The Social Roots of High School Suicide Clusters

DR. SETH ABRUTYN, PHD

THE UNIVERSITY OF BRITISH COLUMBIA

BIO

**Seth Abrutyn, PhD**, is a tenured professor in the Department of Sociology at the University of British Columbia. He received his PhD from the University of California, Riverside in 2009. Combining qualitative methods with innovative theory-building techniques, Dr. Abrutyn's research examines (1) the social roots of adolescent suicide; (2) the mechanisms the facilitate and constrain suicide diffusion and clustering by way of direct exposure; and (3) the social psychological dynamics of bereavement in adolescents. His research has won numerous national awards, including the *Eliot Freidson* outstanding contribution to Medical Sociology from the American Sociological Association. His research can be read in *American Sociological Review*, *Journal of Health and Social Behavior*, *Sociological Theory*, and *Social Science and Medicine,* among others. For more information on Dr. Abrutyn, please visit his website: sethabrutyn.wordpress.com.

Substantial Increases in Youth Suicide Since 2007
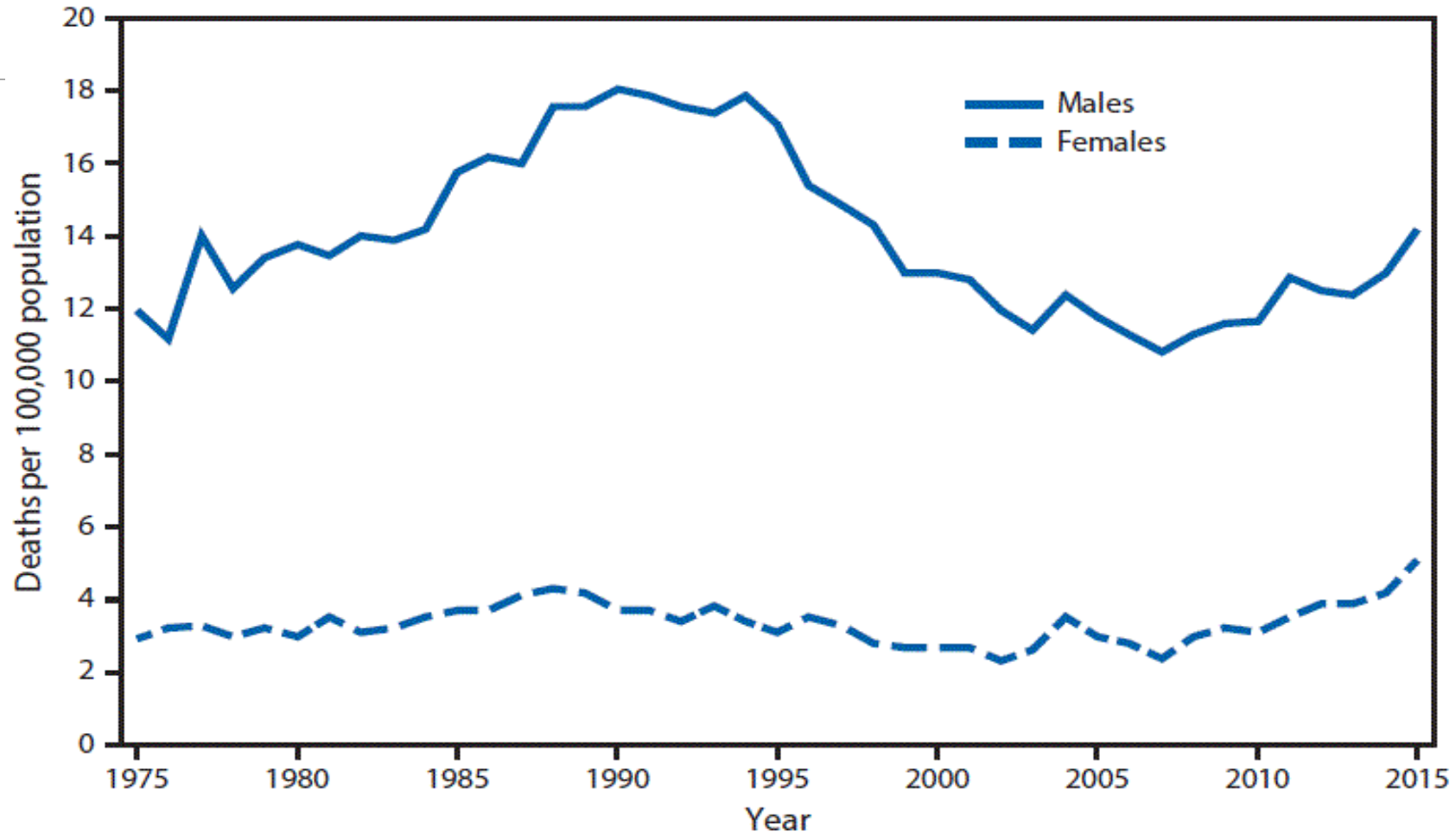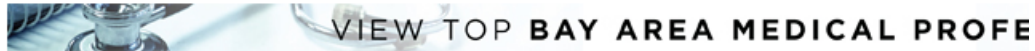
Increasing Reports of Youth Suicide Clusters in Schools & Communities

