

## North Wales Suicide and Self-harm Prevention Group

# A guide to responding to a single or a cluster of suicides in children and young people

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### **Purpose and Summary of document**

Whenever someone takes their own life, it is a huge tragedy that causes distress for many people – family, friends, professionals and the wider community. The impact is multiplied when a child or young person dies by suicide. Suicide in children and young people is often the end point of a complex interaction of life circumstances, risk factors and adverse life events. A cluster of suicides is a rare event, but the impact can be widespread and can cause distress in whole communities.

This document is intended for those with responsibility for dealing with suicide and its consequences. Whilst this planning guidance focuses on identifying and responding to suicide clusters, it is important to note that appropriately responding to single suicides can reduce the risk of further suicides.

This guide uses excerpts from the guidance developed by *Public Health England (September 2019) Identifying and responding to suicide clusters: A practice resource (guidance for England only)*. It has been adapted for North Wales / Wales structures and processes and developed to assist communities and agencies to manage or contain an actual or potential suicide cluster.

It is therefore recommended that this document is read in conjunction with the Public Health England guidance.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/839621/PHE\\_Suicide\\_Cluster\\_Guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf)

## **Acknowledgments**

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## 1.0 Background & purpose

This document brings together useful resources to respond to suspected death by suicide. It also provides information on identifying and responding to suicide clusters in children and young people, based on the recently updated resource from Public Health England.<sup>1</sup>

Contrary to what we hear in the media, suicide is not a common occurrence among children and young people. Across Wales, the suicide rate in teenagers is lower than that in the general population, although self-harm is more common. However, any suicide is one too many, a tragedy that touches family, friends and the whole community.

While the focus of this guide is mainly on suicides, it is essential to recognise that self-harm can also occur in clusters, as can mixed clusters of both suicide and self-harm.<sup>2</sup> Indeed, linked episodes of self-harm may be a precursor to a suicide cluster. While the term 'suicide cluster' is used throughout most of this guide, much of what is covered could apply equally to clustering self-harm.<sup>1</sup>

Research estimates that between 1 and 5% of all suicides by young people occur in the context of a cluster. Therefore, early identification and action is required to contain the impact.

A community response based on this planning guidance should be activated when the community or co-ordinating agencies perceive that a cluster is occurring or is at risk of occurring. 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 or extreme weather incidents) which cause stress for a whole community.

In North Wales, this community cluster response guidance sits within the governance processes of the Child Death Overview Processes (CDOP), North Wales Local Safeguarding Children Board Policies and Procedures and the North Wales Suicide and Self-Harm Prevention Plan. It 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.

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<sup>1</sup> Public Health England (2019) Identifying and responding to suicide clusters: A practice resource. PHE publications.

## **2.0 Sources of information to inform the development of guidance**

### **2.1 Wales**

#### **Public Health Wales (2010) Developing guidelines for responding to suicide clusters: Discussion document**

This document sets out some of the issues to be agreed in developing guidelines for responding to suspected suicide clusters. It also signposts and discusses some of the information sources available to inform this process. Information source: [suicide clusters](#)

#### **Welsh Government (2019) Responding to issues of self-harm and thoughts of suicide and young people: Guidance for teachers, professionals, volunteers and youth services.**

A resource produced to support teachers, and other professionals who regularly come into contact with children and young people, in dealing with issues of suicide and self-harm as they arise. It is not meant to supplant specialist training, rather it provides a quick and accessible source of reference to the general principles of best practice and signposts to other sources of support and advice.

Information source: <https://gov.wales/sites/default/files/publications/2019-08/responding-to-issues-of-self-harm-and-thoughts-of-suicide-in-young-people-guidance.pdf>

### **2.2 England**

#### **Public Health England (2019) Identifying and responding to suicide clusters : A practice resource**

***This resource should be read in conjunction with this plan.***

A resource developed as a contribution to the National Suicide Prevention Strategy (England) in response to single as well as multiple suicides across all ages.

The guide includes: the meaning of the term 'suicide cluster'; the identification of clusters; suggestions for who may be at risk of suicidal acts due to the influence of other people's suicidal behaviour; the likely mechanisms involved; and the effects of suicide (including suicide clusters) on other individuals. The steps that need to be taken at local level to respond to a suicide cluster are described. This necessitates the development of a Suicide Cluster Response Plan and identification of individuals and agencies that will deliver such a plan. The need for close collaboration between organisations and groups involved in a Suicide Cluster Response Plan and those with responsibility for community wellbeing and safeguarding is highlighted.

Information source: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/839621/PHE\\_Suicide\\_Cluster\\_Guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf)

## **2.3 UK**

### **PAPYRUS (2018) Building Suicide-Safer schools and colleges: A guide for teachers and staff**

A resource produced to support teachers, and other non-teaching staff to build a 'Suicide-Safer school (or college)'. It provides guidance on developing a policy document to guide suicide prevention work, how to identify, train and sustain a suicide intervention team and develop and deliver a sustained programme to raise awareness of the prevalence of suicide.

