

Cluster Muster: Responding to Suicide Clusters in Schools



**Scott Poland, EdS, NCSP
Nova Southeastern University**

**Richard Lieberman, NCSP
Loyola Marymount University**

**Cindy Dickinson, NCSP
Fairfax County Schools**

**Martha Hinson, M.Ed., LPC
Academy District 20 Schools**

Suicide Contagion

- ❑ Contagion is rare but adolescents and young adults are more susceptible than other age groups
- ❑ A death by suicide or suicidal behavior in youth may increase the likelihood of suicidal ideation or attempts in other youth.
- ❑ We may underestimate impact of exposure
- ❑ Fueled by media and social media
- ❑ Contagion can lead to a cluster

Suicide Cluster

- ❑ Multiple suicides within a defined geographical area within an accelerated time frame.
- ❑ 1-5% of teenage deaths by suicide occur in a cluster (100-250 deaths annually)
- ❑ Gould has identified 53 suicide clusters (defined as 3-11 victims, ranging in age from 11-20, within a year)
- ❑ CA: 15 active or recently dormant clusters past 12 years (CDE, 2017)
- ❑ Victims appear to be influenced by earlier deaths but do not have to know previous victims

Research suggests that coordinated postvention/crisis intervention efforts following a death by suicide may minimize and contain the effects of suicide contagion.

Gould (2013)

Suicide Clusters:

Centers for Disease Control Recommendations

Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters MMWR 37(S-6); 1-12 Publication date: 08/19/1988

- ❑ Convene planning committee that involves all sectors of school and community
 - ❑ Deliver a public response that minimizes sensationalism and avoids glorification
 - ❑ Evaluate and counsel the close friends of the suicide victim and those previously known to be suicidal
 - ❑ Community resources must include: hospital and emergency personnel, community mental health, local and state agencies, clergy, school leaders, parent groups, survivor groups, police, media and crisis hotline personnel
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PALO ALTO USD

Palo Alto Unified School District (Palo Alto, CA)

- ❑ Located in heart of Silicon Valley.
 - ❑ Top district in United States consistently showing high performance levels with scores for academic achievement across state and nationally
 - ❑ Approximately 12,000 students
 - ❑ 12 elementary schools, 3 middle schools, 2 high schools, preschool
 - ❑ 96% average graduation rate
 - ❑ Population predominantly White (50%) and Asian (30%)
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Palo Alto
Unified School District

California youth rate: 8.8
45th in US

Cluster Sequence

The first suicide cluster in Palo Alto took place in 2009-10

- ❑ May 2009-January 2010 5 deaths (3 males/2 females)

The next cluster took place between October 2014 and March 2015.

- ❑ October 2014- March 2015 4 deaths (all males)
 - ❑ All used the same method by Caltrain
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FAIRFAX COUNTY PUBLIC SCHOOLS

Fairfax County Public Schools

Fairfax County, VA



Virginia youth suicide
rate: 12.8%
33rd in US

- ❑ 10th largest school division in the country
 - ❑ Primarily suburban, high performing
 - ❑ Diverse student population
 - ❑ 196 schools
 - ❑ 188,000 students
 - ❑ 40% White
 - ❑ 25% Hispanic
 - ❑ 20% Asian
 - ❑ 10% Black
 - ❑ 48% speak a language other than English in the home
-

Fairfax County Public School Cluster Sequence

Woodson HS/Across Division

- ❑ Woodson High School: high performing HS
 - Jan 2011-July 2014 10 student deaths
 - ❑ Across Division
 - Feb 2014 4 deaths* (2@Woodson HS)
 - Aug 2013-Nov 2014 11 student deaths
-

ACADEMY DISTRICT 20

Academy District 20

Colorado Springs, CO

- 25,500 students
- High performing suburban school district
- Demographics
 - American Indian/AN 4%
 - Asian 4%
 - Black 3%
 - Hispanic 13%
 - Hawaiian/Pacific Islander .3%
 - White 72%



ACADEMY
DISTRICT 20
The Peak of Excellence

Colorado youth rate: 22.5
6th in US

Youth Suicide in Colorado

- ❑ Suicide is the leading cause of death for youth ages 10 to 17 in Colorado.
- ❑ In El Paso County, the suicide rate among youth under the age of 18 has increased in recent years.
- ❑ 7 completed suicides in 2014
- ❑ 14 completed suicides in 2015 (26.5; CO 73 deaths/20.1)
- ❑ 15 completed suicides in 2016 for 120,000 youth
- ❑ Suicides accounted for over 50% of all child fatalities among youth under 18 in El Paso County that were reviewed by the El Paso County Child Fatality Review Team (CFRT) in 2016.

