North Lincolnshire

Suicide Cluster Community Action Plan Practice Guidance

July 2016

Version 15.2

Contents

Introduction and Purpose

The purpose of this document is to set out the Community Action Plan for responding to any potential or actual suicide cluster or contagion that may occur in the North Lincolnshire area.

Responding to suicide clusters and contagion requires a multi-agency approach. The following organisations in North Lincolnshire have signed up to this plan and will work collectively in the unfortunate event of such an occurrence.

- North Lincolnshire Council
- Humberside Police
- The Samaritans
- Northern Lincolnshire and Goole NHS Foundation Trust (NLAG)
- Rotherham Doncaster and South Humberside Foundation Trust (RDaSH), CAMHS, Adult Mental Health and School Nursing

NB The list of organisations signed up to this plan is not exhaustive and additional organisations or bodies will be involved as appropriate depending upon the nature and circumstances of the incident.

While this Community Action Plan focuses mainly on suicide, there is evidence that self-harm can also occur in clusters. Therefore this plan also applies to clusters of serious self-harm attempts were this has been identified as an issue.

This procedure has been developed to provide North Lincolnshire Council, Statutory and Non Statutory agencies guidance to manage or contain an actual or potential suicide cluster or contagion.

Definition

The term **suicide cluster** describes a situation in which more suicides than expected occur in terms of time, place or both. A suicide cluster is defined as a series of three or more closely grouped deaths, however two suicides occurring in a specific community or setting and time period should be taken seriously in terms of possible links, particularly in the case of young people. It is important to establish any connections at an early stage.

Suicidal behaviour can be spread via the internet and social media, with the potential that a greater number of suicides could occur in a specific time period, and be dispersed geographically (**mass clusters**).

Evidence suggests that some population groups are particularly vulnerable to suicide clusters, including young people, people with mental health problems and prisoners.

Relatedly, clusters of suicidal behaviour are more common in certain settings, including schools, psychiatric facilities, prisons and workplaces.

Prevention measures may need to be taken after a single suicide in a group vulnerable to imitation or so called "**copycat behaviour**".

Research estimates that between 1 and 5% of all suicides by young people occur in the context of a cluster, and that 6% of suicides in prisons and 10% of suicide by people with mental illness are due to imitation or clustering effects. Therefore early identification and action are required to contain the impact.

It has been proposed that **suicide clusters are due to 'contagion'** or the process where one person's suicide influences another person to engage in suicidal acts.

Contagion may be particularly likely to occur in circumstances where the second person is already contemplating a suicidal act, or is particularly vulnerable or impressionable. The mechanisms by which contagion operate are not fully understood, and may vary considerably from person to person.

Potential risk factors that may create a contagion;

- An expression of grief or a means of escaping from pain after experiencing the suicide or a serious attempt to end one's life; particularly a friend or relative
- Imitation of another's suicidal behaviour as a way to deal with a range of emotions or events
- A suicide involves a person with similar characteristics (e.g. gender, age, social circumstances) to other people who have died. Such deaths may have occurred within an individual's social network or people that became aware of through media or other influences
- A desire to be recognised, for identity, or to be part of a group, which may occur if previous suicides are perceived to have achieved recognition for those who have died
- Exposure to a particular method, providing a 'suggestion' for that method to be used again.
- A celebrity or person of local influence either by suicide or other cause
- Media attention
- Published methods of committing suicide

Media

Although it is important to talk about suicide in order to raise awareness of risks, and encourage help-seeking and support, there is a substantial body of evidence to demonstrate that media reporting of suicide can promote contagion, particularly if it glorifies or sensationalises suicide or provides explicit detail about suicide methods.

Careful consideration must be given to the publication of all information to ensure that messages are clear but do not glorify aspects of suicidal acts.

A succession of stories about suicide can normalise suicidal behaviour as an acceptable option. Research shows that reporting the method of suicide can promote copycat suicides therefore reporting the method should be avoided.

Care should be taken not to promote particular locations as ‘suicide spots’.

Location

Conversely identification of a particular community (such as a school or college) as the focal point of a cluster can lead to a perception that everyone in that location is at an elevated risk of attempting suicide, when in fact the location/community is just one factor that members of the cluster share. Sometimes the location/community and time period are coincidental and there is no clear link between those who have engaged in suicidal acts.

The North Lincolnshire Community Action Plan

This Community Action Plan procedure will be activated when there is evidence to suggest that there is a potential or actual suicide cluster or contagion An initial suicide may be the precipitating factor, but other external events may also act as triggers. These might include one or more deaths from other causes (e.g. trauma) which influence others to engage in suicidal acts out of grief, or pervasive environmental circumstances (e.g. economic downturn, local emergency incident/accident) which can cause stressors for a whole community.

Responsibility

Lead responsibility for this plan is within North Lincolnshire Council. The responsible Officer is the Director of Public Health (DPH).

All agencies are responsible for contacting the DPH to query or request the need for a Community Action Plan. This should be via a Senior Manager from an organisation after careful consideration of the issue and evidence that there may be a risk of cluster / contagion. It is important to consider whether an early declaration of a suicide cluster could cause unnecessary panic and alarm.

Consideration of enacting the procedure

Activation of Community Action Plans should always be considered in the event of;

- Early identification of contagion/ possible emerging suicide clusters through real-time data surveillance by public health teams, the Suicide Overview and Audit Panel (SOAP)
- Suspected suicide of children and young people
- Suspected suicide of mental health service users who are accessing group therapy, accessing hospital treatment during the day and those placed in an inpatient provision
- Reported suicides of celebrities or local prominent individuals
- Increases in suicide in specific populations
- An abnormally high frequency of suicides in a given time frame – (ie 4 or more in a month) or successive months of 3 or more.
- Increasing use of a new method or public location for suicide
- Non-suicide external events that may trigger risk of suicide, e.g. sudden death of celebrities, sudden traumatic death of school children and high profile events such as media reporting of child sexual exploitation.

