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The Importance of Being Proactive: Suicide Clusters, Prevention Programs, and Postvention

Methods in the High School Setting

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Abstract

The purpose of this paper is to explain the phenomenon of suicide clustering and suicide contagion in relation to teenagers and the education system and to provide detailed recommendations for both the prevention and postvention of youth suicide in the school system. Due to the prevalence of mental health issues in teenagers, especially depression, it is important for educators to be aware of the risks of youth suicide attempts and completion, as well as the inherent dangers of clustering that may occur. The phenomenon of suicide clustering will be explained, including the methods by which clustering occurs, as well as the risks schools face when a student commits suicide because of the increased chance of a suicide cluster. The common risks and warning signs of suicides, contagion, and clustering will be discussed. Additionally, the risks associated with LGBT and special needs youth will be analyzed in order to suggest proper prevention training for educators of these students. Furthermore, an extensive, threefold prevention program and curriculum that includes school personnel, students, and parents will be analyzed and recommended. Moreover, the use of school-wide risk assessment, a relatively new concept in suicide prevention and intervention, will be explored and recommended. Also, postvention efforts—including the roles of the school corporation and the dangers of glamorizing teen suicide—will be suggested to minimize the risk of contagion and clustering. All of this will be completed through literature review and data collection from peer-reviewed journal articles.

Keywords: Suicide clusters, youth suicide prevention, suicide postvention

The Importance of Being Proactive: Suicide Clusters, Prevention Programs, and Postvention
Methods in the High School Setting

Introduction

Background

Turn on the news. Open your Facebook. Log in to Twitter. Chances are, if you sift through the gossip, the politics, and the memes, you will find someone talking about education, be it a parent or a teacher or a community member. Sometimes positive, sometimes negative, you will see people discussing hot button issues in education: standardized testing, teaching licensures, the Common Core Standards, technology in the classrooms, and a plethora of other education-related topics will be splashed across your newsfeed. However, you may also notice that certain tough topics are missing from these common discussions—topics that will only surface when tragedy strikes a community. Namely, you will see very little, if any, discussion on teen suicide and teen suicide clusters in schools, including prevention education and postvention efforts.

This is understandable. As a nation, we tend to shy away from tough topics, especially concerning mental issues. However, as educators, parents, and community members, it is important for everyone to be educated on suicide and the phenomena of suicide clusters in order to better advocate for our teenagers. Furthermore, this advocacy must include updated means of preventing suicides and suicide clusters, educating students about suicide, and strategic postvention planning for if and when suicide occurs in a school corporation.

Like the common cold or the flu, suicide has also been found to be contagious in a way, with the suicide of one teenager often resulting in copycat suicides across schools. The purpose of this paper will be two-fold. First, through careful exploration and study of prior literature, I

will investigate the contagious phenomena of suicide among teenagers, the risk factors and warning signs, and current trends and risks associated with suicide clusters. Second, I will use this data as a framework to suggest more effective prevention programming and education, as well as postvention methods, sounding a call to action among schools, counselors, and teachers everywhere.

The importance of this thesis is quite simple: students are our most valuable resource and, as human beings, they deserve to live full lives. By understanding how to prevent suicide and suicide clusters, in the event that the initial triggering suicide does occur, we as educators fulfill a great service to our students and our communities. We owe it to our students to provide them with the best programs and help we can to prevent such tragedies, and we owe it to our schools to have plans in place should such a tragedy strike.

Unknown

While all these ideas—suicides, suicide clusters among teenagers, and prevention programs—have all been heavily researched, the gap between concepts has yet to be bridged. Specifically, the literature does not examine how and why suicide contagion takes place in our schools, what factors contribute to a larger risk of suicide clusters occurring, and what changes need to be made to current prevention programs and postvention managements in order to address the suicide and suicide cluster phenomena in high schools in the United States.

Furthermore, the current prevention programs are outdated and do not include or consider the phenomena of suicide clusters among teenagers. Also, postvention is a newer concept in crisis management, and thus needs further exploration in order to suggest a holistic solution and programming for schools and students. Additionally, as the United States continues to progress in our attitudes and understanding towards LGBT and special needs students, it is important to

further analyze how these ingrained characteristics in teenagers directly contribute to suicide and suicide cluster rates among high school students, as well as how to address these students when creating current prevention and postvention programming. Essentially, while suicide and suicide clusters have been explored in depth, the literature has yet to bridge the gap between theory and application in a progressive way that fulfills the needs of schools and students in this decade; thus, the goal of this paper will be to accomplish just that.

Thesis

Although much has been written about suicide and its prevention amongst high school students, little has been discussed about the suicide cluster phenomena; furthermore, prevention programs and their effectiveness, the responsibilities—legal, ethical, and beyond—of the school and school officials, and postvention response must all be analyzed in depth in order to create a holistic solution to the problem of suicide and suicide clusters in high school settings. Thus, it is important to investigate current trends of suicide in schools, as well as school response, in order to suggest a more effective method of prevention and postvention. As well, the contagious nature of suicide will be explored. Additionally, this thesis will also detail the risks and warning signs associated with teen suicide and suicide clusters, even allowing for special focus in the area of students who may differentiate from the “norm” (i.e. special needs and LGBT students) The following research questions will provide the framework for this thesis, and, ultimately, advocate for a change in procedure:

1. What are the warnings and risk factors associated with suicide and suicide clusters?
2. How is suicide “contagious” among high school students, and how does contagion lead to suicide clusters?
3. In what ways are minority groups (LGBT and special needs) at a greater risk for suicide?
4. What is the school’s role in preventing suicide and suicide clusters?

5. What postvention should take place in schools following a suicide/suicide cluster to educate, console, and prevent more suicides among students?

Method of Investigation

In order to effectively analyze this topic and provide a holistic approach to the prevention and postvention of suicide clusters in education, this thesis will explore the literature that has previously been published on suicides in schools. I will combine the data that has already been established in different areas of suicide studies and bridge the gap between data, connecting different aspects of suicide and suicide cluster research to create a complete view. Furthermore, I will use the established scholarship as a framework for suggestions that may better improve the current methods and trends of suicide and suicide cluster prevention programs and postvention methods.

Summary of Introduction

Suicide was not discussed in my particular high school. We did not talk about risk factors, we did not talk about warning signs, we did not talk about the healing process. Fortunately, my small school was not affected by student suicide during my four years of attendance; however, they have dealt with suicide in the years since I left. Whenever suicide is even briefly mentioned in schools, it is done so more as a guilt tactic: “Think of how selfish suicide is.” “Life gets better.” “Being a teenager is tough, but everyone has to do it.” While trite and insensitive phrasing is often a go-to for educators based on years of conditioning, that does not mean it is a correct method of educating students. It is precisely because of this lack of preventative education that suicides and the resulting suicide clusters are occurring in schools across the nation.

