

National guidance for identifying and responding to a suicide cluster

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Where to get help

If you're dealing with suicidal thoughts or thinking about self-harm, it's important to know that you're not alone. Help is available when you're feeling low – you do not have to hurt yourself or suffer in silence.

If you're struggling to cope, reach out to one of the services on NHS inform.

If it's an emergency, dial 999.

Introduction

This guidance is for anyone with a responsibility for responding to a suicide cluster in their local area. This includes, but is not limited to:

- multi-agency steering groups
- health and social care partnerships (HSCPs)
- community planning partnerships (CPPs)
- child protection and adult support and protection services.

An important strand of suicide prevention work is that of identifying and responding to a suicide cluster. Work to address suicide clusters is also closely tied to joint working in relation to locations of concern see Public Health Scotland guidance on, Action to reduce suicides at locations of concern in Scotland.

This national guidance has been developed as a practical guide to preventing and responding to suicide clusters. It reflects the practitioner experience of the Scottish National Suicide Prevention Network and contains case studies as examples of how to respond to suicide clusters and activity.

We have also provided several appendices as practical tools to assist in responding to suicide clusters.

This guidance links to other sources of guidance that practitioners may find useful when managing responses to cluster activity. Practitioners may wish to consider how this guidance can be used in conjunction with policies and guidance from relevant local authorities, NHS, and other organisations.

Definition of a suicide cluster

A 'suicide cluster' describes a situation in which more deaths by suicide occur than is normally expected in terms of time, place or both.

A suicide cluster usually includes three or more deaths, but two suicides occurring in a specific community or at a specific location or setting, especially over a short period of time, should also be given attention in terms of potential impact and any possible connections.

One or more incident of suicidal behaviour at a particular public location suggests that action should be considered to address the site in question. Reference should be made to the PHS guidance Action to reduce suicides at locations of concern in Scotland.

It is important to note there do not have to be clear connections for multiple deaths by suicide to constitute a cluster. A suicide cluster or perceived suicide cluster can cause serious distress in whole communities.

It should also be noted that suicide attempts may also indicate a potential cluster.

Throughout this guidance, we refer to suicides and probable suicides. **This is because, in some cases, until further enquiries or a post-mortem take place, the death may not be as a result of suicide.**

People with responsibility for responding to suicide activity should look to develop a multi-agency response that focuses on preventing future related attempts and/or deaths by suicide.

Cluster types

There are four main cluster types:

- Point clusters: a greater than expected number of suicides that occur within a time period in a specific location (geographical/service, etc.).

- Mass clusters: a greater than expected number of suicides within a time period that is spread out geographically.
- Clusters involving a specific method of suicide: this can be in both point and mass clusters.
- Echo cluster: a cluster occurring in the same location as a previous cluster, but some time later.

Characteristics of a suicide cluster

The following list is not exhaustive but gives examples of the types of relationships and connections that may form the basis of a suicide cluster.

Concerns about a possible suicide cluster should arise when any of the following occur:

1. More deaths by suicide than expected within a time period at a specific location (see Action to reduce suicides at locations of concern in Scotland).
2. More deaths by suicide than expected within a time period within a geographical area.
3. More suicides than expected involving a particular method of suicide.
4. A group of deaths by suicide related to age, relationship (including online) or common factor.
5. Members of a local community and/or the local media perceive there to be a cluster.

Partners within the suicide prevention network should consider which time frames are appropriate on a case-by-case basis and how their local communities may be affected. Smaller or more rural communities may be impacted years after a suicide. Partners should also be aware that public and community perceptions around suicide can have a triggering effect on vulnerable people.

Contagion

What is contagion

Contagion refers to the situation where one person's suicide, due to its circumstances and the publicity around it, triggers the risk of suicidal ideation, suicide attempts and/or deaths by suicide in others who are already vulnerable to suicidal thoughts or behaviours. When contagion occurs, this can sometimes lead to suicide clusters.