Why Are Palo Alto's Kids Killing Themselves?

Diana Kapp | Photo: Justin Maxon | May 22, 2015

A panicked town struggles with a wave of suicides.

The Upshot — SOUNDCLOUD
Teen Suicide: Diana Kapp on her story ...
15:06

Cookie policy   ▶ 3,063

http://www.sfgate.com/bayarea/article/Why-are-Palo-Alto-s-kids-killing-themselves-6270854.php

https://www.washingtonpost.com/local/crime/after-woodson-high-suicides-a-search-for-solace-and-answers/2014/04/11/8dd2a3b4-7f1d-11e5-b575-d8dcfedb4ea1_story.html

Local

After six Woodson High suicides, a search for solace and answers

By **Justin Jouvenal** and **T. Rees Shapiro**   April 11, 2014

The Crisis in Suicide Research

Thomas Insel, director of NIMH 2002-2015, recently stated:

◦ " I spent 13 years at NIMH really pushing on the neuroscience and genetics of mental disorders, and when I look back on that I realize that while I think **I succeeded at getting lots of really cool papers published by cool scientists at fairly large costs**—I think $20 billion—**I don't think we moved the needle in reducing suicide**, reducing hospitalizations, improving recovery for the tens of millions of people who have mental illness**. "

Major problems:
◦ We can't predict suicide
◦ Our models are highly individual; neglect the environment
◦ We understand almost nothing about how suicide clusters form

Exposure to Suicide

Can trigger:

- Suicide clusters

- Suicide diffusion through personal relationships

Source: (Abrutyn and Mueller 2014)