This thesis aims to not only explore the mechanics—the how and the why—student suicide clusters occur, but also to examine how predetermined risks, warning signs, and special subgroups are at a higher risk of falling victim to suicides and suicide clusters during high school. Also, the specific roles of the school and school personnel will be discussed on both legal and ethical levels. Furthermore, current preventative plans and newer postvention methods will be scrutinized, and more progressive, holistic suggestions will be given as to how we can better serve students and address this suicide cluster in our high schools head on.

Introduction to the Main Body

This paper will be divided into sections that use the research questions presented in the introduction of this paper as a guiding principle for each section. The research questions are as follows:

1. What are the warnings and risk factors associated with suicide and suicide clusters?
2. How is suicide “contagious” among high school students, and how does contagion lead to suicide clusters?
3. In what ways are minority groups (LGBT and special needs) at a greater risk for suicide?
4. What is the school’s role in preventing suicide and suicide clusters?
5. What postvention should take place in schools following a suicide/suicide cluster to educate, console, and prevent more suicides among students?

Additionally, each section will present and analyze literature related to each research question, as well as provide suggestions for how this correlates with suicide clustering. Overall, emphasis will be given to the need for effective prevention training and postvention efforts in order to minimize the risk of suicide contagion and clustering. The evidence gathered from numerous

scholars on the subjects of youth suicide, suicide clustering, and effective prevention and postvention efforts supports this recommendation.

What are the warnings and risk factors associated with suicide and suicide clusters?

Because suicide is a serious topic, it is important to understand the different risk factors and warning signs that can be manifested in students so that educators can be proactive in keeping students safe. “Teen Depression and Suicide: Effective Prevention and Intervention Strategies,” an article authored by Keith King and Rebecca Vidourek, outlines common warning signs of teen suicide. The chart on the following page lists common risk factors and warning signs in three categories—behavioral warning signs, verbal warning signs, and stressful life events—that educators need to be aware of when dealing with teen suicide.

Table 4.2 Teen Suicide Warning Signs	
Behavioral Warning Signs	
<ul style="list-style-type: none"> • Being depressed • Changes in appetite/weight • Changes in behavior • Changes in school performance • Helplessness/hopelessness • Loss of energy • Loss of interest in once-pleasurable activities • Giving away cherished possessions • Morbid ideation • Substance use • Withdrawn/isolated 	
Verbal Warning Signs	
<ul style="list-style-type: none"> • “I am going to kill myself.” • “I want to die.” • “I can’t stand living anymore.” • “Don’t worry about me. I won’t be around much longer.” • “I don’t want to be a burden anymore.” • “I’ve had it. I don’t want to bother anyone with my troubles anymore.” • “My family would be better off without me.” • “I’ve had enough. I am ending it all.” 	
Stressful Life Events	
<ul style="list-style-type: none"> • Changes in close relationships • Recent disappointments (e.g., receiving a poor grade or not making a sports team) • Recent losses (e.g., death of a loved one) • Serious illness or the belief that one is seriously ill 	

(King and Vidourek 16).

Although there are many risk factors that educators should be aware of, I am choosing to spotlight a few of the more common signs that teenagers deal with: depression and social isolation. Special minority groups, such as LGBT youth and students with special needs, have their own risk factors and warning signs, and this will be examined in more detail later in the paper. Furthermore, the risk factors associated with social media and networking will also be analyzed in this paper.

According to King and Vidourek, “28.5% of teens were depressed and 15.8% had seriously considered attempting suicide” in a 2012 survey (Centers for Disease Control and Prevention as cited in King and Vidourek 15). Furthermore, depression is a large determiner in teen suicide; teenagers who are depressed are twelve times more likely than their non-depressed peers to commit suicide (King and Vidourek 15). Depression is often synchronous with social isolation, in which students feel that they are removed from those around them, unable to connect. It is imperative that educators are able to recognize teen depression and social isolation in order to effectively intervene before suicide becomes an option. Moreover, if one depressed student does commit suicide, it could result in the suicides of one or more other students who feel depressed as well.

How is suicide “contagious” among high school students?

Suicide Contagion

According to Paul Marsden, author of “Is Suicide Contagious? A Case Study in Applied Memetics,” contagion is best defined as “a process of spread by exposure...rather than by some deliberate attempt to influence (such as coercion or persuasion)” (Marsden n.p.). Thus, a suicide contagion is defined as the socially infectious nature of suicide in which one suicide can lead to imitation suicides or suicide attempts. Suicide contagion is difficult to study, primarily because

of the personal nature of suicide. It can be considered unethical to attempt to determine whether or not suicide begets suicide. Therefore, researchers have had to take alternative measures in order to study this phenomenon. Marsden used the psychological idea of “priming” in order to study suicide contagion: “Priming refers to the idea that the interpretation of situations can be involuntarily patterned by recent and frequently experienced events” (Marsden n.p.). In Marsden’s study, he exposed a group to a case study that he primed by telling participants in the experimental group that the story was about youth and suicide while telling the control group that the story dealt with youth and stress. Participants were then asked to read the case study about a university student and make a determination about whether or not the student was likely to commit suicide on a scale of one to five, unlikely to very likely. Unsurprisingly, participants who were primed with suicide interpreted the “likelihood that a distressed individual would commit suicide at a 2.42, and this compared to 1.77 in the control group” (Marsden n.p.). This study shows that when primed for suicide, a person is more likely to view suicide as a viable option.

Marsden’s study helps to prove that suicide is, in fact, contagious for those who are primed for it. In a more applicable scenario, this would mean that a student who already had suicidal tendencies or ideations would be more likely than a peer who did not exhibit these factors to attempt suicide upon hearing of the suicide of another student because “suggestion-by-exposure,” or contagion, has a higher chance of affecting said student (Marsden n.p.). Marsden goes on to explain that those who feel withdrawn are more susceptible to contagion than their socially active peers.

Another study by Daniel Romer, Patrick E. Jamieson, and Kathleen H. Jamieson explored the effect of the media in suicide contagion, specifically as it related to age groups. Their article

“Are News Reports of Suicide Contagious? A Stringent Test in Six U.S. Cities” examines the exposure of different age populations (15-25, 25-44, and 44 and up) to news coverage (including local news, national news, and fictional portrayals, such as soap operas and television dramas) covering suicides to determine if this coverage resulted in copycat suicides, or suicide contagion, in six major U.S. cities: Chicago, Denver, Los Angeles, Miami, New York, and San Francisco. They determine that the media directly impacts suicide contagion because “seeing others engage in suicide releases those who are contemplating the act” from societal restraints that categorize suicide as taboo, instead offering suicide as a solution (Romer, Jamieson, and Jamieson 254).

