Identifying and Responding to suspected suicide clusters: A guide for Nottingham City and Nottinghamshire, including Bassetlaw.

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Approved by: Key Contacts:

Nottinghamshire County and Nottingham City Public Health teams have dedicated inboxes for Real Time Surveillance that are regularly monitored and should be used for any urgent queries or information:

phrts@nottscc.gov.uk for Nottinghamshire County

rtsss@nottinghamcity.gov.uk for Nottingham City

The following are the key contacts within Nottingham City and Nottinghamshire County Council Public Health Teams. The key contacts have access to a database of further contacts for initiating a cluster response group.

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1. Introduction

In September 2015, Public Health England (PHE) published guidance relating to Identifying and Responding to Suicide Clusters and Contagion. This guidance was later updated in September 2019 to reflect further experiences of responding to suicide clusters[1]. This guide outlines possible actions to be taken when a potential suicide cluster is identified.

This local guide for Nottinghamshire (including Bassetlaw) and Nottingham City is based on the updated PHE guidance. The guide will support the Public Health suicide prevention leads and our wider system partners in Nottinghamshire and Nottingham City to identify and respond in a timely way to any potential suspected suicide clusters identified through Real Time Surveillance. It should be noted that a multi-agency partnership response is required to identify suspected suicide clusters and to develop and implement Suspected Suicide Cluster Response Plans.

This guidance was updated in 2024 to reflect learning from local responses to suspected suicide clusters since the original version was created in 2020. New national guidance on responding to suspected suicide clusters is anticipated in 2024 and this local guidance will be reviewed and updated once this is available.

This guidance refers to 'suspected' suicide clusters throughout. A death can only be confirmed as a suicide following a Coroner's verdict, which often occurs sometime after a death has happened. Due to the need to respond quickly in the event of a suspected suicide cluster, the data relied on typically relates to suspected suicide deaths. It is important to ensure that the language around a suspected suicide cluster is handled sensitively and respects the understanding and beliefs of the family and significant others of the people who have died, and the organisations involved in the response – it may be appropriate to consider alternative wording in some circumstances.

This guidance does not replace or supersede any relevant response plans, guidance or governance arrangements within any individual setting but is intended as a guide to developing a partnership response to suspected suicide clusters.

2. Definition of a suspected suicide cluster

2.1 The term "suicide cluster" is defined as a situation in which more suspected suicides than expected occur in terms of time, place, or both. Figure 1 defines a suspected suicide cluster according to the PHE Identifying and Responding to Suicide Clusters Guidance (PHE Guidance). The PHE Guidance acknowledges that identification of suicide clusters can be difficult in practice.

Figure 1: ***Cluster definitions***

[1] PHE (2019) Identifying and Responding to Suicide Clusters https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf

PHE definition of a suicide cluster:

A suicide cluster usually includes 3 or more deaths; however, 2 (suspected) suicides occurring in a specific community or setting (for example a school) in a short time period should also be taken very seriously in terms of possible links and impacts (even if the deaths are apparently unconnected), particularly in the case of young people. It is important to establish at a very early stage if there are connections between (suspected) suicides. However, it is also important to recognise that there do not have to be clear connections for multiple deaths to constitute a cluster. Multiple unconnected deaths in a community can have similar consequences to a cluster in which links between deaths are apparent, such as media response, heightened local concerns and speculation, and influence on methods used for suicide. Also, there may be unrecognised connections between deaths[2].

2.2 There are different types of suspected suicide clusters described in Figure 2. Attention is usually focussed on point clusters. However, with suicidal behaviour increasingly spreading via the internet and social media, the incidence of geographically spread mass clusters may be increasing, and these can be difficult to recognise. There can also be clustering in terms of methods of suicide. This might occur within a point cluster or a mass cluster.

