



SIEC ALERT

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SIEC ALERT is a topical review of current literature from the field of suicide prevention.

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The Challenge of Suicide Clusters

A suicide outbreak in a school, institution, or community, although an uncommon incident, is a cause for great concern. Whole communities may experience a pervasive sense of fear and confusion in the aftermath.

Community leaders will be expected to handle the crisis situation, while at the same time try to prevent more deaths. In recent years, some highly publicized teenage suicide clusters have prompted researchers and public health officials to examine the issue of contagion & suicide clusters. Some of their findings and recommendations are discussed here.

How are suicide clusters defined?

- Suicide clusters refer to a group of suicides or suicide attempts, or both, that occur closer together in time and space than would normally be expected in a given community. (O'Carroll, 1990, SIEC # 901631)
- Cluster suicides have occurred throughout history.
- It is not necessary for the decedents in a cluster to have had direct contact with each other. Sometimes knowledge of the first suicide was obtained through the news media. (Gould, 1992, SIEC #920072 - not listed on verso)
- Reports of suicide outbreaks are difficult to interpret and a system for reporting suicide or attempted suicide clusters does not exist.

Are young people more prone to suicide clusters?

A U.S. national analysis shows that suicide clusters appear to occur primarily among teenagers and young adults, although clusters do occur occasionally at other ages (Gould, 1990, SIEC # 901724). Clusters have also been studied in psychiatric patients, military, aboriginal and rural communities, inmates, and workplaces. (Ask SIEC for a database search on contagion, and check verso of this page).

Risk factors for youth suicide during a cluster are common to suicide in general:

Davidson and colleagues found emotional illness, substance abuse, previous suicide attempts, loss, family instability & dysfunction as common characteristics of two youth suicide clusters. (Davidson, 1989, SIEC # 910826)

A study of suicidal behaviours in a high school after the suicide deaths of two students recommends that students who are friends of a victim, or who have a history of affective disorder and/or previous suicidality should be screened for suicidality after exposure. (Brent, 1989, SIEC #900459)

What is contagion?

Suicide clusters are thought to occur through a *process of contagion*, referring to the tendency of one or more person's suicidal behaviour to influence another person to attempt or complete suicide. O'Carroll describes the mechanism of contagion to include grief, especially prolonged or unresolved grief, imitation, glorification of the suicide victim and a sensationalization of their death(s), and a highly charged emotional atmosphere. (SIEC # 901689)

Due to space limitations, only first authors are footnoted. Please see verso for full references.

Centers for Disease Control - Recommendations for a community plan for the prevention and containment of suicide clusters*

1. A community should review these recommendations and develop its own response plan BEFORE the onset of a suicide cluster.
2. The response to the crisis should involve all concerned sectors of the community and should be coordinated by:
 - a) a coordinating committee, which manages the day-to-day response to the crisis, and
 - b) a host agency, whose responsibilities would include 'housing' the plan, monitoring the incidence of suicide, and calling meetings of the coordinating committee when necessary.
3. The relevant community resources should be identified.
4. The response plan should be implemented under either of the following two conditions:
 - a) when a suicide cluster occurs in the community, or
 - b) when one or more deaths from trauma occur in the community, especially among adolescents or young adults, which may potentially influence others to attempt or complete suicide.
5. If the response plan is to be implemented, the first step should be to contact and prepare those groups who will play key roles in the first day of the response.
6. The response should be conducted in a manner that avoids glorification of the suicide victims and minimizes sensationalism.
7. Persons who may be at high risk of suicide should be identified and have at least one screening interview with a trained counselor; these persons should be referred for further counseling or other services as needed.
8. A timely flow of accurate, appropriate information should be provided to the media.
9. Elements in the environment that might increase the likelihood of further suicides or suicide attempts should be identified and changed.
10. Long-term issues suggested by the nature of the suicide cluster should be addressed.

* Original Source: *MMWR*, 1988;37(suppl 5-6): 1-12.
A more detailed discussion of these recommendations is not listed on VERSO, but is available from SIEC by quoting SIEC #880930. The outline listed above is also included in: SIEC #901361, 901689, 910347 - see VERSO for details)

“In the context of geographically localized as well as temporally localized suicide clusters, there appears to be a third ingredient in contagion, in addition to grief and imitation. In some suicide clusters, the tendency to glorify suicide victims and to sensationalize their deaths has frequently fostered a community-wide preoccupation, even a fascination, with suicide. The resulting highly charged emotional atmosphere is believed by many to have contributed to causing suicide” (O’Carroll, 1990, SIEC #901689).

