



# School Safety Newsletter

Volume 2, Issue 2

September 2014

Note: 78% of school attackers had a history of suicide attempts or suicidal thoughts prior to their attack. (Vossekuil, B. (2002). *The final report and findings of the safe school initiative: Implications for the prevention of school attacks in the United States*. Washington, D.C. U.S. Secret Service.)

## **The Robin Williams Effect: Could Suicides Follow Star's Death?**

August 12, 2014 by Linda Carroll

Whenever someone famous commits suicide, experts worry that media coverage might be the spark that sends others to try to solve a temporary problem with an all too permanent, and tragic, solution. There were more calls than usual to the National Suicide Prevention Lifeline, and Lisa Furst of the Geriatric Mental Health Alliance of New York told NBC that Robin Williams' death was one reason why.

There is precedent for the concern. The best example is Marilyn Monroe's suicide in 1962, says Dr. Alex Crosby, a medical epidemiologist in the division of violence prevention at the Centers for Disease Control and Prevention. "If you recall the demographics," Crosby says, "Marilyn Monroe was in her 30s. Researchers found a statistically significant increase in suicides across the nation in white females in their 30s and early 40s in the year after she died."

There was a similar, though limited, uptick after Kurt Cobain died in 1994.

"While they were not able to demonstrate it nationally as in Marilyn Monroe's case, they were able to show that suicides rose in certain populations — primarily in the region of Washington where he lived," Crosby says.

There's no doubt that there is a "contagion effect," says Dr. J. Raymond DePaulo, Jr., Henry Phipps Professor and director of the department of psychiatry & behavioral sciences at the Johns Hopkins University School of Medicine. "And I believe it also accounts for things like these mass shootings. Almost anything you see, there can be copycats and a contagion."

One very important thing to keep in mind is that a good 75 percent of clinically depressed people don't get diagnosed or treated for it, DePaulo says.

"And most don't come for care because they don't think of themselves as having something they need to go to the doctor for. They figure we all have good days and bad days," he adds. "So there is this reservoir of people out there who are clinically depressed and also having bad days on top of that and sometimes they see a suicide and it will have an effect."

Crosby and other experts believe that the way the media reports on suicides can make an impact, for good or bad.

First and foremost, suicides shouldn't be glamorized, he says. Instead, coverage might focus, for example, on the consequences of suicide, what happens to the family afterward.

You don't want the story "to prompt vulnerable individuals, or those who might identify with the celebrity, to think that this is the way to deal with their problems and their pain," says Dr. Lanny Berman, senior advisor to the American Association of Suicidology. "When someone is suffering from a nonspecific loss of hope, they may think, 'My god, if Robin Williams couldn't hack it given all his fame and fortune and adoration, what hope do I have?'"

The best response, experts say, is to use the tragic event as an opportunity to teach the public to recognize the warning signs of suicide so they can try to help loved ones before it's too late.

Berman says those warning signs include:

- Expressions of suicidal thinking: in words, poems, diaries, etc.
- Increased use of drugs or alcohol
- Little sense of meaning or purpose
- Struggles with anxiety, agitation and insomnia

*Protecting our  
future through  
information  
sharing*

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## **The Robin Williams Effect: Could Suicides Follow Star's Death? (continued)**

- Expressions of feeling trapped, feeling like being between rock and hard place
- Feelings of hopelessness, that things will never change for the better
- Moving away from anything that represents a reason to live: people that matter, work, school hobbies
- Showing excessive anger or rage
- Increase in recklessness and/or risk taking behavior.
- Dramatic mood changes, such as shifts from being OK to being depressed or being depressed to being OK

If you see any of those signs, you need to encourage the person to seek the help of a mental health professional, Berman says. Help can be found at 1-800-273-TALK (8255) or on this list of crisis hotline services at: <http://www.mhaofnyc.org/health-care-solutions/crisis-hotline-services/>

Sometimes depressed people need help in reaching out. It may be enough to get the person connected with a specific mental health provider, says Emanuel Maidenberg, director of cognitive behavioral therapy in the department of psychiatry at the University of California, Los Angeles.

"People in a depressed mood often do not have the energy to look for help," Maidenberg explains. "They may have the idea but not the energy to find help."