Figure 2: ***Types of suicide cluster***

Point clusters (or spatial-temporal clusters)

A greater than expected number of (suspected) suicides that occur within a time period in a specific geographical location. This might also be in a community or an institution (for example school, university, psychiatric inpatient setting)

Mass clusters (or temporal clusters)

A greater than expected number of (suspected) suicides within a time period which are spread out geographically

Clusters involving a specific method of suicide

Sometimes clustering can involve a particular method of suicide. This can occur in both point and mass clusters

Echo cluster

A cluster occurring in the same location as a previous cluster, but some time later

[2] PHE (2019) Identifying and Responding to Suicide Clusters
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf

2.3 The PHE Guidance notes that 'multiple suicides' can describe a situation where more than one suicide occurs in close temporal and geographical proximity, but this may not necessarily be 'viewed as amounting to a cluster'. The guidance recommends establishing whether there are any connections between the deaths to identify whether there is any risk of contagion (spread of suicidal behaviour) and to identify any preventative actions. However, apparently unconnected multiple suicide deaths in a locality can have similar consequences (such as increasing risk of suicidal thoughts or behaviour in affected populations) to unconnected deaths.

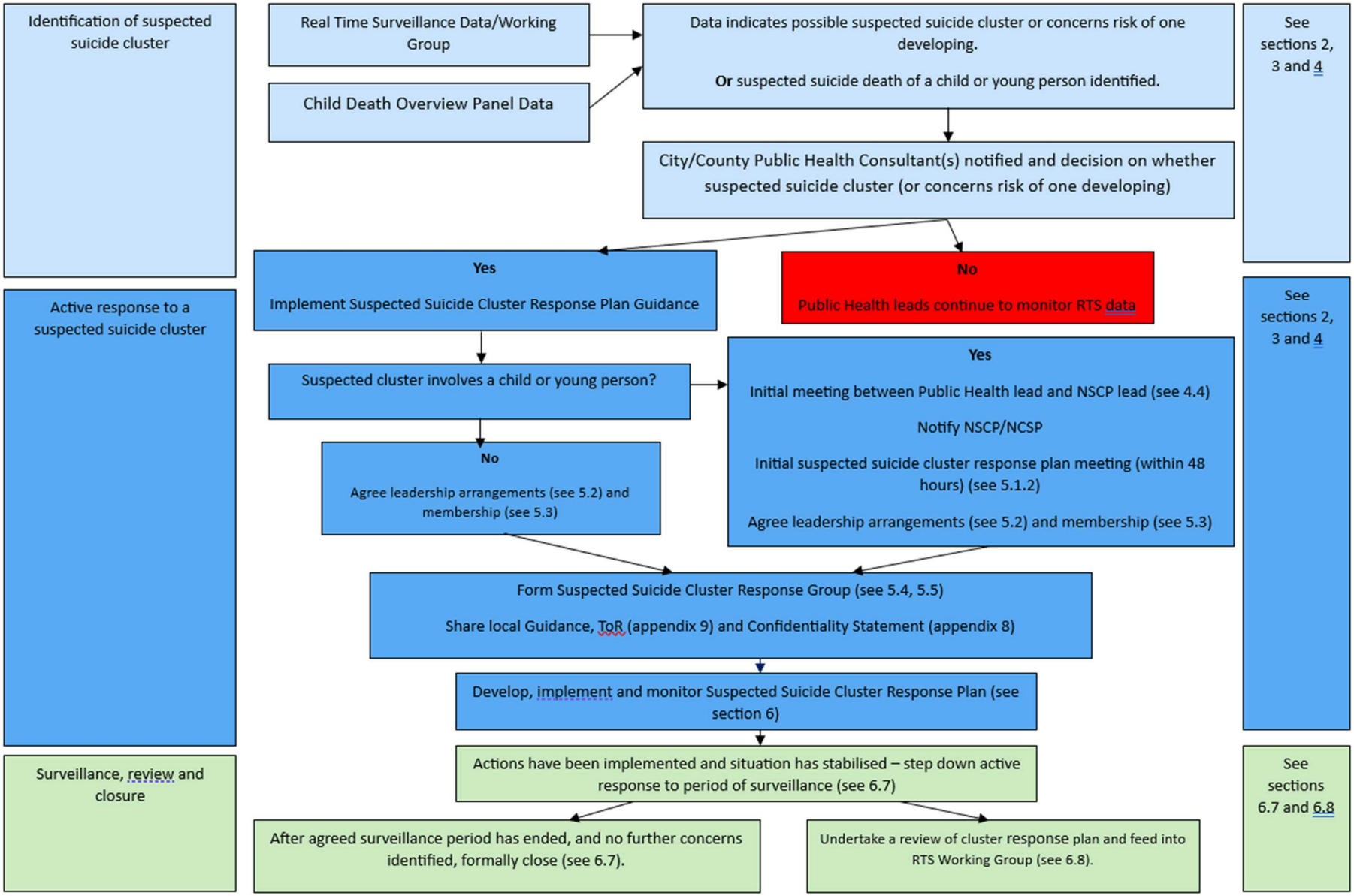
2.4 As set out in the PHE Guidance, 'identification of suicide clusters can be difficult in practice'. With regard to community based suspected suicide clusters, 'identification is best based on local impressions, although this needs to be done with caution'[3].

