CONGRATULATIONS Dr. Hwang! 1ST Fellow at Central Star PHF with Her poster.

Suicide Clusters
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September 18, 2022
Review the trends and adolescent risk factors for suicide.

Understand the "suicide cluster" phenomenon and community guidelines for managing.

Explore via case discussion of a multi-disciplinary approach to helping a family & Community cope with a lethal suicide attempt.

**OBJECTIVES**

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**Suicide Rate Increased by 20% between 2019-2020 in CA for kids 10-18yrs old**

Our kids are facing a mental health crises.

The global pandemic put a spotlight on our nation’s mental health crises and the heavy toll borne by the youngest among us, especially in underserved and marginalized communities.

Nationwide, our kids are more anxious and depressed. They feel isolated and lonely. Suicide rates are climbing.

In California:

- Over 284,000 youth cope with major depression.
- 66% of kids with depression do not receive treatment.
- Suicide rates for kids ages 10-18 increased 20% between 2019-2020.

We’re taking urgent action to address this crises. As other states cut resources for kids’ mental health, California is doubling down with the most significant, multi-year overhaul of our mental health system in state history.

$ 4.7 Billion

So every Californian ages 0-25 has increased access to mental health and substance use supports

**When a friend dies by suicide: Preventing suicide contagion**

Illustration: David Chrisom, Boston Children's Hospital
Suicide clusters are defined as a more-than-expected number of suicides or nonfatal events such as suicide attempts and self-harm activities.

Other Names includes:
- Contagion
- Copycat Suicides
- Mass Suicides

Let’s look at mass clusters.
- Marilyn Monroe’s controversial death is often cited as a case of this “copycat effect.”
- There was a rise in suicides by as much as 12% during the month after her death.
- Subsequent studies saw similar parallels between confirmed suicides of celebrities and ensuing news coverage of them (as well as coverage of non-celebrities who died by suicide).
Suicide Clusters

- The death of Robin Williams urged suicide prevention advocates and media across the nation to work collaboratively to promote Lifeline's toll-free, 24/7 hotline for anyone who may be contemplating suicide.
- On Aug. 10, just one day prior to Robin Williams' death by suicide, Lifeline answered over 3,000 calls. Within 24 hours after his death on Aug. 11, 2014, Lifeline's call volume more than doubled. On Aug. 12, 2014, Lifeline received 7,375 calls nationwide, the highest number of calls on one given day in the history of the Lifeline.
Do you know about Mass suicide at Jonestown?

• Peoples Temple; Jim Jones, Cult Leader
• Many of Jones’ followers willingly ingested a poison-laced punch while others were forced to do so at gunpoint. The final death toll at Jonestown that day was 909; a third of those who perished were children.
The Volcano Suicide

- 1933 when a 21-year old student named Kiyoko Matsumoto committed suicide by throwing herself into the volcanic crater of Mount Mihara on the Japanese island.
- Matsumoto, a student at Tokyo's Jissan College, developed an infatuation with fellow student Masako Tomita.
- "Dearest, I am bewildered to distraction by the perplexities of maturing womanhood."
- In 1933 alone, 944 people (804 men, 140 women) would jump into the crater. In the two years that followed saw an additional 350 suicides and 1386 attempted suicides on Mount Mihara and visitors would often travel there just to watch people jump.

Inpatient Mental Health Treatment at Central Star Psychiatric Health Facility Fresno CA (Ages 12-17)

<table>
<thead>
<tr>
<th>Total Clients Treated</th>
<th>Gender Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>4923</td>
<td>Male: 1640 (33.3%)</td>
</tr>
<tr>
<td>April 2015 – Sep 2022</td>
<td>Female: 3283 (66.3%)</td>
</tr>
</tbody>
</table>
Suicides can cluster in:

1. space and time (space-time or "point" clusters)
2. time only (temporal, "mass" clusters)
3. space only (Echo, spatial or geographic clusters)
There is no one type of “suicide cluster-prone” community. Clusters occur in communities with varying socioeconomic and ethnic profiles.

Suicide Data: California CDC 2020

Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented—more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2020 data from the CDC, the most current verified data available at time of publication (March 2022).

Suicide Death Rates

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
<th>Deaths per 100,000 Population</th>
<th>State Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Suicide</td>
<td>14.7</td>
<td>1st</td>
</tr>
<tr>
<td>2nd</td>
<td>Cancer</td>
<td>9.8</td>
<td>2nd</td>
</tr>
<tr>
<td>3rd</td>
<td>Heart Disease</td>
<td>8.7</td>
<td>3rd</td>
</tr>
<tr>
<td>4th</td>
<td>Diabetes</td>
<td>7.7</td>
<td>4th</td>
</tr>
</tbody>
</table>

26.4% of communities did not have enough mental health providers to serve residents in 2015, according to federal guidelines.