Information source : <https://papyrus-uk.org/new-schools-and-colleges-guide/>

## **2.4 Universities UK/PAPYRUS UK (2018) Suicide – Safer Universities**

Universities UK and PAPYRUS, the UK's national charity dedicated to the prevention of young suicide, published guidance to help university leaders prevent student suicides. At least 95 university students took their own lives in the 2016–17 academic year. This guide provides a framework to understand student suicide, mitigate risk, intervene when students get into difficulties, and respond to these tragic deaths. It sets out the steps to make communities suicide-safer

Information source:

<https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2018/guidance-for-universities-on-preventing-student-suicides.pdf>

## 3.0 Definitions

### **Suicide cluster**

North Wales defines a suicide cluster as a collection of suicides or behaviours which indicates a significant intent to die by suicide or self-harm; in addition, the number of incidents exceeds that expected of the cohort under consideration. The term 'suicidal acts' includes both completed and attempted suicides and will be further defined by the community under focus.

### **Suicide contagion**

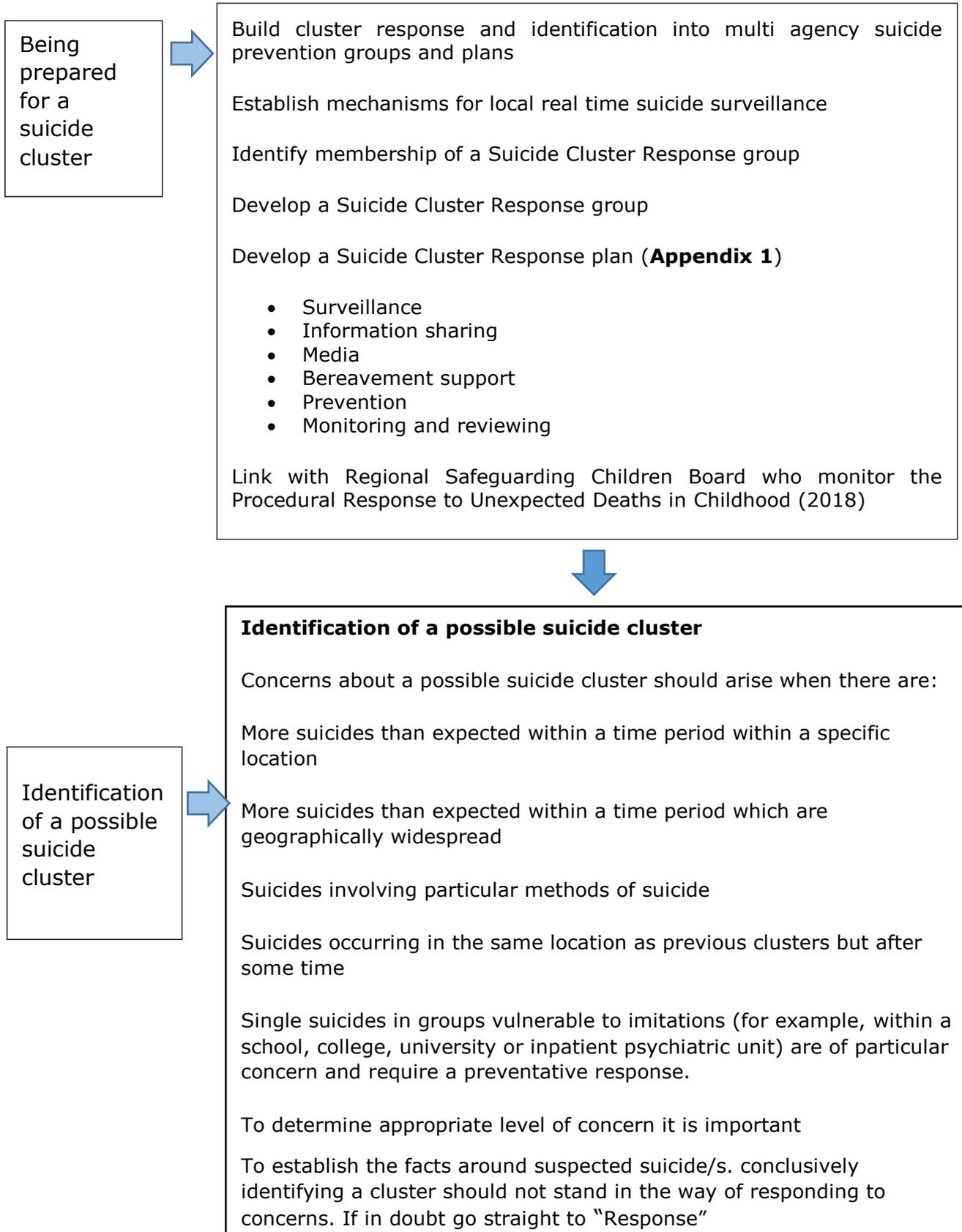
It has been proposed that suicide clusters are due to 'contagion' or the process where one person's suicide influences another person to engage in suicidal acts. Contagion may be particularly likely to occur in circumstances where the second person is already contemplating a suicidal act, or is particularly vulnerable or impressionable. The mechanisms by which contagion operates are not fully understood, and may vary considerably from person to person. Possible links proposed by research includes:

- An expression of grief or a means of escaping from pain after experiencing the suicide of another, particularly a friend or relative;
- Imitation of another's suicidal behaviour as a way to deal with a range of emotions or events;
- 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; and
- Exposure to a particular method, providing a 'suggestion' for that method to be used again.

Although it is important to talk about suicide and raise awareness of risks, and encourage help-seeking, there is a substantial body of evidence demonstrating 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.

Conversely identification of a particular community (such as a school) 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.

## 4.0 Overview: suicide cluster response <sup>3</sup>



<sup>3</sup> Public Health England (2019) Identifying and responding to suicide clusters: A practice resource. PHE publications. (p 46)



Response  
to a  
possible  
suicide  
cluster



Continue or establish local **surveillance, including links with Coroners**

Convene **Suicide Cluster Response Group**

Establish a single point of **Media** Contact. Work with Media to facilitate understanding of role in prevention.