A Community Action Plan should always be initiated when;

There is sufficient information or evidence to suggest that a suicide cluster or contagion is underway. This could be identified by;

- The SOAP using real time surveillance to monitor trends and themes of suicide and self-harm

- Any agency reporting a number of suicides or severe self-harm
- The Rapid Response process (CDOP) highlighting a potential for a cluster or contagion
- The Child Death Overview Panel (CDOP) identifying that there may be a suicide cluster or risk of contagion.
- Information received from a neighbouring authority that there is an actual or potential for a suicide cluster and contagion
- Adverse media reporting that could initiate a suicide cluster or a contagion.

Aims

- The Community Action Plan has the twin aims of providing support to the bereaved, and reducing the risk of further suicides. It is a stepped approach which will vary from one incident to another.
- The Community Action Plan is based on utilising four overlapping phases of action to prevent and respond to suicidal clusters in an appropriate and timely manner.

  These are;
- **Readiness**: Actions in this phase should ideally be undertaken prior to the onset of a cluster, but if this is not possible, then they should begin as soon as the risk is perceived.
- **Response**: Actions in this phase should commence as soon as the community/ agencies perceive a risk or development of a cluster or a potential cluster, or when more formal mechanisms indicate that a cluster is forming.
- **Recovery:** Actions in this phase will follow on from the initial response phase
- **Resilience**: Actions in this phase relate to the longer term healing and risk reduction needs of a community.

Readiness

The Community Action plan supports those affected by suicide and seeks to prevent further suicides by;

- Providing and obtaining on-going and accurate information
- Managing media reporting
- Identifying individuals, groups and areas at greater risk

- Responding to immediate support needs and mitigating risks
- Facilitating access to psychiatric / psychological treatment and wider support for those whom need it
- Ensuring that further deaths by suicide and / or serious self-harm attempts are responded to appropriately
- Ensuring that front-line responders delivering the Community Action Plan have access where necessary to psychological support and supervision
- Deciding when to step-down the response and ensure relevant agencies are aware of how to direct future concerns

Senior Managers from agencies will be responsible for being vigilant and considering whether there is an actual or potential contagion.

Senior Managers from agencies will be responsible for contacting the Director of Public Health / Public Health Hub to report any evidence of a suicide cluster or risk of contagion.

This Community Action Plan will be enacted if there is sufficient cause to determine that there is a suicide cluster or a risk of contagion, a likelihood of a suicide cluster or contagion, or a need to share information to determine if there is a suicide cluster or contagion.

The Director of Public Health will chair a meeting of the Cluster Response Team (CRT) within a timescale than enables immediate action to be taken and could be within 24 hours.

Urgent response out of usual office hours

North Lincolnshire Council has a process to trigger Emergency Management Arrangements and operates a business continuity plan in order to respond to Civil Emergencies. Whilst a potential or actual suicide cluster or contagion may or may not constitute a full Civil Emergency, the Council holds an Emergency Telephone Directory that provides access to the Director of Public Health and Public Health Consultants out of hours.

If there is a suggestion that there is a risk of Contagion or Cluster, Humberside Police should make contact with the North Lincolnshire Council adults or children's services

who will in turn notify the North Lincolnshire Council CCTV Centre to gain access to the Director of Public Health / Public Health Consultant to discuss the intelligence and evidence that a cluster / contagion may be occurring and will agree next steps and actions.

This will include whether to convene a meeting of the Cluster Response Team out of hours.

The following services are able to respond out of hours;

- Humberside Police
- Mental Health Services, Access Team (Including Approved Mental Health Professional provision)
- Humberside Fire and Rescue
- CAMHS
- Children's Services
- Adult Services
- NLaG- on call Senior Manager
- EMAS
- Samaritans

Identification of relevant, available contacts and resources

Appendix 1 includes the names and contact details of individuals and organisations that can come together as a **CLUSTER RESPONSE TEAM**

Roles to be covered by this team include:

- Coordinating the response;
- Media liaison
- Providing information to relevant agencies in the community
- Identifying and supporting those at risk or whom may be vulnerable;
- Targeting supportive interventions
- Follow-up, including longer term risk reduction programmes

- On-going monitoring of suicidal behaviour

Response

The Cluster Response Team will need to be activated as soon as a cluster, or the risk of a cluster, is identified. This will be within a timescale than enables immediate action to be taken and could be within 24 hours.

Establishing the facts

The possible emergence of a suicide cluster may be accompanied by significant rumour and suspicion. It is important for details to be confirmed as soon as possible to enable tailoring of the response, and to ensure responsible, accurate public statements (if any) are made.

There are a number of possible sources of information on suicide clusters that may need to be explored if the cluster occurs beyond a single facility. Police generally will have the most complete data of both suicides and public acts of deliberate self-harm.

Hospital emergency departments may also be a source of information on emerging trends in suicidal behaviour.

Given access to virtual media and instant information sharing amongst individuals and groups it is possible that a cluster can be geographically dispersed. Therefore the Cluster Response Team will need to be alert and actively consider sharing information across Local Authorities.

Not everyone will need to be involved in all stages of the response. Initial involvement will be based on need and proportionality.

A checklist of key steps when responding to a possible suicide cluster is available at Appendix 1.

Media reporting and liaison

It is essential that potentially damaging media reporting of suspected suicides is addressed as early as possible. Any response should carefully consider the media communication strategy.

The way in which a suicide death is announced or is reported in the media can have significant implications for the risk of suicide clusters.

It is essential to have one point of contact. The appropriate point of contact may vary depending on the circumstances of the event; therefore the Cluster Response Team will highlight the most appropriate media contact officer. The media contact officer will be instrumental in communicating to media and press officers in each organisation in order to ensure that messages are clear and consistent,

For key points for media reporting see Appendix 1.

If there are any concerns regarding inappropriate reporting or potential reporting or publication of images of those whom have died a “desist notice” could be requested via the Independent Press Standards Organisation (IPSO). IPSO can be contacted at **inquiries@ipso.co.uk** or 07659152656.

