



New York State
Psychiatric Institute



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Suicide Clusters: What we know and what we don't know

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SUICIDE CLUSTERS: WHAT WE KNOW

Suicides can cluster in:

- time only (temporal or “mass” clusters)
- space only (spatial or geographic clusters)
- space and time (space-time or “point” clusters)

SUICIDE CLUSTERS: WHAT WE KNOW

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

Canada First Nation community in crisis amid 'almost nightly' suicide attempts

Community of 2,000 has seen more than 100 attempts in seven months, says chief, as country's indigenous people continue to face higher levels of poverty



Protesters march to call for attention to First Nations concerns ahead of Canada's election last year. Photograph: Cristian Mjjea/Demotix/Corbis



The Silicon Valley Suicides

Why are so many kids with bright prospects killing themselves in Palo Alto?

SUICIDE CLUSTERS: WHAT WE KNOW

Suicide clusters occur primarily among teenagers and young adults

PUBLIC HEALTH BRIEF

TABLE 1—Results of Knox Procedure on 1978–1984 NCHS Mortality Detail File

Age (years)	N	Window = 7 Days				Window = 14 Days				Window = 30 Days			
		Close-Close Pairs		O/E	P	Close-Close Pairs		O/E	P	Close-Close Pairs		O/E	P
		Expected	Observed			Expected	Observed			Expected	Observed		
15–19	12135	1339.2	1420	1.060	.011	2756.7	2842	1.031	.047	6000.7	6177	1.029	.009
20–24	25511	6335.5	6523	1.030	.008	13126.1	13481	1.027	.001	28642.6	29602	1.033	.000
25–29	23275	7126.1	7155	1.004	.365	14775.8	14888	1.008	.174	32247.7	32681	1.013	.008
30–34	19534	4805.0	4834	1.006	.338	9991.0	10035	1.004	.328	21794.4	21978	1.008	.106
35–44	29092	9707.5	9822	1.012	.119	20086.4	20271	1.009	.094	43780.9	44066	1.007	.067
45–54	26002	6976.1	7103	1.018	.060	14530.8	14629	1.007	.205	31622.9	31633	1.000	.478
55–64	25624	6399.6	6623	1.035	.002	13277.2	13401	1.009	.136	28928.5	29260	1.011	.024
65–74	19621	3334.8	3395	1.018	.139	6877.7	6976	1.014	.111	15002.1	15247	1.016	.020
75+	14718	2373.0	2367	0.997	.550	4876.8	4888	1.002	.435	10567.0	10554	.998	.551

The effect size was two to four times greater among the adolescents than in other age groups.

Discussion

Suicide clusters appear to occur primarily among teenagers and young adults, although clusters do occur occasionally at other ages. This is consistent with the findings of Phillips and Carstensen¹⁰: the impact of suicide stories on

groups in prevention strategies will be necessary to reduce the suicide rate substantially.