This study shows strong implication between the media coverage of suicide and copycat suicides, particularly amongst the youngest age group, 15-22. The researchers offer up two possible reasons for this contagion among younger populations: first, younger people are more likely to “report higher levels of suicidal ideation” than older people, and second, younger populations tend to be more “imitative” than adults (Romer, Jamieson, and Jamieson 255-256). The results from this study show that there was significant increase among younger populations to commit suicide when exposed to news stories of suicide and suicide attempts. Often, these suicides and attempts were copycat, meaning they were performed in similar fashions to those that were reported by the media. However, this study also showed that younger populations were less likely than older populations to consume news reports at the same rate, but younger populations were more likely to fall prey to suicide contagion when they were exposed to these stories, highlighting the “imitative effects for young people” that increases their risk for contagion (Romer, Jamieson, and Jamieson 265). Another point of significance in this study of the media and suicide contagion is that the more a young person identifies with a suicide victim, the more likely they are to make an attempt on their own life (Romer, Jamieson, and Jamieson

266). Thus, factors such as age were far less likely to produce suicide contagion than factors such as similar feelings of social isolation or anxiety. Furthermore, celebrity deaths are more likely to result in imitative suicide because of a celebrity's "ability to elicit identification in vulnerable audience members" (Romer, Jamieson, and Jamieson 266). This further proves that the ability to empathize with a suicide victim is a stronger determinant of a person's likelihood to be impacted by suicide contagion. For example, if a student who already suffers from other suicidal risk factors finds out that his/her celebrity idol—such as a musician or a video blogger—commits suicide, that student may be at a higher risk to imitate this suicide. Overall, this study shows the power that the media has in influencing youth populations, lending to the contagious nature of suicide.

Furthermore, research surrounding cyberbullying and its effects on suicide contagion have become more prevalent in recent years. The article "Social Media and Suicide: A Public Health Perspective" by David Luxton, Jennifer June, and Jonathan Fairall highlights a phenomena known as cybersuicide: "A suicide pact that has been formed or developed in some way through the use of the Internet has been referred to as a cybersuicide pact" (Luxton, June, and Fairall 196). Thus, the use of the internet as a method of contagion and clustering is beginning to rise as use of the Internet increases among youth populations. According to the article, however, this appears right now to largely be an issue in Japan and South Korea, but it is expected to reach the United States as more and more youth show signs of mental illness and turn to online forums for support (Luxton, June, and Fairall 196).

While studies have shown that suicide is contagious, this contagion is limited. Much like the flu, which is less likely to have an effect on those who have been vaccinated, suicide is more likely to affect those who feel isolated from society or culturally insignificant, as is shown in

both of the abovementioned studies. Therefore, while suicide can be defined as contagious, it would be absurd to jump to any drastic conclusions or generalizations; thus, no one should automatically assume that just because a student hears of a school suicide that that student is going to attempt to kill themselves. Rather, the more risk factors that a student has, and the more exposure over time, the more a student's potential for suicide or suicidal ideation—which refers to a person's detailed thoughts and plans surrounding suicide—increases. This is why prevention exercises and postvention methods are critical in schools in order to identify students who may be at risk and educate all students about the proper resources that could save their lives.

Suicide Cluster Phenomena

Suicide clusters are rare; however, this does not mean that they are not worth educators' time and understanding, especially as suicide rates continue to climb among teenagers. Lindsay Robertson and her team of researchers define a suicide cluster in "An Adolescent Suicide Cluster and the Possible Role of Electronic Communication Technology" as "an excessive number of suicides or attempted suicides occurring more closely together in time and space than would typically be expected in a particular community" (Robertson, Skegg, Poore, Williams, and Taylor 239). Robertson also concludes that suicide clusters are a result of contagion, which makes sense. Whereas a contagion refers to an imitative act of suicide, a cluster would refer to multiple such imitative acts, so this is not a large leap to make. Also, the research presented in this article makes it clear that suicide is not causation on its own for a cluster to occur; students who fall prey to a suicide cluster are more likely to have "mental health problems, including abuse of alcohol and drugs" and "relationship difficulties" (Robertson et al. 241). Robertson also suggests that clusters are preventable, and therefore it is imperative for more research into the mechanisms and factors behind clusters to be done.

Specifically, Robertson and her colleagues explore the idea of suicide clustering as it relates to social networking, including Facebook and text messaging. With the advent of electronic communication, clusters must be redefined: “with the rise of modern technologies the geographical area has become less relevant, as a contagion of suicidal behavior can occur via the internet, mobile phones, or even mass media” (Robertson et al. 243). This means that clusters are no longer regulated to one area. When a teenager commits suicide, his or her death is plastered on social media and can reach larger groups of teenagers around the world, widening the initial victims circle of influence (Robertson et al. 240). With the circle of influence being so wide, it is difficult to initially register a possible cluster, which is why it is necessary for school administration to be breached on proper procedures when suicide occurs.

Robertson and her team also examine why social networking has such a large influence on suicide clusters. Their research determines that after one teen commits suicide, it is common for their friends, peers, family members, and even strangers to create online memorials in the forms of songs, poetry, and praise-filled status updates (Robertson et al. 240). Thus, these suicides are glamorized and glorified, and it is not difficult to imagine that if a teenager who is struggling with depression or feelings of low self-esteem were to see this kind of glamorization, they, too, may view suicide as an option. These students may want to be seen in a positive light much in the same way that victims of suicide are presented. Furthermore, these forms of electronic communication often give details of the suicide, leading to suicide ideation in students who may already have suicidal tendencies; these details give the students a method for their suicide.

This research suggests that clustering can no longer be seen as something that occurs only in one small geographic location. School districts must work together across states in order to

contain and prevent clusters from occurring as social networking spreads the news and glorification of suicide victims. Furthermore, the methods by which students commit suicide can also be considered a contagion (Robertson et al. 242). If a number of students in similar areas or who interact in similar online forums commit suicide in the same way, then this should be thought of as a cluster. Robertson and her team of researchers determined that electronic communication has changed the way in which clusters form and should be examined, and further research is needed in order to fully grasp this twenty-first century phenomenon.

The article “Suicide Clusters: A Review of Risk Factors and Mechanisms,” written by Camilla Haw, Keith Hawton, Claire Niedzwiedz, and Steve Platt, identifies two types of suicide clusters that affect youth populations. These include mass clusters and point clusters. Mass clusters are “media-related phenomena where suicides occur during a restricted time period following, and linked to, the broadcasting or publishing of actual or fictional suicides” (Haw et al. 97). This can occur in many forms. For example, if a local news channel consistently provides details and reporting about the suicide of a local teenager, more teenagers in the same or nearby districts may attempt or commit suicide shortly after and in similar fashion to the initiating suicide. The second type of cluster, a point cluster, is defined as “an unusually high number of suicides [that] occur in a small geographical area or institution over a relatively brief period of time” (Haw et al. 97). This type of cluster is more common in high schools in close proximity. For example, the glorification of suicides among peers in one school may lead to copycat suicides by students who are already at risk. For the purpose of this paper, point suicides are going to be the primary focus because they are more likely to affect teenagers in schools, mostly due to the risk of contagion (Haw et al. 99).