2.5 Where a suspected suicide cluster occurs that is linked to a public place, the response should also consider the PHE guidance on preventing suicides in public places: Suicide prevention: suicides in public places - GOV.UK (www.gov.uk). It can be difficult to distinguish between a suspected suicide cluster and a 'high-frequency' public place location. In this situation it is advised to utilise both the PHE Guidance on preventing suicides in public places and this Suspected Suicide Cluster Response Plan Guidance.

3. Multi agency partnership preparations in advance for a suspected suicide cluster

Figure 3 (below) outlines the different stages of a multi-agency partnership approach to identifying and responding to a suspected suicide cluster:

[3] Identifying and responding to suicide clusters (publishing.service.gov.uk)


Identification of suspected suicide cluster
Real Time Surveillance Data/Working Group
Child Death Overview Panel Data
Data indicates possible suspected suicide cluster or concerns risk of one developing.
Or suspected suicide death of a child or young person identified.
See sections 2, 3 and 4
City/County Public Health Consultant(s) notified and decision on whether suspected suicide cluster (or concerns risk of one developing)
Yes
Implement Suspected Suicide Cluster Response Plan Guidance
No
Public Health leads continue to monitor RTS data
Active response to a suspected suicide cluster
See sections 2, 3 and 4
Suspected cluster involves a child or young person?
Yes
Initial meeting between Public Health lead and NSCP lead (see 4.4)
Notify NSCP/NCSP
Initial suspected suicide cluster response plan meeting (within 48 hours) (see 5.1.2)
Agree leadership arrangements (see 5.2) and membership (see 5.3)
No
Agree leadership arrangements (see 5.2) and membership (see 5.3)
Form Suspected Suicide Cluster Response Group (see 5.4, 5.5)
Share local Guidance, ToR (appendix 9) and Confidentiality Statement (appendix 8)
Develop, implement and monitor Suspected Suicide Cluster Response Plan (see section 6)
Surveillance, review and closure
Actions have been implemented and situation has stabilised – step down active response to period of surveillance (see 6.7)
See sections 6.7 and 6.8
After agreed surveillance period has ended, and no further concerns identified, formally close (see 6.7).
Undertake a review of cluster response plan and feed into RTS Working Group (see 6.8).

3.1 Being Prepared

3.1.1 The PHE Identifying and Responding to Suicide Clusters and Contagion Guidance suggests that each Local Authority area should have an established Multi-agency Suicide Prevention Group, led by the Public Health suicide prevention lead.

3.1.2 In Nottinghamshire and Nottingham, the multi-agency Suicide Prevention and Self-Harm Strategic Steering Group is responsible for the development and implementation of a local suicide prevention strategy and action plan. This group is directly accountable to the Nottingham and Nottinghamshire Integrated Care System Mental Health Board. *The Steering Group has oversight of the local Real Time Surveillance Working Group (see 3.1.3) and will be responsible for signing off this local suicide cluster response plan guidance.*

3.1.3 The Nottingham and Nottinghamshire Real Time Surveillance (RTS) Working Group is responsible for the development and implementation of the Real Time Surveillance of Suspected Suicides and bereavement postvention pathways across Nottinghamshire and Nottingham City. The group is accountable to the Nottinghamshire ICS Mental Health Board and will report into the Nottinghamshire and Nottingham City Self-Harm and Suicide Prevention Strategic Steering Group (SHSPSSG). The RTS Working Group meets monthly to review data relating to suspected suicides. This data is used to identify any changes in trends to inform local suicide prevention responses and can be used to help identify suspected suicide clusters.

3.1.4 It is important that a plan is in place before a suspected suicide cluster occurs to facilitate a timely and coordinated response, to help prevent further deaths and ensure appropriate support is in place for individuals, groups and communities who may be affected. **This Guidance is our pre-prepared plan for responding to suspected suicide clusters and should be followed in the event of a suspected suicide cluster being identified.** A suspected suicide cluster response plan checklist is outlined in Appendix 3.