Odds of Youth Reporting a Suicide Attempt by Exposure to a Friends' Suicide
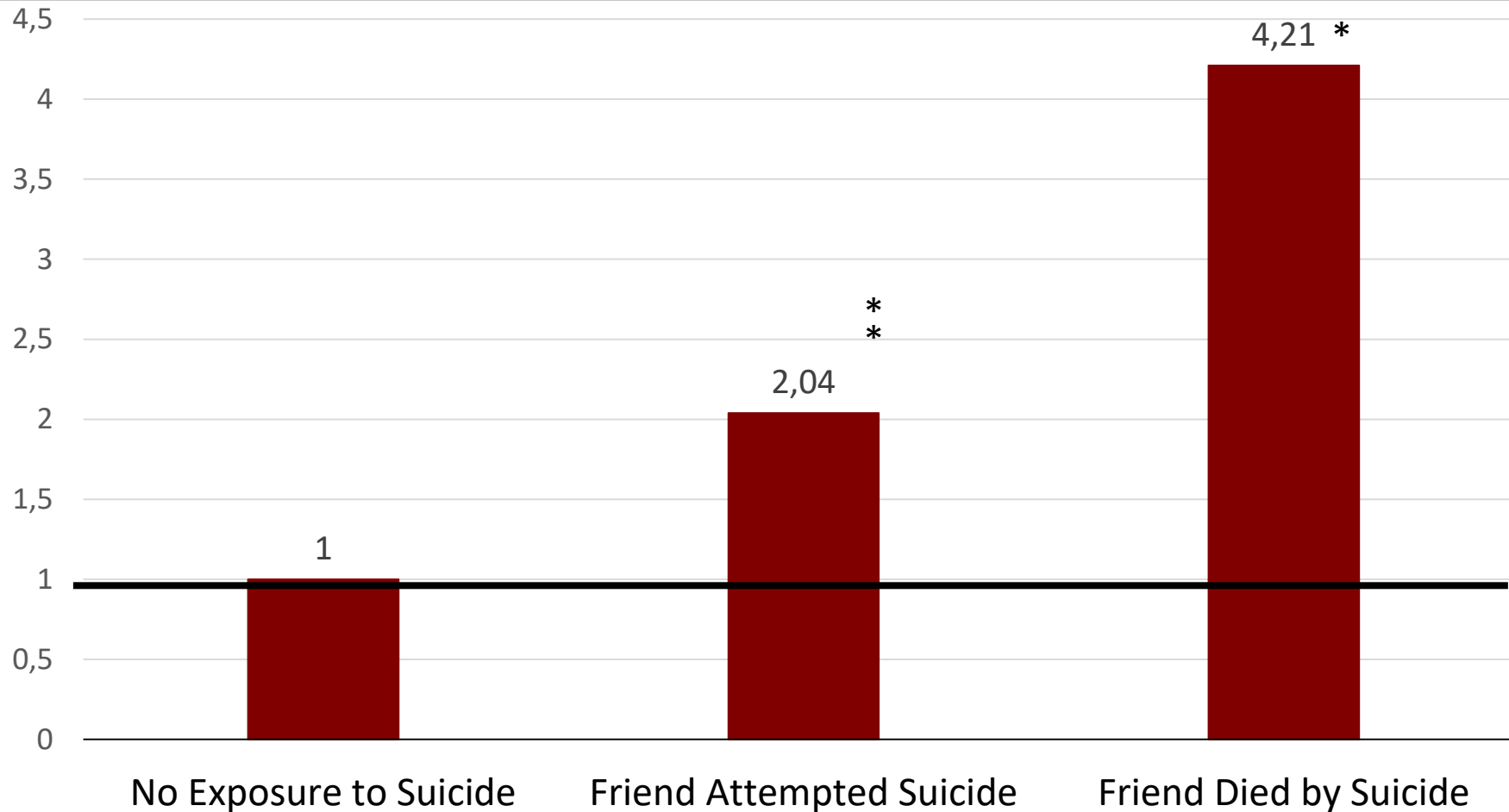
** ROBUST FINDING **

Using every causal modeling strategy possible with longitudinal nationally-representative random samples, researchers repeatedly find that exposure to suicide increases risk of suicide ideation or attempts

Caveats:
◦ Not necessarily suicide deaths
◦ Data largely from the U.S.

What causes a single suicide to escalate to a cluster or diffuse through social relations?

Why do some *places* but not others house disproportionate rates of youth suicide?

