Suicide Clusters and Contagion

Recognizing and addressing suicide contagion are essential to successful suicide postvention efforts.

By Frank J. Zenere

Frank J. Zenere *(fzenere@dadeschools.net) is the school psychologist for the Miami–Dade County Public School's Student Services Crisis Team. He is a past Chair of the National Association of School Psychologists National Emergency Assistance Team.*

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On Monday morning, Principal Edwards receives a telephone call from a distressed parent, informing him that her son Sam, a popular student athlete, died over the weekend. Before Edwards has the opportunity to offer his condolences, she whispers, "He killed himself." This is the second student death from the school in the past two months. In March, a senior died of an overdose. Although not officially ruled a suicide, there is conjecture among the students that it was. Edwards calls the crisis team together to plan a response. The school psychologist, who also serves on the district crisis team, reports that there have been three additional suicides by students attending neighboring schools since Christmas break. One of those students played on the same travel soccer team as Sam. Is this a tragic coincidence or something more?

Suicide Postvention

Youth suicide is one of the most serious preventable health problems in the United States. It is the third leading cause of death among adolescents. According to a recent national survey of students in grades 9–12, nearly 15% of respondents had seriously considered suicide and 7% actually had attempted suicide in the previous 12 months (Eaton et al., 2008). Moreover, suicide can be a contagious behavior that schools have the opportunity—and responsibility—to prevent.

Providing assistance in the aftermath of a youth suicide requires a delicate and well-planned approach; responding to the occurrence of multiple youth suicides provides an even greater challenge. The delivery of crisis response services in the aftermath of a youth suicide is referred to as *suicide postvention*, which is defined as "the provision of crisis intervention, support and assistance for those affected by a completed suicide" (American Association of Suicidology, 1998, p. 1). The goals of postvention include supporting the survivors, preventing imitative suicides by identifying other individuals who are at risk for self-destructive behavior and connecting them to intervention services, reducing survivor identification with the deceased, and providing long-term surveillance and support (Gould & Kramer, 2001).

In addition, principals must help students and staff members stay focused on learning and maintaining a healthy school environment. School administrators will be in a better position both to provide this leadership and to support those who have been most affected by the loss when they understand the factors that drive suicide contagion and how to work with mental health staff members to identify students who are most at risk for secondary suicidal behavior.

Risk of Contagion

Of primary concern following a youth suicide is the potential for contagion that can lead to cluster suicides. Contagion is the process by which the suicidal behavior or a suicide influences an increase in the suicidal behaviors of others (U.S. Department of Health & Human Services, 2008). Multiple suicidal behaviors or suicides that occur within a defined geographical area and fall within an accelerated time frame may represent a potential cluster (Berman & Jobes, 1994). Research indicates that a single adolescent suicide increases the risk of additional suicides within a community and may serve as a catalyst for the development

of a cluster (Gould, Wallenstein, & Kleinman, 1990; Gould, Wallenstein, Kleinman, O'Carroll, & Mercy, 1990).

Although suicide clusters are rare, they tend to be most prevalent among adolescents (Davidson, 1989; Phillips & Carstensen, 1986), accounting for 1%–5% of teenage suicides and 100–200 deaths annually (Gould, n.d.). As part of her research, Gould (as cited in Joyce, 2008) identified 53 suicide clusters (defined as 3–11 victims, ranging from 13–20 years of age, who took their life within a one-year period) in the United States.

Identification of Contagion

Because adolescents are most at risk for contagion, the school community can play an important role in identifying students who are vulnerable to imitative suicide and intervene to decrease the propensity for lethal behavior. Some have argued that a single exposure to the suicidal behavior of another person does not result in imitative behavior but that exposure must be linked with a predisposed vulnerability factor to determine contagion (Berman & Jobes, 1994).

Suicide clusters have been viewed as the end result of a contagious disease in which vulnerable individuals connect to superinfect one another (Johansson, Lindqvist, & Eriksson, 2006). This perspective can be further detailed by examining a community trauma assessment model called "circles of vulnerability." (See figure 1.) This method, developed at the Community Stress Prevention Center in Kiryat Shmona, Israel (Lahad & Cohen, 2006), can be used to determine the degree of emotional impact that a serious incident or disaster had on members of a community and to assess the impact of suicidal behavior or suicides on the greater community. It can also be used to identify individuals who are most at risk for said behavior. The model is best depicted as three intersecting circles that represent geographical proximity, psychosocial proximity, and population at risk.