It's important for people to recognize that most depressed people don't end up killing themselves. "Longitudinal cohort studies have shown that less than 10 percent of people with clinical depression die as a result of suicide," Maidenberg says. "That means that 90 percent die from something else."

But if your loved one is resistant to getting help, "you need to firmly, but gently, remind the person that as bad as it may feel at a given time, depression tends to pass. Suicidal thoughts always pass. They may return, but you have to have the courage to wait till they go away."

<http://www.nbcnews.com/storyline/robin-williams-death/robin-williams-effect-could-suicides-follow-stars-death-n178961>

### **Teen Copycat Suicides Are A Real Phenomenon**

May 1, 2014 By Brandy Zadrozny, The Daily Beast

<http://www.thedailybeast.com/articles/2014/05/01/teen-copycat-suicides-are-a-real-phenomenon.html>

A new study provides the strongest evidence yet that sensational media reporting of a teen suicide plays into the tendency of other kids to imitate the tragic act.

There's a scene in the 1988 cult classic *Heathers* where Veronica, the only non-Heather in her clique, returns home to find her parents glued to the TV set. A surreal local news segment is covering Westerberg High's reaction to a spate of recent (thought-to-be) suicides: students hold hands in an orchestrated outpouring of counterfeit emotion as the cameras circle. "Can't you see?" Veronica yells as she rips the power cord from the socket, "These little programs are eating suicide up with a spoon. They're making it sound like it's a cool thing to do."

Indeed, at that very moment in the film, the unfortunate secondary heroine Martha "Dumptruck" is walking out into traffic in a suicide attempt of her own, described by Heather No. 2 as "just another case of a geek trying to imitate the popular people of the school and failing miserably."

Are suicides imitative? Though media-fueled teen suicide outbreaks sound more like the stuff of Hollywood films than real life, research published today in *The Lancet Psychiatry* journal confirms their existence.

"It just seems so frightening, but a lot of behaviors are modeled," says Dr. Madelyn Gould of the New York State Psychiatric Institute and lead author of the study.

Heightened newspaper coverage following a young adult's suicide is significantly linked to subsequent self-inflicted deaths, according to Gould's research. Her study finds that the more sensational the reporting, the more details provided, and the more prominent the story's placement, the more likely it was that additional suicides would follow. What's more, the study reinforces the opinion that irresponsible reporting on suicide overwhelmingly impacts the young. According to another study by the same author, the prevalence of copycat suicide is up to four times higher in young adults than any other age group.

The theory of copycat suicides—fueled by media coverage—has long been studied in academic circles. Most of this research leans on social learning theory, the idea that when a vulnerable teen identifies with a suicide victim, he might choose the same fate, thinking, "Well, maybe that's a way out for me. I'm experiencing that same pain, those same problems," Gould explains. And it might not even be a conscious decision, she says: "It may just activate a suicidal thought in someone that has it in the back of their heads. You don't want this thought to become a behavior."

In the most advanced study of its kind, Gould and her colleagues used state records from 1988 to 1996 to identify "clustered" suicides of young adults—that is, between three and 11 suicides of people 13 to 20 years of age that occurred in the same city or town within three months of each other.

She and her colleagues used a control group—theirs is the first study to do so—pooling the data of young suicide victims from non-neighboring counties within the same state whose death occurred after the three-month window had closed. The

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## Teen Copycat Suicides Are A Real Phenomenon (continued)

researchers examined stories in 469 local papers following suicides in both the clustered and the control group.

Looking at 48 suicide clusters, Gould found that significantly more newspaper articles on the deaths were published following the initial cluster suicide (7.5 on average) than after non-clustered suicides in the control group (5.1). And in 25 percent of the cases for the clustered suicides, at least one news story about the original victim had been published, compared with 14 percent for the control group.

It's not just that the suicides in a cluster were written about more often—the *type* of coverage was significant. The first suicide in a cluster was more likely to be printed on the front page of a newspaper and more likely to include photos, while the headlines more often contained the word 'suicide'. The coverage was also more likely to detail the specific suicide method, and was classified as "sensational" or tabloid-like. Suicide notes were also mentioned more frequently.

Gould's findings support existing research on the subject. In 1974, sociologist David Phillips coined the tendency of teenagers to imitate these suicides as "The Werther Effect"—named for the lovelorn protagonist of Goethe sturm und drang novel, *The Sorrows of Young Werther*, which featured a maudlin fictional suicide that, according to legend, was copied so many times by real people that the book was banned in several countries.

