



Suicide Postvention and Contagion: Responding Effectively!

Presented by:
Dr. Scott Poland

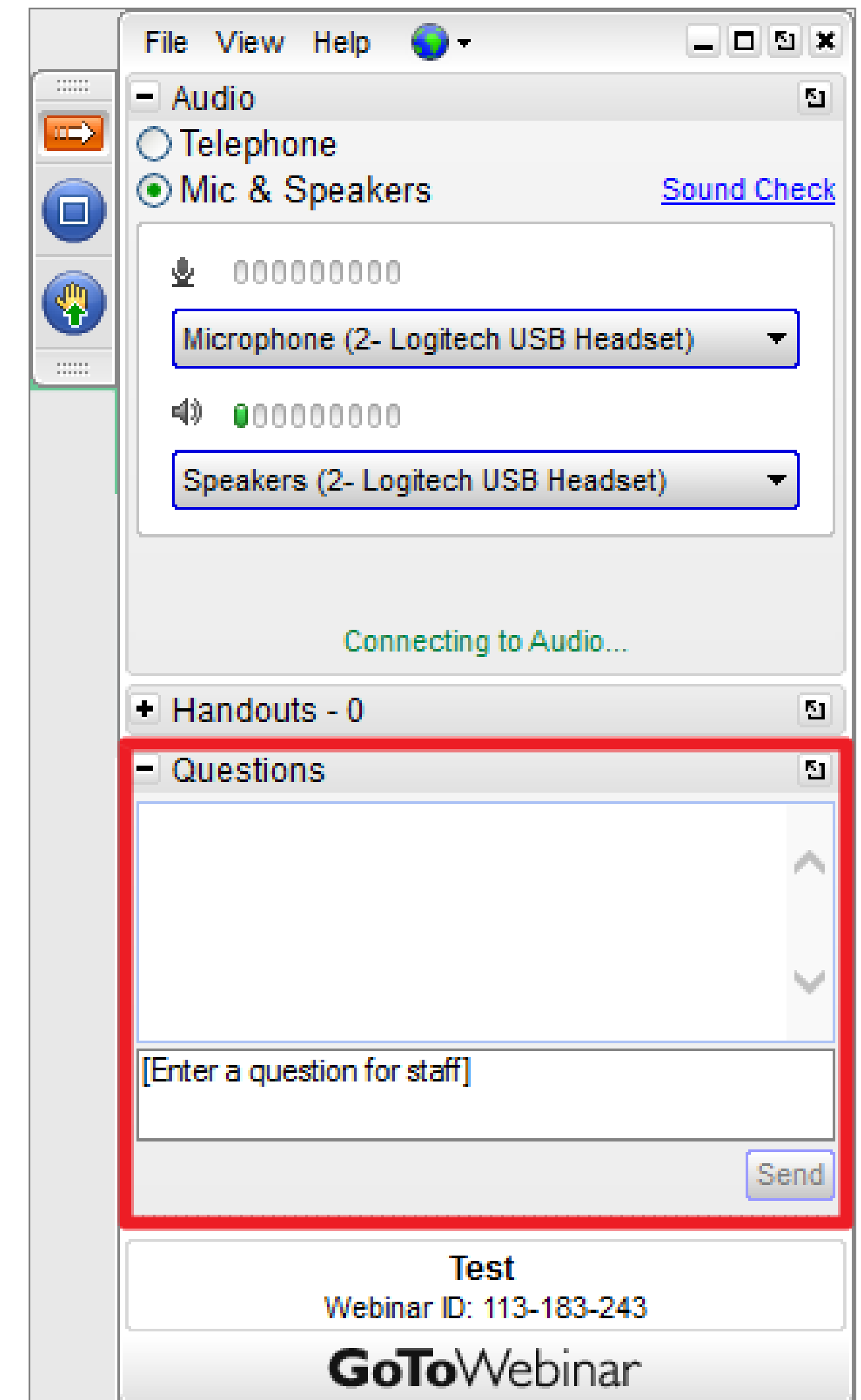
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A W E B I N A R P R E S E N T A T I O N

Welcome

- Presentation will be recorded
- A copy of the recording will be sent after the presentation
- Attendees are in listen-only mode
- Please submit questions on the right side of your screen
- Connect with us!