Haw, Hawton, Niedzwiedz, and Platt conclude that school suicide clusters are “more common among males,” but females are more likely to make repeated attempts at suicide (Haw et al. 99). Furthermore, much in the same way that contagion occurs, clusters are more common if the individuals committing or attempting suicides are closely related among sociodemographic lines, including class, gender, and age (Haw et al. 102). Therefore, as concluded by Romer, Jamieson, and Jamieson in their study of suicide contagion among youth populations, it is once again expected that suicide imitation and clustering is more likely if potential victims can relate to the initial suicide victim in some form. It is imperative that educators and school administration have prevention programs and postvention plans in place in order to curtail this contagion effect that leads to suicide clustering. Furthermore, these two studies point to the necessity of schools working together across districts to track any suicidal attempts after a suicide occurs so that the act of imitation does not lead to more tragic deaths.

The same team of researchers—Niedzwiedz, Haw, Hawton, and Platt—also authored the article “The Definition and Epidemiology of Clusters of Suicidal Behavior: A Systematic Review,” which more deeply analyzes why clusters occur, as well as some of the difficulties that arise when researching suicide clusters. They determine that there are several mechanisms that underlie a suicide cluster, including “imitation, contagion...and suggestion,” with suggestion being another word for “priming” (Niedzwiedz et al. 569). Therefore, it can be difficult to pinpoint the exact cause for any one particular cluster, and more investigation should be done in order to find a better way to identify specific factors in each cluster to prevent further suicides. Another factor in suicide clusters is the event of another cluster. Clusters that result in contagion are known as echo clusters (Niedzwiedz et al. 574). An echo cluster refers to a cluster that follows shortly after another in close proximity to the initial cluster. Moreover, they determine

that just because a group of people in close proximity commit suicide does not constitute a cluster; instead, it is the interaction and mingling among members of this group that determines whether or not their suicides can be seen as a cluster (Niedzweidz et al. 574). Essentially, there are any number of reasons as to why and how clusters occur, but it is clear that these factors are especially detrimental to youth populations.

Niedzweidz and her colleagues also examine some of the difficulties that come with actually researching suicide clusters. Namely, it is challenging to determine the parameters of a suicide cluster. There is, currently, no agreed upon definition as far as inclusion goes. Experts struggle to decide how many suicides must occur for it to be considered a cluster; furthermore, the exact geographical boundaries of a cluster and whether or not suicidal behavior, ideations, and attempts should be considered as part of a cluster is debatable (Niedzweidz et al. 570). These factors can limit researchers in their scope of study because every scholar has a different idea, making literature review difficult. However, certain statistical data is difficult to argue with: teenagers tend to be more susceptible to a suicide cluster, and school systems must be aware of this, no matter what definition of “cluster” is being used.

Evidence shows that suicide clusters are more prevalent among teenagers: “the risk of being involved in a suicide cluster was two to four times greater among adolescents and young adults compared to older adults in the United States” (Niedzweidz et al. 575). This indication should be of particular concern for school systems. Suicide is a triggering event for teenagers who already feel culturally isolated, and these events must be closely monitored in order to prevent a cluster outbreak or echo clusters.

Palo Alto, an affluent high school in Silicon Valley, experienced not only one, but two, suicide clusters in 2010 when numerous teenagers chose to end their lives by jumping in front of

trains. Hanna Rosin investigates the reason behind these clusters in her article “The Silicon Valley Suicides.” After many interviews with students at the high school, Rosin determines that it is the “emphasis on excellence” that caused many of these wealthy teenagers to commit suicide: “[Parents’] love had to be earned with A’s and Advanced Placement tests and trophies” (Rosin 67). Many of the teenagers interviewed felt that their parents’ values lay more with academic achievement rather than personal character, thus putting quite a bit of academic pressure on their students. When students were unable to cope, they turned to suicide. Many students felt as if their “self-worth is tied to their achievements,” so when they failed to live up to academic expectations, they were, in turn, failures (Rosin 68). Clearly, no amount of money and intelligence can keep teenagers from suffering mentally when it comes to anxiety, depression, and even suicide.

The case of the Palo Alto suicides is not only disturbing but also eye-opening. What are we doing to our kids? Schools and parents are placing too much pressure on teenagers to achieve practically unattainable success. When students are stressed, tired, and pressured to perform a specific way, they begin to feel hopeless. It is important for educators to recognize these risk factors and intervene before suicide becomes an option for even one student, let alone multiple students in the same district. More in-depth suggestions as to how administrators and educators can address these issues will be given in the prevention and postvention sections of this paper.

The loss of one teenager to suicide is tragic. The loss of many teenagers in one community is an epidemic and needs to be addressed as such. Suicide is contagious, and when multiple teenagers “catch” this, it creates a cluster effect. The imitative nature of suicide is especially prevalent in youth populations; therefore, it is imperative for educators to be aware of clustering and how it spreads. One common, twenty-first century method of contagion and

clustering is the widespread use of social networking. Because of the nature of social networking, it can be difficult to recognize clusters. Nevertheless, schools need to be prepared to handle suicides to prevent clusters, as well as being able to handle clusters to prevent echo clusters.

In what ways are minority groups (LGBTQ and special needs) at a greater risk for suicide?

As discovered with the Palo Alto suicide clusters, it is clear that suicide is not relegated to any one population. While suicide strikes students and schools of all demographics, it is important to note that there are subpopulations that are of particular concern; LGBT students and students with special needs are more susceptible to suicide than their “normal” peers. As more and more students in the school systems identify with one or both of these subcategories, it is essential that educators understand the increased risks these students face in order to prevent suicides in this population.

Students with high-incidence special needs are at a greater risk of suicidal behaviors and attempts than their peers in the general education programs. Carrie Wachter and Emily Bouck discuss suicide risk and special needs populations in the article “Suicide and Students with High-Incidence Disabilities: What Special Educators Need to Know.” According to Wachter and Bouck, “students with a disability have higher rates of suicidal ideation and suicide attempts than their general education peers” (Wachter and Bouck 66). This is likely due to an increase in bullying and feelings of social isolation. As discovered with the phenomena of contagion and clusters, lacking social connections is a risk factor in suicide amongst teenagers, and students with a disability are more likely to feel isolated (Wachter and Bouck 66). One study conducted in Los Angeles in the 80s examined the grammar, syntax, and spelling of suicide notes among high school students, determining that over 50% of suicides were committed by students with a

learning disability (Wachter and Bouck 67). This study has not been replicated to date, but it is still worth noting. Students with special needs are more likely than their “normal” peers to attempt or commit suicide; therefore, educators need to create prevention programs and trainings that directly address this issue.

