



New York State
Psychiatric Institute



COLUMBIA UNIVERSITY
Department of Psychiatry

The Spread of Suicide Contagion and Possible Ways to Contain It

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SUICIDE CONTAGION/MODELING

-Definition-

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

EMOTIONAL CONTAGION

-Facebook News Feed Experiment-

- For one week in January 2012, Facebook altered the number of positive and negative posts in the news feeds of 689,003 randomly selected users to see what effect the changes had on the tone of the posts the recipients then wrote.
- The people who saw more positive posts responded by writing more positive posts. Similarly, seeing more negative content prompted the viewers to be more negative in their own posts.
- Showed emotions can be spread on social media

Kramer et al., 2014

SUICIDE CONTAGION/ MODELING

- Sources of evidence -

- Impact of exposure to suicidal peer
- Impact of media
- Suicide clusters

IMPACT OF EXPOSURE TO SUICIDAL PEER

Association between suicide attempts or deaths by suicide of a peer and personal suicidal behavior

- The majority of the cross-sectional studies examining exposure to suicidal behavior of adolescent peers have found a significant association with adolescent suicide attempts.
- **OR's range from 2.8 - 11.0 (attempted suicide)**

See Insel & Gould, 2008 for review.

IMPACT OF EXPOSURE TO SUICIDAL PEER

Association between suicide attempts or deaths by suicide of a peer and personal suicidal behavior

- A longitudinal study has shown that exposure to a schoolmate's suicide predicted suicide ideation and attempts among youth 2 years after exposure.
- ORs ranged from 2.72 – 3.07
- Effects of suicide exposure on suicidality outcomes were *not* modified by previous social support, depression, or anxiety, ideation or attempts. But exposure interacted with previous stressful life events.

Swanson and Colman, 2013

IMPACT OF MEDIA

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



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)

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 ANALYSES OF SUICIDE STORIES: “Papageno Effect”

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.