4. Identification of a suspected suicide cluster

4.1 Nottinghamshire County and Nottingham City Public Health teams monitor dedicated Real Time Surveillance email inboxes where data on suspected suicide deaths is reported by Nottinghamshire Police (weekly) and British Transport Police (typically within 24-hours of a death occurring). Data is reviewed regularly to identify any emerging issues or risks that require a response, including suspected suicide clusters.

4.2 Recent data submitted by Nottinghamshire Police and British Transport Police is reviewed by Public Health suicide prevention leads and recent history is considered to identify any patterns or trends or any indications of a potential cluster. If a pattern or trends appears to be emerging, a review of data further back is undertaken by the particular characteristic involved (e.g. geography, demographics, method). Should the available data indicate a potential suspected suicide cluster this will be escalated as quickly as possible to the Consultants in Public Health responsible for suicide

prevention. The Consultants will advise on whether to convene a Suicide Cluster Response Group and implement a Suicide Cluster Response Plan, based on Section 2 of this Guidance 'Definition of a Suspected Suicide Cluster' and 4.5.

4.3 If, through its usual business (see 3.1.3), the RTS Working Group identifies anything that is suggestive of a potential suicide cluster, this will be escalated to the Consultants in Public Health as quickly as possible. The Consultants will advise on whether to convene a Suicide Cluster Response Group and implement a Suicide Cluster Response Plan, based on Section 2 of this Guidance 'Definition of a Suspected Suicide Cluster' and section 4.5.

4.4 The Child Death Overview Panel (CDOP) and Nottinghamshire Safeguarding Children's Partnership (NSCP) are notified of any death of a child or young person who was a resident in the local area. Where there is a suspected suicide death of a child or young person, the CDOP/NSCP will notify the Public Health leads for suicide prevention and the County or City RTS inbox of the death as quickly as possible, and vice-versa. Where any suspected suicide death of a child or young person is identified, the CDOP Matrix and full Real Time Surveillance dataset must both be checked to look for any potential links with other deaths that may be linked and therefore may indicate a suspected suicide cluster (see Section 2 and 4.5).

An initial discussion will take place between the County or City Public Health lead for suicide prevention and the NSCP Development Manager to share relevant information on the suspected suicide death, details of any settings or groups that the child or young person attended or was part of, and any known information that indicates other people may be at risk. This discussion should consider the concerns that may indicate a suspected cluster (see 4.5 below) or risk of one developing. During this conversation it will also be confirmed that an appropriate agency in contact with the family has, or will, offer a referral to suicide bereavement support to the family, this may often be the Child Death Nurse who will be in regular contact with the family and aware of how to refer into the commissioned suicide bereavement support service. The perceptions of the family should be considered sensitively when agencies are offering referral to bereavement support, and it may be appropriate to refer to this as 'support following a sudden and unexpected death'.

4.5 When analysing the data, the following concerns that may indicate that there is a suspected cluster should be taken into consideration:

- More suspected suicides than expected within a time period within a **specific location.**
- More suspected suicides than expected within a time period which are **geographically widespread.**
- Suspected suicides involving **particular methods** of suicide.
- Suspected suicides linked to **particular community issues** or **social connections** within an area, for example veterans.
- Suspected suicides linked to people with **particular services** e.g. mental health services.

- Suspected suicides occurring in the **same location as previous clusters** but after some time.
- Single suspected suicides in **groups vulnerable to imitation** (for example, within a school, college, university or inpatient psychiatric unit) are of particular concern and require a preventative response. Where any suspected suicide death of a child or young person is identified, the CDOP Matrix and full Real Time Surveillance dataset must both be checked to look for any potential links with other deaths that have occurred recently or historically. **The PHE Guidance emphasises the importance of preventative responses after a single suicide in a group vulnerable to imitation (e.g. a school, further education college, university or inpatient mental health unit). See also section 5.6 of this guidance which relates to school settings. See also Appendix 7 of this guidance for the local 'Suspected suicide postvention protocol: Guidance for further and higher education settings in Nottingham and Nottinghamshire'.**
- Suspected suicide clusters may also be associated with increases in non-fatal self-harm.
- It is also important to consider suspected suicides that involve one or more of the above indicators (such as method and social connection) yet are geographically spread.