LGBT students are another subpopulation at greater risk of committing or attempting suicide. However, according to the article “Suicide Prevention for LGBT Students,” written by R. Bradley Johnson, Symphony Oxendine, Deborah J. Taub, and Jason Robertson, the data concerning suicides by LGBT students is debatable because sexual orientation is not printed on death certificates; therefore, “it is necessary to look at mental health concerns, suicide ideation, and suicide attempts among LGBT persons” rather than completed suicides (Johnson et al. 56). Risk wise, LGBT persons are more likely than their hetero peers to report feelings of depression and isolation, as well as a higher risk of bullying, all of which are concerning risk factors for suicide. Furthermore, LGBT students are “two to three times more likely to attempt suicide” than their peers, accounting for 30% of all teen suicide victims (Johnson et al. 56). It is also important to note that it is not the sexual orientation and gender identification, but rather the social stigma surrounding being LGBT, that result in greater risk for mental illness (Johnson et al. 56). Also, LGBT students lack protective factors, such as school, family, or social support, which can help to offset the risk factors associated with suicide. Thus, as more students identify and come out as falling in the LGBT group, teachers need to be aware of the heightened risk of suicide and suicide clustering. Because these students have a greater potential for risk factors, their chances are automatically higher for committing suicide or having suicidal ideations. Educators must be trained in how to be support systems for these students to foster feelings of social belonging, thus minimizing possible suicide attempts.

Suicide can affect any group, but LGBT students and students with special needs are at a greater risk of suicide attempts and completion because of the lack of support systems and feelings of social isolation. By having preventative programs in place that address these concerns and train teachers on how to be a support system and foster safe spaces, the risk of suicides and suicide clusters decreases. Furthermore, having diversity education in schools can also lower the risk of suicides amongst these subgroups. Further suggestions for preventative programs that deal with this specifically will be addressed later in the paper.

What is the school's role in preventing suicide and suicide clusters?

Prevention is the absolute most important component in stopping suicide and suicide clustering in schools. However, prevention should be multifaceted and complex in order to be effective. Furthermore, prevention should not just be an idea, but rather an active, rigorous aspect of education, involving school personnel, students, and even parents. The article "An Exploratory Study of Suicide Risk Assessment Practices in the School Setting," written by Franci Crepeau-Hobson, describes three levels of suicide prevention programming: primary, secondary, and tertiary (Crepeau-Hobson 810). In this model, primary programming refers to universal training aimed at recognizing and responding to risk behaviors. Secondary programming is aimed at helping those who have been identified as being at risk for suicide. And tertiary programming aims to help students who have already attempted suicide by giving them the necessary skills in order to reduce the risk of future attempts (Crepeau-Hobson 810). The following suggestions for suicide prevention programs will utilize all three levels, concurrently, in order to create a well-rounded, universally effective suicide prevention curriculum. By creating holistic, multidimensional prevention programs, schools have a better chance at

reducing the number of suicides and attempts amongst teenagers and minimizing the effects of a suicide so as to prevent clusters.

Before discussing specifics for any program, it is important to understand what makes a suicide prevention program in schools effective versus ineffective. Vasumathi Balaguru, Juhi Sharma, and Waqas Waheed investigate different programs and their level of effectiveness in the article “Review: Understanding the Effectiveness of School-based Interventions to Prevent Suicide: A Realist Review.” The researchers explored the intervention strategies and delivery methods of numerous suicide prevention programs in order to determine a theory of effectiveness based on commonalities. Based on this research, the following theoretical qualities are thought to be the most effective in suicide prevention programming: identifying mental illness, addressing alcohol related issues, improving students’ ability to problem solve, providing students with appropriate coping skills and stress management, and addressing the taboos and stigmas surrounding suicide (Balaguru, Sharma, and Waheed 132-134). A suicide prevention program that holistically combines these aspects is more likely to be effective in reducing suicides and, subsequently, suicide clusters in high schools (Balaguru, Sharma, and Waheed 138). Furthermore, this study shows that there is no one delivery method by which prevention programs are most effective. This means that audiovisuals, lectures, group work, and individual study are all effective methods in preventing suicide. However, this study does fail to inform the reader about the recipient of each program, thus making it difficult to know whether or not these strategies are aimed at school personnel, students, or parents (Balaguru, Sharma, and Waheed). With that being said, research has shown that effective programming for all three groups is best in minimizing the possibility of suicide clusters in schools.

Janice Ward and Melissa Odegard propose multiple ideas for effective suicide prevention programs in the school system in their article “A Proposal for Increasing Student Safety through Suicide Prevention in Schools.” According to this article, “the stigmas associated with suicide can prevent students from seeking help when thoughts of suicide enter their minds” (Ward and Odegard 144). Due to this stigma, approximately three students in every average-sized high school classroom attempt suicide every school year (Ward and Odegard 144). They suggest a threefold program in order to vigorously confront suicide and prevent ideation, attempts, completion, and clustering. This program is targeted at school personnel, students, and parents in the community.

School personnel have a responsibility to keep students safe. Thus, in the event of a suicide, schools can be made legally responsible if they did not provide proper intervention and prevention (Ward and Odegard 145). However, this has not necessarily spurred change in education law. Thus far, only a few states require any sort of suicide prevention training for teachers, and not all of these trainings are comprehensive. For example, based on my own experience as an education major, Indiana only requires teachers to complete a one-time training that lasts approximately two hours in order to be licensed. Teachers are not required to undergo any more training after this, unless required by their respective school corporations. However, this should not be the case. School personnel should be required to undergo training in recognizing suicide risk factors in students, and this training should be both mandatory and extensive, occurring at least once every school year, preferably before the academic year begins. Ward and Odegard suggest that school personnel be trained in how to recognize warning signs in students, as well as how to approach students who they believe may be suicidal (Ward and Odegard 145). They propose that teachers be comfortable asking students direct questions,

including “Do you want to kill yourself?” (Ward and Odegard 145). By being direct, students are less likely to be able to quibble in their answer, causing teachers to be confused and unsure of the level of risk. Furthermore, they recommend that teachers be knowledgeable of resources available to students and parents in case students are having suicidal ideations. However, Ward and Odegard do not give any suggestion as to *how* this type of knowledge should be made available to teachers through training.

In order to be highly effective, suicide training should be engaging for school personnel. I would suggest that educators and administration spend an in-service work day discussing prevention and postvention before the school year begins in order to be prepared for the upcoming year. This training would be given by an outside source, such as a public health professional, in order to involve community members who may have a better understanding of the overarching impact of suicides and suicide clusters in the community. Furthermore, I would suggest that this training involve a number of different learning modes, including videos, hands-on roleplaying, group work, and even games. By creating an engaging learning environment, teachers are apt to be more susceptible to the information they are given—an educational theory that any teacher can attest to. However, this would not be the only time in which school personnel are required to discuss suicide, contagion, and clustering. I would recommend a program in which suicide is a topic for students to learn about as well, thus further engaging teachers throughout the year.

