Adolescent suicide.

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Abstract: Part II. Examines the effect of completed suicide by a student on another student in Australia. Case history of a 16-year-old female student who jumped from an eight-storey car park roof; Increase in suicides immediately after a suicide story has been published; Postvention strategies in schools following the suicide of a fellow student.

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Adolescent SUICIDE

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In the city of Detroit, Michigan between November 1962 and August 1968 there was a newspaper blackout on the reporting of suicides. During the blackout period there was a significant lowering of the suicide rate in the female population -- especially those under the age of 35 (Motto 1970).

An American sociologist (Philips 1986) demonstrated that there is an increase in suicides immediately after a suicide story has been published. As evidence for the "influence of suggestion he noted that the rise in suicides occurred in, and was restricted to, the area in which the story was publicised and that the publicity had a significant effect on people who might not otherwise have contemplated suicide. This is contrary to other beliefs that publicity only brings forward those individuals who have suicidal intentions anyway and simply changes the method adopted.

More recent work by Kessler et al (1988) has called into question the immediate and direct imitative effect on teenagers. They hypothesise from their data that a change may have occurred in the perception of suicide since 1981, where knowledge of another teenager's completed suicide might now be more likely to deter rather than influence a suicidal teenager. However, they accept the evidence for imitation even if further "sensitive" work is necessary to understand fully a complex problem.

In Australia Goldney (1989) described the "clustering" phenomenon, reporting a series of suicides involving jumping from major car parks in Adelaide, where local publicity appeared to lead to imitation.

Within a school population individuals are in close proximity to, and receive first hand information of, events occurring within their own peer group and school. If a suicide imitation effect exists for teenagers, then we might assume it would be more powerful in an environment where the information may be first-hand and the subjects personally known. It is therefore very important that the effect of suicide within schools be investigated.

Case history

In 1989, a 16-year-old female student died as a result of jumping from an eight-storey car park roof. Within a few days the family was referred for grief work and during the first interview presented the author with two of the dead girl's diaries (covering the three previous years), a shoe box containing about 400 handwritten notes, various certificates and other personal records, and an audiotape recorded by the girl on the night prior to her death and intended for her best friend.

The parents sought some understanding of the motives for the suicide. They were also concerned about the effect the death might have on close school friends, and were perplexed about whether the best friend should hear the audiotape which explicitly described the plan for the next day, sought understanding, and attempted to absolve the friend of guilt. The daughter had made clear plans over several weeks. The scribbled notes (apparently passed back and forth in class during lesson time) revealed an on-going dialogue with a number of classmates

about the pros and cons of suicide and suicide methods. Several other girls revealed their own attempts at suicide and/or their own plans. Like the daughter in Night Mother[a] the girl had wrapped most of her belongings in 13 brown paper bags, labelled them as gifts for her friends and placed them in her school locker. Along with each she had written letters recalling friendship, explaining her actions, and attempting to absolve each of the friends of their guilt and allay their grief. The letters and the key to the locker were sent to the best friend to arrive on the day after the planned suicide.

The girl had been a scholarship student in the school for three and a half years, achieving 'A's in all subjects including music, at which she excelled. However, in the diary she had recorded constant fear of failure and was anxious about the parent/teacher interviews two days away, at which she believed her parents would "find out the truth". In addition she was anxious about taking a boy to the school dance two weeks away. The diary revealed worries about body image, friendship and sexuality, but these and the occasional reference to depression and "need to see a shrink" were no more frequent or apparently sinister than similar feelings and thoughts expressed by many other teenagers. There were intimations of some frustrations with, and occasionally hostility toward, the parents. The reasons for this were never explained in detail.

Postvention

Because of the very real anxieties of the family for friends and classmates of their daughter, the high school was contacted with the family's permission two weeks after the death. In discussion with the principal it was clear that the suicide had had profound and far-reaching effects on the school, including other students (particularly those in the same year), teachers throughout the school, and parents. The school had been in open mourning since the principal had explicitly addressed the issue at a morning assembly.

At special meetings with the entire staff it was clear that all staff members were still distressed and grieving. For several the event had reopened old personal grief issues, and one member of staff in particular was so acutely depressed as to need urgent professional intervention. Questions dealt with ranged from what to do with the empty desk in class, to how to deal with student distress and possible imitation and finally, how to settle the school back into the academic education process.

We made the assumption that the impact of the death on students would be greatest with the immediate friends and classmates. From the diary and notes 22 names of friends of the dead girl were listed, and in subsequent discussion with the year coordinator, a further six names were added to the list. Parents of all these girls were contacted by letter and telephone seeking permission to meet with their daughters and a team of clinicians from Child and Adolescent Mental Health Services. For those families who agreed, an explanatory letter was given to each of the girls so that they could decide whether or not to attend the group.