Geographical proximity is the physical distance a person is from the location of an incident, including eye witnesses to a suicide or those discovering or exposed to the immediate aftermath of the event. Extensive and repetitive media coverage broadens this form of proximity by exposing more of the community to the potential deleterious effects associated with the death. Sensationalized coverage along with detailed information surrounding the event increases the likelihood of additional suicides (Gould, as cited in Joyce, 2008).

Psychological proximity is related to the level of identification an individual has to a victim. Examples include cultural or subcultural connections (Hendin, as cited in Berman & Jobes, 1994), victims of bullying, team members, classmates, those attending the same school, and others who perceive a unifying characteristic. Youth may connect with a victim who has a similar life circumstance or view the deceased as a role model. This phenomenon has been observed following the suicide of a perceived leader, a popular student, an athlete, or a celebrity, among others.

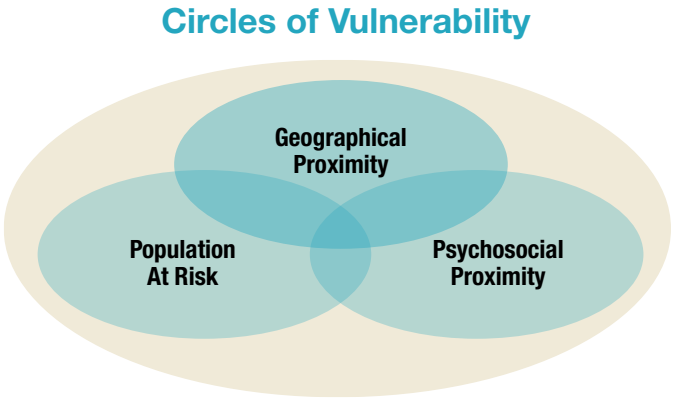
Social proximity refers to the relationship one has with the injured or deceased. Examples include family members, friends, romantic interests, acquaintances, or others who are part of the same social circle. Suicidal acts by someone close can provide a model for similar behavior. In her research, Gould (as cited in Joyce, 2008) found

that victims of cluster suicides tend to know previous victims but are generally not best friends.

Population at risk encompasses those individuals who have been exposed to a traumatic event and who have one or more preexisting vulnerabilities that may influence the psychological and emotional impact of the current incident, including the presence of mental illness, a history of trauma exposure, prior suicidal behavior, substance abuse, and family conflict. Those factors create a foundation of instability that may lead an individual to consider suicide as a viable option.

Individuals who are at the greatest risk for contagion include those who witnessed the suicide or its immediate aftermath (geographical proximity), had a psychological or social connection to the deceased (psychosocial proximity), and have preexisting vulnerabilities (population at risk). Additional factors that enhance an

Figure 1



individual's potential for contagion include facilitation of the suicide through supportive actions, failure to identify signs of suicidal intent, a feeling of responsibility for the death, a sense of helplessness or hopelessness, recent significant stress or loss, and limited social support (American Association of Suicidology, 1998; Davidson, 1989; Brock, 2002).

Cluster suicides are not the same phenomenon as suicide pacts or Internet suicides in which individuals commit to die together or at approximately the same time. Suicide pacts are uncommon among adolescents and are most often engaged in by the elderly or romantically involved individuals. Internet suicide is a relatively new phenomenon among adolescents and young adults, primarily in Japan, who do not know one another but connect over the Internet. Although cluster suicide victims share some connection, however fragile or self-perceived, they typically have not planned their deaths together.

Avoiding Contagion

Successful suicide postvention is dependent upon a timely, efficient, and targeted response to a student suicide. Principals must work seamlessly with faculty members, school mental health professionals, and support staff members to reduce the potential for contagion. This capacity is greatly enhanced when schools have ongoing suicide prevention programs and crisis teams that are trained to identify students at risk and provide appropriate supports, such as counseling and referrals. In fact, effective postvention is itself a primary form of prevention as well as support.

At the school level, the response to a student suicide should include the following.

Confirm the facts. Verify that the death was by suicide, preferably by talking directly to the student's parents or an official source. Do not speculate. Visit the family of the deceased student to offer support.

Mobilize a crisis response team. Work with the team to inform faculty and staff members and to plan communications with students and families. Give staff members and parents information about risk factors and warning signs for suicidal behavior.

Identify at-risk students. Connect with students who may present an elevated risk for suicidal behavior. Notify their parents personally of the suicide and the possible increased risk to their children. Make referrals for community-based mental health services for parents and guardians of suicidal students.