Additionally, time must be taken for school personnel to learn about the best methods of suicide prevention for LGBT students and students with special needs. While the basic warning signs and risk factors are the same for these students, it is important to note that suicide is more common amongst these minority groups (Johnson et al. 56). In addition, Anna Mueller, Wesley

James, Seth Abrutyn, and Martin Levin suggest the need for antibullying and antihomophobia rules in their article “Suicide Ideation and Bullying Among US Adolescents: Examining the Intersections of Sexual Orientation, Gender, and Race/Ethnicity”: “Finally, school personnel should develop antibullying and antihomophobia policies in response to the disproportionate risk of being bullied and reporting suicidality among sexual minority youths” (Mueller et al. 984). By implementing—and enforcing—such policies, schools may be able to cut down on the number of LGBT students who report suicidal ideations due to bullying and social isolation. The article also details how these risks are amplified in minority racial and ethnic groups; however, this is a topic best left to another research paper. In brief, teachers can effectively reach these students by offering classroom safe spaces, ensuring students that they are free to be themselves without the fear of ridicule or bullying in the classroom. Having an outlet and support that a student may not receive elsewhere is crucial in protecting students who need it the most. Overall, a comprehensive suicide prevention training and programming is the most effective way to stop suicide from being an issue in schools.

Also, Ward and Odegard discuss the importance of educating students about suicide awareness, including how to respond to peers and recognize risk factors and warning signs. According to their article, “instead of a one-time curriculum session, three classes of 40-45 minutes or a semester-long class have been shown to reduce suicidal ideations, hopelessness, and depression” (Kalafat and Elias as cited by Ward and Odegard 146). Thus, suicide prevention curriculums should be overarching and recurrent in order to minimize the possibility of a suicide taking place. In order to be effective, I would suggest a program for students that is similar to that of the teacher training. A similar program would help to create peer advocates who recognize and respond as effectively as school personnel. For such a program, I would use the

theories discussed in the article by Balaguru, Sharma, and Waheed, and this prevention program would take place in a semester long required course that meets at least once a week. This would give educators plenty of opportunity to teach students how to assess risk and recognize warning signs. Furthermore, a program based on problem solving skills and stress management will also be beneficial to students in multiple aspects of their life. Thus, a life skills based prevention program will appeal to students because they will be learning about how to better themselves, as well as how to keep their peers safe, providing them with the responsibility that teenagers are wanting. Ward and Odegard state that this type of curriculum “has been shown to reduce suicidal thoughts and plans” (Ward and Odegard 146). Therefore, school personnel and parents should not be worried that a course about suicide will prime students for suicidal ideations; instead, such a program is proactive and progressive, stopping a problem before it even begins. Essentially, students are an important aspect of suicide prevention programming and training, and it is imperative for school personnel to not leave students out of the training equation; after all, it is the students that are the focus of such prevention, and thus they should have a hand in the programming.

The literature concerning parent training in suicide prevention is not as extensive; however, parents are a crucial factor in the prevention equation. Parent training for suicide prevention should be highly recommended and include multiple parent nights at the school in order to keep the conversation going. According to Ward and Odegard, “parent training should also include information about how to limit access to common methods and tools used to commit suicide” (Ward and Odegard 146). While recognizing warning signs and knowing how to approach their child is of importance, limiting access to suicide tools is critical at the home; therefore, parents should be trained in how to handle this. Many teenagers commit suicide by

gun, hanging, or overdose. It only stands to reason that the majority of teenagers gain access to these methods at home where parents who may be complacent or unaware of their child's suicidal behaviors fail to safely and properly handle these items. Thus, parents should receive the same level of training as school personnel and their own students, but these prevention programs for parents should place special emphasis on minimizing access to dangerous items often associated with suicide, including guns and pills.

Another idea of suicide prevention gaining popularity is the idea of risk screening for students. Anne Erickson and Nicholas Abel discuss the idea of screening for suicidal behaviors and awareness in their article "A High School Counselor's Leadership in Providing School-wide Screenings for Depression and Enhancing Suicide Awareness." This article explores one school counselor's (Erickson's) positive experiences with mental health screenings across her high school in St. Paul, Minnesota. According to the findings of her study, screening students for mental health issues in order to prevent suicide is effective if the screenings "are carried out appropriately and accompanied by treatment for those found to be in need of mental health services" (Erickson and Abel n.p.). Erickson chose to screen students using the Reynolds Adolescent Depression Scale-Second Edition because it is a relatively short screening assessment and it excludes controversial questions (Erickson and Abel n.p.). This test was administered in ninth grade health classes during the school year. The screening proved to be highly effective in its proactive methods, especially as it relates to communicating with parents:

"Next, we...consistently find around 10% of the students screened to be at risk for depression. The parents of these students are contacted and offered a copy of the screening results and contact information for an area mental health agency. The first contact typically comes from a school counselor, as we find that many

parents and students have an established relationship with the counselor and perceive this information to be less intimidating coming from a person they know and trust. Parents typically appreciate the help and the connection with school support staff, as well as the insight they gain into their students' personality and academic achievement" (Erickson and Abel n.p.).

This proves that a connection between school personnel and parents is essential in keeping students safe, minimizing depression, and ultimately lowering the risk of suicide across the school. Furthermore, Erickson's screenings have proven to be significantly effective in decreasing suicide attempts and depression among the students in her high school, with suicide attempts decreasing by approximately three percent overall in the last ten years since the screenings began (Erickson and Abel n.p.). Risk screening is still an under-utilized tool in suicide prevention programming, but as Erickson shows in her experience as a school counselor, it can be a great tool for schools to use to prevent suicide attempts by helping at-risk students. I would suggest that every high school implement a mental health screening, in addition to the curriculum ideas suggested above, in order to be proactive rather than reactive with suicide prevention in high schools.

Preventing an initial suicide will, by extension, prevent contagion and clustering. Because contagion refers to the imitative behaviors of a suicide, and clustering refers to multiple acts of imitation, preventing the first suicide from ever occurring is the best method for the overall safety of students. Prevention programs in schools should target and engage school personnel, students, and parents in order to be effective on every level. This training should be on-going in order to destigmatize suicide and remove the taboos surrounding depression and mental illness, thus allowing students a safe space in which to discuss any issues they may have. Furthermore,

risk assessment in high schools—that is, screening students in order to proactively provide necessary counseling and resources to students who may be struggling with depression, a risk factor for suicide—has been proven effective in lowering the rate at which students are attempting suicide or having suicidal ideations. Overall, suicide prevention programs are, clearly, the most effective method of preventing suicides in schools. However, even with prevention programs in place, students will still commit suicide every year. This type of tragedy can shake a community, so it is imperative that school personnel be trained in postvention strategies to help educate and console students after a suicide occurs in order to prevent contagion and clustering in the school corporation or neighboring districts.

What postvention should take place in schools following a suicide/suicide cluster to educate, console, and prevent more suicides among students?