Conceptual Model

Figure 1: Conceptual Model
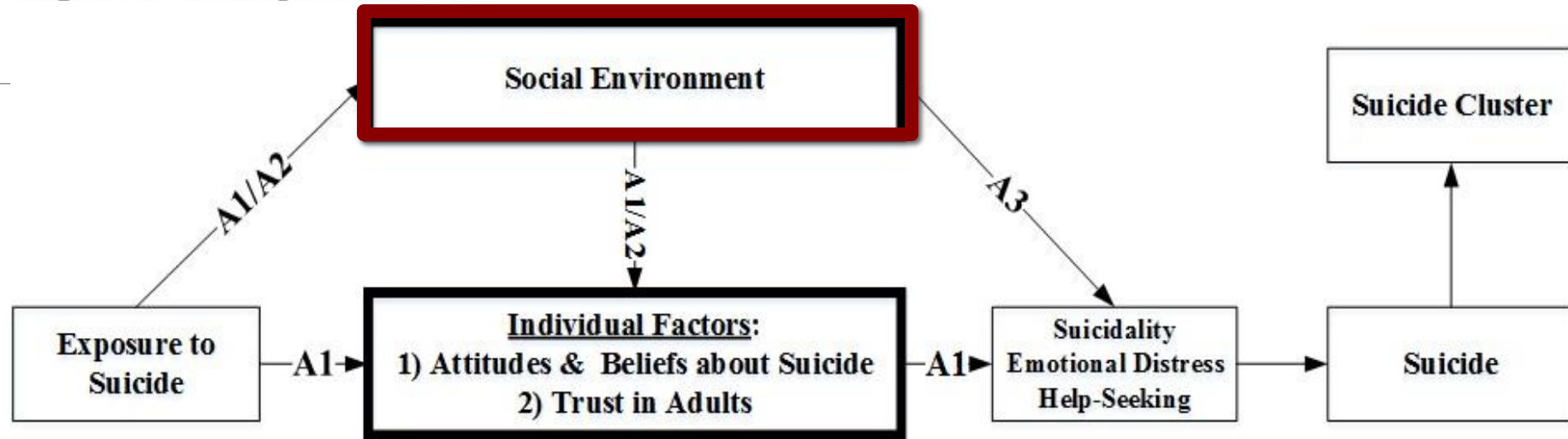
Some environments will more easily facilitate the escalation of a singleton suicide into a cluster.

Places where

- Youth struggle to have their psychological needs met