Partners within the suicide prevention network need to be alert to possible contagion when information about a suicide appears in the public domain and must put strategies in place to forestall this.

Some groups are particularly vulnerable to suicide contagion, for example, people aged below 18 and young adults. Attention should be paid to the risk of contagion after even a single suicide where these groups may be affected.

The term 'multiple suicides' is often used to describe a situation where more than one suicide occurs in close temporal (time) and geographical proximity, although this may not be viewed as amounting to a cluster. This is because, on the investigation, there are no apparent connections between the deaths. Establishing any connections between such deaths is important and will help to identify possible risks of suicide contagion, that is the spread of suicidal behaviour.

When might contagion occur?

Suicide contagion is more likely to occur when:

- Suicide involves a person with similar characteristics to other people who have died, for example, gender, age or social circumstances. Such deaths may have occurred within an individual's social network or to people they became aware of through media or other influences. This is sometimes termed 'horizontal transmission'.
- New or unusual methods of suicide are publicised, including through social media.
- There is a death of a celebrity by suicide. This is sometimes referred to as 'vertical transmission'.
- Suicide involves a young person.
- The suicide occurs at a public location such as a well-known bridge or a railway station.

Research has evidenced that the media can contribute to contagion through the way in which it reports suicide. This includes traditional media, such as print, newspapers and television, as well as, increasingly, the internet through social media and online platforms, including online newspapers. Where media coverage contributes to suicidal ideation or behaviour, this is referred to as the Werther Effect.

Conversely, responsible reporting can have a positive effect in preventing suicides and signposting those affected to sources of help and support. Therefore it is important that local suicide prevention partnerships have strategies in place to limit the harm and maximise the benefits of media coverage of suicide.

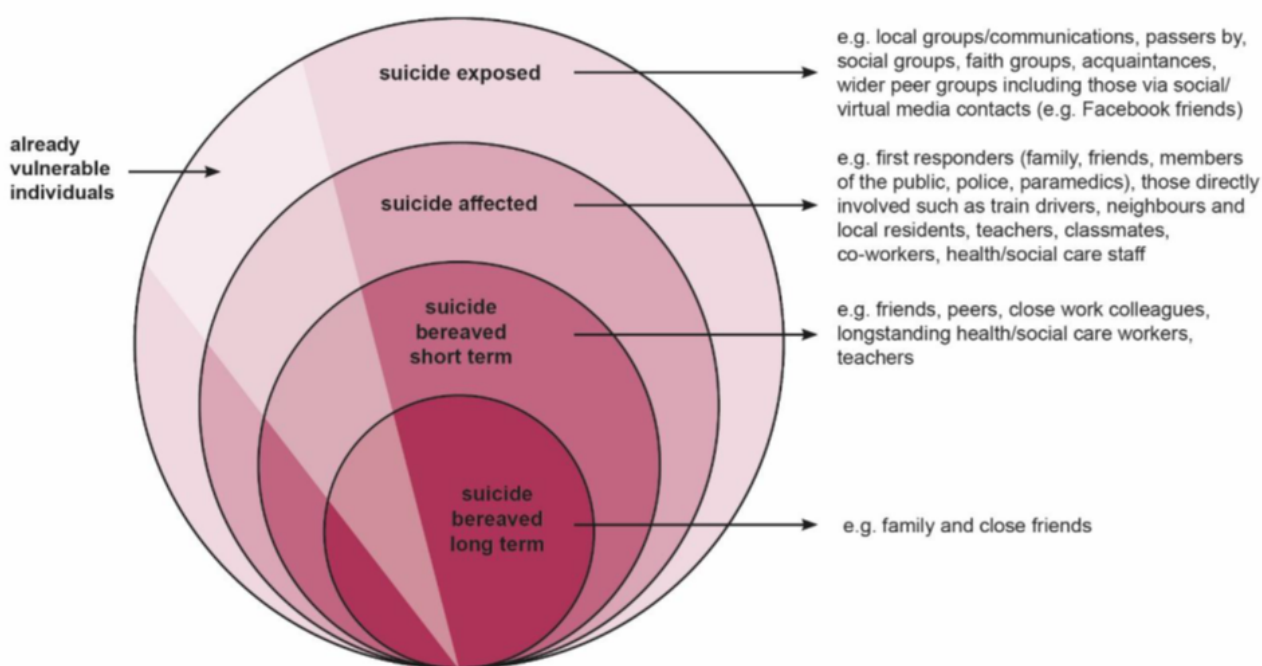
The effect of the media and the concerted efforts to encourage and support best practices in communications of suicide are discussed further in the Media section.