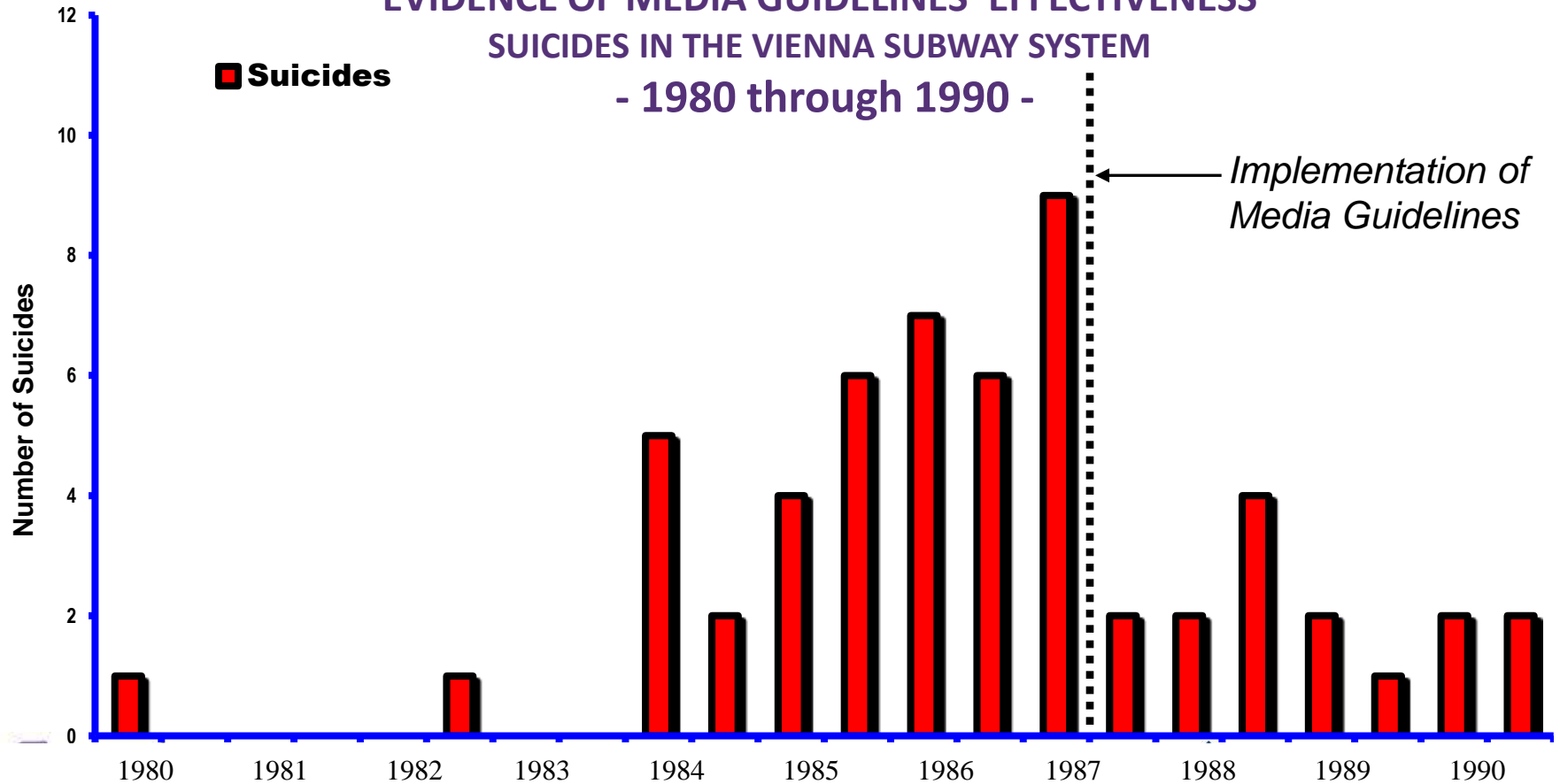
- In multivariate analysis, **repetitive reporting** associated with **increases** in suicide rates.
- Media items describing suicidal individuals’ **adoption of coping strategies** other than suicidal behavior were associated with a **decrease** in suicide rates.

Niederkrotenthaler et al., (2010) role of media reports in completed and prevented suicide: Werther v. Papageno effects. The British Journal of Psychiatry, 197: 234-243.

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

From Etzersdorfer et al, New England Journal of Medicine, Aug. 1992

MAGNITUDE OF THE EFFECT OF THE MEDIA

- 12% increase in suicides following Marilyn Monroe's death
- ~75% decrease in subway-suicides following implementation of media guidelines in Vienna

IMPACT OF MEDIA EXISTS

But,

- Not a monolithic effect
- Interactive factors exist

Audience

Stories

Match ► Differential Identification



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NATION & WORLD

JANUARY 25, 2017 5:40 PM

Hundreds watched a teen kill herself on Facebook. But they didn't save her



A thousand people watched for nearly an hour as Naika Venant prepared to kill herself.

They kept watching for another hour as the 14-year-old dangled on her scarf from the shower door in the bathroom of her Miami Gardens foster home.

People mocked the young girl, called her names and reacted to the video with Facebook's laughing emoji, said Antonio Gethers, one of her 4,500 Facebook friends. Others posted cruel parody videos pretending to hang themselves, too.

.....
Naika also was the second of three suicides to be live-streamed in less than a month:

<http://www.miamiherald.com/news/nation-world/article128747259.html>

Concerns:

- Does not adhere to media reporting best practices, for example -
 - Suicide is presented as a way to solve problems
 - Glamorizes and romanticizes suicide
 - Suicide by a very appealing character
 - Presents help-seeking as a fruitless activity



Internet Searches for Suicide Following the Release of *13 Reasons Why*



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?

SUICIDE CLUSTERS IN GENERAL POPULATIONS

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.

