



Adolescent suicide.

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Abstract: Part I. Examines the effect of completed suicide by a student on another student in Australia. Postvention strategies in the school following the suicide of a fellow student; Phenomenon of clustering in which suicides and attempted suicides appear to be linked to each other; Deliberate self-harm by students.

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1 The effect on adolescents of the completed suicide of another student

This three-part feature on adolescent suicide reports on work done in South Australia concerning

the effect on school students of the suicide of another student; postvention strategies in the school following the suicide of a fellow student; and the phenomenon of "clustering", where suicides and attempted suicides appear to be linked to each other, suggesting that a process of imitation is occurring.

Reports on Australian adolescents suggest that suicide and attempted suicide are both increasing. Coroners' figures in South Australia for 1989 show that suicide in adolescents aged 15 to 19 is equivalent to accidents as a major cause of death. Overall the rate for Australian adolescents is 12 per 100,000. Among boys the rate for attempted suicide doubles between 13 and 14 years of age (to 19 per 100,000) and trebles for girls in the same age group (to 137 per 100,000), as measured by admissions to hospital (Kosky 1982). Suicidal thoughts increase in a similar way in this age group and there is a strong association between suicidal thoughts and symptomatic depression (Carlson & Cantwell 1982; Kosky et al 1986). In Australia, Goldney (1986) described the "clustering phenomenon" where, following a suicide, a number of individuals imitate the act. In reviewing the role of the media in completed suicide, he concluded:

. . . even so-called neutral reporting of suicide may be followed by an increase in susceptible persons. This suggests that the increase may not be simply a result of imitation or contagion, but a more subtle acceptance that suicide may be a normal course of action (Goldney 1989, pp.30-4).

While the adolescent suicides themselves are a matter for deep concern, so is the influence they may have on peers. School students are very likely to hear about the death by suicide of a fellow student, yet little is known about the influence of a peer suicide on the level of suicidal thinking and behaviour among individuals attending the same school.

Whether the knowledge of suicide is gained through the media or through the close environment of schools and peer relationships, the influence of these suicides needs to be understood more fully so that young people at risk can be identified and effective preventive measures developed to assist them.

Studying the effects of suicide

In 1988 in Adelaide, South Australia a 17-year-old male Year 11 student successfully suicided by overdose. Two days after the memorial service a 13-year-old male Year 9 student from the same school shot himself. Clinicians from Child and Adolescent Mental Health Services (CAMHS) counselled the family of the second student, and the family, friends and network of the first student, including the school counsellor, teachers and other parents.

The impact of the deaths on the school community was far-reaching. Staff and parents wanted to know if the first death could have caused the second, and whether other students could be

influenced to suicide. As a consequence the present study was developed to investigate the effect of exposure to the completed suicide of a fellow student on the remaining school population of adolescents aged 13 to 17 years.

Two main hypotheses were tested. First, that knowledge of a completed suicide of a peer is associated with increased suicidal thoughts among adolescents attending the same school, and second, that knowledge of a completed suicide of a peer is associated with increased depression among adolescents attending the same school. In addition the authors sought to confirm previous reports that associations exist between depression, suicidal thoughts and acts of deliberate self-harm in adolescents.

The study was completed with Ethics committee approval from Flinders Medical Centre, six months after the two suicides. The study group consisted of all Year 10 students (mean age 14.2 years) from the index school and all Year 10 students from two matched coeducational schools. The index school and one of the comparison schools draw from an overlapping catchment area, while the second comparison school is newer and draws from a different catchment area. In the index school none of the students had been in the same year as either of the dead students. However, we were informed that the majority of students at the school attended both memorial services.

A composite self-report questionnaire was prepared, including questions on behaviour and self-esteem, suicidal thoughts, deliberate self-harm, risk-taking behaviour, drug and alcohol use, and exposure to a variety of real and (fictional) television events -- including exposure to suicide. (The results from self-report risk-taking, drug and alcohol use and the complete results from the media part of our questionnaire are to be reported later.)