Inform students through personal communications. Visit each of the victim's classes to tell students about the loss and give them facts. Equip teachers in other classes with talking points and access to a mental health professional to help manage student reactions. Avoid providing unnecessary details about the suicide. Never notify students in a large assembly or by a schoolwide announcement. When visiting the victim's classes:

- Tell students that prevention is key and inform them of the warning signs
- Convey that the victim is responsible for his or her actions
- Inform the students that suicide is often evidence of mental illness (potentially including substance abuse)
- Stress alternatives to suicide
- Normalize the emotions experienced by survivors
- Let students know that help is available
- Identify resources that students may use.

Support and monitor affected students. Give students opportunities to receive individual or small group counseling. Monitor student absences in the days following a suicide. Be open and accessible and emphasize that adults are there to help if students or their friends are struggling for any reason. Encourage parents to accompany their children if they plan to attend a community-based memorial service or funeral. Provide long-term surveillance of students who have

been affected by the suicide.

Provide appropriate outlets for grieving. Develop living memorials that will help students cope with emotions and problems—for example, display appropriate prevention-related informational resources in the school's media center, make donations to a local crisis center, participate in an event that raises suicide prevention awareness, or create or expand a school counseling program. Include the victim's friends and family when making decisions about memorials. Do not create permanent memorials or dedications or hold a service on campus.

Engage the community. Suicide is a tragedy of the broader community as well as the school. Communication with other schools in the district or geographic area (including feeder schools) and groups with whom the student was involved (e.g., clubs, sports teams, jobs, and religious organizations) can help support survivors and identify potential contagion.

When Contagion Is Suspected

The presence or increase of suicidal behavior (e.g., thoughts, threats, and attempts) among students after a single suicide may signal the beginning of the contagion process. Should this occur, immediate steps are required to contain the spread of self-destructive behavior before contagion takes hold. This can best be accomplished by seeking the support of the school psychologist or other school mental health professionals who can:

- Identify and assess students who are at risk for suicide
- Notify parents and guardians of the risk behaviors
- Recommend community-based mental health services to parents and guardians
- Train faculty members, parents, and students on how to recognize warning signs and identify support services
- Coordinate with local schools and community providers
- Consult with administrators, faculty members, and parents
- Help create a school climate that fosters positive connections among students and between students and adults.

The successful identification and containment of an active contagion may require a multidisciplinary, communitywide approach. Such stakeholders as school officials, law enforcement officers, emergency room directors, funeral directors, clergy, public health administrators, and representatives from mental health agencies can work collaboratively to develop a process and take appropriate actions to address a problem. Each group may have information that is valuable in making such determinations. Similar efforts have proven effective in halting suicide clusters in communities across the nation.

Reaffirm Prevention Efforts

Perhaps the most important fact about suicide is that it is preventable in most cases. Schools are essential to prevention efforts because they know and have access to students and their families on a regular basis. They have the facility to teach students and staff members the signs and symptoms of depression and suicide and to implement universal screening programs, such as Columbia TeenScreen and the SOS Signs of Suicide Program, to help identify students at risk. Effective prevention should be integrated into comprehensive school mental health

Warning Signs of Suicide Risk

- Suicide notes or verbal threats of suicide—either direct, such as "I am going to kill myself," or indirect, such as "The world would be better without me." Such statements can be made in person or through Internet sources, such as Facebook and social networking sites.
- Previous attempts.
- Depression (a sense of helplessness or hopelessness).
- Increased aggression, risk taking, and alcohol or substance abuse.
- Making final arrangements; giving away prized possessions.
- Self-harm. This may or may not be considered a suicide attempt; regardless of the intent, the behavior indicates a problem and potential serious risk.
- Inability to concentrate or think clearly.
- Changes in physical habits and appearance.
- Sudden changes in personality, friends, or behavior.
- Death and suicidal themes in schoolwork, such as classroom drawings, journals, or homework.
- Increased interest in weapons. This may indicate serious ideation or even a suicide plan.

For a list of Do & Don't postventions, visit www.principals.org/pl1009.

services through which school-based professionals provide training, crisis response, intervention, counseling, and referrals to community services. Ongoing prevention not only helps save lives but also greatly enhances schools' ability to respond effectively when tragedy does occur.

Conclusion

The suicide of a student is one of the most difficult crises faced by a principal. It bears both the terrible loss of any untimely death of a young person and the increased psychological risks to others in the school community. Principals play a pivotal role in the early recognition of indicators that may promote the process of contagion. Preparation and collaboration with school mental health and crisis personnel to implement timely and effective postvention practices can disrupt, if not extinguish, contagion. PL

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