SUICIDE CLUSTERS

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

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 Mijic/Demotix/Corbis



SUICIDE CLUSTERS

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	.006	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	.336	9991.0	10035	1.004	.328	21794.4	21978	1.008	.106
35–44	29092	9707.5	9822	1.012	.119	20066.4	20271	1.009	.094	43780.9	44066	1.007	.067
45–64	26002	6976.1	7103	1.018	.060	14530.8	14629	1.007	.205	31622.9	31633	1.000	.476
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.

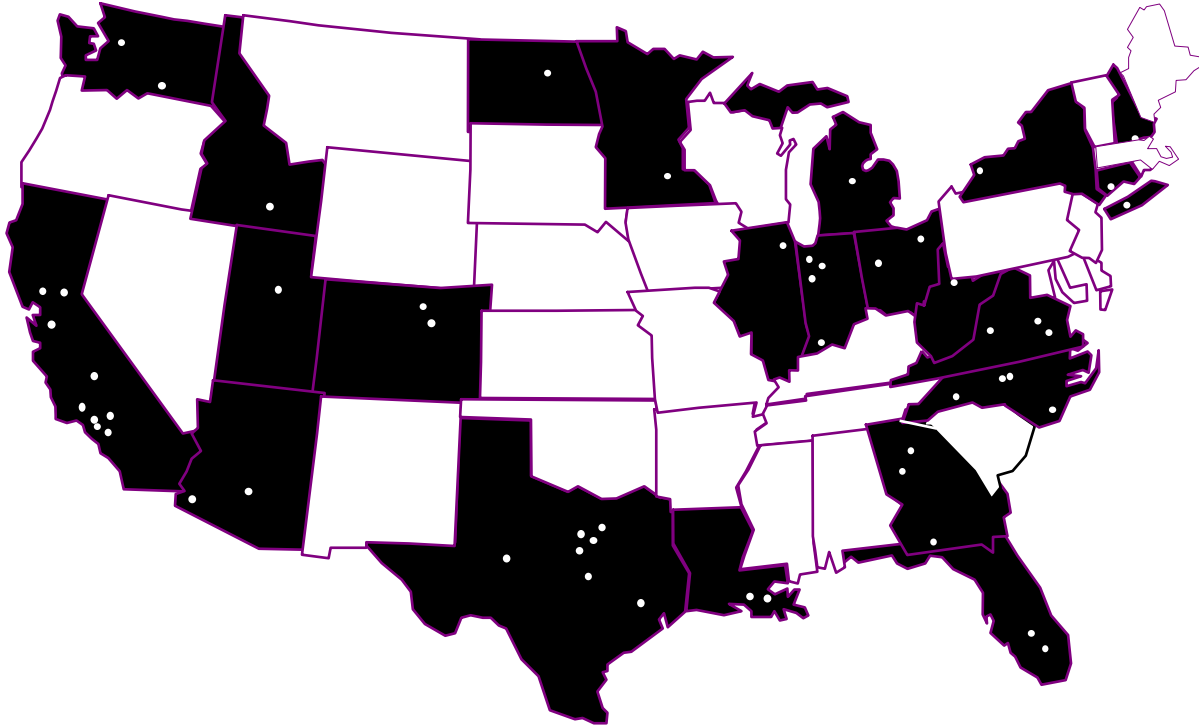
ACKNOWLEDGMENTS

The work was supported by research contract 200-85-0834(P) from the Centers for Disease Control and a Faculty Scholars Award from the William T. Grant Foundation.

REFERENCES

1. Gould MS, Davidson LR. Suicide contagion among adolescents. In: Lewinsohn PM, Rohlfing B, eds. *Advances in Adolescent Mental Health*.

SUICIDE CLUSTERS



1988-1996, 53 clusters

SUICIDE CLUSTERS

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

SUICIDE CLUSTERS

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

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

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



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SUICIDE CONTAGION/MODELING

-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 CONTAGION/MODELING

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)

SUICIDE CONTAGION/MODELING

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 CONTAGION/MODELING

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."