Almost five times as many people died by suicide in 2019 than in alcohol-related motor vehicle accidents.

The total deaths to suicide reflected a total of 46,834 years of potential life lost (YPLL) before age 65.

45% of firearm deaths were suicides. 37% of all suicides were by firearms.
Tulare County: Highest Suicide rate in CALIFORNIA -2015-2017

CLOVIS West High School: Cluster Suicides

Loss—and Hope—After a Cluster of Student Suicides in Fresno County. March 6, 2020

1. Nearly 1 in 5 high school students seriously considers suicide in a year. After a cluster of suicides, a district decides it’s time to talk more frankly about the issue. Jordan will never forget her junior year. Within a span of several heartbreaking months, three peers at her high school, Clovis West, died by suicide—two within just two weeks of each other. A fourth student later died by suicide at nearby Clovis High School.

2. The climate on campus was dismal. Every time the intercom went off to announce things, you were just waiting for the next student’s name,” said Jordan, who called the experience in the 2016-2017 school year traumatizing. “Students felt like it was us against the world. We’re losing one friend after another.”

I approached Clovis West HS to talk to principal and teachers. We started a collaborative meeting every month.
Patients admitted to Central Star PHF:

Where are suicide clusters more likely to occur?

1. Published investigations have shown that they occur in a variety of locations such as schools, correctional facilities, military institutions, and hospitals.

2. Suicide clusters account for 100-200 deaths annually, according to the CDC. These clusters consist of more victims, typically ranging from 13 to 24 years old, and occur within approximately a one-to-two-year period.

3. While there is some research cautioning against the glamorizing of suicide deaths, there is no single cause or solution to end a cluster.

The Washington Post

CDC investigates why so many students in wealthy Palo Alto, Calif., commit suicide
Number of emergency department visits for self-inflicted injury: 836,000

<table>
<thead>
<tr>
<th>Incident</th>
<th>Number of deaths</th>
<th>Deaths per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Suicides</td>
<td>41,149</td>
<td>13.0</td>
</tr>
<tr>
<td>Suffocation Suicides</td>
<td>10,062</td>
<td>3.2</td>
</tr>
<tr>
<td>Cause of death rank: 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poisoning suicides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearm suicides</td>
<td>6,637</td>
<td>2.1</td>
</tr>
<tr>
<td>Number of deaths: 21,175</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaths per 100,000 population: 8.7</td>
<td></td>
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</tbody>
</table>

Source: National Hospital Ambulatory Medical Care Survey: 2011 Emergency Department Summary Tables. Table 17 [PDF - 1.1 MB]

Rates Increased for 10–18 year olds in 2020

Summary of Suicide Findings/Trends

- Number of suicides overall in California has decreased in 2020.
- Suicide rates of certain subgroups have increased in 2020:
  - 10-18 year olds
  - People who are Asian/Pacific Islander
  - Suicide rates among certain subgroups of youth (ages 10-24) have increased in 2020:
    - Youth who are Black
    - Youth who are Hispanic
    - Female youth
  - The use of firearms as a mechanism for suicide has increased in 2020, especially among individuals who are Black.
Risk factors associated with suicide clusters

Risk factors associated with suicide clusters are:

1. Male Sex
2. Being an adolescent or young adult
3. Excessive alcohol use or drugs misuse

What age group has more clusters?

Among published reports, adolescents and young adults seem to experience clusters more frequently than middle-aged or older adults, approximately 1% to 5% of teen suicides occur as part of a cluster.

Research shows that students who are most vulnerable include:

1. Students who backed out of a suicide pact
2. Students who had a recent negative interaction with the victim
3. Students who now realize they missed warning signs
4. Students with their own set of childhood adversities/previous suicidal behavior regardless of their relationship to the victim.

Youth Risk Behavior Surveillance by Sex

[Graph displaying data for male, female, and total percentages for various risk behaviors.]
Youth Risk Behavior Surveillance by Grade Level

Stay at home order & Self Harm ED visits

Unique Characteristics of Child Mental Health Problems

- Often represent gene-environmental interactions
- Symptoms of the disorder often worsen the disorder
- Impact development and overall skill acquisition
Unique Characteristics of Child Mental Health Problems

01 Affect and are affected by family relationships and family behavior

02 Early recognition and early effective treatment significantly reduce mortality and morbidity

03 Sources of resilience and risk strongly influence the occurrence and course of child and adolescent mental health problems

Does media attention affect suicidal Behavior?