"Teenagers are highly imitative, influenced by fads and fashions in general," Phillips explained years later to *The New York Times*.

Phillips' groundbreaking work was the first to show an increase in the number of suicides after an initial suicide had been reported by the media, and he found that this increase ballooned the longer the initial suicide stayed on the front pages. The quintessential example, for Phillips, was Marilyn Monroe's death—her suicide, which swamped media coverage at the time, was correlated with over 300 "copycat" suicides above and beyond the expected average for years between 1948-1967.

Gould is quick to offer the statistician's routine warning about mistaking correlation for causation; still, she writes, the results are strong enough to suggest that the press should be more responsible in its coverage of suicide and emphasized "the importance of adherence to media guidelines that discourage reporters from using too much detailed or graphic representations of suicides."

Suicide is the third-leading cause of death for people between the ages of 15 and 24—claiming about 4,600 young lives each year, according to the Centers for Disease Control and Prevention. Nationally, the overall trend is relatively stable at about 10 per 100,000 in the population. But for every suicide in this age group, there are hundreds of other unsuccessful attempts. For many young people, suicide rates were actually on the decline until a 2011 uptick (the most recent year for which data is available) rolled back the gains made since 2001, according to a nationwide survey that tracks risky behavior in high school students. About eight percent of kids in grades 9-12 reported trying to kill themselves at some point in 2011.

Journalists have wrestled with the question of how to cover teen suicides before. In March of 1987, as part of a suicide pact, four New Jersey teenagers drove into a garage together and left the motor running. At least seven suicides by carbon monoxide poisoning quickly followed—including one boy who had saved clippings about the other deaths—leading police and the media alike to question whether reporting on suicide was in the public interest or just served as an advertisement to other troubled teens.

Reporting a suicide—especially a child's—meaningfully and responsibly is, as Gould's research shows, a difficult task. Many news organizations make decisions about coverage on a case-by-case basis. The Society of Professional Journalists hasn't codified any national standards, though several groups like the Suicide Prevention Resource Center (SPRC) provide guidelines ([http://www.sprc.org/sites/sprc.org/files/library/at\\_a\\_glance.pdf](http://www.sprc.org/sites/sprc.org/files/library/at_a_glance.pdf)). SPRC's "what to avoid" section (details, prominent placement, pictures, sensationalism) dovetails with the list of practices that Gould's study highlighted in cases where reporters made preventing copycat suicides a newsroom priority.

Gould's study clearly adds to our knowledge of suicide contagion, but it comes with limitations. Most notably, it examines a time period ending in 1998. That's two years before the launch of Google, which has made millions of graphic teen suicide stories a simple click away—not to mention the sprouting of social networks that erase the geographical limitations that once bounded print news.

Related research suggests that Internet use is linked with an increase in self-harm and suicide. In one of the largest reviews on the subject last year, an Oxford team found that the Internet can both prevent and contribute to teenage suicide, acting as a gateway to support networks while at the same time providing kids with instant access to veritable how-to manuals and echo chambers that normalize unhealthy behaviors.

And then there's the infamous 4chan (an online image and message board created in 2003 as the English-language alternative to Japan's 2chan, a place to discuss anime and other aspects of Japanese culture) debacle last December. That's when "Stephen," a user of the online message board, posted "This is it. Tonight I will be ending my own life." Two hundred viewers egged Stephen on while he downed handfuls of unidentified pills and vodka, then lit himself and his dorm room on fire.

In an accompanying comment in the *The Lancet* journal, suicide experts Jane Pirkis and Jo Robinson speak to the shifting media landscape and its potential perils. "Less regulated, more volatile, and more interactive media might have an even greater effect, particularly because young people are not only major consumers of these forms of media, but also the creators of their content."

While this study focuses on traditional newspapers (still, by the way, the sources where most young people learn about the suicides of others, according to a 2011 study), Gould says it has implications for non-journalists as well—and especially for young people. "With social media, they are the ones who create the stories now."