NEWS

Why livestreamed suicides are becoming a disturbing new norm

By Joshua Rhett Miller

January 31, 2017 | 3:10pm | Updated

**NEW YORK POST**

Implications for Postvention



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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

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



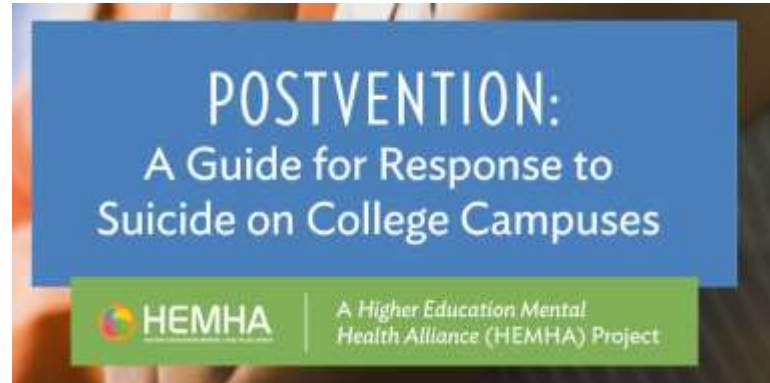
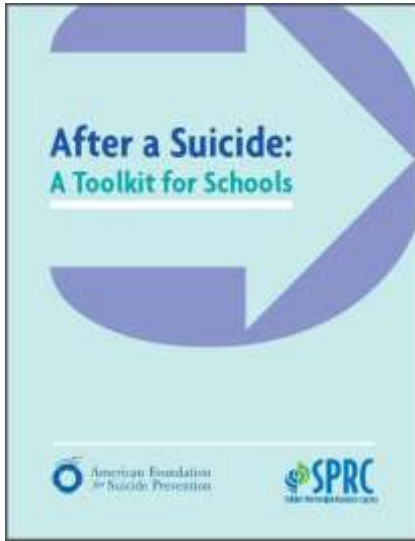
Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines

Survivors of Suicide Loss Task Force
April 2015



SUICIDE POSTVENTION

-Youth, adolescents, and school-based postvention resources



hemha.org/postvention_guide.pdf

SUICIDE POSTVENTION IN GENERAL POPULATIONS

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”
- Assessing community risk
- Addressing myths and misinformation

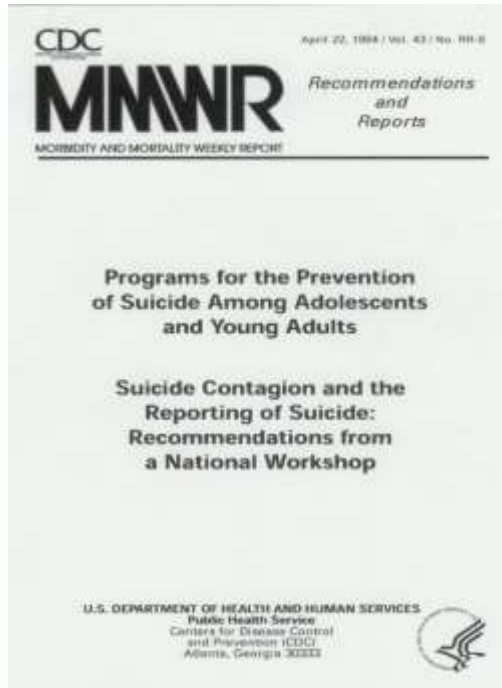
SUICIDE POSTVENTION IN GENERAL POPULATIONS

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

SUICIDE POSTVENTION IN GENERAL POPULATIONS

II. Promoting media and public relations best practices: Adhering to media guidelines in the wake of a suicide



COUCH

No Longer Wanting to Die

By WILL LIPPINCOTT MAY 16, 2015 2:30 PM 394 Comments



“...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.”