 @kognito



Today's Presenter



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Kognito

Enabling positive behavior change through the power of conversations.



Who we are

- Mental health/suicide prevention and early intervention simulations
- Listed on National Registries:
 1. SAMHSA NREPP
 2. SPRC/AFSP Best Practice
- Available at no cost in many states and many districts – contact us to find out if your area is sponsored
- Nearly 200,000 K-12 educators trained

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Clarification

- Suicide cluster refers to factual occurrence and suicides being bunched together in space or time but does not try to explain why.
- Suicide contagion is a possible explanation.
- Key prevention points are recognizing how exposure to suicide is a severe negative life event and the importance of good social support, healthy families to buffer the effects.

Mass Clusters

- Mass clusters are media related and grouped more in time than space and are in response to the media coverage of actual or fictional suicides.
- Research shows stronger effect for actual versus fictional media coverage and the term “Werther effect” has been around for a century.

Media Reporting on Suicide: Guidelines

What to avoid

- Avoid detailed descriptions of the suicide, including specifics of the method and location.
- Avoid romanticizing the victim.
- Avoid featuring tributes by friends or relatives.
- Avoid accounts of other adolescent suicide attempts.
- Avoid glamorizing celebrity suicides.

Point Clusters

- Occur locally and victims are contiguous in space and time.
- Social connections through internet etc. greater than ever before and vulnerable individuals are likely to form relationships with each other.
- Research has found 75% of point cluster victims had a major psychiatric disorder.
- Exposure risk greatest for 15 to 19 year olds males with drug/alcohol problems and a history of suicidal behavior.

Why Postvention in Schools?

- Schools are often unsure about how to respond after a suicide and certain practices or doing nothing may put students at greater risk. An effective response can restore a safe, healthy learning environment.
- Clusters or contagion are not the same as suicide pacts. Victims share a fragile connection either real or perceived.

Primary Goals of Postvention

- Assist survivors in the grief process.
- Identify and refer individuals who may be at risk following the suicide.
- Provide accurate information while minimizing the risk of suicide contagion.
- Implement ongoing prevention efforts.

Mares vs. Shawnee Mission Schools

- Two brothers who attended same school died by suicide months apart.
- Case involved questions of postvention and mental health responsibilities of school after first death and could second death have been prevented?
- Case settled in mediation.

What the Research Tells Us

- Suicide contagion occurs when one suicide death contributes/influences another.
- Contagion is rare but adolescents and young adults are most susceptible. Estimates are that clusters account for 1 to 5% of all youth suicides but communities are slow to recognize clusters.
- CDC studies of clusters cited academic pressure on students from schools, parents and the students themselves.

Postvention Research

- CDC cited parental lack of recognition of mental health problems and reluctance to seek treatment for their child.
- AAS Autopsy studies stressed substance abuse and issues faced by GLBTQ youth.
- Canadian research found postvention efforts too short in duration and focused on too few students.

Potential Risk Factors for Contagion

- Adolescents who have experienced severe stressors/losses who lack social support the ability to moderate impulses.
- Adolescents with similar problems are likely to find each other and form relationships.
- Community factors such as lack of belonging, extensive substance abuse problems, few mental health services and little awareness of suicide.

Key Points

- Suicidal adolescents are under identified and schools have been reluctant to address suicide and provide mental health services.
- Youth suicide occurs in a context of an active, treatable mental illness.
- Risk factors have been established that can identify high risk youth.
- World wide reducing the means of suicide and providing education on the warning signs of suicide saves lives!

Recent Phone Consultation 1

- Four students have died by suicide and principals says, “ why can’t everyone focus on all the good things going on at the high schools and why can’t kids get up every morning and view each day as a gift?”
- How do you respond?