4.6 The characteristics of the individuals involved, and the nature of their deaths should be recorded in a template covering potentially important factors, to support identification of any potential links (See Appendix 1 and recording template in Appendix 2)[4], based on information provided by Nottinghamshire Police and British Transport Police in a timely manner. Recording information relating to the deaths in the template provides a level of accountability and an audit trial of decisions made. **The Nottingham and/or Nottinghamshire Consultant leads for Suicide Prevention will be consulted regarding any potential identification of suspected suicide clusters prior to action being taken** (see figure 3).

4.7 To determine appropriate level of concern it is important to establish the facts around suspected suicide/s. Conclusively identifying a cluster should not stand in the way of responding to concerns. Any concerns should be escalated, and a Suspected Suicide Cluster Response Group be formed where required.

4.8 Should a suspected cluster be identified, members of the RTS Working Group (and in the case of the death of a child or young person the relevant leads from the NSCP/NCSP) would be asked to provide any intelligence relating to non-fatal attempts or self-harm that might inform any investigations in relation to a potential cluster. Members of the RTS Working Group will also share any further intelligence from within their organisation that might add to the picture.

5. Response to a suspected suicide cluster

[4] There are plans to procure a data system to support local RTS work and once available will replace the use of the spreadsheet.

5.1.1 If a suspected suicide cluster is identified through RTS data (and/or CDOP/NSCP/NCSCP data in the case of a child or young person) and in consultation with Public Health consultants from Nottingham and Nottinghamshire, a Suspected Suicide Cluster Response Plan will be opened, and the following initial steps undertaken:

- The Public Health leads will assign the suspected suicide cluster a unique 4-character code that should be used in any record keeping or meeting invites to help maintain confidentiality.
- The Public Health leads will record all information, discussions and actions relating to the suspected suicide cluster on the appropriate templates (see Appendix 1, Appendix 2, Appendix 5 and Appendix 6).
- Continue or establish local surveillance (see section 4 and 6.2), including links with the Coroners' Office.
- Agree leadership arrangements (see 5.2, including for decision regarding leadership arrangements where a suspected suicide cluster involves the death of a child or young person).
- Convene a Suspected Suicide Cluster Response Group (see 5.3 for membership and identify additional membership required to respond appropriately to the nature of the suspected cluster).
- All regular members of the Suspected Suicide Cluster Response Group are required to read and sign the relevant local Information Sharing Agreement, once available. Ad-hoc members are asked to read the Statement of Confidentiality (Appendix B), and sign to confirm they understand and will comply with the requirements set out. Further information around data protection and confidentiality, including recognition that time sensitive responses / action may be required prior to ISA sign off, is set out in 6.3.
- Establish a single point of media contact (see 6.4) for the response to any media queries or interest. No proactive media communications should be undertaken but draft reactive media statements should be prepared in case they are required.
- Identify groups and individuals requiring bereavement support (see 6.5)
- Identify vulnerable groups and individuals and target measures to support them (see 6.6)
- Establish whole population wellbeing and suicide prevention awareness raising activity (see 6.6)
- Establish monitoring (see 6.7) and review processes (see 6.8)

5.1.2 **Initial Suspected Suicide Cluster Response Meeting where there are concerns around children and young people.**

The purpose of this meeting is to provide a strategic direction and decision making.

Immediate safeguarding concerns and support needs can be addressed, however a targeted meeting should be arranged to look at the needs of identified link children in more detail.

Targeted meeting to take place within 48 hours, to consider the support needs of any specific children or young people identified as being at risk. This initial meeting will be arranged by the safeguarding partnerships and relevant agencies (school/college/CAHMS/charity and voluntary sector) will be invited alongside representatives from the statutory safeguarding partners. This meeting will be chaired by a representative from the Independent Chair Service (Nottinghamshire).

5.2 Leadership

5.2.1 It is important to note that if a suicide cluster is identified involving children and young people under 18 years old, then there is an option for the Nottinghamshire Safeguarding Children Partnership (NSCP) or Nottingham City Safeguarding Children Partnership (NCSCP)[5] to take the leadership and ownership of the response. A discussion will be held between the relevant NSCP/NCSCP leads, Public Health leads and Public Health Consultant to determine and agree who will lead and own the response. Joint leadership and ownership may be determined to be appropriate.