- Mental health safety systems are not sufficient
- Cultural values or social relationships thwart help-seeking

Figure 2: Multi-Level Social Environment
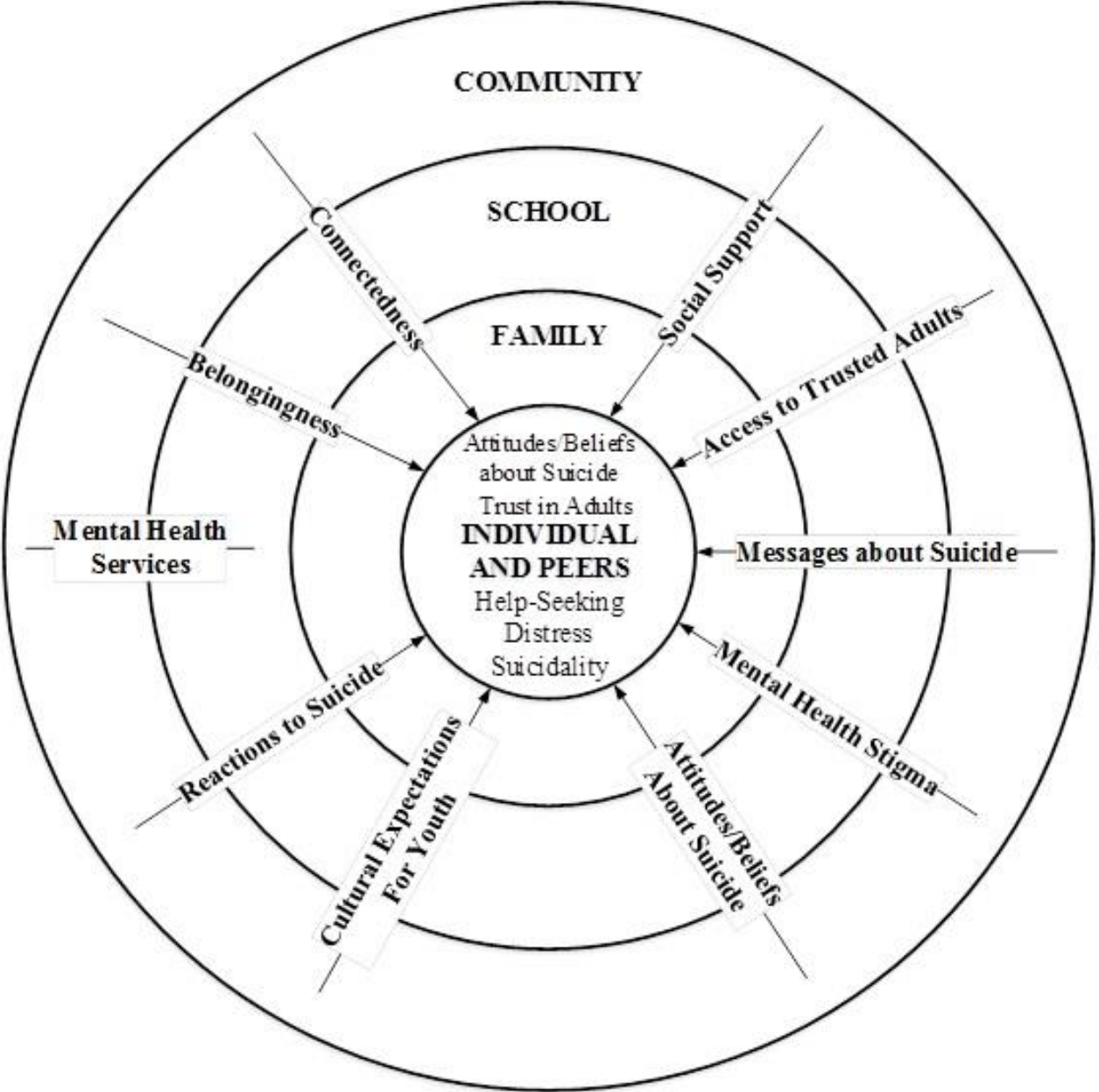
Big Shift:
Incorporate the environment