SUICIDE PREVENTION IN GENERAL POPULATIONS

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)

SUICIDE POSTVENTION IN GENERAL POPULATIONS

II. Promoting media and public relations best practices: Communicating about the deaths(s)

- ✓ Who will communicate about the death(s) to the community? How?
- ✓ What if the family doesn't want to publicly acknowledge it is a suicide death?
- ✓ Who should communicate with the media?

SUICIDE POSTVENTION IN GENERAL POPULATIONS

III. Initiating/promoting telephone and online crisis interventions, and other technologies (e.g., APPS)

- Promote Lifeline (1-800-275-TALK) and Crisis Text Line (Text Hello to 741741)
- 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.

(<http://www.sprc.org/library/LifelineOnlinePostventionManual.pdf>)

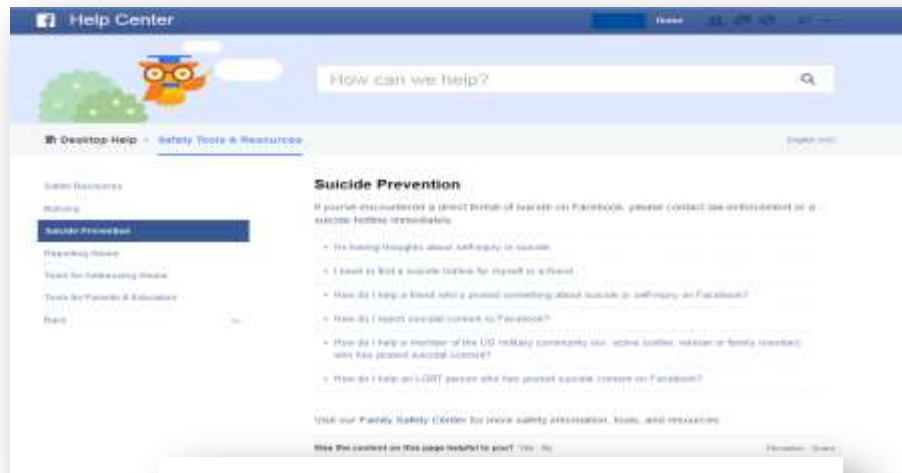
SUICIDE POSTVENTION IN GENERAL POPULATIONS

III. Initiating/promoting telephone and online crisis interventions, and other technologies (e.g., APPS) *(continued)*

- Work with families of the deceased to bypass any privacy settings that would prohibit online postvention activities
- Find Social Media Profiles and Messaging: The first step is to determine if and where the recent suicide death is being discussed online. This will involve Facebook, Twitter, Instagram etc.
- Post Resources: Once the deceased's profile has been identified and accessed, the next step is to post resources in the comments section of the social media profile or on the profile itself.

SUICIDE POSTVENTION IN GENERAL POPULATIONS

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



**Lifeline
Online
Postvention
Manual**



Adapted from Kerri Smith, SPRC

SUICIDE POSTVENTION IN GENERAL POPULATIONS

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)