Announcing suicide deaths: good practice suggestions to reduce the likelihood of contagion

- Provide factual information immediately to reduce the risk of misinformation;
- Do not provide unnecessary detail regarding the means of suicide;
- Announcements should be made to smaller audiences such as families, class groups, friendship groups, and other peer groups;
- Notify individuals who had a close relationship with the deceased person in private before any announcements are made in a group setting;
- A central spokesperson should release information about the suicide and responses to the community to ensure a single and consistent account is presented;
- Present information in a way which is age and culturally appropriate, in

terms of language used and the level and type of detail provided;

- Provide information with the aim of maximising support and minimising anxiety and panic;
- Emphasise understanding without condemning or glorifying the suicidal event or the person who died by suicide;
- Make support and counselling services available to all following the announcement, and encourage help-seeking.

Source:
Department of Communities. *Principles for Providing Postvention Responses to Individuals, Families and Communities Following a Suicide Death*. Brisbane: Queensland Government, 2008.

Use of social media

People's social networks, including their virtual networks, are important factors for consideration. The use of social networking and social media can be used to communicate positive messages to a wide audience, for example, public statements may need to be made to confirm facts and refute rumours that may be circulating via text messaging, email, Facebook, snapchat, Tumblr, Twitter or other social networking sites.

Social media can also feed the risk of cluster and / or contagion. Specific consideration will need to be given to social media being used advertently or inadvertently that could contribute to the risk of the contagion spreading. The Police are best placed to monitor concerning information such as reference to suicidal ideation, glamorisation of a suicide, creation of tribute sites, and incitement or copycat behaviour.

A member of the Cluster Response Team should be available to post positive comments and resources on social media in response to any concerning information.

Providing information to relevant agencies in the community

Relevant community agencies should be given factual, non-sensationalised information about suicides. This is in order to keep people informed and prevent inaccurate and distressing rumours.

Liaising with families

If there are clear concerns that a suicide cluster may be underway, information should be shared with professionals subject to appropriate agreements. It is also important to consult and brief families whom have been directly affected to explain the reasons for sharing information and to clarify if there is any information that is sensitive that should not be shared.

Lead Officer

The Cluster Response Team will be responsible for allocating an officer to lead on the communication and consultation with family members. The officer should be someone who has / works with people whom have, experienced trauma and one that is sensitive to the issues.

Support for those affected by suicide

Those affected and those whom could be affected should be provided with support at the earliest opportunity. This includes family members including children and young people, friends of the person(s) that has died and staff / organisations whom knew the person(s) well.

Information in relation to support should be provided by the Police who attend the scene of a possible suicide. Information should include local as well as national agencies and should always include the local branch of Samaritans.

Households with children should be given contact information for services specifically to support children in their own right. Consideration should be given as to whether children require referral to specialist services due to the trauma that they may have experienced, this may be specifically relevant if a child has been witness to a direct event or been part of a pact or suicide agreement. The Educational Psychology Service should always be contacted as a source of support where there is any impact on children, young people or groups of children and young people.

In all circumstances those directly affected by a suicide should be advised at regular intervals to seek advice via their GP.

If a suicide has occurred in a public area and has been witnessed by bystanders- the Cluster Response Team will need to consider how to meet the needs of a wider set of people in accordance with a targeted or population approach.

A member of the Cluster Response Team should be identified to offer support and be available for the bereaved while the Community Response is in progress. This should be someone with appropriate skills, training and experience.

Resources for people bereaved or affected by suicide are included in Appendix 1.

Identifying and supporting those at risk or who may be vulnerable

Consideration will be given as to whether there are individuals who are already at higher risk.

The Cluster Response Team should consider a mapping and/or a screening process.

Mapping will identify individuals and groups linked in some way to those who have died, including witnesses, family, partners, friends (including 'virtual' friends), and others in the community who may have been in regular contact with them (e.g. members of common associations, such as sports teams).

In the case of a school-based cluster the risk assessment will also consider those who are outside the school system, those whom have siblings at other schools / colleges particularly as disconnectedness and a lack of social support networks can be risk factors.

Unauthorised absences from schools in the aftermath of a suicide should be immediately followed up.

Figure 1: Examples of possible triggers and precipitating events to suicide

Risk Factors	Warning Signs	Tipping Point	Imminent Risk
• Mental health problems • Gender: male	• Hopelessness • Feeling trapped – like there's no way	• Relationship ending • Loss of status or	• Expressed intent to die • Has plan in mind

• Family discord, violence or abuse • Family history of suicide • Alcohol of other substance abuse • Social or geographical isolation • Financial stress • Homelessness • Bereavement • Prior suicide attempt	out • Increasing alcohol or drug use • Withdrawing from friends, family or society • No reason for living, no sense of purpose in life • Uncharacteristic or impaired judgement or behaviour	respect • Debilitating physical illness or accident • Death or suicide of relative or friend • Suicide of someone famous or member peer group • Argument at home • Being abused or bullied • Media report on suicide or suicide methods	• Has access to lethal means • Impulsive, aggressive or anti-social behaviour

Source: Department of Health and Ageing. *Living Is For Everyone (LIFE): A Framework for Prevention of Suicide in Australia*. Canberra: Australian Government, 2007.

The Circles of Vulnerability Model can help to identify people who are most at risk of suicide contagion. Vulnerability and contagion can be considered within 3 broad areas;

- Geographical proximity (physical closeness or proximity to an incident)
- Social proximity (social closeness to the person whom has died)
- Psychological proximity (the emotional identification with a person and how they relate to them)

Consideration will also be given as to whether the initial suicide was linked to a particular event that might also affect others. When suicides in a cluster appear to be co-incidents, rather than directly linked, wider risk factors may need to be examined.

For examples of proximity see Appendix 2.

A vulnerability matrix approach will be used to identify and prioritise at-risk individuals and groups and to identify appropriate interventions and support.

The matrix should also be seen as a live document and should be reviewed at each Cluster Response Meeting.

The exemplar vulnerability matrix can be found at Appendix 3.

Targeting supportive interventions

Interventions should be proportionate and appropriate and should be informed by knowledge of the community including any cultural or faith characteristics or traditions.