Youth vulnerability & resilience is shaped by multiple types of experiences that occur across multiple social contexts

Emphasizing Prevention

Move away from prediction of suicide to a focus on prevention

◦ It is possible to prevent without being able to predict

Bring in neglected theoretical perspectives

◦ Industrial accident literature suggests focus on:

◦ how signals of distress are identified and processed within the system

◦ the roles of external environmental factors in the identification and processing of distress signals

◦ the cultural norms that shape the safety culture and the pursuit of both mental health safety and other organizational goals
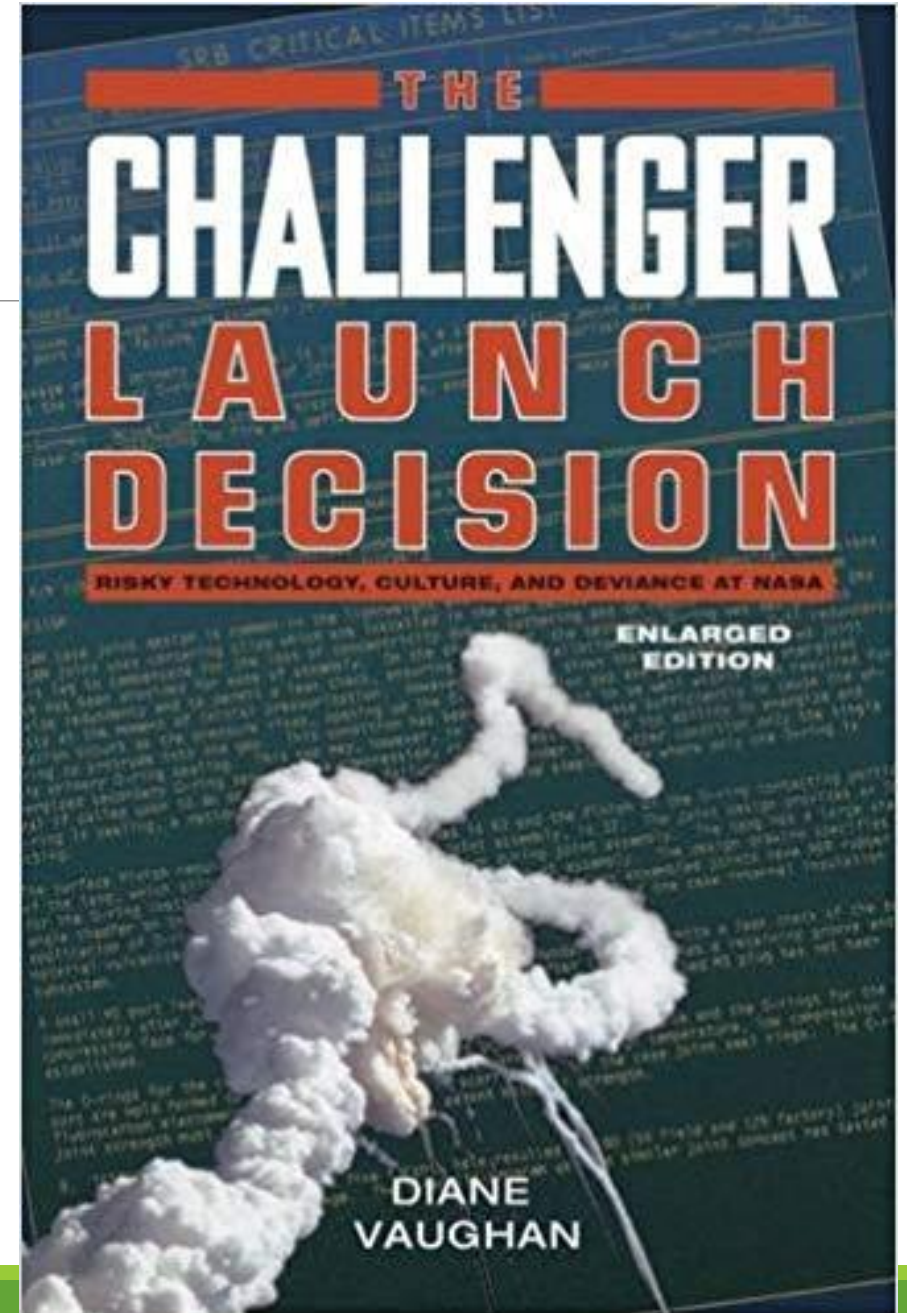
The Case of "Poplar Grove"

Illustrate a case where ignoring the social roots of suicide has limited the efficacy of suicide prevention

- Adolescents under Pressure in "Poplar Grove,"* USA

All names of people and places are pseudonyms

In-Depth Case Study: Poplar Grove,* USA

Affluent, educated, privileged community
◦ Homogeneous population
◦ Enduring suicide problem

All names of people and places are pseudonyms

2+ years of fieldwork
◦ In Poplar Grove
  ◦ ~100 interviews & focus groups
  ◦ Participant observation
  ◦ Youth, Parents, Mental Health Workers, Religious leaders, Teachers, etc.
    ◦ BROAD community approach to the research
◦ With suicide bereaved individuals outside of Poplar Grove
  ◦ ~50 interviews

In-Depth Case Study: Poplar Grove,* USA

Community with a significant adolescent suicide problem

- Widely recognized problem
- 18 suicide deaths from 2000-2015
  - Focus on 2005-2015
- 15 former or current PGHS have died by suicide since 2000
  - All under the age of 25
  - Significantly higher than what one would expect of a high school of this size given national and state suicide rate for ages 15-24 (11.0 per 100,000)
  - 3 youth died during our fieldwork
- 4 confirmed and 1 additional probable suicide cluster
  - Where decedents had ties to each and died within a short period
- Many of the deaths fit definitions of "echo-clusters"

RESULTS OVERVIEW:
Suicide Clusters have *Social Roots*

1. Illustrate the social roots

2. Discuss their consequences
   - Discouraged helpseeking
   - Amplified adolescent distress
   - Facilitated the formation of unique beliefs about adolescent suicide that amplified youth's ability to see suicide as an option

First Social Root: Social Connectedness

Everyone knows everyone
- ◦ Social support!

