Suicide Contagion Among Adolescents

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SUICIDE DEATHS: CONTRIBUTING FACTORS

UNDERLYING VULNERABILITY
- Mood disorder
- Substance abuse
- Aggression
- Anxiety
- Impulsivity
- Abnormal serotonin metabolism
- Family characteristics, including history of suicidality
- Sexual Abuse/Physical Abuse
- Sexual Orientation
- Social adversity

STRESS EVENT
- In trouble with law or school
- Loss
- Bullied

ACUTE MOOD CHANGE
- Anxiety/Dread
- Hopelessness
- Anger

INHIBITION
- Available support
- Recognition of problem
- Help-seeking
- Treatment
- Positive coping strategies
- Unavailability of lethal means
- Media models (of coping)

FACILITATION
- Method/weapons available
- Recent example/Media models (of suicide)
- Lack of services

SURVIVAL

SUICIDE
PREVENTION STRATEGIES

- **Identify at-risk individual**
- **Provide effective treatment**
  e.g., Screening, gatekeeper training, professional education

- **Crisis intervention**
  e.g., NSPL (1-800-273-TALK (8255)), Crisis Text Line (text 741741)

- **Crisis intervention**

- **Restriction of lethal means**
- **Resilience development/ Life skills training**
- **Mental Health Literacy Training**
- **Postvention**
- **Media education**
SUICIDE CONTAGION/MODELING

Definition

Process by which knowledge (direct or indirect) of one suicide facilitates the occurrence of a subsequent suicide.
SUICIDE CONTAGION/MODELING

Sources of Evidence

- Impact of exposure to suicidal peers
- Impact of Media
- Suicide clusters
The majority of the studies examining exposure to suicidal behavior of adolescent peers have found significant cross-sectional and longitudinal associations with adolescent suicide ideation and attempts.

ORs range from 2.8 - 11.0 (attempted suicide)

References


Swanson, S.A.; Colman, I. Association between exposure to suicide and suicidality outcomes in youth. CMAJ 2013, 185, 870–877.

Longitudinal association between a peer’s attempted or completed suicide and adolescent suicidal behavior

(Swanson and Colman, 2013)

Exposure to a schoolmate’s attempted or completed suicide predicted suicidal ideation and attempts among youth 2 years after exposure. *(This is a consistent finding across several longitudinal analyses of ADD Health data.)*

Closest friends of a suicide victim appeared not to be at heightened risk of suicidality compared with acquaintances. *(This is not a consistent finding across studies.)*

Students who had experienced stressful life events appeared more affected than those without such life events.

Effects of suicide exposure on suicidality outcomes were not modified by previous social support, depression, or anxiety, ideation or attempts.

ORs ranged from 2.72 – 3.07
BACKGROUND

Although postvention efforts tend to be school-based, little is known about the impact of a schoolmate’s suicide on the school’s student population overall.
OBJECTIVE

Whether there is excess serious suicidal ideation/behavior and depression among students in a school where a schoolmate has died by suicide.

- Who is at highest risk? Does the degree of distress correspond to the level of friendship with the suicide victim? with concomitant undesirable life events?

DESIGN

- 12 schools in 2 counties in New York State
- At six schools a student had died by suicide within past six months (“exposed” schools)
- At six schools no student death occurred within that time (“non-exposed” schools)

RESULTS

- No excess morbidity (i.e., serious suicidal ideation/behavior and depression) was evident among the general student population after a death by suicide of a schoolmate.
- Students with more concomitant negative life events were at increased risk of serious suicidal ideation/behavior and depression.
- There was a significant relationship between friendship with the decedent and morbidity, in that students who were friends, but not close friends, of the decedents had the greatest odds of serious suicidal ideation/behavior.
- Overall, students in exposed schools had more adaptive attitudes toward help-seeking; but this was not true of the decedents’ friends or students with concomitant negative life events.
IMPACT OF MEDIA

Research finds a greater increase in suicide when

- Frequency of stories increases (dose-response effect)
- Higher proportion of the population is exposed
- Headlines are dramatic
- Prominence of story increases (e.g. front page)

The increase in subsequent suicides following media exposure has been termed “The Werther Effect”

References

History: “The Werther Effect”

1774: “The Sorrows of Jung Werther” – JW Von Goethe

Following publication of the novel, imitative suicides among young men in Germany, Denmark and Italy.
Increase in suicides the months after the death of Robin Williams in the US