Identify vulnerable groups and individuals and target **Prevention** measures

Establish whole population wellbeing and suicide **prevention** awareness

Establish **monitoring and review process**

## 5.0 Responding to a single a cluster of suicides in a school or college setting

Suicide in school students will have profound effects on the school community. Both individual students and student groups are likely to be affected. This will especially include students from the same year as the person who died, those in friendship groups and clubs, and students with pre-existing vulnerability (such as mental health issues or other experience of bereavement).<sup>4</sup>

Following the sudden death of a young person under 18 years (including suicide), the Procedural Response to Unexpected Deaths in Childhood (PRUDiC) is a nationally agreed process in Wales monitored by the Regional Safeguarding Children Board. The aim of the PRUDiC is to ensure that the response is safe, consistent and sensitive to those concerned, and that there is uniformity across Wales in the multi-agency response to unexpected child deaths.

This procedural response is followed when a decision has been made by the police that the death of a child is unexpected and the Procedural Response to Unexpected Deaths in Childhood (PRUDiC) is to be initiated.<sup>5</sup>

### **Procedural response to unexpected deaths in childhood (PRUDiC) 2018**

This procedure sets a minimum standard for a response to unexpected deaths in infancy and childhood (including apparent suicide). It describes the process of communication, collaborative action and information sharing following the unexpected death of a child. It is not agency or discipline specific. It outlines what needs to be achieved and gives broad suggestions about the roles of agencies.

The definition of a suicide cluster in schools is extremely difficult due to the generally low rate of suicide in children and adolescents. Consideration of student welfare is paramount after a single suicide. More than one death in a school over even a protracted time period should raise concerns of possible contagion or a cluster.

It is recommended that schools and colleges should have a written policy in place regarding action in the event of a suicide – or suspected suicide – of a student.

PAPYRUS is a national charity dedicated to the prevention of young suicide. PAPYRUS have developed guidance on developing a Suicide-Safer policy for school or college. The guidance can be accessed via the following link. (The welsh version will be available in June 2020)

**Information source: Download the following document to access guidance on writing a Suicide safe policy**

**PAPYRUS (2018) Building Suicide-Safer schools and colleges: A guide for teachers and staff**

<sup>4</sup> Public Health England (2019) Identifying and responding to suicide practice resource. PHE publications. (p 46)

<sup>5</sup> Public Health Wales (2018) Procedural Response to Unexpected Deaths in Childhood (PRUDiC) 2018.

A resource produced to support teachers, and other non-teaching staff to build a 'Suicide-Safer school (or college), it provides guidance on developing a policy document to guide suicide prevention work, how to identify, train and sustain a suicide intervention team and develop and deliver a sustained programme to raise awareness of the prevalence of suicide.

Information source: <https://papyrus-uk.org/new-schools-and-colleges-guide/>

In the case of a cluster of suicides, a Suicide Cluster Response Group should be convened to share information and plan an appropriate response. An identified school/college suicide response lead should be identified as the first point of contact for internal staff and external agencies.

The Suicide Cluster response group might include:

- Consultant in Public health
- Police
- Coroner
- NHS e.g. primary care, children's mental health services, safeguarding
- Child Death Overview panel lead
- Local authority
- Media communications lead

The Suicide Cluster Response Group should have members who have expertise in this area of work so responses to such cluster activity can be appropriately managed. All areas will have local settings that may be vulnerable to suicide clusters (notably schools, colleges and universities). Involvement of representatives of these settings in developing the Suicide Cluster Response Plan should be considered.

Responding to student suicide can be very challenging. It is important, however, that the response is designed to achieve a balance between recognising and responding to the impact on other students and on the school/college community, and at the same time trying to maintain a positive and forward-looking community culture.

### **5.1 Surveillance**

1. The school/college should maintain a register of deaths and serious suicide attempts.
2. Staff should be alert to occurrences of suicidal behaviour, including self-harm.
3. Internal reporting mechanisms should be agreed.
4. Staff should be alert to possible contributory factors (for example increase in bullying behaviour, student reports of potentially harmful social media use, media coverage of celebrity suicides and internal reporting mechanisms should be agreed.

## 5.2 Information sharing

1. The school/college should maintain a close link with the Suicide Cluster Response group, which will co-ordinate communication with the family and the response across agencies.
2. Establishing rapid links with relevant services such as primary care, CAMHS, educational psychologists, social care, Samaritans and local bereavement services will be essential. Any information sharing will need prior discussion with the family.
3. Minimal information should be shared about the cause of death, particularly as a coroner's verdict of suicide may not be confirmed immediately. Consideration should be given to language used and it may be appropriate to use the term 'sudden unexpected death'.
4. Within the school or college, teachers and other staff should be informed first.
5. Students close to the deceased should be identified and informed by a familiar member of staff.
6. Other students should be informed in classroom groups rather than a large assembly.
7. Following agreement with relevant agencies, letters should be sent out to parents giving information and details of contacts and agencies for support.
8. Details on how to access support should also be posted on the school/college website.
9. The school/college must check with family of the deceased first before sending out any details about the death.

### **Guidance for teachers should be developed with the following key points covered -**

Pertinent facts about the death (not the details) – as discussed with the family.

Details of method of suicide should not be disclosed.

Normalisation of the emotions experienced in response to the death i.e. Acknowledging that responses will be different and wide ranging (including anger and blame) and will change with time.