Interventions should be targeted at three levels;

- Whole population approaches
- Targeted approaches
- Individual approaches

Whole population approaches

These should aim to;

- Raise community awareness
- Promote help seeking behaviour
- Provide positive messages
- Raise community and civic leadership

Targeted approaches

Should focus on;

- Specific and vulnerable groups
- Specific areas as highlighted by the vulnerability matrix
- Witnesses and bystanders if the suicide occurred in a public place
- Providing drop ins, provision of Counsellors
- Specific information in relation to the potential cause of the contagion, i.e. depression, mental ill health

Individual approaches

Should focus on;

- Those who are recognised as being at risk of contagion
- Referral and fast track to specialist services
- Referral and provision of support to those directly affected

Stepping down the Response Recovery and Resilience

The decision of when and how to step down a response to a suicide cluster is the delegated responsibility of the Cluster Response Team.

A Community Action Plan should remain in place whilst concern about suicide contagion or cluster is current. Linkages need to be made between the review of trends via the SOAP and the Cluster Response Team.

When there is agreement that risks have been mitigated and there is no longer any evidence of a contagion or a cluster then a step down strategy should be agreed and implemented. This should include;

- Informing those directly affected and wider community groups that the plan will be stepped down and signposting to continued support
- Ensuring that agencies continue to work together to address any community needs or needs of those directly affected
- Ensuring that agencies continue to work together to support communities and promote recovery
- Agreeing the plan for significant dates, e.g. birthdays, anniversaries of the death etc.
- Arrangements for the on-going monitoring of surveillance via the SOAP, including anniversaries/ key dates and geographical areas
- Agreeing who will continue to monitor media or virtual media reporting of suicides if required
- Agreeing scope for lessons learned

Evaluation and Learning from the Response

All responses to a suicide cluster or contagion will include a multi-agency review to learn lessons. This should include assessment of real-time data on suicides and where possible serious self-harm.

All learning lessons should include;

- Arrangements for debrief
- Focus on strengths and what went well
- Feedback from those directly affected
- Feedback from all agencies involved
- Review of the Community Action plan procedure
- Consideration should be given to a peer review by an external agency if the cluster or contagion was exceptionally complex and widespread. This would be

applicable if the contagion and / or cluster manifested itself over Local Authority, Police and Health boundaries.

If it is determined that a peer or external review should be undertaken. The framework of the review should be proportionate to the complexity and findings and should be in line with the Learning and Improvement Framework outlined in the Local Safeguarding Children's Board (LSCB) and Safeguarding Adults Board (SAB procedures).

Monitoring

The Suicide Audit and Overview Panel (SOAP) will review this procedure on an annual basis but also post any event that occurs to ensure that lessons learnt are captured and the plan is responsive to meet the changing environment. This procedure will also provide information into a variety of groups and panels. Appendix 4 shows the interconnecting partnerships.

Appendix 1: Resource Pack

Response Team Contact Details (to be used only in the event of an incident)

Name	Role	Contact Details *RESTRICTED*
North Lincolnshire Council		
Steve Pintus	Interim Director of Public Health	
Scunthorpe Samaritans		
Rachel Johnson	Director	
Tom	Deputy Director Reaching Out	
Scunthorpe Branch		
Humberside Police		
Vulnerable People Humberside Police	MASH Team Out of hours	
School Nursing		
Northern Lincolnshire and Goole NHS Trust		
On Call Senior Manager	On Call Senior Manager	
Children's Services		
Adult's Services		
HM Coroner		
Paul Kelly	Coroner	

RDaSH		
On Call Duty Manager	On Call Duty Manager	
CAMHS		
On Call Duty Manager	On Call Duty Manager	

Responding to a suicide cluster key steps

Readiness (or at onset of a cluster or contagion)

- Act as a focal point for information on completed and attempted suicides to enable monitoring and identification of possible clusters
- Establish reporting mechanisms and communication trees including 24/7 emergency contact details
- Lead development of the Community Action Plan practice guidance document

Response

- Convene the Cluster Response Team (CRT)
- Convene Cluster Response meeting to share information and to identify what action should be taken , by whom and when
- Consider the vulnerabilities of those affected or likely to be affected
- Appoint Officer to be the communications lead
- Appoint Officer to support those directly affected
- Agree support and interventions
- Agree communication and media strategy
- Maintain vigilance in relation to social media via the Police
- Regularly review intelligence and actions
- Agree a Single Point of Contact (SPOC)

Recovery / Resilience

- Continued support to those affected

- Dissemination of self-help materials, signposting to services
- Consider individual, targeted and whole population approaches
- Plan for step-down support

Evaluation

- Review the Community Action Plan Practice Guidance in order to embed any lessons learned
- Consider whether a formal peer or external review is required

Sources of support in the event of an incident

North Lincolnshire Child and Adolescent Mental Health Service (CAMHS) NHS service providing mental health assessments, therapy and intervention for children, young people up to the age of 18 and their families or identified carers	St Nicholas House Shelford Street Scunthorpe North Lincolnshire DN15 6NU 01724 408460
Cruse Bereavement Care Offer support, advice and information to anyone who has been bereaved wherever or however the death has occurred. Can offer one to one support in the home of at outside venues	**www.cruse.org.uk/South-Humber-area** 105-107 Frodingham Road Scunthorpe DN15 7JT Email: **southhumber@cruse.org.uk** Telephone: 01724 281178
Help is at hand: a resource for those bereaved by suicide or other sudden death Provides detailed advice on practical aspects of dealing with the aftermath of suicide and traumatic death, as well as information on the emotional and psychological impact of suicide and sources of help and support	**http://www.supportaftersuicide.org.uk/help-is-at-hand**
Scunthorpe and District Mind can provide support through their Confidential Listening Service, Coping with Life Courses and Peer Support sessions	**www.sdmind.org.uk** Telephone: 01724 279500 Email: info@sdmind.org.uk
Papyrus: Prevention of Young Suicide Suicide bereavement support for those who have been affected by a young person's suicide	**www.papyrus-uk.org/** Telephone: 0800 068 41 41
Samaritans 24 hour telephone support, text messaging, email services and drop in to branches. In addition can provide outreach services on request	**www.samaritans.org** Samaritans of Scunthorpe & District Lyndum House 2 Lindum Street Scunthorpe Telephone: 116 123 Email: **jo@samaritans.org** Text: 07725 90 90 90
Survivors of Bereavement by Suicide Self-help support group and support line facilitated by people who have themselves been	**http://uk-sobs.org.uk** Scunthorpe Support Group 07528 788 823

bereaved by suicide	
Young Minds	**www.youngminds.org.uk/for_children_young_people**
Youth Information and Counselling Unit (YICU)	Telephone: 01724 281824

The following document contains a list of useful contact details which can be given to anyone affected by a sudden or traumatic death.