Because of the tragic nature of teen suicide, it would be easy for schools to become flustered in the wake of such an event. However, proper planning that is proactive rather than reactive is key to maintaining a safe learning environment after a suicide has occurred. As Keith King states in his article “High School Suicide Postvention: Recommendations for an Effective Program,” “appropriate school postvention programs can reduce potential cluster suicides” (King 217). Naturally, the goal of any school administration should be to prevent any suicides from occurring through the use of a well-implemented prevention program; nevertheless, in the case that a suicide does occur, postvention strategies should already be established in order to prevent contagion. This section will summarize postvention suggestions, including steps to implement and the role of the school counselor, as well as what teachers have experienced when working with students who return to the classroom after having attempted suicide.

King lists multiple steps that schools should take long before the event of a suicide, as well as the appropriate measures to take once the suicide has been committed. These following steps are outlined by King and generalized here: having a crisis management team already established; implementing the postvention plan as quickly as possible after a suicide; behaving in a concerned—but private—manner so as not to alarm students or spread gossip; announcing the news to students while giving conservative, factual information; offering students appropriate resources, such as counseling; to avoid glamorizing the student suicide; informing parents; and continued monitoring of the students and their emotional wellbeing after the event (King 218-220). By already having a rehearsed plan in place—all of which would be organized during prevention trainings—educators and administrators can respond quickly and reduce the overall risk of suicide clusters.

While many of these steps are not only common knowledge, but inevitable after a suicide—such as informing parents and avoiding spreading rumors—others may require more explanation. For example, a postvention team is a necessary quality of any suicide program in a school. This team should include “school counselors, school psychologists, school social workers, school nurses, trained teachers, and area resource individuals” who work together to reduce the trauma of a suicide for students and parents (King 218). These individuals would collaborate to monitor the students’ wellbeing after the event and coordinate any communication that must take place. Having this team set up well in advance will cut down on any confusion if a suicide were to occur in order to have a smooth and effective response, minimizing the chaos that is sure to take hold. Furthermore, making sure that students are aware of the resources available to them will help to prevent ideations or copycat suicides (King 219). Students should have access to mental health professionals in the school in order to “verbalize and process their

feelings,” and this may involve bringing in outside counselors after a suicide occurs (King 219). It is imperative that schools behave in a way that directly minimizes the risk of a suicide cluster. Finally, as discussed extensively throughout this paper, educators must avoid glamorizing the suicide as best as they can. Naturally, some of this glorification will be out of the school’s hands; students tend to use social networking sites—which have been shown to induce contagion and clustering—to glamorize and memorialize after a suicide, and there is little that can be done. However, this article reiterates that “large public displays, student meetings, and PA announcements which glorify the suicide should be avoided” (King 220). Grandiose gestures should be avoided at all costs because it normalizes the suicide and gives at-risk students hope that they too may receive such an “honor” if they commit suicide—thoughts that may lead to clustering. These gestures include statues or memorials in the school; however, King’s article suggests that smaller memorializations, such as “a moment of silence, a yearbook photo, or a fund-raiser for suicide-prevention programs” will help to give students closure after a suicide while still reducing the risk of clustering (King 220). Overall, it is important that schools have a well-rehearsed plan in place and avoid actions that glorify a suicide victim in order to stop contagion and clusters. A prevention training program for school personnel will help with the implementation of postvention programming.

It is also important that a school corporation work closely with the parents and survivors of a suicide in their time of need. This involves direct communication with the family to offer support and resources. The article “Youth Suicide Postvention: Support for Survivors and Recommendations for School Personnel,” written by Laura Talbott and Mary Bartlett, discusses the ways in which school corporations should communicate with a suicide victim’s family and friends. The authors note that survivors of suicide victims often feel isolated because of “the

taboo approach that cultures take” in response to suicide, as well as the absence of “communal response” (Talbot and Bartlett 106). Thus, it is important that schools extend condolences in order to show families and friends that they care and are a support system that can be utilized. Furthermore, as this paper suggests, one suicide may lead to multiple others, so supporting the circle of influence is essential in minimizing clustering effects. Talbot and Bartlett recommend that schools contact parents and family members not only with the intent of gathering factual information about the student’s suicide, but also to give the family an insider knowledge into the postvention efforts that are taking place. By involving the family at this time, the school is creating a support system that may not exist otherwise, offering survivor resources of which the family may be unaware (Talbot and Bartlett 109). Essentially, supportive communication with survivors is not only beneficial to the survivors, but schools should view it as an ethical and moral obligation after a student commits suicide.

As discussed, a postvention crisis management team should consist of multiple members in the school corporation and the district community. This team would need to be relegated long before a suicide takes place, preferably decided during prevention training for school personnel. Having a set team would lessen the chaotic impact of a student suicide and help to diffuse the situation in order to prevent suicide contagion and clustering. The article “Suicide Postvention in Schools: The Role of the School Counselor,” written by Kerrie Fineran, details the role of the school counselor who is part of a postvention crisis management team in the event of a student suicide. Fineran cites Celotta (1995) in her article, stating that school counselors have specific roles following a student suicide, including providing parents of a suicide victim community resources, such as mental health counseling and survivor groups (Fineran 20). Furthermore, Fineran suggests more specific roles for a school counselor, including clearing out the lockers

and desks of suicide victims and returning the collected items to the family members (Fineran 20). Also, school counselors should be responsible for facilitating the postvention programming, including contacting parents and making school announcements. This is primarily due to the counselor's role as a mental health leader in the school, making him or her a trusted individual in the corporation and in the community (Fineran 20-21). Basically, along with regular counseling duties that would need to occur in the event of a suicide, the school counselor should be in charge of most postvention efforts in order to make sure that students' emotional health is of top priority when dealing with the aftermath of a student suicide. Although a postvention crisis team consists of multiple individuals, the school counselor should hold a unique leadership position.

Often after a suicide attempt occurs, the student who made the attempt eventually returns to the classroom. While this attempt may or may not be known to the other students, the teachers are often privy to such knowledge. Because teachers are at "ground zero," so to speak, it is imperative that school personnel listen to experienced teachers' accounts of how they dealt with students in the classroom who had committed suicide. Kiah Buchanan and Gregory Harris interviewed multiple teachers who had been put in such situations during their teaching careers in the article "Teachers' Experiences of Working with Students who have Attempted Suicide and Returned to the Classroom" in order to identify common classroom practices and make suggestions for how students who have attempted suicide should be integrated back into the classroom.