Encouraging caring for each other and letting staff know if anyone has concerns about other students.

Encouraging positive ways of managing distress/stress.

Letting students know that support is available.

Sharing useful print and online resources with the students (it may be helpful for students to be able to physically take information away with them).

### 5.3 Guidance on how to talk to the young person

- Encouragement to parents to discuss positive strategies to cope (for example sharing feelings; maintaining usual routine, such as hobbies and sports; getting sufficient sleep).
- 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/college is responding and supporting students, including provision of drop-in support and specific counselling to those that need it.
- Details of staff member to contact if there are any specific concerns/questions.
- Acknowledgement that the school will be carrying on their normal routines as far as possible. See **Appendix 2**: Additional resources, sources of support and contact details.
- Samaritans Step by Step service also has information and resources for young people and their families/ parents (Links are available at Appendix 3) <https://www.samaritans.org/how-we-can-help/schools/step-step/>

**Information source: Welsh Government (2019) Responding to issues of self-harm and thoughts of suicide and young people: Guidance for teachers, professionals, volunteers and youth services.**

This document provides useful step by step guidance on managing self-harm, suicide and suicidal behaviour in young people including things to remember when supporting a young person.

A resource produced to support teachers, and other professionals who regularly come into contact with children and young people, in dealing with issues of suicide and self-harm as they arise. It is not meant to supplant specialist training, rather it provides a quick and accessible source of reference to the general principles of best practice and signposts to other sources of support and advice.

Information source: <https://gov.wales/sites/default/files/publications/2019-08/responding-to-issues-of-self-harm-and-thoughts-of-suicide-in-young-people-guidance.pdf>

### 5.4 Suggested 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 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/daughter's 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 (for example sharing feelings; maintaining usual routine, such as hobbies and sports; getting sufficient sleep).

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/college is responding and supporting students, including provision of drop-in support and specific counselling to those that need it.

Details of staff member 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 website for parents and young people (for example PAPYRUS). Samaritans Step by Step service also has information and resources for young people and their families/ parent & '2 Wish upon a star' <http://2wishuponastar.org/>

### **Example Template letter**

*I am writing to let you know about the tragic death of a student(s) by suicide in Year (ADD YEAR). My colleagues and I have been working with the family, friends and with others who are directly affected. Our thoughts are with them and we will continue to respect their privacy as far as we can. The students in year (ADD YEAR) were informed (ADD THE DETAIL OF WHAT THEY WERE TOLD). In addition to those directly affected, I want to make sure that everyone in our school community are aware of the support available to them, if needed.*

*Shock, sadness and anger are entirely normal response following an unexpected death, and what has happened will affect everyone in different ways and at different times. If you have been affected by these events, it is important to talk to your friends and families about how you are feeling. In addition, you can access support and counselling from (PROVIDE INFORMATION OF COUNSELLING AND / OR STUDENT SUPPORT). If you are unsure what to do (ADD CONTACT DETAILS OF CONTACT PERSON) will be very happy to help you or point you towards someone else who can provide help.*

*Help is available around the clock, please remember that the following services are available out of normal working hours:*

PAPYRUS

0800 068 4141

[pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

Samaritans 116 123 (Welsh Language line which is free to call 0808 164 0123  
Open 7pm-11pm every day)

Childline

0800 1111

Community Advice and Listening line

0800 132 737

## 5.5 Media issues

Media interest should be considered as part of the Suicide Cluster Response group meeting.

The school/college suicide response lead should link with the Suicide Cluster Response group and relevant local authority communications representative to agree action in the event of media contact, including content of a media statement. Family to be informed of media communication. Within the PRUDIC process this is completed by the police.

### **Information source: Media reporting**

To support appropriate reporting, the Independent Press Standards Organisation (IPSO) provides media guidance on reporting suicide

[www.ipso.co.uk/member-publishers/guidance-for-journalists-and-editors/guidance-on-reporting-suicide/](http://www.ipso.co.uk/member-publishers/guidance-for-journalists-and-editors/guidance-on-reporting-suicide/)

Samaritans publishes guidance for media on how to report suicide responsibly: Media Guidelines for Reporting Suicide

[www.samaritans.org/media-centre/media-guidelines-reporting-suicide](http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide)

Samaritans' Media Advisory Team can be approached for advice on dealing with the press in the aftermath of a suicide by emailing: [mediaadvice@samaritans.org](mailto:mediaadvice@samaritans.org) or by phone: 020 8394 8377

The team has extensive experience in working with the press in relation to reporting suicide. They can provide confidential briefings to media to help encourage safe reporting and can offer training to local media outlets on how to appropriately cover this topic in the news.

Coroners' inquests are a key time point with regard to media reporting. There may be a flurry of press coverage when an inquest is opened and adjourned, and then often a lengthy period before the full inquest occurs.

It can be helpful to work proactively with coroners ahead of inquests, including sharing the Samaritans' Guide for Coroners. Copies of the guide can be obtained by contacting: [mediaadvice@samaritans.org](mailto:mediaadvice@samaritans.org)

Coroners should be reminded of the risks associated with media reports containing too much detailed information following an inquest, and encouraged to remind press of their responsibilities regarding sensitive reporting. In cases where there is a suspected cluster, Samaritans' Media Advisory team can liaise with the Coroner's office and provide a bespoke confidential briefing, to be shared with any media attending the inquest hearing.