Youth Suicide: Academy District 20

- ❑ Discovery Canyon High School
 - ❑ 2011-17 11 students
- ❑ Across Academy District 20
 - ❑ 2011-17 28 students (4 MS students)

Contagion

Academy District 20 Suicide Risk Aseessments				
School Year	2013-2014	2014-2015	2015-2016	2016-2017
Elementary	No record	88	73	127
Middle	49	83	71	77
High	121	111	126	145
Total	170	282	270	349
Academy District 20 Hospitalizations				
School Year	2013-2014	2014-2015	2015-2016	2016-2017
Elementary	No record	7	1	8
Middle	14	30	20	33
High	47	60	38	122
Total	61	97	59	163
Academy District 20 Safe2Tell Suicide Threat Reports				
School Year	2013-2014	2014-2015	2015-2016	2016-2017
Total	67	70	112	218

POSTVENTION RESPONSE

Postvention Guidelines

1. Involve all aspects of the community
 2. Provide a public response.
 3. Intervene and refer those identified as potentially at risk through triage
 4. Reduce access to lethal means
 5. Understand that no single agency can stop a suicide cluster alone and the postvention journey must emphasize prevention
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Immediate Goals

- Guide, support, assess district crisis responders
 - Get everyone on the same page
 - Prevent the next suicide
 - Provide guidance with media
 - Provide immediate response to parent concerns
 - Connect with local/county/state suicide prevention resources
 - Build sustainable prevention programs
 - Gather data/prepare to evaluate
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Immediate interventions

FCPS & ASD20

- ❑ District crisis team
 - ❑ Administrators and division leaders
 - ❑ Teachers
 - ❑ Parent Night presentations by Scott and Rich
 - ❑ Students
 - ❑ Community stakeholders and state suicide prevention resources
 - ❑ Webinars for parents (Depression; NSSI; Postvention for educators; High risk youth; LGBTQ)
 - ❑ Going LIVE!
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Postvention

- ❑ All utilized the After a Suicide: Toolkit for Schools AFSP/SPRC
- ❑ All had crisis team mandates
- ❑ FCPS and ASD20 were PREPaRE trained
- ❑ Ongoing triage/identification/monitoring of at-risk students by keeping schools opened during summer
- ❑ Quickly formed community partnerships
- ❑ Provided support and resources during summer
- ❑ Expanded resources on their district and school websites particularly for staff and parents

Postvention

- ❑ Extensive outreach to parents
- ❑ Each established ONE policy on how to memorialize all student deaths the same way.
- ❑ Each applied for Project SERV grants
- ❑ Means restriction efforts (Metro Line/PA; Firearms/AD20)
- ❑ Care for the caregiver valued along with constant monitoring of impacted mental health staff.
 - ❑ EAP services & Therapy Dogs
- ❑ **Administrative/community reluctance to talk about suicide**

PREVENTION STRATEGIES

Prevention strategies

- ❑ Safe messaging (Social media managers; local media)
- ❑ All established one policy to acknowledge all student deaths the same way
- ❑ Training: Mandatory
 - ❑ Crisis team training (ASIST; Columbia-SSRS Assessment)
 - ❑ Staff training curriculums
 - ❑ Extensive outreach to parents
 - ❑ Student curriculum (no Assemblies!)
 - ❑ Distribution of national resources (LifeLine, Crisis Text Line, Trevor) and local resources
- ❑ APPS! (Suicide Safe; Safety Planning; Facebook)

Prevention strategies

- ❑ Programs
 - ❑ Signs of Suicide: Depression Screener (Students/Staff)
 - ❑ Youth Mental Health First Aid
 - ❑ SafeTALK
 - ❑ Kognito (22,000 staff trained in FC)
 - ❑ Riding the Waves Curriculum (Universal)
 - ❑ RULER Social Emotional Curriculum (Yale Univ)
 - ❑ Sources of Strength
 - ❑ Program evaluation
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Community partnerships

- ❑ School/county/state suicide prevention task forces
 - ❑ Emergency mental health responders/law enforcement
 - ❑ Emergency Departments/Physician outreach
 - ❑ Child Fatality Review Teams
 - ❑ Statewide SP efforts (GLS, AFSP, NAMI)
 - ❑ Wellness Centers/MH Conferences/Student led “Wellness Weeks”
 - ❑ Project Safety Net (PA); Stanford University
 - ❑ Community Services Board (FC) Access to in/out patient MH Services for youth; established crisis text line; YMHFA cadre
 - ❑ Safe2Tell (ASD20) Anonymous hotline for students/parents
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Challenges