The questionnaire included the Achenbach Youth Self Report (YSR) (Achenbach & Edelbrock 1987). The "depressed" subscale was used as a measure of depressive thought and affect. Responses to the questions, "I deliberately try to hurt or kill myself" and "I think about killing myself", provided information on "deliberate self-harm" and "suicidal thoughts", respectively. Questionnaires and the plan of the research were discussed with the principal of each of the three schools who provided consent after discussion with their teaching staff and parents. An information and consent letter was sent to parents with the weekly school newsletter approximately one week prior to commencement of the study. Questionnaires were made available to parents on request. One period of lesson time (about 40 minutes) was used. Each student was required to fill out the questionnaire with no discussion and the questionnaires were collected the same day.

Results

The response rate was good with questionnaires returned by 96 index students (response rate 92%) and 258 comparison students (response rate 87.5%). The mean age of students was 14.2 years, ranging from 13 to 17 years, with no significant difference between schools. The ratio of males to females was M 159: F 195 (M 44.9%: F 55.1%). There was no significant

gender ratio difference between index and comparison schools and the school populations were relatively stable. Attendance levels of the total sample showed that 88.2% had attended their respective school for two years or more. More students at the index school (17; 17.7%) than in the comparison group (23; 9.3%) had attended for one year or less but this was not a statistically significant association.[a]

Exposure to suicide

(55.2 %) knew of a suicide in the previous year, compared with 35 (13.6%) of the comparison students. Significantly more students from the comparison group came from the school geographically closer to the index school -- 24 (17.8% of the total year) compared with 11 (9.2%) from the more distant school. More girls than boys knew about suicides at both the index school (64.2% girls) and comparison schools (71.4% girls) though this only reached significance at the comparison schools.

Eight males (5.26%) and 14 females (7.25%) in this study scored within the "case" range (over 2SD above the mean, as defined by Achenbach) on the depressed subscale of the YSR. There was no difference between index and comparison schools. Further there was no difference in mean depression scores for either males or females between index and comparison groups. Despite this, adolescents who claimed to know about a suicide had higher mean depression scores than adolescents denying exposure, though this only reached significance for the comparison group.

Boys and girls who rated highly on the YSR depressed subscale (ie scoring >2SD over the mean) were significantly more likely to claim knowledge of suicides (57.1%) than those scoring less than 2 SD above the mean (23.1%).

Suicidal thoughts

More students (33.3%) from the index school reported having had thoughts about killing themselves at some time in the previous six months than those from comparison schools (24.5%) but the association was not significant. Overall, fewer males (22.2%) reported suicidal thoughts than females (30.7%) but again, the difference was not significant. A significantly higher percentage of those with suicidal thoughts (44.7%) also knew of a suicide compared with only 18.1% of those with no suicidal thoughts. This was true for males and females. As expected, at the index school the percentage of those with suicidal thoughts who also knew of a suicide was high (65.62%, N = 21), but so was the percentage of those without thoughts of suicide (50.8%, N = 32). The picture for the comparison group was very different, however, with 33.9% of those with suicidal thoughts knowing about a suicide compared with only 7.3% of those with no suicidal thoughts.

Deliberate self-harm

Overall, the percentage of students reporting having "deliberately hurt or tried to kill themselves" at some time in the previous six months was the same at the index school (15.79%, N=15) and comparison schools (15.95%, N=41). There was no gender difference (26

males : 30 females). At the index school the percentage of those claiming deliberate self-harm who also knew of a suicide was high (73.3%, N = 11), but as with suicidal thoughts, so was the percentage of those not claiming deliberate self-harm (52.5%, N = 42). Again, the picture for the comparison group was very different, with 36.6% of those claiming deliberate self-harm knowing about a suicide compared with only 9.4% of those not claiming deliberate self-harm. A strong association was found overall between deliberate self-harm and thoughts of suicide, both for males and for females. The association was found both at the index school and the comparison schools.

Discussion

This study examined the relationship between depression, suicidal thoughts and deliberate self-harm among students attending a school where two suicides had occurred. For comparison purposes, data was also obtained from two matched schools where suicide had not occurred.