Jim, a father:

"Poplar Grove is a very tight-knit community...we have a community pool where we all hang out. **Everybody knows everybody, so you feel like there's network, a safety net around you all the time.**"

First Social Root: Social Connectedness

Everyone knows everyone's business
- Amplifies concern about keeping up appearances and what others think/know

First Social Root: Social Connectedness

The downside:

Margaret, a mother:

"So….**I do not know this family very well, I only know what I've heard through the grapevine**. Emmett who had committed suicide….he was in and out of a mental institution a couple times is what I understand. He was on medication. He had had counseling, supposedly he had threatened many times….His parents knew about it. The last fight that they had was 'Emmett - you're getting really bad again, I think it's time for you to go back to the hospital' and shortly after that he killed himself. That's the rumor I heard. It's qualified, but it's still a rumor."

Second Social Root: Narrow Ideals

Culturally homogeneous
- ◦ Homogeneous (and narrow) views of "ideal" kids or families

- ◦ Culture of achievement

Second Social Root: Narrow Ideals

Elizabeth: *Achievement is everything*. So, when we think of Poplar Grove, we think of achievement [in school and athletics]...

Tina [chimes in]: I think that's pretty accurate. I think it's a wonderful community to raise a family in, and it's... great people, but it is very driven. It's exhausting. It's challenging...*It's hard to complain about it because we have a lot of opportunity here...So, it's kind of a blessing and a curse all at the same time*.

Second Social Root: Narrow Ideals

Janet, a parent:

"The kids [in Poplar Grove] are here to just bring fame and glory to the family. Do something remarkable and make us all proud, that's all we care about. Whether it's getting good grades, or having a talent or singing, or on the sports field, or whatever that's your job."

Another Parent:

"Probably the biggest taboo in [Poplar Grove's] environment…is failure. You cannot be a failure"

Third Social Root: Mental Health Stigma

Having a mental health problem is seen as contrary to the ideal of a "perfect" kid or family

People hide mental health problems or don't want to discuss them
◦ When they are discussed its more to deflect or place blame on others

Third Social Root: Mental Health Stigma

Hannah (teen):

- "**All the bad stuff gets covered up**. So nobody wants to be like 'I have an issue.' And nobody wants to come out and be honest about it. So kids cover it up and **try to act** like they are doing well in school and they are being the Poplar Grove kid that **they are supposed to be**."

Serious Consequences for Youth Mental Health

Consequence #1: Suppressed Help-seeking

Kids were unwilling to seek help or be honest with parents or adults about their suffering

- Only 32% of youth were willing to seek help
  - Compared to 67% in our comparison group
- Scared people will find out

Mental health workers reported parents were hard to partner with

- 60% of mental health workers reported this
  - (11 out of 17)

Consequence #2:
Stress, Anxiety, & Negative Emotions

Centered around the idea of "failure"

- Kids reported:
  - "Failure was not an option for any of us" (young-adult, woman)
  - "If you don't succeed, you just fail and you feel terrible about it." (teenager, woman)
  - Crying regularly because of homework
  - Hair falling out from stress

Consequence #3:
Disconnection between Youth & Adults

Schools seems unprepared to cope with suicide loss
- School doesn't want to talk about suicide
  - Fear of causing a "ripple effect"
- Postvention strategies were always problematic
- No QPR; No Sources of Strength; No Youth Aware of Mental Health (YAMS); No Signs of Suicide

BUT: Youth have known many classmates who have died by suicide or attempted suicide

Consequence #3:
Disconnection between Youth & Adults

Kids can't forget or "sweep it under the rug"
- Even if they weren't that close to the decedent

Shara (teen):
- I felt like a lot of adults didn't understand or…believe us when we said we're stressed out, when we said, 'This is really hard,' and 'we're really scared.' They were like, 'Oh, you're fine. It's just high school.' But it's so much more and people are dying [by suicide].