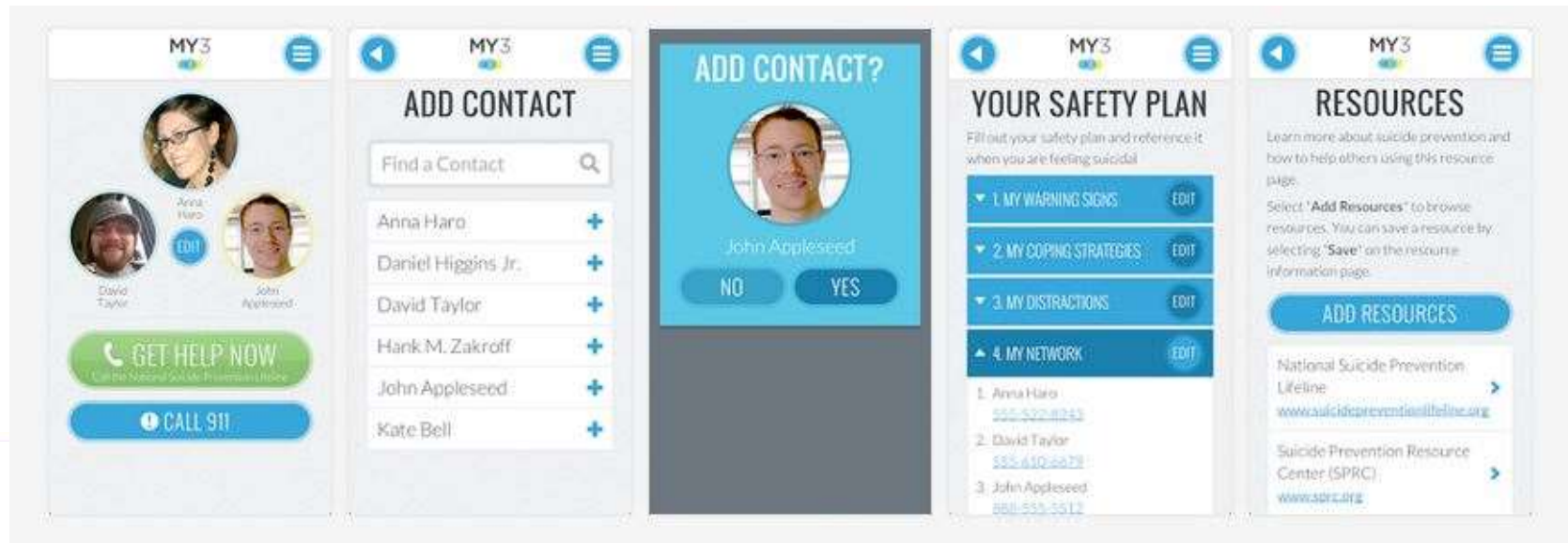


SUICIDE POSTVENTION IN GENERAL POPULATIONS

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)

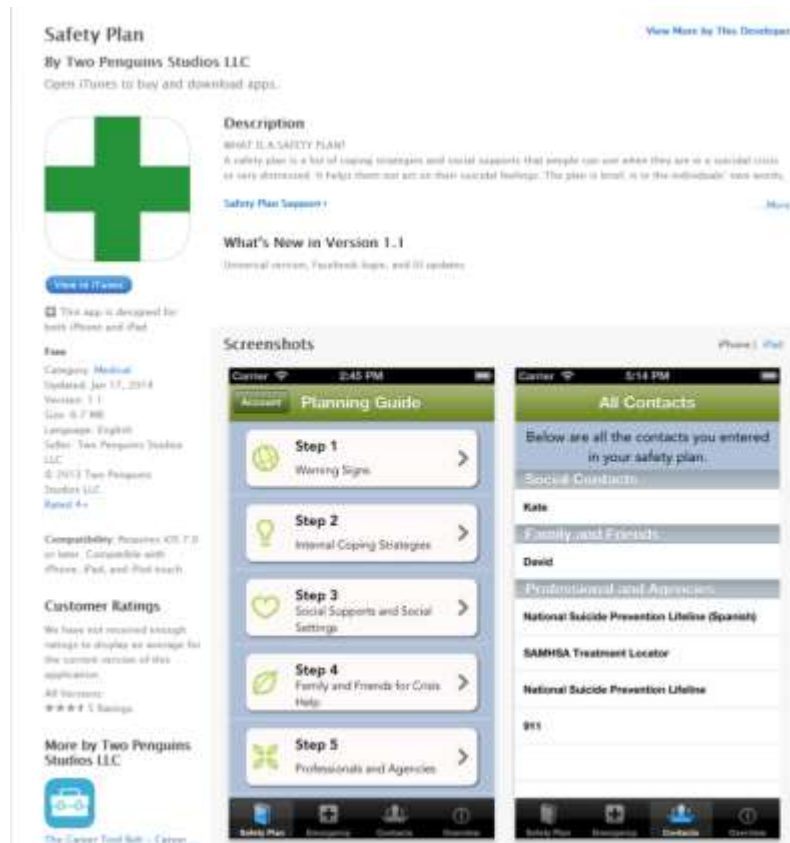


SUICIDE POSTVENTION IN GENERAL POPULATIONS

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

The Safety Plan App

The Safety Plan app was developed with permission from Stanley & Brown (2012).
Developers: Barbara Stanley, Gregory K. Brown, and Padraic Doyle. New York State Office of Mental Health.



