COMMUNITY RESPONSE: EFFECTIVE ACTION AFTER A SUICIDE

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CONTAGION IMPACT OF SUICIDAL BEHAVIOR

- Suicide contagion: process in which suicidal behavior is imitated by one or more individuals, following the awareness of a recent suicide threat, attempt or completion, or a fictional depiction of such behavior.

- Suicide cluster: "A group of suicides or suicide attempts, or both, that occur closer in time and space than would normally be expected in a given community." (CDC,1988)

SUICIDE CONTAGION: RESEARCH FINDINGS

- Considerable evidence supports that mass media coverage including newspaper articles, television news reports and fictional dramatizations have led to significant elevations in completed suicides (Gould, M.S.,2001).
- The affect of media reports of suicide and its impact on future suicides is most significant among adolescents (Philips, D. & Carstensen, L.L., 1986).
- Research suggests that the process of suicide contagion exists (Velting, D. & Gould, M.,1997).
- The occurrence of a single suicide in a community increases the risk of further suicides within that community (Gould, Walenstein, Kleinman, O'Carrol and Mercy,1990; and Philips & Carstensen, 1988).

SUICIDE CLUSTERS RESEARCH FINDINGS

- Clusters in the United States tend to occur among adolescents and young adults under the age of 24 years (Gould, Wallenstein, & Kleinman,1990; Gould,Wallenstein, Kleinman, O'Carrol & Mercy,1990).
- Similar results reported for clusters of suicide attempts (Gould, Petrie, Kleinman & Wallenstein,1994).
- Between 1%-2% of annual teenage suicides occur in clusters (Gould, Petrie, Kleinman & Wallenstein, 1994).

IDENTIFICATION OF PROBLEM

- Over a 13 month period five suicides were noted among students attending two schools in a Texas community.
- One additional death was classified as a homicide, but was strongly perceived by peers as a suicide.
- Incidence/ prevalence levels of suicide completions, along with parent accounts of self-reporting suicidal adolescents, suggests the possibility of active contagion.
- Four of the deceased students currently or recently attended a small and financially exclusive private school.

CASE HISTORY: VICTIM #1

Cause of death: Blunt trauma

Method: Suicide/ jumping

Date of Death: 10/29/99

Age: 17

Comments: - Displayed depressive characteristics

-Involved in illicit drug use

-Body not located for four months

-Assumed suicide by peers

-Received community counseling services

CASE HISTORY: VICTIM #2

Cause of death: Cardiac arrest, respiratory failure

Method: Homicide/ overdose of illicit drugs

Date of death: 4/16/00

Age: 18

Comments: -Perceived as suicide among peers

-Displayed depressive characteristics

-ADD diagnosis

CASE HISTORY: VICTIM #3

Cause of death: Asphyxiation
Method: Suicide/ hanging
Date of death: 6/7/00
Age: 18
Comments: -Displayed depressive characteristics
-Gifted/talented
-Five days on life support/ many visitors
-Recently returned from seven month visit with father
-Recent visit with psychiatrist; took antidepressant medications for three days
-History of illicit drug use

CASE HISTORY:VICTIM #4

Cause of death: Asphyxiation
Method: Suicide/hanging
Date of death: 8/2/00
Age: 18
Comments: -Diagnosis of depression
-Learning disability
-Received antidepressant medication/ previous counseling
-Recently returned from visit with father
-History of illicit drug use
-Close friend of victim #3
-Served as pallbearer for victim #3
-Mother of victim #3 gave son's clothing to victim #4
-Hung self with noose made from #3's clothes

CASE HISTORY: VICTIM #5

Cause of death: Asphyxiation
Method: Suicide/ hanging
Date of death: 10/27/00
Age: 13
Comments: -Diagnoses of depression and ADD
-Bipolar characteristics
-Gifted/ talented
-Receiving antidepressant medication
-Previous suicidal ideation
-Repeating seventh grade
-Recently returned after living with father
-Lived four houses down from victim #4

CASE HISTORY: VICTIM #6

Cause of death: Asphyxiation
Method: Suicide/ hanging
Date of death: 11/20/00
Age: 18
Comments: -Diagnoses of depression, anxiety & dyslexia
-Bipolar characteristics
-Gifted/ talented
-Receiving psychiatric/ psychological care
-Taking antidepressant medication
-Friend and classmate of victims #1 and victim #1
-Attended memorial service of victim #1, and funeral of victim # 3

CASE HISTORY: OVERVIEW

- All victims were diagnosed with various forms of depression or exhibited signs of depression.
- Three of the deceased were currently receiving psychiatric and psychological services; another had a prior history of counseling.
- Four of the youths were receiving one or more prescribed medications as part of their treatment regimen.
- Four of the victims were using illicit drugs.
- Three of the deceased were children of divorced parents.
- Learning disabilities were noted among several of the victims.