Contacts.pdf

i. ***Immediate support to the bereaved***

Coroners and Coroners' officers and other organisations are a source of immediate support. The Department of Health has published a booklet "Help is at hand" which is for people bereaved by suicide that may be of immediate support. Samaritans and SOBS can also provide support to those bereaved by suicide

ii. ***School Support***

Schools and colleges are able to support children and young people by providing information and drawing upon professionals to provide the service the young person needs. The school or college may have staff of their own who can provide the support required initially. All schools and colleges have access to an Educational Psychologist and specialist teams who will support the staff in supporting pupils. This support may include drop in sessions for groups or individual students, and parents. The Educational Psychology service will help the school or college take into account the needs of children and you people who are directly and indirectly affected.

Support for children, young people and schools

The Samaritans Step by Step

The suicide of a student can have far reaching effects on those within the school or college community. Some students, and staff, may need emotional support after the event and if there is a higher risk of further suicides in the same area.

Samaritans has offered the Step by Step service to schools in the UK since 2010. Samaritans volunteers are available to offer practical support and advice to schools that have been affected by suicide, suspected suicide or attempted suicide.

Samaritans offers this service in order to support the school community, and to reduce the risk of further suicide. The service is designed to lessen the risk of further suicide by assisting school communities to handle the situation sensitively and responsibly, while returning to normal routines as quickly as possible. This guidance booklet forms part of Samaritans' Step by Step service to schools, which offers specifically trained volunteers who can assist school leadership teams with their suicide response. More information can be found below.

Samaritans Step by step - booklet for schools.pdf

http://www.samaritans.org/your-community/supporting-schools/step-step

Suggested essential content of letter for parents following the suicide of a student

- Brief pertinent information about the death(s) including what year the student was in
- Confirmation of when and what the students were told
- Encouragement to the parents to let their son/daughter know that the letter has been received and that they (parents) will listen to concerns
- Acknowledge any parental concerns about son/daughters reaction to the news, and normalise grief reactions
- Guidance on how to talk to the young person
- Encouragement to parents to discuss positive strategies to cope
- Advice to keep connected to the young person and support them in a general sense
- Advice to contact their GP if they or their child would like further support
- Information on how the school is responding and supporting students, including provision of drop-in support and specific counselling to those that need it
- Details of staff members to contact if there are any specific concerns/ questions
- Acknowledgement that the school will be carrying on their normal routines as far as possible
- Add link to relevant support website for parents and young people (e.g. Samaritans, Cruse, SOBS etc.)

iii. ***Provision of information*;**

In the early stages of a cluster, there may be an increased demand for

information on suicide risk, on how to talk about suicide, and on available services; for example training for frontline workers.

iv. ***Access to debriefing and counselling*;**

Training may be required for agencies to increase capacity to provide grief and crisis counselling or Mental Health First Aid. Counselling should also be available to those responding to the crisis.

v. ***Establishing support networks*;**
Support networks might include professionals (e.g. General Practitioners, Teachers, School Nurses, C & YP workers) and general community members who can listen to people's concerns and monitor their level of risk. Support networks might also take the form of group events designed to encourage a sense of identity and hope and to reduce individuals' sense of isolation. They might also involve structures to ensure that people at risk are not left alone at critical times.

vi. ***Reducing access to means of suicide*;**
Constant consideration is given on whether it is possible to reduce access to means of suicide. There is significant evidence that restricting access to means can interrupt the suicidal process, and reduce suicide rates. Restricting access to means used in previous suicide clusters have included removing or placing barriers on sites that have been used as sites for jumping, electrocution and hanging

Key points for media reporting (Samaritans)

Media should:

- Avoid re-running details of each death in every report, re-reporting previous stories and making links to other suicides
- Not give undue prominence to a story, such as front cover splash and dramatic headlines and use of photographs and memorials of people who have died – specifically repeated use of image galleries should be avoided
- Play a positive role by publishing articles and feature pieces which include messages of hope, such as a case study of person who has lived through a difficult period in their life because they were able to reach out for help
- Avoid speculation about the 'trigger' for a suicide - ensure that the devastation left behind for families and communities is sensitively represented

- Be wary of over-emphasising community expressions of grief. Avoid dramatic headlines and terms such as ‘suicide epidemic’ and ‘hot spot’, and sensationalist pictures or video
- Remember that people bereaved by suicide are often vulnerable and communities can also be impacted upon following a death, particularly if there has been more than one incident of suicide
- Avoid use of witness comments, such as ‘heaven has gained another angel’ and ‘jumped holding hands’. Refrain from including content from a suicide note.
- Bear in mind that coverage is sometimes generated by campaigning groups/bereaved families, with the aim of raising awareness of the issues (e.g. campaigning to get safety measures installed, such as nets on a bridge, owever, this type of campaigning in the media can inadvertently highlight a suicide method/location
- Include sources of support such as Samaritans’ helpline, 116 123
- Refer to Samaritans’ Media Guidelines on Reporting Suicide and supplementary factsheets, to avoid the risk of encouraging copycat behaviour
- Samaritans’ national press team is available to give advice on reporting suicide. Contact details are: Tel: 020 8394 8300 (out of hours) 07943 809 162 and email **press@samaritans.org**

Sample social media response

If you or someone you know is feeling desperate help is always available. The best way to honour (person’s name) is to seek help if you or someone you know is struggling. If you’re feeling lost, desperate or alone, please get in touch Samaritans: Tel 116 123, email **jo@samaritans.org**, Text 07725 90 90 90

Appendix 2: Examples of Proximity

Geographic proximity	The physical distance between a person and the incident. For example, people discovering the body of someone who has died by suicide or exposed to the immediate aftermath may be more at risk. Extensive or sensationalised news or social media coverage may extend the geographic boundaries of people who may be vulnerable.
Social proximity	The social closeness to the person who has died by suicide. Family members and close friends, including boyfriends and girlfriends, are likely to be particularly vulnerable. It is also important to consider individuals in communities such as schools, faith groups and wider friendship groups (including those in contact via social media)
Psychological proximity	The psychological closeness a person feels to the individual who has died by suicide. Some people may identify with the deceased more than others – for example, individuals of a similar age or sexual

	orientation, or those who have cultural or religious connections. People who were seen as role models may have a wider circle of individuals or groups who identify closely with them psychologically. There is often a larger risk of contagion in people who were not the closest friends of the deceased, but who knew them socially.