SUICIDE POSTVENTION IN GENERAL POPULATIONS

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 Lifeline crisis center (rather than starting a new crisis line)
 - Encourage participating in AFSP's “Out of Darkness” walks

Postvention Recommendations:

V. Assessing community risk

- Consider implementing AFSP's online Interactive Screening Program (ISP) (<http://www.afsp.org/the-interactive-screening-program>)

SUICIDE POSTVENTION IN GENERAL POPULATIONS

VI. Address myths and misinformation

Suicide Myth or Fact	Correct Response	Average % Students Answering Correctly
If someone is exposed to a suicide (family, friends, other students) this increases their own risk for attempting suicide.	True	100%
The experience of physical, sexual and/or emotional abuse puts one at greater risk for attempting suicide.	True	96.0%
Social isolation/withdrawal is a risk factor for suicide attempt.	True	95.0%
Hopelessness is a risk factor for attempting suicide.	True	94.8%
People who have attempted suicide are less likely to attempt suicide in the future.	False	94.7%
Someone who has aggressive or impulsive tendencies is at lower risk for suicide attempt.	False	93.0%
People who are depressed are more likely to attempt suicide.	True	92.5%
If a person attempted suicide, their situation was probably so bad that death was the best solution.	False	90.8%
A fellow student with sleep problems is at increased risk for attempting suicide.	True	58.6%
Most suicidal people never discuss their problems with others.	False	49.5%
The great majority of people who commit suicide do not have psychiatric or substance use disorders.	False	49.2%
Reducing access to firearms and other lethal weapons reduces the risk of suicide.	True	40.4%
Sometimes a minor event (like a bad exam grade) can push an otherwise normal person to attempt suicide.	False	36.0%

Source: SPEAKS, 2007-2012; Campus Cohorts 1-5.

SUICIDE POSTVENTION

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

24/7 Peer Support

GRIEF IN GENERAL

SUICIDE GRIEF PRIMER

SUICIDE GRIEF WEBSITES

SUICIDE GRIEF MATERIALS

ONLINE ASSISTANCE

SUPPORT GROUPS

SPECIAL POPULATIONS

BEREAVED CHILDREN

MILITARY/VETS/FAMILIES

SCHOOLS/WORKPLACES

COMMUNITIES

HELPING OTHERS

CHILDREN'S CAREGIVERS

FIRST RESPONDERS

BOOKSTORE

DETAILED LISTINGS

National Guidelines:
Responding After a Suicide

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 *Blink** is bit.ly/afterasuicide. *This site is not for crisis outreach. For immediate assistance, call 1-800-273-TALK (8255).*

- 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 ...

*Blink® (Blink®/Blink®) are used the same way as a site's original Internet address.



RECOMMENDED BOOKS

ABOUT

CONTACT

NATIONAL GUIDELINES: RESPONDING AFTER A SUICIDE

www.personalgriefcoach.net

SUICIDE POSTVENTION RESOURCES (continued)

General Resources

American Foundation for Suicide Prevention (AFSP):

[https://www.afsp.org/coping-with-suicide-loss/resources.](https://www.afsp.org/coping-with-suicide-loss/resources)

Suicide Prevention Resource Center (SPRC):

<http://www.sprc.org/programmatic-issues/prevention-strategies/postvention-and-crisis-response>

Action Alliance Postvention Toolkit:

<http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Managers-Guidebook-To-Suicide-Postvention-Web.pdf>

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THANK YOU!

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