If there are concerns about press harassment of members of the public (such as bereaved family members), individuals can contact IPSO for advice. In some situations, IPSO can send out a notice to industry passing on a specific request (for example, to stop phoning a member of the public). IPSO can be reached on 0300 123 2220 or in an emergency out of hours or at weekends on 07799 903929.

Alternatively, email: [inquiries@ipso.co.uk](mailto:inquiries@ipso.co.uk)

### **Key points for media reporting (from Samaritans)**

#### **Media should be encouraged to:**

- Refer to Samaritans' Media Guidelines for Reporting Suicide and supplementary factsheets to avoid the risk of reporting influencing imitational behaviour.

Copies of the guide can be obtained by contacting: [mediaadvice@samaritans.org](mailto:mediaadvice@samaritans.org)

- Refrain from reporting detailed descriptions of suicide methods.
- Avoid including method of suicide in headlines.
- Avoid re-running the details of each death in every news report, including publishing picture galleries of others who have died. Such repetition may cause alarm in the community and increase risk of contagion.
- Avoid making unsubstantiated links between separate incidents of suicide.
- Not give undue prominence to a story, such as making it a lead news item or front-page story with dramatic headlines, extensive use of photographs and memorials of people who have previously died.
- Avoid speculation about a 'single trigger' for a suicide. Suicide is complex and seldom the result of a single factor, it is likely to have several interrelated causes and this complexity should be portrayed in news reporting where possible.
- Encourage others who may be struggling to cope to seek help by publishing articles which include messages of hope, such as real life stories of people who have managed to come through a difficult time because they were able to reach out for help and work through their problems.

- Avoid reporting which may deter vulnerable people from seeking help (for example stories highlighting waiting times in a hopeless way which implies there is no help available) sensitively portray the devastation left behind for families, friends and communities following a death by suicide.
- Be wary of over-emphasising community expressions of grief (for example romanticised comments and montages of images of floral tributes), as this can inadvertently glorify suicidal behaviour to others who may be vulnerable to suicidal contagion.
- Avoid dramatic language, such as 'suicide epidemic' and 'hot spot', and sensationalist pictures or video (for example of a suicide location).
- Avoid the use of witness comments, such as 'in a better place', 'found peace' and 'heaven has gained another angel'.
- Refrain from publishing the content of suicide notes.

Samaritans' Media Advisory Team is available to give advice on reporting suicide. Contact details are: email: [mediaadvice@samaritans.org](mailto:mediaadvice@samaritans.org) Tel: +44 (0)20 8394 8300. Out-of-hours: 07850 312224

## **5.6 Bereavement support for other students**

Staff should be aware of the impact that student suicide will have on other students and the fact that students will need to talk about the event(s) and express feelings. Specialist advice for different cultural and religious groups may need to be sought.

Local child bereavement charities may offer in reach support to school and college communities following suspected suicides. They may also help facilitate occasions of reflection and remembrance.

Forums should be set up to provide opportunities for students to talk in a group led by a facilitator (for example a child bereavement counsellor or mental health practitioner).

Drop in sessions/hotlines/information leaflets/a support room should be made available. Some schools have found that students respond to having an identified safe space where they can 'hang out', listen to music and be with each other, remembering the deceased individual without necessarily talking about death.

Individual/group counselling should be provided to those at risk or considered vulnerable either by school/college counsellors or local child bereavement counsellors.

Referrals may be made to local CAMHS as appropriate.

Every effort should be made to continue school/college routines as usual.

School or college staff should be aware of longer term issues that may arise for some students (for example development of depression, anxiety or self-harm). The anniversary of the young person's death may be particularly difficult for some students.

## 5.7 Use of social media

During a cluster, social media can be a way to reach a huge number of people, including vulnerable people, and promote a sense of social connection and support. It is likely that communities affected by a cluster will use social media to inform people about the death, create virtual memorials and post messages often of sympathy but sometimes blaming people for the death, particularly if bullying is suspected. This can all cause a lot of anxiety. At this time, it is useful for those involved in responding to suicide clusters to work with communities or organisations to:

- Use social media to let people know where they can go for help and support
- Use social media to promote suicide prevention messages
- Issue advice on how to intervene or who to contact if people are aware of, or concerned about, messages they see online in the aftermath of a suicide. These could include rumours, suggestions that suicide was a positive outcome for an individual, bullying or publicly blaming people, or messages from individuals who are at risk and expressing their distress online. In these situations, it may be appropriate: to speak directly to those involved; request that the offensive content be removed by the person or the service provider; report the content to the service provider; dispel rumours; contact the police or emergency services when information posted online may indicate a risk to an individual's or another's safety or is threatening
- organise an appropriate member of staff or other professional within an organisation/setting to meet with key individuals to discuss what is being shared online
- let people know that memorial pages often elicit negative comments but acknowledge that these sites are often created to honour individuals who have died. Issue advice to avoid including details of the method of suicide, report concerning posts and to try to avoid giving the impression that the death was a positive outcome. Organisations can consider creating a safe memorial page where offensive or negative comments can be removed.

### **Information source – See Appendix 3**

Samaritans have developed guidance on social media use and memorials for students and parents which may also be helpful for other organisations

[www.samaritans.org/stepbystep](http://www.samaritans.org/stepbystep)

### **Sample response to social media posts that cause concern**

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.

**Information source: See Appendix 2 Additional resources, sources of support and contact details.**

It will not be possible to monitor all social media coverage of a student's death but it is important to educate the school/college community about safe and responsible online messaging following the death of a peer, including what to do if messages of concern are posted and where to go for support.