Appendix 3: Exemplar Vulnerability Matrix

GEOGRAPHIC PROXIMITY Individuals discovering the deceased or exposed to the aftermath			
Circles of Vulnerability: Individuals or Groups	**Description of risk**	**What has been done to help this person?**	**What remains to be done?**
Individual(s) discovering the body	Psychological trauma, mental health, grief/loss, contagion	Information about: responses to trauma, Help is at Hand and bereavement services (where individuals were known to deceased) Signposting to suicide prevention charities GP advised	Follow up wellbeing checks. Consider fast tracking to psychological services
Professionals on the scene	Psychological trauma, mental health	Wellbeing checks Information about responses to trauma Signposting or referral to psychological services/in-house counselling	Follow up wellbeing check
Neighbours	Exposure, loss, mental health	Given brief bereavement leaflet at scene Signposting to community talks and clinics	Follow up wellbeing check
Members of household	Psychological trauma, grief/loss, mental health	Bereavement services including child bereavement Help is at Hand GP advised	Follow up. Consider fast track to psychological or mental health services where indicated
Local population (through media reporting)	Potential to broaden exposure in community, contagion	Liaison with media to encourage sensitive reporting Signposting to suicide prevention charities	Distribution of leaflets, posters beer mats etc.

SOCIAL PROXIMITY Identification with, relationship to or connection to the person who died			
Circles of Vulnerability: Individuals or Groups	**Description of risk**	**What has been done to help this person?**	**What remains to be done?**
Children within family or local friendship group	Grief/loss, psychological trauma, mental health	Child bereavement services for child and family support	Follow up. CAMHS if indicated
Close friends and family	Grief/loss, psychological trauma, mental health	Bereavement support Help is at Hand	Follow up. Referral to psychological services if indicated
Workmates or college peers	Grief/loss, contagion	Facilitated psychological support sessions Signposting to supportive literature and community talks/clinics	Follow up
Pupils at same school	Grief/loss, psychological trauma, mental health contagion	Schools guidance followed Samaritan Step by Step services CAMHS presence	Continuation
Club or group members	Loss, contagion	Community talks Signposting to clinics Awareness posters, leaflets, beer mats	Promotion of community awareness and help seeking
Social media connections	Contagion	Media liaison lead to post suicide prevention and bereavement charity information on memorial posts Police to monitor Facebook	Ongoing
Individuals who were in recent contact (text messages, social visits that day)	Psychological trauma, loss	Wellbeing checks Signposting to counselling and community talks/clinics and bereavement services	Promotion of community awareness and help seeking

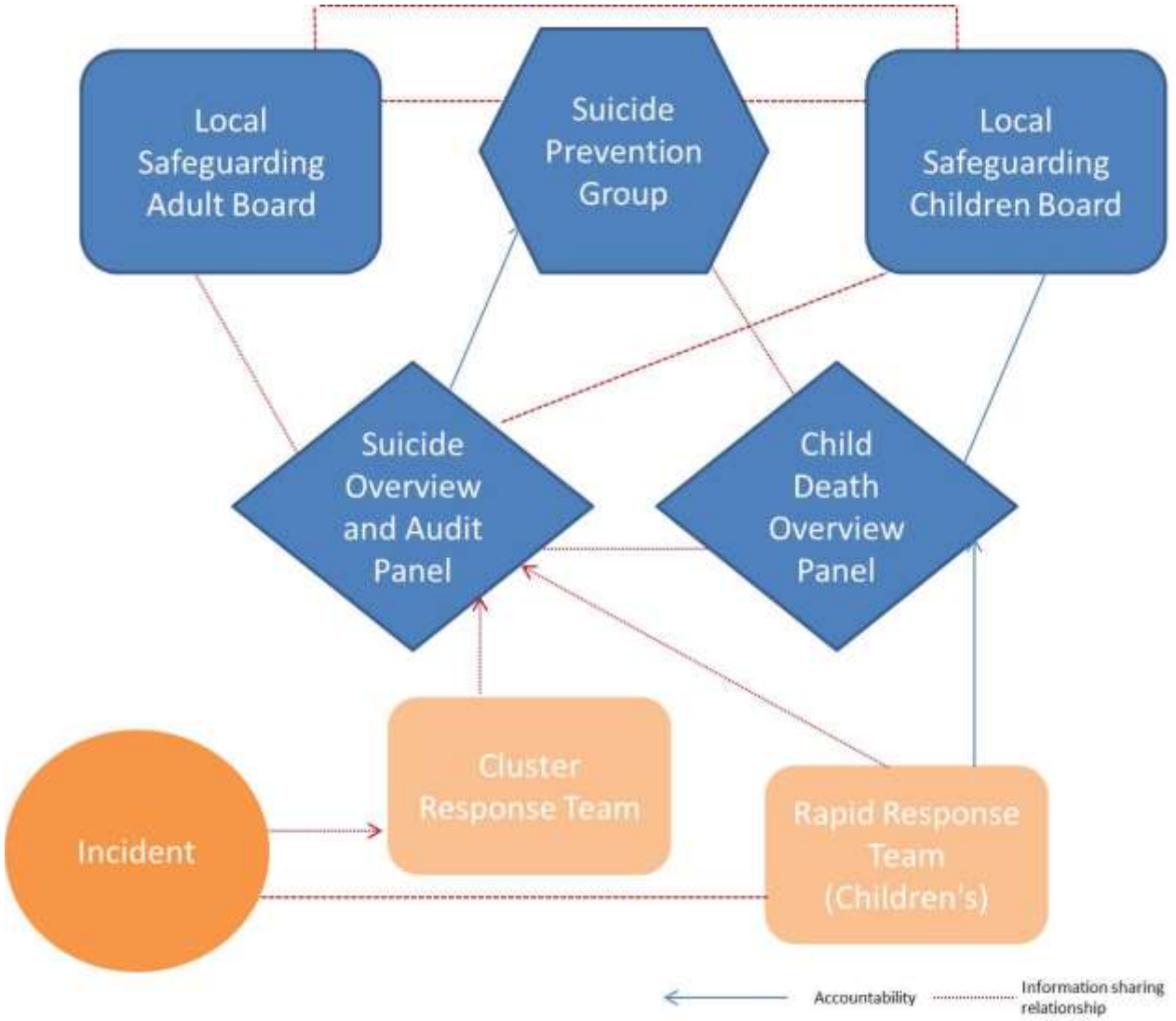
PSYCHOLOGICAL PROXIMITY Identification with, relationship to or connection to the person who died			
Circles of Vulnerability: Individuals or Groups	**Description of risk**	**What has been done to help this person?**	**What remains to be done?**
Spouse or partner, ex-partners, children	Psychological trauma, grief/loss, mental health, contagion	Bereavement support including Help is at Hand Signposting to bereavement services for adults and children	Follow up. Consider fast track to psychological or mental health services if indicated
Peer Group	Loss, grief, mental health, contagion	Distribution of supportive signposting literature with helpline numbers Signposting to community talks and drop in clinics Step by Step for schools Schools guidance followed	Letter to parents of affected children. Support and awareness posters and literature to be distributed
Professional staff who had contact	Psychological trauma, loss, stress, mental health	Workplace support Signposting to ongoing support and supportive literature	Support and awareness posters. Offer of follow up support
Social media connections	Contagion	Media liaison lead to post suicide prevention and bereavement charity information on memorial posts. Police to monitor Facebook	Ongoing