Identifying people vulnerable to suicide

It is important to identify those most vulnerable to contagion when shaping actions to prevent further suicides. Suicide can be devastating for families, friends, work colleagues, teachers and others, and suicide usually affects a large number of people. These will not just be close family or friends. Every suicide is like a stone cast into a pool of water – ripples spread out across the pool all the way to the edge.

While suicide bereavement can itself increase suicide risk, especially to people close to the person who died, there may be particularly vulnerable individuals across all categories of those who are exposed to suicide due to: mental health problems; isolation; a history of self-harm; and other psychological, psychosocial or environmental factors. These individuals may be known or unknown to the deceased and known or unknown to services. Figure 1 illustrates this effect and can help to identify people who may be vulnerable and at risk following a suicide.

Figure 1: The range of individuals who may be affected by suicide



Vulnerability matrices

A vulnerability matrix is a practical tool that can be used to identify and prioritise at-risk individuals and groups and identify appropriate interventions and support. These matrices can be populated by the suicide cluster response group members to help map and record interventions. This will reduce the risk of duplication and help to identify gaps and ongoing needs. The vulnerability matrix should be seen as a live document that can provide real-time information about bereavement support and prevention activities. Vulnerability matrices can also be used to identify and support community resilience and protective factors, such as informal social support networks.

A sample vulnerability matrix and template can be found in Appendix 4.

Media

News outlets

Research has consistently identified correlations between certain types of media reporting and increases in the number of suicides, especially when the reporting is frequent, detailed and repetitive, and highlights explicit descriptions of the method and/or location.

Sometimes method and location are linked, for example jumping from a bridge, and research shows that places can acquire reputations that can drive further suicides. However, location can be an important factor in news reporting, particularly for local media, and consequently, journalists might inadvertently glamourise a location and suggest it is an effective place to die.

But constructive, responsible reporting can assist suicide prevention.

Local multi-agency steering groups should aim to engage with local media, build relationships with news outlets and support them in reporting suicide carefully and sensitively.

An examination of all forms of media communication in relation to suicide reporting is key when developing strategies to combat suicide clusters. We recommend a multi-agency approach to agree on a media communication strategy to provide consistent messages to the media.

Links to a range of resources available to support best practices in communicating about suicide can be found at the end of this section.

Local multi-agency steering groups should consider promoting initiatives, such as media training provided by the Samaritans, to relevant communications professionals locally and encourage their participation.

Local multi-agency steering groups should take steps to ensure senior managers within corporate communications are familiar with guidelines from:

- Samaritans
- National Union of Journalists (NUJ)
- The Independent Press Standards Organisation (IPSO)
- The Independent Monitor for the Press (IMPRESS)
- Ofcom, the broadcasting regulator

Another resource offering guidance on responsible suicide reporting is the Suicide Reporting Toolkit, an online site for journalists and journalism educators.

Breaking news and push notifications

The Samaritan's guidance also refers to online news platforms that often use 'breaking news' style formats to report on sudden deaths. Breaking news can also be posted by news outlets on social media and may be shared more widely by the public. The media may also use push notifications that appear on a user's mobile phone, bringing news of suicide directly into the user's view.