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Abstract

Investigating suicides following the death of Robin Williams, a beloved actor and comedian, on August 11th, 2014, we used time-series analysis to estimate the expected number of suicides during the months following Williams’ death. Monthly suicide count data in the US (1999–2015) were from the Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER). Expected suicides were calculated using a seasonal autoregressive integrated moving averages model to account for both the seasonal patterns and autoregression. Time-series models indicated that we would expect 16,849 suicides from August to December 2014; however, we observed 18,690 suicides in that period, suggesting an excess of 1,841 cases (9.85% increase). Although excess suicides were observed across gender and age groups, males and persons aged 30–44 had the greatest increase in excess suicide events. This study documents associations between Robin Williams’ death and suicide deaths in the population thereafter.
Netflix Series 13 Reasons Why

Released March 31, 2017

CONCERNS

• Suicide is presented as a way to solve problems
• Glamorizes and romanticizes suicide
• Suicide by a very appealing character
• Not addressing mental illness or alternatives to suicide
• Presents help-seeking as a fruitless activity – failure of all
• Graphic depiction of suicide
Quasi-experimental design compared online suicide-related searches (using Google Trends) during periods after (March 31, 2017 – April 18, 2017) and before (January 15, 2017 – March 30, 2017) release of 13 Reasons Why

- All suicide queries were cumulatively 19% higher for the 19 days following the release, reflecting 900,000 to 1.5 million more searches than expected.

- Most rising searches focused on suicidal ideation, for example “how to commit suicide” (26%); “commit suicide” (18%);

- Searches for suicide hotlines were also elevated (12%) as were other public awareness searches – eg., “suicide prevention” (23%)

13 Reasons Why raised awareness but at what cost?
• 12.4% increase in suicide among boys
• 21.7% increase among girls
• No excess suicide mortality in age groups other than 10- to 19-year olds

• Significant increase in suicide among 10-17 year olds
• No excess in other age groups
• No excess in control analyses of homicide deaths

• Suicide admissions for suicide attempts following March 2017 were higher than predicted
A controversial scene in Netflix drama 13 Reasons Why in which a teenage girl kills herself has been removed, two years after it first appeared.

Netflix said the decision had been made "on the advice of medical experts".
IMPACT OF MEDIA

Converse effects exist also:

- suicide following release of media guidelines or during newspaper strikes

- suicide following articles on suicidal individuals who adopted positive coping strategies and refrained from suicidal behavior in adverse circumstances: “Papageno effect”

(Motto, 1970; Niederkrotenthaler et al., 2010)
Content analysis of 497 suicide-related print media reports published in Austria between January 1 and June 30, 2005. Ecological study to identify associations between media item content and short-term changes in suicide rates.

In multivariate analysis, repetitive reporting associated with increases in suicide rates.

Media items describing suicidal individuals’ adoption of coping strategies other than suicidal behavior were associated with a decrease in suicide rates.

Reference

EVIDENCE OF MEDIA GUIDELINES’ EFFECTIVENESS

SUICIDES IN THE VIENNA SUBWAY SYSTEM
1980 through 1990

The media guidelines of the Austrian Association for Suicide Prevention went into effect in June 1987.
MAGNITUDE OF THE EFFECT OF THE MEDIA

• 12% increase in suicides following Marilyn Monroe’s death

• More recently, 10% increase in suicides following Robin Williams’ death

• Approximately 75% decrease in subway-suicides following implementation of media guidelines in Vienna
IMPACT OF MEDIA EXISTS...

But it’s not a monolithic effect!

Interactive factors exist

• Audience
• Stories
• Match ➤ Differential Identification
SIXTH IN STRING OF FATAL FALLS

Joanne Michelle Leavy, 23, is the latest New York University student to die in a fatal fall in less than a year. Here’s a look at the rash of deaths:

- In late June, a graduate student, whose name has not been released, died in a fall from a midtown building.
- Diana Chien, 19, died when she threw herself off the 26th-story roof of her boyfriend’s off-campus apartment building on March 6, after a quarrel.
- Michelle Gluckman, 19, of Brooklyn plunged from six stories into the rear courtyard of a building near Washington Square Park on Oct. 18, 2003. Two students tried to stop Gluckman, a sophomore, but they could not pull her back inside the building.
- Freshman Stephen Bohler, 18, leaped to his death from a 10th-floor balcony in the Elmer Bobst Library on Washington Square South on Oct. 10, 2003. The death of the swim team member from Dayton, Ohio, initially was believed to be a suicide. But the medical examiner ruled it an accident after an autopsy revealed hallucinogenic mushrooms and marijuana in Bohler’s system.
- Jeff Skolnik, 19, a student from Evanston, Ill., climbed over the same balcony and jumped to his death as other students watched in horror on Sept. 12, 2003.

