

SUICIDE CONTAGION AND CLUSTERS

*“Data clearly show that exposure to suicidal behavior (ideation and attempts) or a fatality raises the risk of subsequent suicide in people who have been exposed”
(Survivors of Suicide Loss Task Force 2015)*

Adolescents and those in their early 20’s are particularly vulnerable to the adverse effects of exposure to the suicide of a peer. This can lead to phenomena called suicide contagion and suicide clusters among this age group.

The relative risk of suicide among 15-19 year olds is 2 to 4 times greater among those who knew a peer who died by suicide (Survivors of Suicide Loss Task Force, 2015, p.19). The process leading to this increased risk of suicide is called contagion. Through the direct or indirect transmission of suicidal behavior the death of one person by suicide may contribute to another person’s similar death. Although this is comparatively rare among all suicide deaths, adolescents are more susceptible to imitative suicide than adults because they identify more readily with the behavior and qualities of their peers (AFSP & SPRC, 2011, p.43). Using data from the National Longitudinal Study of Adolescent Health (ADD Health) it has been concluded that “among teens, having a friend who died by suicide increased both suicidal ideation and attempts for at least a year following the loss” (Survivors of Suicide Loss Task Force, 2015, p.19).

A suicide cluster is comprised of an excessive number of suicides occurring in close temporal and/or geographical proximity (Lake & Gould, 2014, p. 52). In clusters that occur within localized communities, such as schools, (called space-time or “point” clusters), the teens who die are more likely to have pre-existing vulnerabilities. Research has concluded that “suicide contagion may have triggered suicidal behavior in adolescents who were already vulnerable, but who nonetheless may not have died by suicide without the added impetus of exposure to the suicide of a peer” (Lake & Gould, 2014, p. 55). Clusters account for 1% to 5% of teenage suicides (Zenere, 2009, p.13).

Schools have the opportunity to prevent the contagious behavior contributing to space-time clusters in school communities. After a student’s suicidal death the school can identify students who are particularly vulnerable to the phenomena of contagion. These students are more likely to have the following risk factors:

1. Previous suicidal thoughts or behaviors (attempts),
2. Having been hospitalized for a mental illness or substance abuse problem,
3. A recent or anticipated relationship break-up,
4. Physical self injury or physical violence toward others (Lake & Gould, 2014, p. 56).

Part of a “postvention” effort is identifying and supporting students at risk. Suicidal individuals frequently experience an approach-avoidance conflict regarding suicide: meaning the wish to die coexists in tension with the wish to live (Lake & Gould, 2014, p. 57). Experiencing suicidal behavior modeled by a peer has the effect of disinhibiting suicidal behavior particularly among adolescents. Schools can help support that “wish to live” through all their postvention efforts.

In addition, it has been found that “newspaper coverage of suicide is significantly associated with the initiation of suicide clusters” (Gould, Kleinman, Lake, Forman, Midle, 2014, p. 5). This effect is strongest for news stories about teenage suicides. “Repeated, detailed and explicit reporting on completed suicide might normalize suicide in the eyes of vulnerable young people, reducing their inhibitions against the modeled act” (Gould et al., 2014, p. 7). Research has found “that only stories about suicidal individuals, as opposed to other types of stories about suicide are associated with the occurrence of subsequent suicide” (Gould et

al., 2014 p. 8). This supports the theory that the media effect operates through identification with a model (Gould et al., 2014, p. 8).

Characteristics of print news articles strongly associated with suicide clusters

1. Prominent - front page and pictures displaying sadness
2. Explicit Headlines - contain the word suicide; mention the specific suicide method; sensational (written in tabloid like manner to arouse excitement)
3. Detailed descriptions - name of suicidal individual; name of school; time or place of death; suicide method procedure; number of sentences describing the method; unfavorable characteristics of the suicidal individual; suicide note mentioned
4. Amount and Duration - repetitive reporting on the same suicide
5. Reports about fatal suicide rather than attempted suicide

“Media portrayals of suicide might have a role in the emergence of some teenage suicide clusters” (Gould et al., 2014, p. 9). It is possible to mitigate media effects on suicide by implementing media guidelines for suicide reporting (<http://www.reportingonsuicide.org>) It is also of note that, “Even since the advent of the internet... newspapers remain the predominant source of suicide reporting to which adolescents and young adults are exposed” (Gould et al., 2014, p. 8). Two steps schools can take to prevent the emergence of a suicide cluster and to mitigate the effects of contagion are sharing the research-informed guidelines for print media and heightened vigilance regarding already vulnerable adolescents.

Schools, through a comprehensive and systematic postvention response to a suicide in their community, can prevent potential suicides. Such a response is detailed in the Postvention section of this Toolkit and includes the following:

1. Confirm the facts
2. Mobilize the crisis response team,
3. Identify at-risk students
4. Inform students through personal communications,
5. Support and monitor affected students,
6. Provide appropriate outlets for grieving,
7. Engage the community (Zenere, 2009. p.14-15)
8. Provide all media with the Recommendations for Reporting on Suicide found at <http://reportingonsuicide.org>

If contagion is suspected due to the increase in suicidal thoughts, threats and attempts among students, the support of school mental health professionals should be sought. A community wide approach involving school officials, law enforcement, emergency department directors, clergy, public health, and community mental health agencies may be required to contain an active contagion (Zenere, 2009, p.15).