- Crisis team/mental health professionals burnout
 - PREPaRE training for administrators
 - Lack of funding
 - No district level coordinator for mental health/prevention – postvention/wellness efforts
 - Lack of mental health resources in the state
 - Stigma of suicide
 - School blaming
 - How to structure offers of help from many different entities in community
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MEDIA IMPACT & CONTAGION

Media Impact

Narratives in the Media



www.usatoday.com

Youth suicide rates
are rising. School
and the Internet
may be to blame.

Findings Regarding Media Palo Alto News

246 media articles from 2009 through 2015 were identified and abstracted using a checklist

Positive Characteristics

- Inclusion of local/national hotline number
- Inclusion of warning signs
- Discussion of suicide as a public health issue
- Description of suicide as preventable

**Positive Characteristics
Average: 0.5 Range: 0-7**

Negative Characteristics

- Sensational headline
- Photos of location or methods of suicide
- Photos of memorials/grieving
- Reporting on suicide similar to a crime
- Oversimplification of suicide

**Negative Characteristics
Average: 4.3 Range: 0-11**

Media Coverage

Fairfax County News/Washington Post



Parents seek action at Fairfax County's **** High School after six student suicides. (Washington Post April 2014)

Findings Regarding Media Fairfax County News

- ❑ HS was named in all reporting
 - ❑ Big and sensational headlines
 - ❑ Sensational photos of grieving families
 - ❑ Used descriptors such as epidemic, skyrocketing, successful suicide, committed suicide
 - ❑ Described suicide as inexplicable or “without warning”
 - ❑ Printed texts of suicide note
 - ❑ Provided the details
-

Media Coverage

Washington Post

The train tracks are seen last month near where **** ended his life. (The Washington Post, April 2014)



*Outwardly, **** was doing all right. He had a 4.3 grade-point average. He was captain of the junior varsity football team. But in late February, the 15-year-old sophomore **wrote a suicide note protesting the stress in his life. Then he slipped out of his Fairfax Station home and stepped in front of a commuter train.** His was the sixth apparent suicide by a *** High School student in the past three years. Recently, more than 1,000 parents, **teachers and administrators gathered in the school's auditorium to try to make sense of it all.***

Media Response

Academy District 20: The Good, The Bad...

'Parent talks' offered in response to spate of teen suicides in Colorado Springs

By: [Debbie Kelley](#)

April 1, 2017 Updated: April 3, 2017 at 9:54 am

Another suicide of Discovery Canyon Campus student renews painful questions. Was there a Young Life connection?

By: [Debbie Kelley](#)

February 24, 2017 Updated: February 27, 2017 at 8:21 am The Gazette

Media Response

Academy District 20 ...and The UGLY



"...a plague spreading through our school hallways"

Get ready...

A 2017 study published in [JAMA Internal Medicine](#) found the online series [13 Reasons Why](#) which chronicled a fictional teen's suicide was associated with an increase in suicide related Internet searches, including a 26% increase in searches for "how to commit suicide", a 18% increase for "commit suicide" and 9% increase for "how to kill yourself." These findings suggest copycat suicides might also be related to fictional characters.

EPI STUDIES

CDC EPI-AID Findings: 2003-2015

Palo Alto USD

Among youth who died by suicide (with known precipitating circumstances-who were residents of Palo Alto and died in Santa Clara County from 2003–2015) 25% or more had the following reported precipitating circumstances:

- current mental health problems**
 - current depressed mood**
 - current treatment for mental illness**
 - a history of treatment for mental problems**
 - a history of suicide attempt**
 - had left a suicide note
 - had disclosed suicide intention
 - 92% had a recent crisis**
-

CDC EPI-AID Findings (2014-15)

Palo Alto USD

- ❑ Young men particularly vulnerable
 - ❑ Factors associated with suicidal behaviors
 - ❑ Mental health problems
 - ❑ Sexual orientation
 - ❑ Drug & Alcohol abuse
 - ❑ Past suicidal behaviors
 - ❑ Interpersonal conflicts (bullying, IPV, family)
 - ❑ Connectedness and meaningful engagement at school were powerful protective factors
 - ❑ Santa Clara County's youth suicide rate from 2003 to 2014 was almost the same as California's.
consistently lower rate than the nation
-