Where possible, the activity of any Facebook page of the deceased or memorial page set up by students following the suicide should be monitored, being aware of the potential for increasing risk in other students. The Suicide Cluster Response team and the school/college suicide response lead should decide who is responsible for monitoring this site. If comments are posted which indicate risk in any other young people, their family and relevant professionals should be contacted with some urgency, although diplomacy and sensitive use of language are required.

Samaritans advise that schools/college could consider establishing an online memorial on their own website, which they can then moderate and remove after an agreed time.

### **5.8 Support for school/college staff and other affected staff teams**

Staff should be given the opportunity to meet in groups for information sharing and review to ensure they are aware of the Suicide Cluster Response group and what support is available for students and families. Staff should also be given information regarding risk factors and warning signs for suicidal behaviour to help them spot students who may be at risk.

The impact of student suicide on school or college staff may be profound and long lasting. Consideration should be given to short- and longer-term support for staff as well as for the school community. Staff should be given opportunities to come together to talk about their feelings and emotional responses in a safe environment facilitated by an appropriately trained individual. Staff should be signposted to relevant support agencies.

Individual support should be offered to school/college staff, including head teachers/college heads. Support should be available on an ongoing basis and stepped up at significant points such as funerals, following media reporting and coroner's inquests. Written or online information outlining available support should be provided to affected staff.

Staff who have pre-existing mental health problems, a history of self-harm or other experiences of bereavement may be in need of support or more intensive help.

### **5.9 Prevention**

Pastoral heads of each year should consider who might be at risk for suicide or self-harm, taking account of the Circles of Vulnerability.

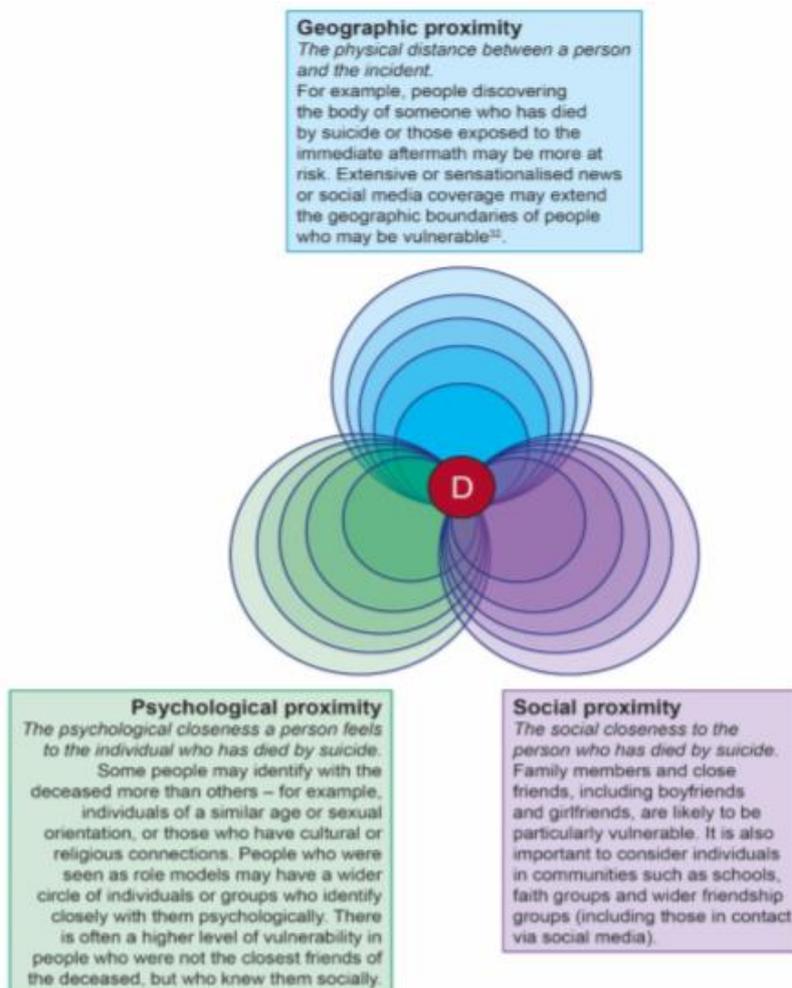
These will include:

## Geographical proximity

Those who were closely involved in the suicide(s), (for example witnessed the event or its aftermath, or discovered the body) or exposed to such details through social or other media.

## Figure Concentric Circles of Vulnerability

The central red circle (D) represents the person who has died by suicide. The 3 overlapping groups of concentric circles show varying vulnerability according to closeness to the deceased (D) in terms of geographical and psychological and social proximity.



## Psychological proximity

Students who may identify with the deceased (for example same class, similar interests, same clubs or sports team; or those who perceived that they were similar to the victim in some way).

## Social proximity

These are:

- close friends of the deceased
- Current or recent partner(s) of the deceased
- Relatives of the deceased

For an indication of individuals who may be at increased risk see diagram. It is advisable to discuss strategies for managing and supporting individuals who may be at risk with the local CAMHs service.