Consultation 2

- The principal states, “I want to turn down the scholarship the parents of the suicide victim want to have in his memory.” He hands you something he found about the importance of not glamorizing a suicide victim.
- Do you try to convince him otherwise and if so what do you say?

Palo Alto Cluster

“These kids died from an untreated or undertreated psychiatric illness. It’s not as if it’s a mysterious thing and it’s not as if it’s not preventable. Unfortunately there is a misperception that if someone wants to die by suicide, it’s inevitable. That is not the case as the impulse to kill oneself waxes and wanes.” Madelyn Gould, Columbia.

Answering Students Questions

- Why did he/she do it?
- What method did they use?
- Why didn't God stop them?
- Is someone or something to blame?
- How do we prevent further suicides?
- How should I feel towards suicide victim?

US Prevention Service Task Force

- Report in 2009 recommends physicians screen all teens.
- Provide questionnaires and score on the spot.
- Provide a complete work up for teens at risk.
- Many physicians practices lack plans and support systems for depressed teens.
- After a youth suicide has occurred essential to screen all local teens.

Recommendations

- Create a task force and develop school policies.
- Train all staff on warning signs.
- Post prevention information and crisis resources on district website.
- Form a partnership with community resources.
- Train key staff in assessment/management.
- Parent notification is essential.
- Provide referral and follow-up services at school when a student is suicidal.
- Develop best practice postvention guidelines.

Risk Factors for Imitative Behavior

- Facilitated the suicide through involvement in a pact, providing the means or encouraging the suicide.
- Believe their mistreatment of the victim contributed (Houston example).
- Failed to recognize intent either did not take threat seriously or missed obvious warning signs.

Risk Factors for Imitative Behavior

- Had close relationship with victim.
- Identified with suicide victim either view them as role model or see parallel life circumstances.
- History of prior suicidal behavior or mental health problems.

Suicide Clusters: Center for Disease Control Recommendations

- 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.

AFSP and SPRC Postvention Toolkit 2011

- Schools should strive to treat all deaths the same (to reduce suicide stigma).
- Be aware of copy cat dangers and stress the victim was likely struggling with mental health issues.
- Emphasize help is available.
- Monitor social networking sites.

Toolkit Recommendations

- Contact the family of the deceased to confirm cause of death.
- What if they do not want the cause of death disclosed?
- Conduct a staff meeting/prepare faculty.
- Communicate with funeral director and clergy about mental health issues (funeral example).

Toolkit

- Tell the truth.
- Provide support to students.
- Schedule a parent meeting with 1st part providing general information and the 2nd providing small group discussion with trained crisis counselors.
- Link with community resources.

Toolkit Recommendations for Memorials

- Prohibiting all memorials is problematic.
- Recognize the challenge to strike a balance between needs of distraught students and fulfilling the primary purpose of education.
- Meet with students and be creative and compassionate (T-shirt issue).
- Spontaneous memorials should be left in place until after the funeral.
- Avoid holding services on school grounds.

Toolkit: Memorials

- Schools may hold supervised gatherings such as candlelight memorials.
- Monitor off campus gatherings.
- Student newspaper coverage should follow media reporting guidelines.
- Yearbook and graduation dedication or tributes should all be treated the same.
- Grieving friends and family should be discouraged from dedicating a school event and guided towards promoting suicide prevention.
- Permanent memorials on campus are discouraged.

Toolkit: Media Recommendations

- Suicide involves mental illness.
- School is saddened and offering support.
- Media is encouraged to follow reporting recommendations and focus on prevention.