How media outlets treat such stories varies. Some encourage commentary and interaction by members of the public on an incident or tragedy. Others close their comments function when reporting suicide or other sensitive stories. Each local multi-agency steering group should encourage its lead organisation to have a dedicated communications person on the communications team who can monitor these news sources.

To protect people vulnerable to suicide, local multi-agency steering groups should also approach those with editorial control regarding best practices in moderating content and recommend the following:

- The removal of detailed references or photographs of locations of deaths. Those with communication responsibilities could suggest suitable alternative images.
- The removal of their comments facility.
- Avoidance of push notifications of suicide stories.
- The inclusion of support helplines at the end of their stories.

Further guidance and information can be found at:

- Samaritan's Media Guidelines

- NUJ Guidance for reporting mental health and death by suicide
- The Suicide Reporting Toolkit

Social media

The use of social media and online platforms by communities and organisations can also have a huge influence in terms of spreading inaccurate information and false perception. However, social media can and does sometimes facilitate the spreading of information that is helpful, for example through promoting helplines, sources of support and stories of hope and recovery. The Samaritans have produced guidance for communities on How to safely talk about suicide online.

Chatsafe, in partnership with Samaritans, has published guidance containing tools and tips for A young person's guide for communicating safely online about suicide.

Responding to and preventing a suicide cluster

Responding to a suicide cluster

Local multi-agency steering groups should identify the appropriate senior manager (for example the Director of Public Health or Chief Officer in Public Protection) with the responsibility and authority to determine a suicide cluster based on information provided by Police Scotland and in consultation with the local suicide prevention lead.

When a cluster is identified (rather than suspected):

- Consideration should be given to the setting, for example, communities, educational settings and workplaces (for example a link to a specific trade). This will determine the appropriate response.
- A multi-agency operational suicide cluster response group (SCRG) should then be established.
 - Membership of the SCRG should be determined by the specifics of the cluster (consider wider community impacts and not just specific services). Membership may differ, for example where the death is of a young person then wider child and family or youth services may be involved, or if someone dies who was under the care of addictions services, drug and alcohol services may be represented. If someone was a key local community activist, then locally based third-sector organisations may be involved.
 - SCRGs should be kept small and should be confidential and data protected – widespread knowledge of the existence of a suicide cluster response plan can escalate anxiety, which in turn can lead to the spreading of news and fear, contributing to suicide contagion.
- SCRGs should draw up a suicide cluster response plan. This response plan should:
 - Identify a named media communication lead who ensures that there is close liaison between the communications teams of affected agencies.
 - Identify a Police Scotland lead for the timely provision of data in relation to deaths by suicide within the identified suicide cluster area or location.
 - Identify who might be impacted and require support (known or unknown):
 - those directly impacted
 - those who may be vulnerable to suicide
 - wider community
 - staff and services
 - Identify how memorials might be dealt with.
- SCRGs should be operational (with strategic support and guidance) and meet on a weekly basis to urgently progress identified actions within the response plan. This will help reduce further deaths by suicide or attempted suicides, as well as respond sensitively to those who are affected, whether directly or indirectly.

Appendix 3 provides clear and helpful advice on what needs to be put in place and the stages to be followed and provides a template that can be easily adapted for use by an SCRG when responding to a cluster.

When a possible suicide cluster is identified, local multi-agency steering groups must respond with urgency. Work to try to minimise the risk of further deaths by suicide should begin as soon as possible.

To ensure quick action is possible, the multi-agency group should ensure that the following are in place before a cluster is identified:

- agreement of their critical response protocol before any suicide occurs

- they have ensured that the protocol has clear lines of communication with relevant partners when a death occurs
- they have ensured clear information-sharing protocols before an incident takes place
- they are proactive in contacting agencies that may be of assistance in their local area.

Personal memorials and tributes at the site

As a mark of shared mourning, it is customary to leave tributes, such as flowers, scarves, teddy bears, cards or other tokens, and hold vigils at the site of sudden death. However, there is growing concern about doing so at the site of death by probable suicide. Extended vigils and collective grief can trigger a contagion effect, especially in young people.