Schools/colleges should promote a caring, positive and supportive school environment, facilitating appropriate discussion and help-seeking. The PAPYRUS guidance *Building suicide-safer schools and colleges: a guide for teachers and staff*, provides helpful information to promote supportive environments. See: [www.papyrus-uk.org/repository/documents/editorfiles/toolkitfinal.pdf](http://www.papyrus-uk.org/repository/documents/editorfiles/toolkitfinal.pdf)

**Information source: Welsh Government (2019) Responding to issues of self-harm and thoughts of suicide and young people: Guidance for teachers, professionals, volunteers and youth services.**

A resource produced to support teachers, and other professionals who regularly come into contact with children and young people, in dealing with issues of suicide and self-harm as they arise. It is not meant to supplant specialist training, rather it provides a quick and accessible source of reference to the general principles of best practice and signposts to other sources of support and advice.

Information source: <https://gov.wales/sites/default/files/publications/2019-08/responding-to-issues-of-self-harm-and-thoughts-of-suicide-in-young-people-guidance.pdf>

## 5.10 Monitoring and review

A decision will need to be made at some stage about stepping down the response in terms of ending the Suicide Cluster Response Group. The appropriate timing of this will be difficult to determine in the school setting because, fortunately, even within a suicide cluster, deaths are uncommon.

Suicide Cluster Response Plans should remain active while concern regarding a suicide cluster is current. The monitoring and review arrangements should include:

- Frequency of meetings: these should be frequent, especially in the early stages, with dates agreed and prioritised
- Administrative support: it will be necessary to identify and resource administrative support to assist regular communication and organisation of meetings.
- Record keeping: this should include identified issues and concerns, agreed actions, responsible individuals and progress and next steps.
- Following up the plan by ensuring support provision is sustained where required and that relevant agencies are aware of how to direct future concerns.
- Evaluation of progress and overall impact of the plan, including a follow-up strategy.

The longer-term impact of a suicide cluster on organisations and communities should not be underestimated. Some affected institutions have reported that there can be significant long-term changes following a cluster in terms of organisational culture and ways of working. The possible risk of echo clusters in affected communities should also be remembered. When current needs have been identified and adequate ongoing support measures are in place a follow-up strategy should be agreed.

## Appendices

**Appendix 1** provides components of a Suicide Cluster response plan;

<b>Components of a Suicide Cluster response plan</b>	
Surveillance	Collecting and monitoring suicide data and information will ensure that any themes and patterns are recognised that may contribute to cases and clusters
Suspected suicides	<p>PHE recommend real time monitoring and surveillance of suspected suicides however there is no 'real time suicide surveillance system' in Wales to identify emerging clusters.</p> <p>It will be necessary therefore to establish links with local police and coroners to obtain information about recent suspected suicides and be alerted to any additional indicate growing evidence of a possible cluster.</p>
Non-fatal self-harm	<p>Suicide clusters may also be associated with increases in non-fatal self-harm. While monitoring of self-harm at the community level is challenging, surveillance could include monitoring of self-harm which results in hospital presentation.</p> <p>Mechanisms for emergency departments, ambulance services, mental health services and police departments to report observed significant increases in self-harm incidents should be considered as part of the plan.</p>
Information sharing	<p>Organisations that may be affected and who might be responsible for provision of support such as general practitioners, should be informed about concerns regarding a possible suicide cluster.</p> <p>Those developing the Suicide Cluster response plan will need to balance an appropriate level of information sharing with containment of anxiety.</p> <p>Lessons learnt from managing responses to suicide clusters have shown that including too many people in Suicide cluster response plan can escalate anxiety due to spreading</p>

	of news and fear, which might increase the risk of contagion.
Confidentiality	<p>This must be considered when planning and implementing Suicide Cluster Response Plans.</p> <p>Although it is important for multiple agencies to work together and share information, it is also crucial that confidentiality and data protection are considered at all stages. However, it is important that key information about people dying by suicide is shared (for example name and address; whether in receipt of mental health care; name of school, university or workplaces).</p> <p>Organisations will need to be guided by their own confidentiality and data-sharing policies. There should be care about terminology used in emails and other messages, for example the term 'suicide cluster' might generate anxiety in administrative or other staff not directly involved in the procedures.</p>
Public information	<p>Depending on the nature of the possible suicide cluster, it may be necessary to provide public information (for example if the suspected suicides concerned involve students at the same school, college or university). Processes for providing public information should be agreed at the planning stage and must be developed in partnership with the institution involved.</p> <p><b>Information source: Samaritans Media Guidelines may be helpful in preparing this information. These are available at: <a href="http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide">www.samaritans.org/media-centre/media-guidelines-reporting-suicide</a></b></p>
Media issues	Identify a consistent media communication lead, likely to be the lead for the affected organisation. Ensure that there is close liaison between the communications teams of affected agencies.
Planning an early and consistent response to media interest	There may be no media interest, but in case of enquiries a consistent response should be agreed at an early stage.
Vigilance for potentially harmful social media communications	It is not possible to monitor individual social media use; however, police will look at internet activity following incidents of suspected suicide, e.g. mobile phone, laptop, ipad content. It may be possible to monitor memorial sites (which in some cases might "glamorise" suicide). Where suspected suicides of school age young people occur, schools should be advised to alert students and parents about responsible social media use and encourage students to report any concerns to teaching staff.
Advice for families	Such as warning about possible media interest, how to respond to this (for example selecting an agreed