The team (two community psychiatric nurses and the author) and the year coordinator met with

18 girls as a group for about two hours on one occasion 16 days after the death. Included in this group were all of the very close friends of the dead girl. An open discussion within the group covered general subjects like death and dying, the process of grief, and how to cope with bereavement. Considerable time was also spent developing a cooperative view of the events leading up to the suicide and dealing with individual grief issues for each of the girls as they arose. Some girls were relaxed and confident, others severely distressed, a few detached and distant and apparently disinterested.

Immediately following the meeting all girls completed a questionnaire designed for use in the previous investigation into the effect of suicide on students in a school. (See Part 1, p.21.) They were told that the results would be shared with them and that, following their permission and if appropriate, the results would then be discussed with their parents. The composite self-report questionnaire included questions on behaviour and self-esteem, suicidal thoughts, deliberate self-harm, risk-taking behaviour, drug and alcohol use, and reported exposure to a variety of real and television "life events".[b]

Results

Nineteen girls (mean age 15.3 years) completed both the clinical interview and the questionnaire. (One additional friend had identified herself to the year coordinator the day after the group of 18 met and was interviewed that day by the author. She completed the questionnaire immediately after the interview and her results are included with the group.) Only two of the girls had not attended the school for more than two years. Seventeen of the girls came from intact families. Eleven girls were thought by the professionals to be particularly suffering from grief or depression, or troubled and vulnerable in some other way. This identification was based on informal consensus as to a range of clinical markers from individual histories, within group performance, and a mental status for each girl. The results on measures for the group as a whole indicated that the group did not differ significantly from the general population of girls of this age.

The parents of the eight "non-depressed" girls were advised that their daughters were probably grieving appropriately, that they would do well with caring support during the subsequent few weeks, and would be likely to return soon to normal routine. Parents' questions were answered, their concerns discussed, and they were told that professional advice and support would be available should the situation change.

Of the 11 girls who were identified as particularly troubled, the parents of four of these girls were told (in addition to the above) that their daughters were grieving appropriately but had clearly been very upset by the suicide of a friend and would need very special family support and possible professional support. They were told how this could be made available. One of these girls was "the best friend" who would have received the audiotape, instructions and locker keys. In the case of three others, their combination of high depression subscale scores, high risk scores and suicidal ideation led us to discuss the situation with them and then with their families, whom we advised to seek professional grief counselling "during this very difficult

time" for their daughters.

The remaining four cases which were of concern are discussed here and some of these are referred to again in Part 3: 'Imitation and the clustering phenomenon', p.34:

Case one was a quiet small girl for her age who sat near the back of the group discussion and appeared disinterested. We later discovered during the family feedback that she had Turner's Syndrome, had had no counselling for this as she entered adolescence, and had been distressed and withdrawn for many months because of her small stature and limited sexual development. She had not been a close friend of the dead girl, and claimed not to be depressed by what had happened -- but more by her own problems. The family arranged family and individual counselling and the girl did well.

Case two was the only child of a single parent who had severe mental health problems of her own and had taken a number of overdoses. The girl identified herself as "Gothic" and was involved with a number of seriously disturbed youths. She was a regular consumer of non-prescription drugs, and had attended two psychiatrists briefly she had not been able to sustain a therapeutic relationship for any length of time. The day after her friend died from suicide she blocked all the windows and doors at home and turned on the gas with the intention of suicide. Fortunately she was discovered when her mother returned home earlier than expected. She was persuaded into a psychotherapy relationship with a specialist adolescent psychiatrist and maintained this for a year. She is now at university.

Case three was a girl from a separated family who had in fact taken a moderately lethal overdose with intent to die two weeks prior to her friend dying. She had also taken an overdose some time previously and had been in regular counselling since that time. With the girl's permission we were able to discuss the current situation with her therapist and support that on-going relationship. She is now doing well, and has made no further attempts on her own life.

Case four was the second daughter of wealthy professional parents. In the group session she was distant and haughty and very knowledgeable about the suicide, apparently using intellectualisation as a defence against her own grief or anxiety. She had maintained an ambivalent relationship with the dead girl, but most recently they had been very close. One of the notes saved in the shoe box was a recent two-page letter describing her belief that she too was failing in a range of subjects and demanding: "Is our appointment for . . . parking station still on? Otherwise I will have to do it on my own -- that is kill myself!" We were seriously concerned about this girl. Lengthy discussions with the family led to two individual interviews but the girl refused to keep further appointments maintaining that there was no problem. Her parents believed that they could keep a close watch on the situation and make appropriate arrangements should there be concern. Her current psychiatric status is unknown.