GEOGRAPHIC PROXIMITY Individuals discovering the deceased or exposed to the aftermath			
Circles of Vulnerability: Individuals or Groups	**Description of risk**	**What has been done to help this person?**	**What remains to be done?**

SOCIAL PROXIMITY Identification with, relationship to or connection to the person who died			
Circles of Vulnerability: Individuals or Groups	**Description of risk**	**What has been done to help this person?**	**What remains to be done?**

PSYCHOLOGICAL PROXIMITY Identification with, relationship to or connection to the person who died			
Circles of Vulnerability: Individuals or Groups	**Description of risk**	**What has been done to help this person?**	**What remains to be done?**

Appendix 4: Interconnecting Partnerships



Appendix 5: Agenda for Cluster Response Meetings

1. **Introduction**

2. **Confidentiality Statement**

3. **Names, dobs of those whom may have taken their life**

4. **Names and dobs of those directly affected**

5. **Identifications and Connections**
    - Geographical proximity
    - Social proximity
    - Psychological proximity

6. **Names and dobs of those whom may be affected and vulnerable groups**

7. **Agency specific information**

8. **Support for those affected**
    - Individual
    - Targeted
    - Population

9. **Support for front line staff and responders**

10. **Communications and Media**

11. **Single Point of Contact**

12. **Conclusion**

    - i.e. does the information suggest that there is a cluster / contagion

13. **Actions**

14. **Consider Step-Down approach**

15. **Date of Review meeting**

Appendix 6: Agency Specific Information

Adults Services

Adult Services provide targeted reablement, family and statutory support and provision to vulnerable adults and the family carers who have an assessed need.

Children's Services

Children's social work services provide support to children and families when it is determined following the completion of a statutory assessment that a child is 'in need' or 'at risk of significant harm' (Children Act 1989).

In the event of a possible suicide cluster it may be the case that one or more children may require a statutory assessment and intervention from children's services. In such an instance a social worker would act as lead professional for the child's multi-agency plan. The Principal Social Worker will chair complex strategy meetings when more than one child is deemed to be at risk of significant harm, and may play a further support and oversight role depending upon the circumstances, for example by coordinating professional support to a group of young people.

CCG

NHS North Lincolnshire Clinical Commissioning Group

NLCCG Contact Details:
During office hours: Tel: 01652 251000
Email: Director of Risk & Quality Assurance / Chief Nurse **Catherine.wylie1@nhs.net**
Clinical Quality Matron **Hazelmoore@nhs.net**

Educational Psychology Services

Educational Psychology and Emotional Well-being team including Youth Information and Counselling Service.

This service provides support to children and young people. The service provides an immediate response to schools and colleges for critical incidences and trauma over the first 3 weeks of the event. This is achieved by working with staff. This support is available to children and young people directly and indirectly affected by the event.

YICU will provide on-going support through their normal referral process.

GPs

In the event of a suicide cluster, the safeguarding team will be able to co-ordinate appropriate GP involvement. The team will also function in their normal role in relation to the CDOP process and

rapid response service in conjunction with the designated paediatrician, the social services and police.

Safeguarding Team Contact Details:
During office hours: Tel: 01652 251000
Email: Designated Nurse: Sarah Glossop - **Sarah.glossop@nhs.net**
Safeguarding Doctor: Dr Robert M Jaggs-Fowler **robert.jaggs-fowler@nhs.net**
Director of Risk & Quality Assurance / Chief Nurse **Catherine.wylie1@nhs.net**

Child Adolescent Mental Health Services (CAMHS)

All mental health services should have a policy for the prevention and management of suicide and self-harm which aligns with the North Lincolnshire Public Health Suicide Prevention Strategy 2015-2018.

An experienced clinician should be identified as mental health self-harm and suicide prevention lead. Their role is to oversee the organisation's response to suicides, keeping close links with all services within the organisation and external agencies.

The CAMHS lead is the Clinical Lead/Mental health cluster lead.