CDC EPI-AID Findings (2014-15)

Fairfax County PS

- ❑ Victim characteristics
 - ❑ **Current mental health problem 72%**
 - ❑ **Had drugs or alcohol on autopsy 69%**
 - ❑ **Had a recent crisis >50%**
 - ❑ **Mental Health treatment in last year 48%**
 - ❑ **Disclosed intent 36%; history of past attempt 36%**
 - ❑ Left note 36%
 - ❑ School problem (academic or disciplinary) 25%
 - ❑ Problem with other substances 20%
-

Immediate recommendations for schools

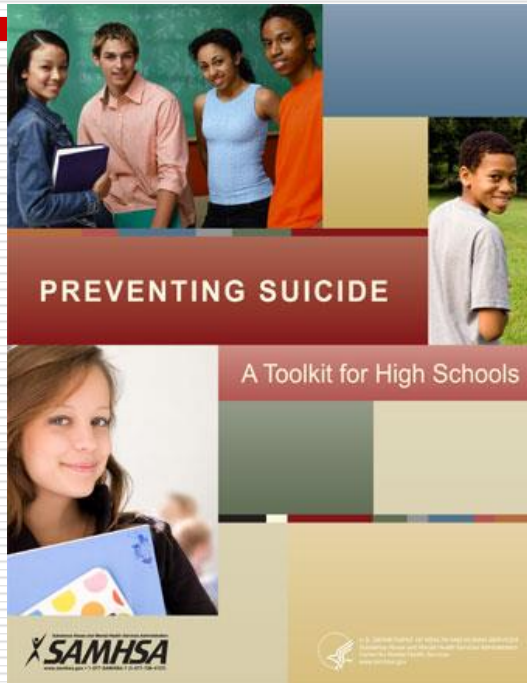
- Review and implement existing school suicide prevention legislation in your state
- Assess the impact of 13RW and provide resources to staff and parents
- Update your local resources
- Download the After a Suicide Toolkit
- Develop one policy to acknowledge all student deaths
- All PIO's should have a social media manager
- Provide training in safe messaging to staff that provide training to staff
- Work with your local media in prevention phase

Video for Joy

Boots on the Ground at DCC HS

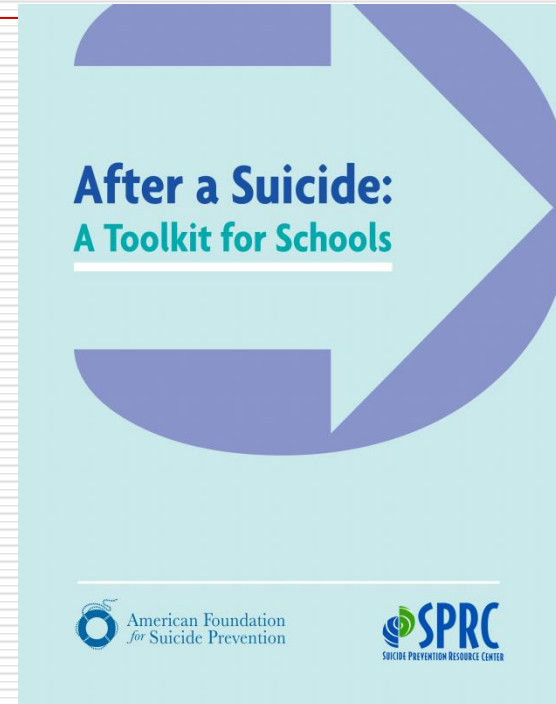


SAMHSA



**Preventing Suicide:
A Toolkit for High Schools**

SPRC / AFSP



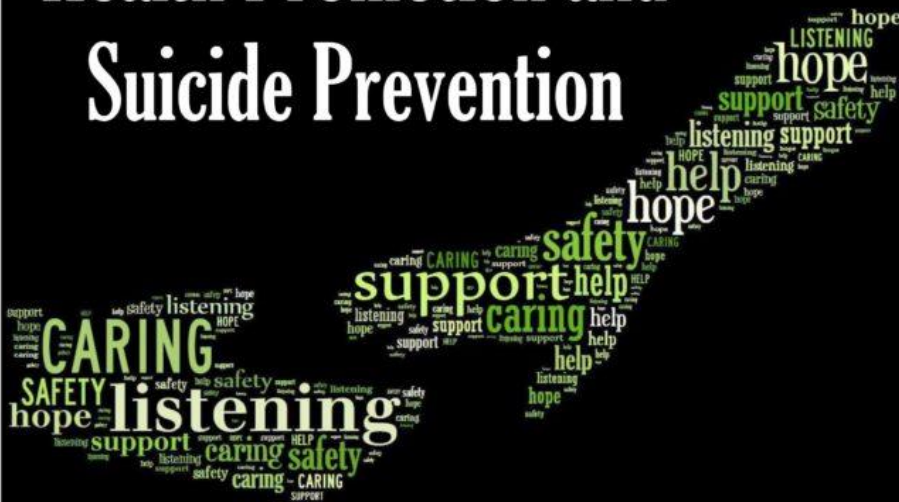
**After a Suicide:
A Toolkit for Schools**