Discussion

What this paper describes is "postvention" -- a way of intervening after a teenage suicide. The work was based on assumptions that

teenagers grieve the loss of friends;
some teenagers may need professional counselling to assist them over their grief;
a few teenagers may be vulnerable for pre-existing reasons, and/or suggestible and may imitate the suicide; and
vulnerable teenagers can be identified.
We chose to work with a small group identified through the dead girl's own writings and through the year coordinator at school. We now believe this to have been short-sighted. Some girls were incensed at being included, some anxious and perplexed. Others from the same school year were furious at being left out of a "special group". While the logistics of working with larger groups are more complex (clinically and in terms of scoring questionnaires), we believe it is better to open up the original offer of support, discussion and grief work, to the whole school year.

There are some conceptual difficulties in using a part of a research instrument in what might be seen as a more individual and diagnostic way. The Achenbach Youth Self Report was not designed for this purpose. However, we had reservations about designing a questionnaire that only had questions about depression and suicide in a context where the questions themselves might have made the situation worse. The giving of a valid and reliable broad-based questionnaire with subsequent abstraction for the area of interest was the best alternative. Results could be rapidly calculated and the information used to confirm clinical judgement. Future work might use more generally accepted measures of depression, for instance the Beck Depression Inventory (Beck et al 1961}, or questions about suicide validated in previous studies (Smith & Crawford 1986).

There are ethical issues which need to be addressed when using questionnaires where the information will be used in subsequent clinical discussions. The teenager needs to understand that the information is confidential and will not be given to anyone outside the family (for instance the year coordinator or other school staff). They need to give explicit permission for the information to be used in further discussion with the family. Clearly this may alter some of the responses given. Some teenagers may wish to hide suicidal thinking from their families, others may exaggerate to shock. However, this was not our experience in this study.

Questionnaire responses appeared to match closely the current experience of the teenagers and proved fruitful in the subsequent clinical work.

The author believes that this study shows that "vulnerable" or "at risk" teenagers can be identified with reasonable accuracy. Whether the mix of clinical assessment and questionnaire is correct remains for further study. The group session acted as a filter, broadly defining a vulnerable group, but it is clear that this was a blunt instrument in including 10 teenagers, one of whom was later shown not to be as vulnerable as at first thought. The questionnaire allowed

not only further definition of this at risk group, but included one teenager who had not been identified in the clinical session.

In this study, there is some evidence of the power of influence and imitation. The dead girl seems to have come from a group in which suicide was discussed freely and where at least two girls had made previous attempts. Whether she was influenced to suicide is not clear from the group session or her writing. Most of the notes from other girls talked about recovery from their own experiences or advised against suicide. No note encouraged her to act.

One girl was influenced to attempt suicide the day after the death, and this issue was explicitly discussed with her in later therapy. She described herself as jealous that her friend had succeeded when in her view the friend's life was so much better than her own. She gained courage from the successful act. It is of note that her chosen method was not to jump, but to find, in her words, a "less painful" and "more convenient" way. Conversely, one girl may have been deterred from actual suicide, if not by the death itself, then from the aftermath in the school. She had had an explicit pact with the dead girl, although there is some evidence in her writing that her side of the pact was perhaps more of an intellectual game than a reality.

The issue of influence is a complex one. The author's view is that a completed suicide is unlikely to influence just any teenager to attempt the same. There is some evidence both in the literature and from our previous studies (Part 1 of this feature) that in a school environment an increased percentage of young people consider their own death from suicide following a successful suicide -- that is, they have "suicidal thoughts". However, for the majority this symptom is an isolated one. What appears to be a dangerous mix is if there exists with it some evidence of risk taking and/or deliberate self-harm along with moderate to severe depression. It appears from our previous work that young people with depression and suicidal thoughts seek out knowledge of deaths from suicide. By "seek out" the author means that they find out about, report that they are aware of, or remember, more deaths from suicide than others of the same age. One could speculate that they are looking to confirm the normality of suicide or suicidal thoughts in their peer group. In this current study, it was those who were already depressed and had suicidal thoughts, or those who had already attempted suicide, who were apparently influenced by the death to actively imitate. It is the author's belief that postvention after successful suicide of a peer offers an opportunity to identify and then assist vulnerable and at risk teenagers.

a = Night Mother is a 1986 film directed by Tom Moore (distributed by CIC), based on the Pulitzer Prize winning book of the same name by Marsha Norman.

b = Information about questionnaire design and tests of significance may be obtained from the author at the address on p.28.

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By Graham Martin

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