Personal memorial sites raise public awareness of the location as a place where a suicide has occurred, showing vulnerable individuals that this is a location where suicide can be completed. They can also be a sign to the media that a potentially ‘newsworthy’ death happened there.

Local multi-agency steering groups are encouraged to remove tributes as quickly and sensitively as possible, to minimise potential harm.

Multi-agency steering groups should:

- work with the family of the deceased and bereavement support groups to suggest alternative forms of remembrance
- work with the media to encourage them to use other appropriate images
- assign a team to remove tributes, with timescales and policies in place.

For further information, see Public Health Scotland’s Managing the Risks of Public Memorials After Probable Suicide guidance.

Preventing suicide clusters

This guidance can be used to respond to a suicide incident that has the potential to trigger a suicide cluster, for example where a suicide takes place in a particular setting such as a location of concern or where data from Police Scotland suggests a pattern may be starting to emerge. The same principles and approach should be used to prevent suicide clusters from developing as when a cluster.

A range of activities already exists in relation to suicide prevention, for example, awareness-raising campaigns, e-learning resources, etc. These should be well established in all areas to try to prevent suicides and increase awareness in the community.

It’s recommended that a learning process is established after each cluster for the purpose of sharing learning across sectors/areas to ensure continuous improvement.

Responding to a cluster within educational settings

Please note: we refer to ‘school’ throughout this section, but the guidance applies to all educational settings – primary, secondary, higher/further education, and independent and residential schools.

If a suicide cluster is identified, convene a critical incident team, with clear roles allocated.

Teams should consider:

- How vulnerable young people might be kept safe: have regular care meetings with educational psychology, student support services, mental health professionals and other key partner agencies in the short term to check in and discuss any students causing concern and agree on a safe approach.
- The impact on those who may be feeling vulnerable and who are not in the immediate circle of friends or contacts, including those who may have previous experience of suicide and including staff.
- Encourage students and families to continue to attend school and create some normality. It is suggested that a ‘normal’ school life continues but with flexible options, such as:
 - space for time out
 - no need to ask permission to leave classes
 - drop-ins with school counsellors, student support services and pastoral staff (although counselling is not advised in the immediate aftermath – there should be a focus on listening and support).

- Identify a key, trusted member of staff to liaise with family. This includes keeping the family informed and consulted on all decisions such as memorials, assemblies and services.

There will be other schools, colleges, universities and other partners who may need to be informed or made aware, like the young person's previous schools, siblings' schools, sports clubs and extended family relationships. The young person may also have been involved in other teams and services in the community. The education authority should decide how and what information is shared with the community.

Schools should work with the SCRG to ensure as wide a community response as possible, for example, extra youth service activities and suicide awareness sessions.

Supporting staff

Give staff, both teaching and non-teaching, regular opportunities to meet informally and in a safe space.

Consider de-brief sessions. These can be organised however is best for the school but ensure everyone has a chance to talk, and remember it may take months for some to fully understand the impact. More than one de-brief session may be required.

It is important to provide support for the staff dealing with the practical and direct absence of the young person, such as:

- removing the young person's name from the register or roll call
- considering how to deal with the desk at which the young person sat
- dealing with joint projects that were underway or specific pieces of work where the absence of the young person will be felt
- dealing sensitively with the return/recovery of books and other equipment that may have been borrowed by the young person.

Keeping parents and relevant others informed

Wording and language are highly sensitive. It is recommended that:

- letters and communications should be carefully worded with input from the educational psychologist
- content should be checked with the police who may be undertaking investigations
- a communication is sent out that indicates that a tragic event has happened and lists all the supports and safeguards being put in place
- consider including mental health and well-being and suicide prevention information as appropriate.

It may be appropriate to have a parents' evening where information about suicide prevention is available. This may be led by the headteacher with support from the educational psychologist or local suicide prevention lead.

Reception and administration staff are often on the front line and should be briefed on appropriate responses to give and what information can be shared. Ensure they are also offered support.

