Scientists define a suicide cluster as three or more suicides in a specific location that occur over a short period of time. On average, there are five suicide clusters each year in the United States, according to psychiatric epidemiologist Madelyn Gould at Columbia University in New York City.

Gould has found that suicide clusters are a relatively rare event, accounting for fewer than 5 percent of all suicides in teenagers and young adults. The most distinctive feature about suicide clusters is that they occur almost exclusively in teenagers, she says.

"Suicides following the exposure to someone's death by suicide, was about two to four times higher among 15- to 19-year-olds than [in] other age groups," Gould says.

So what is it about teenagers that make them particularly vulnerable? For one, Gould says, adolescents are intensely focused on other teenagers and on imitating the behaviors of other teens. It's a developmental phenomenon that scientists call "social modeling."

And for adolescents, says Gould, "it's the peer group members who often serve as models. So during this age it's the peers that replace family members and other adults as the most influential group. And suicide is another behavior that can be modeled, unfortunately."

Another characteristic typical of teenagers that puts them at increased risk of suicide is their tendency to act impulsively. This behavioral inclination is a function of a still-maturing brain. Neuroscientists have found that complex cognitive functions — such as inhibiting impulsive behaviors, planning ahead, and problem solving — occur in the prefrontal cortex, a brain area that continues to develop throughout adolescence and well into young adulthood.

So until an adolescent's brain is more fully mature, he or she will tend to behave impulsively, neglect future consequences, and perhaps view suicide as an immediate solution to problems, especially if a friend or acquaintance has taken that route.

**The Biggest Risk Factor**

But the most significant and critical red flag that predicts adolescent suicide risk, according to Gould and other researchers, is the presence of an underlying mental health problem. In teens, that's most commonly depression, anxiety and alcohol or drug abuse.
“Even in the context of someone else's suicide, without that underlying vulnerability, they're not going to go on to attempt suicide or die by suicide,” Gould says.

Gould is currently studying 50 suicide clusters that have occurred in the United States over the past decade, comparing the cluster suicides to young people who died by suicide but not in a cluster. She is doing what's called a psychological autopsy on each suicide: interviewing family, friends, teachers; checking school records, the teens' e-mails, phone calls.

"We want to try to understand why you have the tragedy of a suicide in one town but it does not lead to additional suicides. Yet in another town, it might lead to two, to three, or four more suicides," says Gould, whose research team is trying to identify what might initiate a suicide cluster.

**Type Of Media Coverage Plays A Role**

In preliminary findings, Gould reports that there is no one type of community that is more susceptible to suicide clusters than another. "Every community is vulnerable," she says. Gould has also identified a crucial characteristic that seems to play a critical role in suicide clusters. If the first suicide gets media attention, then it's more apt to trigger other suicides. So, Gould cautions, the way the media cover a suicide can be critical.

"We know from studies that have looked at the impact of the media that there is something called the 'dose-response association.' So the size of the increase in suicides following a suicide story is proportional to the amount, and the duration, and the prominence of the coverage."

There are ways that the media can cover a suicide that can actually help mitigate the risk of additional suicides, says psychiatrist Paula Clayton, medical director of the American Foundation for Suicide Prevention, who regularly advises the media on how to report on a suicide. For example, they should report on the many complex factors that may have led up to the suicide and emphasize that 90 percent of people who kill themselves have mental health problems.

Clayton cautions, though, that using details about a suicide can increase the risk of suicide clustering. "Don't talk about the method, or show the place where the suicide occurred. And don't glorify it," she says.

**Preventing More Deaths**

In terms of prevention, one of the most highly effective deterrents to suicide, says Clayton, are physical suicide barriers. These can prevent access to deadly locations and have been shown to effectively prevent suicides.

"If you build barriers for bridges or put nets up, the suicide rates go down at the bridge, and [they] don't go up at the nearby bridges. If you build railroad barriers, the suicides go down."

Gould agrees barriers can prevent suicides, especially in impulsive teenagers. "If you can make it that much harder, at least you're buying time. And we have found that to be effective because the motivation to [commit] suicide is not constant. It waxes and wanes. And so you might get them past that impulsive urge."

In addition, suicide screening of all the teenagers in a community where a suicide has occurred is also effective in identifying kids with depression, anxiety or substance use. A new study by Gould,
to be published in the December issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*, confirms the value of schoolwide suicide screening. Her study shows that identifying teens at risk for suicide and offering them help does result in the teenagers' getting treatment for their mental health problems.

**Resources For Suicide Prevention**

- National Suicide Prevention Lifeline: 800-273-TALK (8255), A Free, 24-Hour Hotline
- TeenScreen National Center For Mental Health Checkups
- American Foundation For Suicide Prevention
- American Association Of Suicide Professionals: Upcoming Meeting