	<p>photograph of the deceased, their right to check a media report before it is published) and advice around managing social media (for example removal of a Facebook page).</p> <p><i>Information source: Independent Press Standards Organisation's guidance on reporting suicides: <a href="http://www.ipso.co.uk/member-publishers/guidance-for-journalists-and-editors/guidance-on-reportingsuicide">www.ipso.co.uk/member-publishers/guidance-for-journalists-and-editors/guidance-on-reportingsuicide</a></i></p>
Bereavement support	<p>The term 'Postvention' is now often used to describe bereavement support. In this guide the latter term has been used as the meaning of this is clearer, especially for those less familiar with the field. Postvention (i.e. Bereavement Support) has been described as 'activities developed by, with or for people who have been bereaved (or affected by suicide) to support their recovery and to prevent adverse outcomes, including suicide and suicidal ideation'.</p> <p>When planning a Suicide Cluster Response Plan it will be necessary to consider:</p> <ul style="list-style-type: none"> <li>• identification of individuals and groups needing early support</li> <li>• interventions for individuals needing more intensive help</li> <li>• identification of services that can provide support</li> <li>• ensuring first responders and those involved in providing support are themselves supported</li> </ul>
Prevention	<p>Prevention should include both bereavement support and measures to improve broader community mental wellbeing. Bereavement support is concerned with helping people bereaved and affected by suicide, which will include those who may be more vulnerable to suicide ideation or attempts due to their exposure to suicide. Prevention is concerned with promoting wellbeing and help-seeking and preventing self-harm and suicide. It is also important to consider wider and longer-term needs of the local community in relation to prevention.</p>
Monitoring and reviewing	<p>The plan should include monitoring and review, for example:</p> <ul style="list-style-type: none"> <li>• Frequency of meetings: these should be frequent, especially in the early stages, with dates agreed and prioritised</li> <li>• Administrative support: it will be necessary to identify and resource administrative support to assist regular communication and organisation of meetings.</li> <li>• Record keeping: this should include identified issues and concerns, agreed actions, responsible individuals and progress and next steps.</li> </ul> <p>Following up the plan by ensuring support provision is sustained where required and that relevant agencies are aware of how to direct future concerns.</p> <p>Evaluation of progress and overall impact of the plan, including a follow-up strategy.</p>

## Appendix 2 Additional resources, sources of support and contact details

**The resources, sources of support and contact details provide expert advice on mental health and wellbeing -**

### **Samaritans**

A totally confidential, twenty four hour support service for anyone experiencing emotional distress and/or suicidal thoughts

24 hour national support line: 116 123

Email support: [jo@samaritans.org](mailto:jo@samaritans.org)

Welsh language support line 0808 164 0123 Opening hours Every day 7pm-11pm

[www.samaritans.org/wales/how-we-can-help/contact-samaritan/welsh-language-phone-line](http://www.samaritans.org/wales/how-we-can-help/contact-samaritan/welsh-language-phone-line)

Website: [www.samaritans.org](http://www.samaritans.org)

### **Cruse Bereavement Care**

For anybody needing support after the death of a loved one

Support line (09:00-17:30): 0808 8081677

Website: [www.cruse.org.uk](http://www.cruse.org.uk)

### **PAPYRUS**

A service for young people who are thinking about suicide, or for anyone worried that a young person may be contemplating suicide.

Support line (10:00-22:00 weekdays/14:00-22:00 weekends):0800 068 41 41

Text support: 07860 039967

e-mail: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

Website: [www.papyrus-uk.org](http://www.papyrus-uk.org)

### **Childline**

National helpline for anybody under the age of 19, offering advice and support on a range of issues including self-harm and suicidal thoughts

Support line (24hr) 0800 11 11

e-mail: Available via registration on the website

Website: [www.childline.org.uk](http://www.childline.org.uk)

### **YoungMinds**

Charity dedicated to improving mental health of children and young people

Website: <https://youngminds.org.uk>

## **MIND Cymru**

Welsh arm of the national mental health charity that provides information and support on mental health and related issues (including self-harm)

Information line: 0300 123 3393

e-mail: [info@mind.org.uk](mailto:info@mind.org.uk)

Website: [www.mind.org.uk/about-us/mind-cymru](http://www.mind.org.uk/about-us/mind-cymru)

## **Children in Wales**

Umbrella organisations for groups working with children in Wales that provides training courses on child protection, self-harm and safeguarding

**Website:** [www.childreninwales.org.uk](http://www.childreninwales.org.uk)

## **Meic**

Confidential, anonymous helpline offering support and advocacy for people aged up to 25 living in Wales

Support line: 0808 80 23456

Text support: 84001

Website: [www.meiccymru.org](http://www.meiccymru.org)

## **Getting further support from specialist services**

If you're worried about a child or young person or need advice and support for coping with anything affecting your child's emotional or mental health contact your GP. Your GP may refer you to the Child and Adolescent Mental health services (CAMHS), the Service that works with children and young people who have difficulties with their emotional or behavioural wellbeing, the contact number for each Area team is provided below -

<b>Wrexham</b>	<b>01978 725242</b>
<b>Flintshire</b>	<b>03000 850046</b>
<b>Denbighshire</b>	<b>03000 850024</b>
<b>Conwy</b>	<b>03000 851949</b>
<b>Gwynedd &amp; Anglesey</b>	<b>03000 850037</b>

## Appendix 3

### About Step by Step

Samaritans has offered the Step by Step service across the UK since 2010 and have recently expanded to support schools and Youth-reach Centres in the Republic of Ireland.

#### The Step by Step team aims to:

- Provide information and support to help the school community come to terms with what has happened and prevent stigma and isolation in the school community;
- Support school communities to reduce the risk of further suicide;
- Reach out to high risk people and communities to reduce the risk of further suicide

### Download the Step by Step resources

<https://www.samaritans.org/how-we-can-help/schools/step-step/step-step-resource>