Monitoring memorials

Consider where memorials are sited, how long they are there and what interaction students will have.

These may be memorials within the school, external memorials in the community and social media memorials.

Communicate with the family, carers and relevant others at all times when removing or changing memorials and books of condolence to avoid unnecessary distress.

The Samaritans website provides further guidance on memorials:

- Memorials at universities
- Memorials at schools
- Social media and online memorials

Media

Social media can be difficult to manage. It is best to identify one person to monitor and raise awareness or respond to social media traffic and messages. Think about using school social media to put out positive and key messages as agreed with the police and the SCRG.

Consider re-circulating the Samaritans media reporting guidelines to all local press, ensuring local authority, health and police communications departments are working together for consistent messages and press releases.

For more information, see Media.

Evidence and additional resources

Resources for people bereaved or affected by suicide and those vulnerable to suicide

- Ask, Tell, Look After Your Mental Health

Understanding mental health and keeping mentally healthy

- Ask, Tell, Have a Healthy Conversation

Supporting compassionate conversations with people who may be experiencing mental ill-health or distress or at risk of suicide

- Ask, Tell, Save a Life

Every Life Matters suicide prevention and keeping people safe

- AtaLoss.org

The UK's signposting and information website for bereaved people

- Campaign Against Living Miserably (CALM)

Helping to prevent male suicide in the UK.

- Child Bereavement UK

Grief support app for young people (11–25) who have been bereaved of someone close to them.

- Cruse Bereavement Support

Face-to-face, group, telephone, and email support for people who are bereaved.

- Finding the Word: How to support someone who has been bereaved and affected by suicide

Provides helpful advice on how to support someone who has been bereaved by suicide.

- MIND

Provides advice and support for people experiencing a mental health problems, through local groups, networks, advice, and training. Information on how to cope with suicidal feelings

- NHS inform: Offering support to someone you're worried is suicidal

Scotland's national health information service. Providing information on a range of health conditions, including supporting people affected by suicide.

- PAPHOS: Prevention of young suicide
 - Helpline, text and email support for young people and parents.
 - Suicide prevention training.
 - Suicide bereavement support for those who have been affected by a young person's suicide.

- Samaritans

24-hour telephone support, text messaging and email service, and time-limited drop-in facilities available in branches.

- Shout

A 24/7 UK crisis text service is available for times when people feel they need immediate support. It is free to text from all major mobile networks in the UK.

- Step-by-step

A service provided by the Samaritans for helping youth settings respond to suicides.

- Survivors of Bereavement by Suicide (SoBS)

Self-help support groups and support lines are facilitated by people who have themselves been bereaved by suicide. Can provide early support for the bereaved.

- The Compassionate Friends

Provides support and friendship to parents and families after the death of their son or daughter, at any age and from any cause.


- Widowed and Young: Helping to navigate life after loss


Aims to support young, widowed men and women as they adjust to life after the death of their partner – whether that was a month, a year or 10 years ago.

- Winston's Wish

Offers support and guidance to bereaved children, families and professionals, with a specific service for children affected by suicide.


Suicide cluster case studies


 Case study 1 PDF | 77.9KB


 Case study 2 PDF | 106.3KB


Suicide cluster appendices

 Appendix 1 Suicide cluster response quick reference PDF | 95.8KB




 Appendix 2 Response plan coversheet PDF | 147.3KB

 Appendix 3 Action plan and checklist PDF | 193.5KB

 Appendix 4 Vulnerability matrices PDF | 301.1KB

 Appendix 5 Key action points for educational settings PDF | 139.4KB

Additional Resources

-  National guidance on action to address suicides at locations of concern
-  Managing the risks of Public Memorials after a Probable Suicide
-  Glasgow HSCP

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Please rate this format of guidance compared to a PDF version. *

*1 being much worse, 3 being no change and 5 being much better.

- 1
- 2
- 3
- 4
- 5

Your feedback

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