Many themes emerged from these teacher interviews. One common theme amongst these teachers was that teachers must act as a resource to troubled students when they return to the classroom. Buchanan and Harris note that "teachers suggested they desired to be available for students facing attempted suicide and to provide them with resources (e.g. guidance counsellors,

pastors, other teachers)” (Buchanan and Harris 13). Essentially, teachers were concerned with the student’s emotional health and wanted to be sure that these students understood that they had a support system in place. However, many teachers also expressed that they felt fear knowing that the student’s risk of committing suicide or attempting it once more was even higher after a failed attempt: “the teachers were afraid that they might inadvertently aggravate the situation, even spurring a future attempt,” often causing the teachers great emotional duress as they struggled to know just how to handle such students (Buchanan and Harris 16). Overall, these anxieties and concerns point out a necessity in the school systems: prevention and postvention training. Teachers in these interviews endorsed the benefits of proactive programs aimed at preventing suicide and training teachers on how to handle postvention situations (Buchanan and Harris 22). Clearly, teachers feel that more training is necessary in order to prevent suicides and effectively handle postvention situations, ultimately minimizing the trauma for all involved. Thus, because teachers are the ones who deal directly with students every single day, their opinions and concerns should be the most valued when creating such programs.

Postvention occurs after a student suicide takes place in order to ease the trauma and minimize the risk of possible contagion and clustering. However, just because these efforts happen after the suicide occurs does not mean that they are reactive; an effective postvention program is in place and rehearsed long before a student commits suicide as a way to be proactive and progressive. A postvention program should involve a well-organized crisis management team, led primarily by the school counselor. This postvention should also involve the community, providing resources to family, friends, staff, and students in the event of a suicide. Furthermore, an effective postvention plan should value the opinions of teachers who work with students every day. Also, it is imperative that all school personnel work together to reduce the

amount of glorification and glamorization that takes place during a suicide. Essentially, an effective postvention plan will reduce the risk of clustering, ultimately keeping students safe during such vulnerable times.

Conclusion

Suicide is not a pleasant topic. It is not as easily debated and scrutinized as other educational tropes, such as standardized testing or school uniforms. This is because suicide is personal. It can—and does—affect anyone, rich or poor, black or white, male or female. Suicide claims brothers, sisters, aunts, wives, and children. But when we begin to analyze suicides as merely statistics and charts, we lose sight of the people. We begin to see the forest and forget the trees. Therefore, it is important as educators, parents, and community members, to do the best we can to protect, educate, and console teenagers when discussing suicide and suicide clusters. More importantly, we need to understand why this happens in the first place in order to effectively implement prevention programs and postvention efforts.

Suicide clusters are a growing concern among educators and community members. Due to the increased use of social media networking sites, it has become difficult to determine the circle of influence that a single suicide can have. Furthermore, the glamorization and normalizing that occurs via social networking sites when suicide occurs can cause contagion effects: students who feel isolated or depressed may be more susceptible if they see others who committed suicide receiving praise that they themselves are not used to receiving. Suicide contagion is another important risk factor for clustering. Contagion refers to the ability for suicide to be replicated or imitated by one or more students shortly after an initial suicide occurs. Studies have shown that students who are already at an increased risk of suicide are even more susceptible to it once they hear of another student suicide because they are primed for the

behavior. When multiple students respond in this way, it can become a cluster. For this reason, it is important for schools to effectively recognize and prevent suicide clusters. This can be accomplished through proper prevention trainings and postvention methods.

Being able to recognize the different risks and warning signs associated with teen suicide is imperative for prevention. King and Vidourek provide an informative chart that divides risk factors and warning signs into three separate categories: verbal, behavioral, and stressful life events (King and Vidourek). Recognizing the many different forms that these risks can take is the first step in educating school personnel, students, and parents of effective ways to prevent teen suicide and suicide clusters from occurring in the school systems.

Students who deviate from their peers—including LGBT students and students with special needs—are more at risk for suicidal ideations, attempts, and completion. This is due to an increase in depression and social isolation, as well as the stigma that surrounds these students on a daily basis. One study showed that over half of all students who left a suicide note had signs for a learning disability. Therefore, school personnel must be trained in how to address students who are at a higher risk and become a support system for these students. Students spend approximately one third of their day in the schools; they should be able to feel safe and protected, not isolated, while they receive an education, and teachers have the opportunity to provide this much needed support.

Prevention is the most important aspect in helping to end suicide attempts and completions in high schools. Moreover, by preventing one suicide, schools can keep suicide contagion from leading to a cluster effect, saving the community from having to deal with multiple tragedies at once. Prevention should be threefold and include school personnel, students, and parents, respectively, in order to be holistic and effective. This paper not only

examined the effectiveness of different suicide prevention programs, but it also extensively described suggestions for implementing suicide prevention on all levels across school corporations. Naturally, a change in education law to mandate such extensive trainings would be ideal, but regardless of legal requirements, school personnel should take it upon themselves to institute suicide prevention. Students must be kept safe, and it is up to all involved to minimize the risk of suicide and suicide clustering in high schools across the nation.

Postvention efforts should be discussed long before a suicide occurs. Being proactive is the key to keeping students safe and preventing a cluster after a suicide takes place. An effective postvention plan should include a well-organized crisis team that works together to inform, educate, and provide resources to students, family, staff, and community after a suicide occurs. Also, as this paper discusses extensively, glamorizing the suicide must be avoided during postvention programming in order to minimize clustering; if vulnerable students who are primed for suicidal ideations or attempts see the suicide of one student resulting in an excess outpouring of memorials and sympathy, then that vulnerable student may see suicide as an option to feel less socially isolated. Postvention efforts should be implemented as quickly as possible in order to calm any hysteria and prevent contagion and clustering.

This research is helpful not only for educators, but also for other school personnel, such as counselors, as well as community health providers and parents. The data presented in this essay prove the imperativeness of suicide cluster research, prevention, and postvention. However, additional research is needed to determine better, more effective methods of recognizing clusters so as to prevent further incidents. This is an area of collaboration for multiple professionals, including educators, counsellors, and other community health officials.

Suicide will never be eradicated. The cold, hard truth is that if someone wants to kill themselves, they will. This can be a difficult pill to swallow. However, that does not mean that prevention plans and postvention efforts are a waste of time and resources. Instead, for a struggling student, these efforts can be a beacon of hope, perhaps causing them to reconsider or look for help before making permanent decisions.

Educators and school administration should not and cannot wait around in hopes that government, at any level, will choose to mandate some sort of suicide education program in the schools. This could take years. This could never happen. Instead, schools must take it upon themselves to make suicide a regularly occurring topic and a common aspect of the curriculum across subjects. Only then can they be sure that students are being exposed to the proper resources and education that is available to them in their communities. Schools must be proactive rather than reactive, while still having management plans in place in case something was to occur. Educators and administration must work together to strike a balance between destigmatizing and glamorizing suicide.

Suicide clusters are a tragic blow to any community. But that does not mean that they need to be debilitating. By working to prevent the contagion of suicide and to properly handle a cluster, teachers and school administration will be doing a great service to students and the community. Suicide is, quite literally, a matter of life and death, and we owe it to our kids to understand, prevent, and manage suicide and suicide clusters in school systems.

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