The authors consider that the subjects were reliable informants. All questionnaires were completed fully, and an examination of responses to other questions, for instance about exposure to murder or hard drugs revealed only isolated exaggerations. The response rate was good.

As expected, more subjects at the index school reported knowledge of a suicide than did the subjects at comparison schools, though this was not statistically significant. It is possible that subjects were under-reporting the school suicide exposure, since only 58% (N=50) of those attending the index school at the time of the suicides reported any exposure to suicide. The questionnaire did not differentiate attempted suicide from completed suicide, nor did it specify exposure to suicides only at school. Some of the subjects may therefore have reported knowledge of other suicide incidents. Why did 36 students from the index school not report exposure to suicide when they had been present at the school when it occurred? Some may have been influenced by the report that the second student death was accidental. Others may have been genuinely unaware of the suicides, although it is difficult to understand how this could have occurred given attendance at the memorial services and the apparent impact the deaths had upon the school at the time. Others may have misinterpreted the question, or perhaps have "forgotten" the experience through the process of repression.

Female students were more likely to report knowledge of a suicide than males, even though the school suicides were both male. Females were also more likely to report suicidal thinking. These findings suggest that females in this age group are more aware of, and more preoccupied with, thoughts of suicide than are males. It is possible that exposure to suicide increases suicidal thinking, but equally preoccupation with suicide may increase the awareness of another's suicide.

Five per cent of males and 7% of females in this study scored within the "case" range (over 2SD above the mean) on the depressed subscale of the Youth Self Report. Despite arguments

about whether such a subscale measures actual clinical depression, these figures are consistent with previous studies (Carlson and Cantwell 1982). There was a significant association between depression and reported knowledge of a suicide for the total sample, yet the percentages of students who were depressed in index and comparison groups were the same (5.5 %). The second hypothesis was therefore not supported, in that suicide exposure does not appear to cause depression. If this had been true, a much higher percentage of adolescents in the index school would have reported depressive symptoms. The authors hypothesise that already depressed students in any school may be more interested in suicide, or become aware of it sooner than their non-depressed counterparts. While all adolescents who know of someone who has suicided may grieve, the depressed adolescent may be particularly vulnerable to increased depression following such an event. Further, we hypothesise, these depressed adolescents may be most vulnerable for imitation.

There was a high prevalence of suicidal thinking in the total sample (27.6%). There is a widespread belief that thoughts of suicide are so common among adolescents that they do not need to be taken seriously. However, subjects in this study reporting frequent suicidal thinking were also likely to have high scores on the depression subscale. This finding suggests that adolescents reporting suicidal thoughts must be adequately assessed for clinically significant depression.

Sixteen per cent of the total sample reported deliberate self-harm in the previous six months, a quarter of them "often" (4.3 %, N = 15). There was a strong association between reported deliberate self-harm and knowledge of a suicide, particularly for males. In addition, deliberate self-harm was strongly associated with both suicidal thinking and depression. This finding is important because there is a tendency to view deliberate self-harm in adolescents as "attention seeking" rather than as an indicator of severe psychopathology.

Adolescents with this group of symptoms (depression, recent thoughts of killing themselves, and admitted episodes of recent self-harm) are more likely to know of a suicide, it may have more meaning for them in terms of confirming their beliefs about suicide, and it may be this group which is particularly prone to imitating a peer. It is toward identification of this vulnerable group that preventive efforts should be aimed following an adolescent suicide.

Summary

This study showed that there are associations between depression, suicidal thoughts, deliberate self-harm and knowledge of completed suicide among young adolescents. The authors hypothesise that following completed suicide of a peer, some adolescents will develop thoughts of suicide. In itself this may not be a major clinical problem. However, adolescents with pre-existing depression, or a preoccupation with suicide, are vulnerable to developing a lowered threshold to deliberate self-harm. These adolescents may be at high risk for imitative (copycat) suicide.

a Readers requiring more information about tests of significance, including depression

subscale scores, may obtain them from Dr Graham Martin, Child and Adolescent Mental Health Service, Flinders Medical Centre, Bedford Park SA 5042.

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