Risk of suicide can increase when media reports fail to follow the best practices external icon, including:

01 Dramatic or graphic headlines or images

02 Repeatedly reporting on the same suicide

03 Explicitly describing the suicide method or showing pictures of it

04 Dramatizing the suicide death through romanticized or sensational headlines

05 Showing the site of the suicide and pictures of those who are grieving

The Papageno Effect

01 In Mozart’s 18th-century opera, The Magic Flute, one of the main characters, Papageno, loses his love and feels the only way out of his pain is suicide. Before he can act on it, three characters show him other ways to solve his problems.

02 Named after this story, the Papageno effect is the influence that mass media can have by responsibly reporting on suicide and presenting non-suicide alternatives to crises. Mass media may include news reporting, social media, movies, TV shows, books, blogs, and theatre.
Media can play an important role in preventing suicide risk or deaths

1. Provide information on warning signs of suicide risk
2. Provide resources for how to get help, including local or national hotlines
3. Share messages of hope and resilience
4. Engage experts to provide facts about suicide and how to prevent it

Mitigate media-driven suicide Cluster/Contagion

Studies have shown that it is possible to intervene to mitigate media-driven suicide contagion by implementing media guidelines for suicide reporting, which can interrupt the transmission of suicidality by modifying the volume and content of media reporting.

For example, suicides in the Vienna subway system decreased by approximately 75 percent in 1987 following implementation of media guidelines for reporting on subway system suicides.

Pirkis and Nordentoft, 2011

Etzersdörfer et al.

Mitigate suicide on the Viennese subway

The number of subway suicides in Vienna increased dramatically between 1984 and mid-1987. In the second half of 1987, there was a decrease of 75% which has been sustained for 5 yrs. This reduction in subway suicides began when a working group of the Austrian Association for Suicide Prevention developed media guidelines and initiated discussions with the media which culminated in an agreement to abate from reporting on cases of suicide. The characteristics of suicide and attempted suicide on the Viennese subway are discussed and appropriate guidelines for media coverage of suicidal acts are presented.

Imitative suicide on the Viennese subway

S. Ganser1, E. Etzersdorfer, S. Nagel, Kuen

Affiliations + expand

PMID: 815751 DOI: 10.1016/0027-9539(84)90047-2

Abstract

The number of subway suicides in Vienna increased dramatically between 1984 and mid-1987. In the second half of 1987, there was a decrease of 75% which has been sustained for 5 yrs. This reduction in subway suicides began when a working group of the Austrian Association for Suicide Prevention developed media guidelines and initiated discussions with the media which culminated in an agreement to abate from reporting on cases of suicide. The characteristics of suicide and attempted suicide on the Viennese subway are discussed and appropriate guidelines for media coverage of suicidal acts are presented.
Sources of Risk

- Family violence, abuse or neglect
- Community disruption
- Poor resource availability

Sources of Risk

- Poverty
- Recent move or immigration
- Marked marital or post separation conflict

Sources of Resilience

- High intelligence
- Even temperament
- Physical attractiveness
- Special skills & abilities
- Commitment of caretaker to child’s well being and development
- Strong social support for family and caretaker
Suicide Prevention

4 out of 10 suicides may be prevented by limiting access to means

Suicide cost every year

Suicide costs the U.S. $44 billion every year

Suicide Prevention

Know Referral Resources
Resource sheet: Create referral resource sheet from your local community

01 Psychiatrists/Psychologists
02 Local mental health services
03 Other Therapists
04 Local hospital emergency room
04 Family doctor/pediatrician
06 Local walk-in clinics
07 Local medical centers/medical universities
08 Local psychiatric hospitals
Suicide Prevention

1. National Suicide Prevention Lifeline: 1-800-273-TALK
2. Hotlines: 988
3. www.suicidepreventionlifeline.org
4. In an acute crisis, call 911
5. https://afsp.org/

In 2020, Congress designated the new 988 dialing code to operate through the existing National Suicide Prevention Lifeline.
Concluding Remarks

1. Planning for transition to adulthood is significant.
2. Social and human costs of non-treatment are enormous.
3. Competence and human connections are important treatment goals.

Concluding Remarks

01. There is a great need for more Child and Adolescent Psychiatrists (only 10,600 in USA for 74 million children).
02. Effective treatments are available and lead to more productive and satisfying lives for children and their families.
Concluding Remarks

Acknowledgement

1. CCPS Drs. Saadabadi, Jaques, Bagga and all faculty at KDH
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3. Karen, Medical Librarian at KDH
4. PubMed, NIH, AFSP, Uptodate
5. FIVERR website for helping me with slides.
6. NAMI CDC APA AACAP AMA

Time now to Re-adjust the objective of this presentation

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• Explore via case discussion of a multi-disciplinary approach to helping a family & Community cope with a lethal suicide attempt.

• Objective of our Mental Health Group: SAVE A LIFE.
Thank you all for coming by today

Please share your thoughts or comments

MYChildMD@gmail.com
Connect with me at 555-313-0908
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