly why this happens, but it has a name – the contagion effect.

The question becomes how to report on the death of a young member of the community without sensationalizing it and perhaps causing a contagion effect. The following suggestions offer answers. These suggestions were written for people working in the media and were adapted from "Reporting on Suicide: Recommendations for the Media." \*

## ***MEDIA coverage should:***

- Focus on areas such as possible precipitants of suicide in general, warning signs, trends in suicide rates, and recent treatment advances in ways that are useful to the community and sensitive to the pain and loss of family and friends.
- Be sensitive to language and cultural perspectives. Refer to the person as "having died by suicide" instead of labeling the person "a suicide" or having "committed suicide."
- Consider providing education and awareness about depression and suicide throughout the year, not just at the time of a death.
- Refer to what happened in the body of the story, not in the headline.

## ***MEDIA coverage should not:***

- Portray a death by suicide as romantic or heroic.
- Talk about "how surprising" it is to have this happen to an "otherwise happy, healthy person."
- Encourage identification with the person who has died.
- Give explicit details on the method of suicide.
- Use names or pictures of other adolescents in their coverage of the event.
- Use language such as "successful" or "unsuccessful" attempts.
- Interview friends and classmates on school grounds.

*\*For more guidelines see:*

<http://www.afsp.org/education/newrecommendations.htm>

*Developed in collaboration with: Office of the Surgeon General; Centers for Disease Control and Prevention; National Institute of Mental Health; Substance Abuse and Mental Health Services Administration; World Health Organization; National Swedish Center for Suicide Research; New Zealand Youth Suicide Prevention Strategy.*

## **SIGNS, RISK, SUPPORT**

### *Are There Warning Signs?*

Possible signs for youth at risk of suicide include:

- loss in appetite
- change in mood
- withdrawal from family/friends
- withdrawal from usual activities
- changes in sleep patterns
- giving away possessions
- preoccupation with death
- loss of hope/interest in the future

### *What Youth Might Be At Risk?*

*A youth who ...*

- has been diagnosed with a mental illness such as depression or conduct disorder
- made previous suicide attempts
- experiences social isolation or social rejection
- uses and/or abuses alcohol and/or other drugs
- lost a family member or close friend to death by suicide. (Statistics suggest that people who are "survivors of suicide" are 3-6 times more at risk than the general population).
- has access to firearms

### *Resources For Support/Healing*

- Family, friends, neighbors
- School counselors/teachers
- Faith communities
- Grief and loss support groups
- Mental health providers
- HMOs/health care providers

A nonprofit agency dedicated to comprehensive mental health & substance abuse services, and advocacy

# MHC

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*Losing someone at an early age to death of any kind can be traumatic. Losing a friend or classmate to suicide is especially traumatic. Hopefully this newsletter can serve as a guide for supporting children, adolescents, and their families through grief, loss, and healing.*

### Youth Crisis

The Youth Crisis Program provides emergency mental health services to children and youth in Dane County. The program's mission is to help children and youth develop more positive conflict resolution skills, while also trying to reduce the number of school suspensions, out-of-home or institutional placements, and hospitalizations. Youth Crisis also provides support to caregivers/professionals working with children and youth in crisis situations. To contact the program call (608)280-2610.

### Survivors of Suicide Support Group

On-going group for adults who have lost someone to suicide – 2nd & 4th Tuesdays of each month, 7 to 9 pm at the Mental Health Center of Dane County, Inc. For more information contact Vicki at (608)280-2600.

### 24-hour Emergency Mental Health & Suicide Prevention Phone: 608-280-2600

### Useful Websites

- American Association of Suicidology  
[<http://www.suicidology.org/>] & [<http://www.afsp.org/education/newrecommendations.htm>]
- Suicide Awareness, Voices of Education  
<http://www.save.org/>
- Suicide Prevention Action Network  
<http://www.spanusa.org/>
- Helping Others Prevent & Educate about Suicide  
<http://www.hopes-wi.org/>



Supporting the diverse strengths and needs of individuals &

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