Factors That Can Promote Suicide Contagion in Youth

- a highly charged emotional context
- a problem in an already vulnerable youth that is perceived to be similar to that of the model
- consequences of the act are perceived to achieve certain desirable goals

(Kalafat, 1990, SIEC # 901611)

Aspects of Media Coverage that can Promote Suicide Contagion

- Presenting simplistic explanations for suicide.
- Engaging in repetitive, ongoing, or excessive reporting of suicide .
- Providing sensational coverage of suicide.
- Reporting ‘how-to’ descriptions of suicide.
- Presenting suicide as a tool for accomplishing certain ends.
- Glorifying suicide or persons who commit suicide.
- Focusing on the suicide completer’s positive characteristics.

From: Suicide Contagion and the Reporting of Suicide: Recommendations from a National Workshop, O’Carroll, P. & Potter, L.B., SIEC # 940337

■■■■■■■■■■ SIEC Sources & Resources: Suicide Clusters ■■■■■■■■■■

Photocopies available from SIEC for documents on this list. (Cost per article: \$6.00 plus postage. Prepayment is not necessary. Please quote SIEC # when ordering.)

SIEC #900459
Brent, D.A., et al. (1989). An outbreak of suicide and suicidal behavior in a high school. Journal of the American Academy of Child & Adolescent Psychiatry, 28: 918-924.

SIEC #981115
Cornell, D. G., & Sheras, P. L. (1992). Common errors in school crisis response: Learning from our mistakes. Psychology in the Schools, 35(3): 297-307.

SIEC #910826
Davidson, L. E., et al. (1989). An epidemiologic study of risk factors in two teenage suicide clusters. JAMA, 262(19): 2687-2692.

SIEC #930877
Davies, D., & Wilkes, T. C. R. (1993). Cluster suicide in rural western Canada. Canadian Journal of Psychiatry, 38(7): 515-519.

SIEC #900387
Gould, M. S., et al. (1990). Time-space clustering of teenage suicide. American Journal of Epidemiology, 131(1): 71-78.

SIEC #901724
Gould, M. S., et al., (1990). Suicide clusters: An examination of age-specific effects. American Journal of Public Health, 80(2): 211-212.

SIEC #980523
Malone, K.M. (1997). Pharmacotherapy of affectively ill suicidal patients. The Psychiatric Clinics of North America, 20(3): 613-624.

SIEC #901611
Kalafat, J. (1990). Adolescent suicide and the implications for school response programs. School Counselor, 37(5): 359-369.

SIEC#901689
O’Carroll, P., et al. Suicide prevention: clusters and contagion. IN: A. L. Berman (Ed.), Suicide Prevention: Case Consultations (pp. 25-55). New York, NY: Springer, 1990.

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SIEC #901361
O’Carroll, P. W., & Mercy, J. A. (1990). Responding to community-identified suicide clusters: Statistical verification of the cluster is not the primary issue. American Journal of Epidemiology, 132, Supp.1: S196-S202.

SIEC #910347
O’Carroll, P. W. Community strategies for suicide prevention and intervention. IN: S. J. Blumenthal, & D. J. Kupfer (Eds.), Suicide Over the Life Cycle (pp. 499-514). Washington, DC: American Psychiatric Press, 1990.

SIEC # 940337
O’Carroll, P. W. & Potter, L. B. (1994). Suicide contagion and the reporting of suicide: Recommendations from a national workshop. Morbidity and Mortality Weekly Report, 43 (RR-6), 11-19.

SIEC #940020
Sonneck, G., et al. (1994). Imitative suicide on the Viennese subway. Social Science & Medicine, 38(3), 453-457.

SIEC #920485
Taiminen, T., et al. (1992). A suicide epidemic in a psychiatric hospital. Suicide and Life-Threatening Behavior, 22,(3), 350-363.

SIEC #980558
Velting, D. M. & Gould, M. S. Suicide contagion. IN: R.W. Maris, et al. (Eds.), Review of Suicidology, (pp. 96-137). New York, NY: Guilford, 1997.

SIEC #981150
Wilkie, C., et al., (1998). Community case study: suicide cluster in a small Manitoba community. Canadian Journal of Psychiatry, 43(8), 823-828.

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