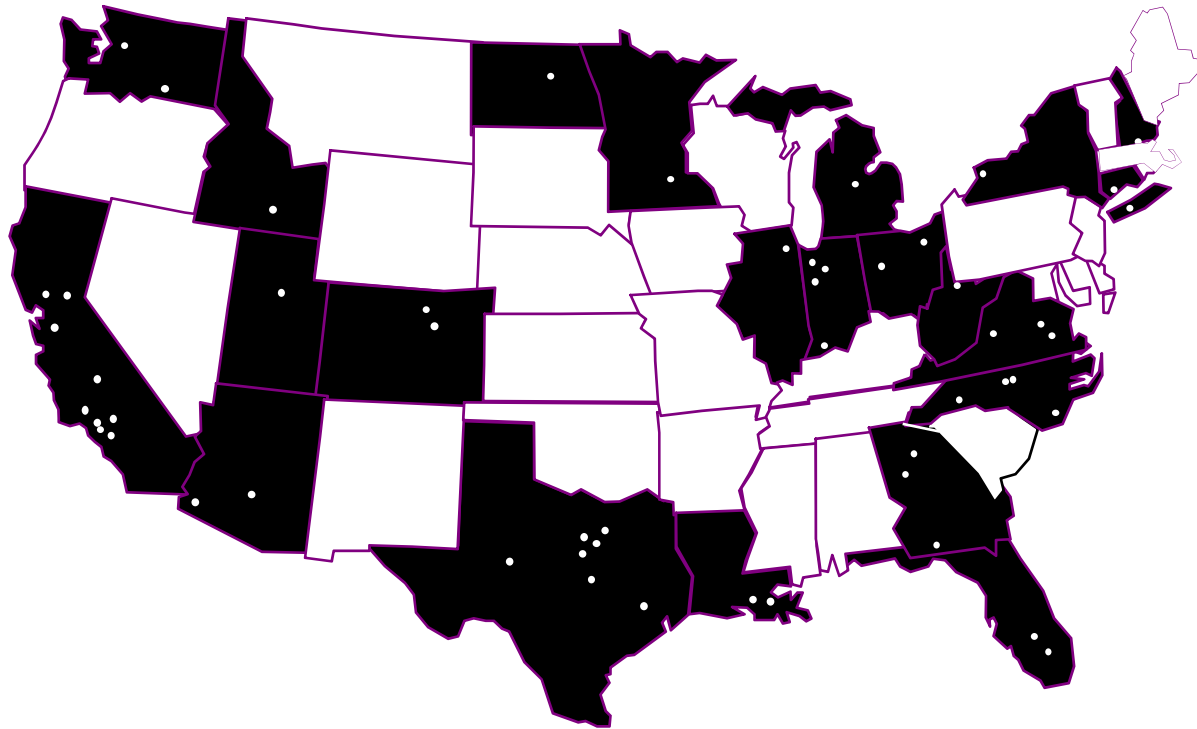
ACKNOWLEDGMENTS

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REFERENCES

1. Gould MS, Davidson L: Suicide contagion among adolescents. In: *Scientific Advances in Adolescent Mental Health*.

SUICIDE CLUSTERS: WHAT WE KNOW



1988-1996, 53 clusters

SUICIDE CLUSTERS: WHAT WE KNOW

- At a minimum, 5 youth suicide clusters occur each year in the U.S.

SUICIDE CLUSTERS: WHAT WE KNOW

The media can play a role in triggering a cluster

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.

Lancet Psychiatry 2014

Published Online

May 2, 2014

<http://dx.doi.org/10.1016/>

SUICIDE CLUSTERS: WHAT WE KNOW

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 picture
- ↑ detailed descriptions of the suicidal individual and act

SUICIDE CLUSTERS: WHAT WE DON'T KNOW

The precise mechanisms causing and sustaining a cluster are currently unknown.

But.....



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SUICIDE CLUSTERS: WHAT WE THINK WE KNOW

-Hypothesized Mechanisms-

- Social learning theory
- Approach/Avoidance conflict: restraint reduction
- “Social multiplier” that amplifies the effects of other suicidogenic factors
- Changes in social norms

SUICIDE CLUSTERS: WHAT WE THINK WE KNOW

Social Norms - Definition:

- Implicit rules about “normal” or typical behaviors or beliefs in a group or setting
 - Concept in various behavioral theories (e.g., Social Cognitive Theory, Theory of Planned Behavior)
- Two main types:
 - What most people *do* (descriptive norms)
 - What most people *approve of* (injunctive norms)

(Borsari and Carey, 2003; Rimal and Real, 2003; Smith and Louis, 2008)

SUICIDE CLUSTERS: WHAT WE THINK WE KNOW

Social Norms

- Research on **other health issues** finds
 - Perceived norms (descriptive and/or injunctive) are one predictor of behavior.
- Media narratives and social norms
 - Narratives may convey or reinforce inaccurate perceptions about suicidal behavior, coping, services, offering help

SUICIDE CLUSTERS: WHAT WE THINK WE KNOW

Social Norms

Suicide in Greenland, I heard over and over, is normal. People don't mean it's OK, just that it's been so common for so long that the next death almost seems inevitable.

April 21, 2016 · 5:00 AM ET

Heard on All Things Considered



"Somebody next to me in class said, 'Oh, I heard she jumped in front of the train,' and then everyone kind of nodded in agreement," Chakrapani told Action News. "We were just very sad together. But nobody was like, 'How could anyone ever do that?' because there've been so many of these at Penn."



SUICIDE CLUSTERS: WHAT WE DON'T KNOW

**Postvention protocols to stop a suicide cluster
have not been empirically evaluated.**

But.....

SUICIDE CLUSTERS: WHAT WE THINK WE KNOW

-Postvention strategies are suggested by other areas of research and clinical best practices-

- Promote media recommendations
- Assess community risk
- Initiate/promote telephone and online crisis interventions
- Enhance community connectedness
- Shape community members' (including students') desire to "do something"
- Address myths and misinformation