Consequence #4:
Passive Views of Suicide

Youth were largely making sense of suicide on their own
- ◦ Amongst themselves at school, over text, online after a suicide

Suicide as something that can just "happen" to you

- ◦ **Grace:** I think a lot of the kids were just like "Oh my gosh, that's gonna be us [meaning someone who dies by suicide]. **We're all gonna stress out and lose it, even if your life is great you can still snap one day.**"

- ◦ **Chloe:** "of course I thought about suicide, you know, growing up…I could honestly say I think everyone, in their life, has contemplated suicide…I don't have a reason to do it either, so… But, yeah… … I knew that it can happen to anyone, suicide."

Consequence #4:
Passive Views of Suicide

There's a reason for Grace's confusion:

- Many suicide decedents in Poplar Grove did not appear "mentally ill" or even emotionally distressed
  - Many were very popular, "perfect" youth
- Pressure to avoid mental illness to explain suicide
  - Parents' of deceased children suppressed information about mental illness or psychological pain in their kids
- Active work to craft a narrative that preserved the young suicide decedent's reputation

Exposure *Does* (On Avg.) Increase Risk

It is a very hard experience for youth
- ◦ Youth grieve for years, just like an adult would

Introduces suicide as an "option"

If youth don't understand suicide and what to do if they feel suicidal, *that* is risky

Youth See Things Differently

Remember they are figuring things out, especially big things, for the first time

Things like:
◦ why did my classmate/friend/sibling die by suicide?
◦ What happens if I don't live up to expectations, if I don't make it, if I fail?

Tim:
◦ I think we're so pressured to achieve that we've forgotten that this is like one small segment of our entire lives. Ya know? Not that it isn't important. I know that high school is important and I do get those feelings, like oh <u>if I don't pass this test then I'm going to wind up homeless</u>. I think I don't like that that's the mindset that I go to. <u>I don't like that I have to go to that mindset. I wish I could change it. I can't. I don't know what it's like in any other places.</u>

Consequence #5:
Expansion of Suicide as an Option

Becca, who has a history of suicide ideation and self-harm:

- "I've wanted to get away from having all these problems. Seeing all these other people go through all these problems, **their answer is suicide so why can't my answer be suicide**."

Consequence #5:
Expansion of Suicide as an Option

Cynthia, a parent, remarked:

"One of the key things I think about when I think about teen suicide in our own community, I think about my own kids [Begins to Cry]...you know to make sure that I...I equipped them to work through their own problem...so that they don't say that, 'Oh no, I got this problem and I don't see a way through it'...And personally I think that's the piece our kids look up and they say, 'nobody else is struggling, I don't see a way through this. I'm a failure. *I don't think I want to go on*.'"

Consequence #5:
Expansion of Suicide as an Option

Compare this with: Susan, a non-Poplar Grove Respondent who lost her brother to suicide, said:

"I completely **understand that Jeremiah was <u>sick</u>**, and not to justify [his suicide], but I get the complexity of **depression**....the things that happened in his life, **he dealt with differently than myself**. I understand that people can only process certain things in their life in a certain way, and at some point he lost control of being able to understand how to function, so his depression took over and he felt like he didn't have an out. From what I gather, **<u>in the way that the brain works</u>**, as far as once you get to a point of deciding that you're going to take your own life...So, I get it. I can sit here and consciously talk about why he did what he did and identify that was my brother."

Summary

The social connectedness and homogeneous and narrow culture of perfection (as found in the **positive** cultural norm of achievement and the **negative** cultural norm of hiding mental health issues) in Poplar Grove generated additional stress & pressure for youth

Resulted in
◦ Increased emotional distress
◦ Suppression of helpseeking

Combined with exposure to suicide & lack of adequate postvention, amplified vulnerability to suicide

What do we do?

1. Recognize that suicide has social and cultural roots
   ◦ Culture can be hard to shift…
      ◦ But it is possible
      ◦ Ignoring it leaves kids suffering under stressful conditions

2. Postvention is crucial
   ◦ As a start, recognize that equipping youth with evidence-based information about suicide could help

3. School Mental Health Safety Systems Matter
   1. How does the school "detect" distress, and how does it react?
   2. Is mental health as important a goal as achievement?

New Study:

Acknowledgements

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