Additional Resources

- ❑ After a Suicide: Answering Difficult Questions by Scott Poland and Rich Lieberman available at www.nova.edu/suicideprevention
- ❑ Postvention in Schools Module developed for the Jason Foundation by Scott Poland and Rich Lieberman available at www.jasonfoundation.com
- ❑ Crisis Action School Toolkit-Suicide for the state of MT developed by Scott and Donna Poland available at www.nami.mt.org
- ❑ Suicide Safer School Plan for TX developed by Scott and Donna Poland available at www.texasuicideprevention.org

K-12

Toolkit for Mental Health Promotion and Suicide Prevention



Compiled by:
Shashank V. Joshi, MD
Mary Ojakian, RN
Linda Lenoir, RN, MSN, CNS
Jasmine Lopez, MA, NCC



Toolkit for Mental Health Promotion and Suicide Prevention

Final Thoughts and Contact Information

- Rich Lieberman Lieberman_Richard@lacoec.edu
- Scott Poland spoland@nova.edu
- Cindy Dickinson Cindy.Dickinson@fcps.edu
- Martha Hinson Martha.Hinson@asd20.org

RECOMMENDATIONS FOR REPORTING ON SUICIDE[©]

Developed in collaboration with: American Association of Suicidology, American Foundation for Suicide Prevention, Annenberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafely.org, Emotion Technology, International Association for Suicide Prevention Task Force on Media and Suicide, Medical University of Vienna, National Alliance on Mental Illness, National Institute of Mental Health, National Press Photographers Association, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences.



IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

⋮ **Suicide Contagion or “Copycat Suicide”**
⋮ occurs when one or more suicides
⋮ are reported in a way that contributes
⋮ to another suicide.
⋮

References and additional information can be found at: www.ReportingOnSuicide.org.

INSTEAD OF THIS:



- Big or sensationalistic headlines, or prominent placement (e.g., “Kurt Cobain Used Shotgun to Commit Suicide”).
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
- Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms.
- Describing a suicide as inexplicable or “without warning.”
- “John Doe left a suicide note saying...”
- Investigating and reporting on suicide similar to reporting on crimes.
- Quoting/interviewing police or first responders about the causes of suicide.
- Referring to suicide as “successful,” “unsuccessful” or a “failed attempt.”

DO THIS:



- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., “Kurt Cobain Dead at 27”).
- Use school/work or family photo; include hotline logo or local crisis phone numbers.
- Carefully investigate the most recent CDC data and use non-sensational words like “rise” or “higher.”
- Most, but not all, people who die by suicide exhibit warning signs. Include the “Warning Signs” and “What to Do” sidebar (from p. 2) in your article if possible.
- “A note from the deceased was found and is being reviewed by the medical examiner.”
- Report on suicide as a public health issue.
- Seek advice from suicide prevention experts.
- Describe as “died by suicide” or “completed” or “killed him/herself.”



AVOID MISINFORMATION AND OFFER HOPE

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades. Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.



SUGGESTIONS FOR ONLINE MEDIA, MESSAGE BOARDS, BLOGGERS & CITIZEN JOURNALISTS

- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines.
- Include stories of hope and recovery, information on how to overcome suicidal thinking and increase coping skills.
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of suicide follow site or industry safety recommendations.
- Social networking sites often become memorials to the deceased and should be monitored for hurtful comments and for statements that others are considering suicide. Message board guidelines, policies and procedures could support removal of inappropriate and/or insensitive posts.

MORE INFORMATION AND RESOURCES AT:

www.ReportingOnSuicide.org or the following local resources:

HELPFUL SIDE-BAR FOR STORIES



WARNING SIGNS OF SUICIDE

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.



WHAT TO DO

If someone you know exhibits warning signs of suicide:

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional

THE NATIONAL SUICIDE PREVENTION LIFELINE 800-273-TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information and local resources.