Dave Goldiner
SUICIDE CLUSTER

Definition

Excessive number of suicides occurring in close temporal and/or geographical proximity.
TYPES OF SUICIDE CLUSTERS

Point Cluster
A greater than expected number of suicides or self-harm episodes within a specific time period and in a specific location or settings.

Mass Cluster (Temporal Cluster)
A greater than expected number of suicides or self-harm episodes within a specific time period, which are spread out geographically.

Echo Cluster
A cluster occurring in the same location as a previous cluster, but some time later.

Reference
There is no one type of “suicide cluster-prone” community. Clusters occur in communities with varying socioeconomic and ethnic profiles.
SUICIDE CLUSTERS

Suicide clusters occur primarily among teenagers and young adults.
1988-1996, 53 clusters
At a minimum, 5 youth suicide clusters occur each year in the U.S.

Approximately 5% of teen suicides occur in clusters
SUICIDE CLUSTERS

The media can play a role in triggering a cluster

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Newspaper coverage of suicide and initiation of suicide clusters in teenagers in the USA, 1988–96: a retrospective, population-based, case-control study

Madelyn S Gould, Marjorie H Kleinman, Alison M Lake, Judith Forman, Jennifer Bassett Midle

Summary
Background Public health and clinical efforts to prevent suicide clusters are seriously hampered by the unanswered question of why such outbreaks occur. We aimed to establish whether an environmental factor—newspaper reports of suicide—has a role in the emergence of suicide clusters.
To identify specific features in media suicide reports that may contribute to the initiation of teenage suicide clusters, we developed a content analytic strategy of qualitative characteristics abstracted from newspaper stories. 48 youth cluster communities (648 stories) compared to 95 non-cluster communities (1,081 stories).

↑ number of stories about any suicidal individual

↑ number of stories about the teen suicide in our study
### SUICIDE CLUSTERS

Stories published after the index cluster suicides compared to those published after non-cluster suicides:

| ↑ | number of stories about any suicidal individual |
| ↑ | number of stories about the teen suicide in our study |
| ↑ | front page story placement |
| ↑ | size of headlines |
| ↑ | headlines containing the word suicide |
| ↑ | headlines containing a description of the methods |
| ↑ | sensational headlines |
| ↑ | presence of pictures |
| ↑ | detailed descriptions of the suicidal individual and act |
SUICIDE CONTAGION
Hypothesized Mechanisms

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<th>Mechanism</th>
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<td>Social transmission</td>
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<td>Descriptive norms</td>
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<td>Social integration &amp; regulation</td>
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<td>Social learning theory</td>
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<td>Approach/Avoidance conflict: restraint reduction</td>
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<td>“Social multiplier” that amplifies the effects of other suicidogenic factors</td>
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<td>Changes in social norms</td>
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<td>Assortative relating*</td>
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Why livestreamed suicides are becoming a disturbing new norm

By Joshua Rhett Miller

January 31, 2017 | 3:10pm | Updated
WAYS TO CONTAIN SUICIDE CONTAGION:
Implications for Postvention
WHAT IS POSTVENTION?

• Intervention after suicide is called “postvention”

• Originated by Edwin Shneidman in 1968 at first conference of the American Association of Suicidology

• Postvention addresses the care of bereaved survivors and caregivers and aims to minimize contagion

• Acknowledges the importance of preventive and intervention efforts in the period “after”
SUICIDE POSTVENTION

Best practices in the community include:

- Enhancing community connectedness
- Promoting media and public relations best practices
- Initiating/promoting telephone and online crisis interventions and other technologies (e.g., Apps)
- Shaping community members’ (including students’) desire to “do something”
SUICIDE POSTVENTION

I. Enhancing community connectedness

Develop infrastructure for community collaboration (i.e., create a coalition)

- Include local government agencies, schools, universities, law enforcement and fire and emergency medical services, mental health and public health agencies, businesses, workplaces, faith communities and religious institutions, funeral professionals, social media and online communities, loss and attempt survivors, researchers.

Facilitate the public’s access to community officials, e.g., town hall meetings

Implement programs, such as Sources of Strength, designed to enhance connectedness in schools
II. Promoting media and public relations best practices: Adhering to media guidelines in the wake of a suicide
PREVENTING SUICIDE

A resource for filmmakers and others working on stage and screen
SAFE MESSAGING

Recommendations

Tip the balance of the media effect in favor of “Papageno effect” rather than “Werther effect.”