The role includes;

- Being a member of the Suicide Audit and Overview Panel (SOAP) and Cluster Response Team
- Providing expert advice to the SOAP and CRT in terms of Children/Young People's Mental Health
- Providing mechanisms for interventions for those children/young people directly affected by suicide where their own mental health is at risk
- Ensuring staff are appropriately trained
- Ensuring staff receive support and advice following a suicide
- Providing expert advice to Media Relations Officer via the CRT
- Evaluating and monitoring local and national trends in suicide and self-harm and reporting these concerns/trends to the SOAP
- Supporting all agencies through information sharing where children/young people are thought to be at immediate risk of suicide or serious self-harm
- Ensuring that a written policy is in place regarding the action to take following a suicide including the need to be vigilant regarding contagion and suicide clusters

Adult Mental Health

The Adult Mental Health lead is The Locality Manager for Adult Mental Health

The role includes;

- Being a member of the Suicide Audit and Overview Panel (SOAP) and Cluster Response Team
- Providing expert advice to the SOAP and CRT
- Ensuring appropriate staff training
- Agreeing mechanisms to provide immediate and fast-track support to those directly affected by suicide
- Providing advice and support to staff following a suicide
- Providing expert advice to Media Relations Officer via the CRT
- Monitoring internal and local trends in suicide and self-harm and reporting any concerns / trends in relation to the possibility of a Suicide Cluster to the SOAP
- Supporting information sharing with Police and other public agencies regarding people thought to be at acute and immediate risk of suicide or serious self-harm
- Ensuring that a written policy is in place regarding the action to take following a suicide including the need to be vigilant regarding contagion and suicide clusters=

Police

- The Mental Health Operations Manager for Humberside Police.
- Responsible for the development and implementation of mental health procedures across the Force area in collaboration with partner agencies.
- Force link to suicide prevention strategies.
- Member of the Crisis Care Concordat Groups across the Force area.

Public Health

Public health is about creating the conditions in which people live healthy lives for as long as possible, taking a population perspective, which is at the heart of public health. The role of the public health team within the local authority is to be responsible for improving the health and wellbeing of the people in their area, addressing a full range of factors determining good health and developing healthy and sustainable communities.

The Director of Public Health (DPH), located within the local authority, will be well placed to bring health inequalities considerations to bear across the whole of the authority's business, and to think strategically about how to drive reductions in health inequalities, working closely with the NHS and other partners.

The public health hub will ensure either DPH/consultant input into the local Suicide Overview & Audit Panel and the suicide prevention agenda. In the event of any local suicides/relevant issues, the DPH/team will ensure full local coordination in liaison with the regional public health England team.

Samaritans

Are a national organisation with over 200 branches across the country, including one in Scunthorpe providing FREE confidential emotional support 24 hours a day, seven days a week, 365 days a year via telephone, face to face in branches, text, email and letters.

Samaritans Vision is that fewer people die by suicide.

“We work to achieve this vision by making it our mission to alleviate emotional distress and reduce the incidence of suicide feelings and suicidal behaviour.”

The Samaritans are committed to the following values:

1. Listening, because exploring feelings alleviates distress and helps people to reach a better understanding of their situation and the options open to them

2. Confidentiality, because if people feel safe, they are more likely to be open about their feelings

3. People making their own decisions wherever possible, because we believe that people have the right to find their own solution and telling people what to do takes responsibility away from them

4. Being non-judgemental, because we want people to be able to talk to us without fear of prejudice or rejection

5. Human contact, because giving people time, undivided attention and empathy meets a fundamental emotional need and reduces distress and despair.

Schools / Colleges

There may be instances when it is necessary to telephone the nominated emergency contact for schools or academies. The People Directorate maintains a list of emergency schools contacts which is updated annually each autumn term. This information is provided to NLC CCTV.

Within working hours, contact with the school will be made directly by the relevant member of NLC. However, during out of hours service, it may be necessary for CCTV to telephone the schools emergency contact.

Instances when a council officer may wish to speak with a school’s representative include:

- Public health issues
- Safeguarding issue
- Suspected death by suicide of a child / young person

CCTV will contact the Head Teacher/ Principal in the event of a suspected death by suicide of a child/ young person where this occurs during school holidays.

The Head Teacher will form part of the Cluster Response Team and will consider what action to take in relation to communication with pupils / learners, their family / carers and also consider whether to open up the school in order to provide a single point of contact and any immediate support.

North Lincolnshire School Nursing Service

Single point of Contact Details:

During office hours: Tel: 08000199951

Email: **CYPFSchoolNursesNorthLincs@rdash.nhs**

Out of hours - Assistant Director via RDASH switchboard: 01302 796000

In the event of a suicide cluster School Nurses will be able to provide support to children and young people within the North Lincolnshire area in the following ways:

- 1:1 support during drop-in sessions in school as requested by individuals / signposted to by school staff or other professionals. The School Nursing service will listen and assess the individual needs of the child or young person providing follow up, signposting to specialist service provision i.e. CAMHS, Samaritans or in school pastoral support/ counselling team.
- During term time small group work and drop in sessions within schools, colleges and local hubs within the community e.g. children's centres/community halls, as identified by multi-professionals / schools to address low level emotional health issues under the direction of / or supported by specialist CAMHS services.
- Outside of term time school holiday group work and one to one drop in facilities can be delivered subject to appropriate venues such as children centres, school sites accessible, RDaSH buildings and RDaSH health bus.

Universal and Secondary Health Care Services

North Lincolnshire and Goole NHS Foundation Trust (NLaG)

Safeguarding Team Contact Details:

During office hours: Tel: 01724 387887

Email: **nlg-tr.SCSafeguarding@nhs.net**

In the event of a suicide cluster the safeguarding team will be able to co-ordinate appropriate NLaG services and share information as necessary in order to safeguard involved individuals. The team will also function in their normal role in relation to the CDOP process and rapid response service in conjunction with the designated paediatrician.

Emergency care centre staff will provide immediate support / treatment with regards to the patients presenting condition including referral to appropriate services.

Appendix 7: Glossary

DPH	Director of Public Health	SOAP	Suicide Overview and Audit Panel
CDOP	Child Death Overview Panel	SSG	Suicide Surveillance Group
NLC	North Lincolnshire Council	CAMHS	Child Adolescent Mental Health Service
NLaG	Northern Lincolnshire and Goole	EMAS	East Midlands Ambulance Service
RDaSH	Rotherham Doncaster and South Humberside Foundation Trust		