FINDINGS

- Strong contagion connection exists between each suicide.
- Peer modeling of suicidal act reinforced imitative behavior and chosen method.
- Method of self-destruction(hanging)used in four of the five suicides. Rare artifact in that among 15-19 years old suicide victims in the state of Texas(1990-1997), 71% of deaths were as a result of gunfire; only 19% were attributed to hanging (Centers for Disease Control and Prevention, 1997).
- Each suicide occurred within a defined community, and within a compressed time frame.

FINDINGS

- Four of the deceased currently or recently attended a small,private, academically rigorous, college preparatory school.
- The rate of suicide among such a small population of youth far exceeds what would be expected as compared to other populations of same-age youth.
- Five of the six victims were within a 12 month age range..
- Numerous students and their parents describe the school climate as stress charged and characterized by an achieve-at-all-costs attitude.

FINDINGS

- Students described as under duress and troubled are fearful to approach campus caregivers, out of fear that they will not be invited back the following year to continue their studies.
- The school's mental health professionals apparently serve in a compromising role. While they portray themselves as accessible counseling resources, they also participate as members of the student review committee that determines whether or not a student will be invited back next fall.
- Student and parent commentary suggests a well established pattern of attempting to "suppress"and "sweep under the rug" troubled students, as a method of protecting the school's image.

IDENTIFICATION AND ASSESSMENT OF CONTAGION POTENTIAL: QUESTIONS TO ASK

- What other student(s) may identify with the primary suicide victim?
- Was the victim part of a formal/informal group, organization, team, etc.
- What risk factors associated with the deceased may be shared by others in the school community?
- What student(s) is/ are currently demonstrating risk factors ?

IDENTIFICATION AND ASSESSMENT OF CONTAGION POTENTIAL: QUESTIONS TO ASK

- What student(s) previously identified as a suicide risk may re-experience self destructive impulses?
- Have/are school/ community memorial services and/or gravesite vigils occurred/ occurring?
- Is/are a survivor(s) being blamed for the suicide?
- Does a survivor blame himself/herself for the suicide?
- Has the school administration, faculty and support staff received training on how to identify and support students deemed to be at risk for suicide?

IDENTIFICATION AND ASSESSMENT OF CONTAGION POTENTIAL: QUESTIONS TO ASK

- Do students feel comfortable in seeking assistance for themselves/others from the school's mental health professional(s).
- Have parents/guardians received training in identifying suicidal behavior warning signs and risk factors?
- Do students/parents have access to quality and affordable mental health services?

RESPONDING TO SUICIDE IN THE COMMUNITY: GOALS

- Manage the current tragedy
- Prevent further suicides
- Create a safer/healthier community

CDC, Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters, 1988

PLANNING AND PREPARATION: CREATING A COORDINATED AND COLLABORATIVE APPROACH

- Identify local resources

-public health, hospitals, emergency departments
-mental health facilities, agencies
-crisis centers, hotlines
-schools, universities
-law enforcement
-clergy
-students
-parents
-advocacy groups/organizations
-media

CDC, Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters, 1988

PLANNING AND PREPARATION: CREATING A COORDINATED AND COLLABORATIVE APPROACH

- Incorporate recommendations into plan
- Establish threshold for mobilization
- Create a notification mechanism
- Review plan periodically
- Revise plan as needed

CDC, Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters, 1988

RESPONSE PLAN IMPLEMENTATION: GOALS

- Decrease identification/imitation potential
- Avoid glorification or sensationalism of suicide deaths
- Avoid vilification of suicide decedents

CDC, Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters, 1988

RESPONSE PLAN IMPLEMENTATION: IDENTIFICATION OF THOSE AT POTENTIAL RISK FOR SUICIDE

- Family and friends
- Significantly exposed
- Those vulnerable to imitative/ suggestive influences
- Those who had prior knowledge of suicide plan
- Those who participated in planning of the suicide

RESPONSE PLAN IMPLEMENTATION: ACTION STEPS

- Establish hotlines, walk-in centers
- Increase availability and accessibility to counseling and other support services
- Encourage media publication of help resources

TRAGIC CONNECTIONS: IDENTIFICATION AND ASSESSMENT OF YOUTH SUICIDE CONTAGION

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