Shape content:

- ↓ front page story placement,
- ↓ size of headlines,
- ↓ headlines containing the word suicide….etc.

Include resources in any report, for example in the U.S. National Suicide Prevention Lifeline, Crisis Text Line
WHY ARE PALO ALTO’S KIDS KILLING THEMSELVES?

A panicked town struggles with a wave of suicides.

By Diana Kapp
Photographs by Justin Maxon

“It suddenly became an option.”
...depression is treatable, and suicide is preventable. Don’t lose hope. You’re not alone. I, too, once firmly believed that I was broken beyond repair – but I was wrong."
II. Promoting media and public relations best practices: Working with the media – changing narratives

✓ Build long-term relationships with reporters, editorial boards

✓ Teachable moments – e.g., send out press releases on local prevention efforts

✓ Pitch story angles that change the focus/narrative

✓ Identify local experts who can provide information and who they can quote (and who can guide the narrative you want to achieve)
III. Initiating/promoting telephone and online crisis interventions, and other technologies (e.g., Apps)

- Promote crisis hotline numbers (e.g., in the U.S., 1-800-273 TALK- soon to be “988”)

- Responsible postvention initiatives should utilize social networking sites to 1) distribute relevant information and resources, and 2) monitor comments from individuals connected to the bereaved.

Reference
III. Initiating/promoting telephone and online crisis interventions, and other technologies (e.g., Apps): Social Media Resources

Adapted from Kerri Smith, SPRC
III. Initiating/promoting telephone and online crisis interventions, and other technologies (e.g., Apps): App Tools

**Virtual Hope Box**
by National Center for Telehealth & Technology
(Apple App Store or Google Play)
III. Initiating/promoting telephone and online crisis interventions, and other technologies (e.g., Apps): App Tools

**MY3 Suicide Prevention App**
*(download at suicidepreventionlifeline.org or Apple App Store or Google Play)*
The Safety Plan App

IV. Shape community’s and students’ desire to “do something”

Need to balance needs of mourners, while minimizing likelihood of contagion:

- Encourage stories of resilience and help seeking for media outlets, including school papers
- Encourage volunteering at nearest crisis center (rather than starting a new crisis line)
- Encourage participating in suicide prevention activities (e.g., in U.S. - AFSP’s “Out of Darkness” walks)
Conclusion

- Develop the postvention plan before a suicide occurs
- No need to reinvent the wheel – resources exist
SUICIDE POSTVENTION

Resources

AFTER A SUICIDE RESOURCE DIRECTORY
Coping with grief, trauma, and distress

Home

"After a Suicide" is a portal linking people who are grieving after a death by suicide to an online directory of resources and information to help them cope with their loss. The directory also lists items for people who want to offer support and assistance to the suicide bereaved. The site’s URL is http://afterasuicide. This site is not for crisis outreach. For immediate assistance, call 1-800-273-TALK (82255).

- Grief in General — Introductory material on bereavement
- Suicide Grief Primer — An overview of grief after suicide

CATEGORIES

- Suicide Grief Websites — Comprehensive sites focused on suicide bereavement
- Suicide Grief Materials — Booklets, handouts about grief after suicide
- Online Assistance — Interactive help available online
- Support Groups — Information about group support for people bereaved by suicide
- Special Populations — For bereaved parents, people of color, peer helpers, clinicians...
- Bereaved Children — Items for suicide bereaved children plus children’s grief in general
- Military/Vets/Families — Resources for bereaved military veterans, and their families
- Schools/Workplaces — Best practices for community, work, school responses to suicide
- Communities — Postvention training and principles for communities
- Helping Others — Principles, theories, guidance on assisting the suicide bereaved
- Children’s Caregivers — Guidance on helping children bereaved by suicide
- First Responders — Guidance for law enforcement, LOSS Teams...

*URLS (bit.ly/istname) are used the same way as a site's original Internet address.

www.personalgriefcoach.net
# SUICIDE POSTVENTION

Resources (cont’d)

## General Resources

1. **American Foundation for Suicide Prevention (AFSP):**
   - [https://www.afsp.org/coping-with-suicide-loss/resources](https://www.afsp.org/coping-with-suicide-loss/resources)

2. **Suicide Prevention Resource Center (SPRC):**

3. **Action Alliance Postvention Toolkit:**
SUICIDE POSTVENTION

Resources (cont’d)

Youth, adolescents, and school-based postvention resources