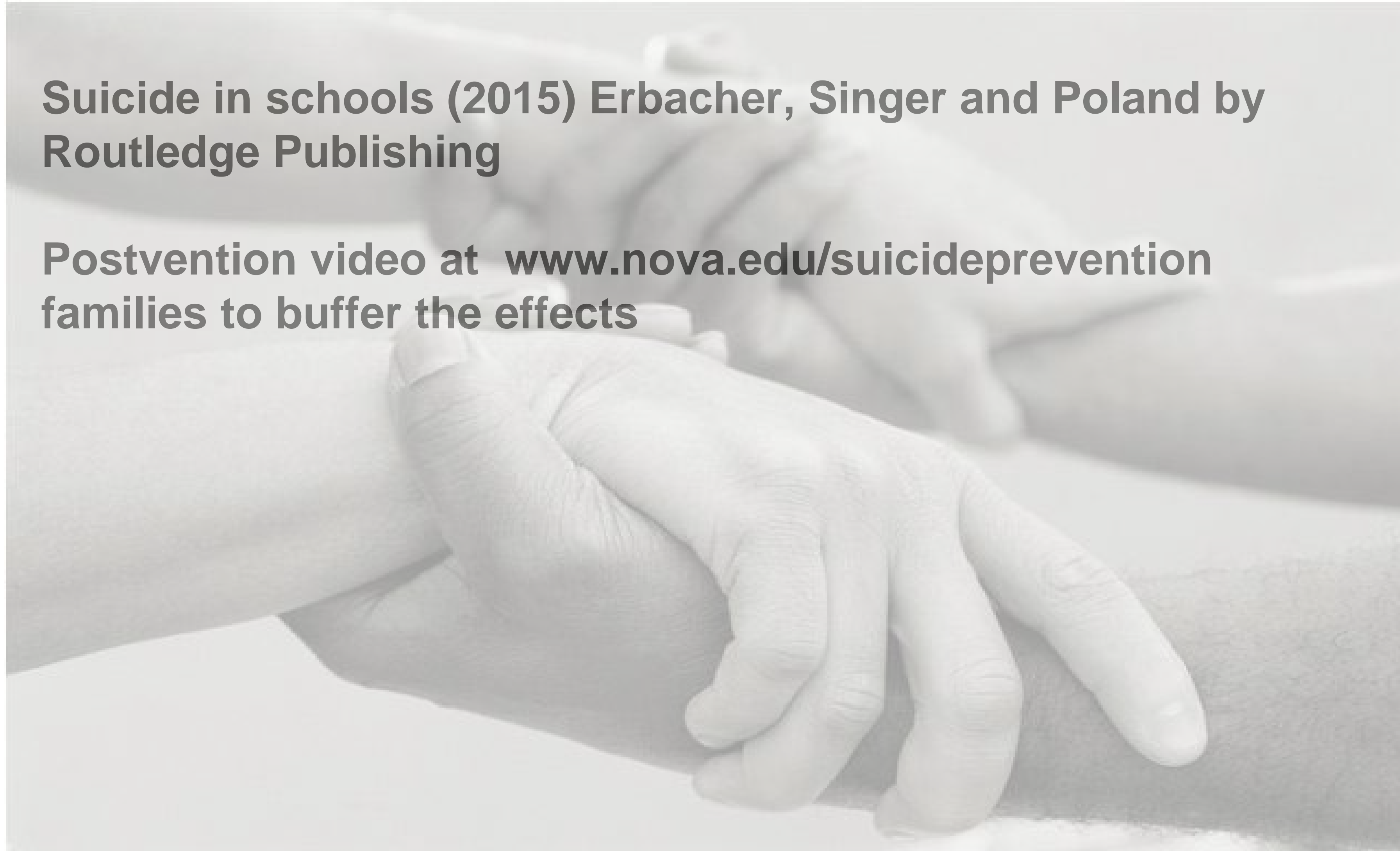
Toolkit Sample Letters

- Death has been ruled a suicide.
- Family has requested cause of death not be disclosed (rumors of suicide and since that subject has been raised it's complex but mental illnesses such as depression are usually the cause).

More Information

**Suicide in schools (2015) Erbacher, Singer and Poland by
Routledge Publishing**

**Postvention video at www.nova.edu/suicideprevention
families to buffer the effects**



Youth Suicide: Resources

American Association of Suicidology
www.suicidology.org

American Foundation for Suicide Prevention
www.afsp.org

Suicide Prevention Resource Center
www.sprc.org

Q&A



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