Gould doesn't propose that media coverage is the only factor to cause suicide clusters. Still, she says, we have to take account of its undeniable role. This report was part of a larger, not-yet-released study that seeks to explain why suicide clusters happen in one community and not another. Her group has interviewed parents, friends, siblings, as well as consulting news reports and medical, death and police records to ultimately try to find out what makes a particular young person's death a probable model for imitation.

"Suicidal behavior is complex," Gould says. "We have to examine the many puzzle pieces that contribute to suicide, without discounting any specific piece. The costs are too great."

## Governor Quinn Signs Legislation to Ban Smoking on State University Campuses

Also Signs New Law to Restrict  
Display of E-Cigarettes Across  
Illinois

August 17, 2014

Governor Pat Quinn signed Senate Bill 2202 Smoke Free Campus Act that prohibit smoking on the campuses of all state-supported colleges and universities. The smoking ban takes effect July 1, 2015 and applies to both indoor and outdoor spaces on campuses. The Governor also signed a law to restrict the display of e-cigarettes. Today's action is part of Governor Quinn's agenda to protect and improve the health and well-being of all people in every community across Illinois.

Governor Quinn also signed House Bill 5868, sponsored by State Representative Kathleen Willis (D-Northlake) and State Senator John G. Mulroe (D-Chicago), which requires that alternative nicotine products such as e-cigarettes be displayed under the same restrictions as cigarettes. The products must be sold from behind a counter, in an age-restricted area or in a sealed case, and may not be dispensed from a self-service display. A previously passed law prohibits the sale of alternative nicotine items to those under 18 years of age. House Bill 5868 is effective Jan. 1, 2015.

<http://www3.illinois.gov/PressReleases/PressReleasesListShow.cfm?RecNum=12517>

## Suicide Prevention - Youth Suicide

Center for Disease Control and Prevention (CDC) - Suicide (i.e., taking one's own life) is a serious public health problem that affects even young people. For youth between the ages of 10 and 24, suicide is the third leading cause of death. It results in approximately 4600 lives lost each year. The top three methods used in suicides of young people include firearm (45%), suffocation (40%), and poisoning (8%).

Deaths from youth suicide are only part of the problem. More young people survive suicide attempts than actually die. A nationwide survey of youth in grades 9–12 in public and private schools in the United States (U.S.) found that 16% of students reported seriously considering suicide, 13% reported creating a plan, and 8% reporting trying to take their own life in the 12 months preceding the survey. Each year, approximately 157,000 youth between the ages of 10 and 24 receive medical care for self-inflicted injuries at Emergency Departments across the U.S.

Suicide affects all youth, but some groups are at higher risk than others. Boys are more likely than girls to die from suicide. Of the reported suicides in the 10 to 24 age group, 81% of the deaths were males and 19% were females. Girls, however, are more likely to report attempting suicide than boys. Cultural variations in suicide rates also exist, with Native American/Alaskan Native youth having the highest rates of suicide-related fatalities. A nationwide survey of youth in grades 9–12 in public and private schools in the U.S. found Hispanic youth were more likely to report attempting suicide than their black and white, non-Hispanic peers.

Several factors can put a young person at risk for suicide. However, having these risk factors does not always mean that suicide will occur.

Risk factors:

- History of previous suicide attempts
- Family history of suicide
- History of depression or other mental illness
- Alcohol or drug abuse
- Stressful life event or loss
- Easy access to lethal methods
- Exposure to the suicidal behavior of others
- Incarceration

Most people are uncomfortable with the topic of suicide. Too often, victims are blamed, and their families and friends are left stigmatized. As a result, people do not communicate openly about suicide. Thus an important public health problem is left shrouded in secrecy, which limits the amount of information available to those working to prevent suicide.

The good news is that research over the last several decades has uncovered a wealth of information on the causes of suicide and on prevention strategies. Additionally, CDC is working to monitor the problem and develop programs to prevent youth suicide.

[http://www.cdc.gov/violenceprevention/pub/youth\\_suicide.html](http://www.cdc.gov/violenceprevention/pub/youth_suicide.html)



**Mia Langheim**  
School Intelligence Officer

### **Sidebar Notes:**

If you or someone you know is having thoughts of suicide, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), or visit the web at: <http://www.suicidepreventionlifeline.org/>

Suicide has many warning signs. For more information, visit the American Association of Suicidology's Website at: <http://www.suicidology.org/>

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