5.2.2 Leadership responsibility for a local Suspected Suicide Cluster Response Plan rests with the local Public Health leads for suicide prevention and/or the NSCP/NCSCP where a suspected cluster involves the death of a child or young person (see also 5.2.1 above). The Suspected Suicide Cluster Response Plan will be led by either Nottinghamshire County Public Health (and/or NSCP in the case of a cluster relating to the death of a child or young person) or Nottingham City Public Health (and/or NCSCP in the case of a cluster relating to the death of a child or young person) depending on the location of death and/or area of residence.

5.2.3 Additionally, where there are concerns about suspected suicide clusters in educational, mental health settings, prisons or other institutions, the organisations concerned should have their own internal policies for responding to suspected suicides or unexpected deaths. However, it is important to recognise that a suspected cluster which occurs in an institutional setting may be part of a wider issue of suicidal behaviour in the local community. In such cases it is essential that clarity around the roles of the Public Health and organisational leads is established at a very early stage to avoid confusion or duplication.

5.3 Membership of Suspected Suicide Cluster Response Group

5.3.1 Where a suspected suicide cluster is identified that relates to adults (aged 18 or over) the role of the Suspected Suicide Cluster Response Group will be fulfilled by the existing Real Time Surveillance (RTS) Working Group, with additional membership as required (see 5.3.5). This is reflected in the Terms or Reference for the RTS Working Group. Any reference to the Suspected Suicide Cluster Response Group throughout this document refers to the RTS Working Group, where the potential cluster relates to adults.

[5] The decision on whether the NSCP, NCSCP or both will lead the suicide cluster response plan will be determined based on the location and/or place of residence of the children or young people involved.

5.3.4 If a potential suspected suicide cluster is identified that relates to both adults and children or young people (aged under 18) a case-by-case decision will be made on which group should take on the lead role of the Suspected Suicide Cluster Response Group.

5.3.5 Membership of the Suspected Suicide Cluster Response Group will be reviewed, and additional members invited dependent on the nature of the suspected cluster that has been identified. The following should be considered for membership of the Suspected Suicide Cluster Response Group:

- Public Health suicide prevention leads[6]
- Nottinghamshire Police
- British Transport Police
- Healthcare (e.g. Primary Care, mental health services. It may be appropriate to consider involving local GP practice representation where a suspected cluster is geographically based)
- ICB Designated Safeguarding Nurse and/or Doctor
- NSCP/NCSCP leads/Development Manager (City/County)
- Principal Educational Psychologist and/or Deputy Principal Educational Psychologist (City/County)
- Group Manager(s) for the relevant Educational Psychology Service(s)
- School or education provider, following consultation with Principal Educational Psychologist
- Local Authority media communications leads (where a suspected cluster relates to a child or young person, Children's Services will take the lead in media communications) Suicide lead from the local Office for Health Improvement and Disparities (OHID) / NHS England (NHSE).
- Local postvention suicide bereavement support service
- Other representatives from settings that reflect the nature and circumstances of the cluster depending on the nature of the suicide cluster. In the case of children and young people, this may include the school, college or university setting. A school or college setting should only be invited on to the Suspected Suicide Cluster Response Group after consultation with the appropriate Educational Psychology Lead.
- Appropriate District and Borough Wellbeing Leads
- Local Samaritans Branch Managers
- Where a death occurred in a public place, consider representation from organisations such as Network Rail, British Transport Police, National Highways, local highways/transport colleagues.
- Representatives from other Local Authorities, health authorities and Safeguarding Children Partnerships where there may be a cluster spanning across geographical boundaries.

[6] Depending on the location and/or place of residence of the people involved this will be either Nottinghamshire County Council suicide prevention leads, Nottingham City Council suicide prevention leads, or both.

5.3.6 Where feasible, the agencies listed above should be aware of and familiar with this local guide in advance of any potential cluster being identified. This will support a timely response should a suspected cluster be identified. It is recommended to share this guidance with members of the Suspected Suicide Cluster Response Group in advance of the first meeting.

5.4 Suspected Suicide Cluster Response Group Roles and Responsibilities

5.4.1 The Suspected Suicide Cluster Response Group is responsible for:

- Reviewing available information and intelligence to confirm whether it is likely a suspected suicide cluster has occurred/is occurring or that there may be a risk of one developing.
- Developing and implementing a Suspected Suicide Cluster Response Plan in line with this guidance.
- Ongoing surveillance of the situation and monitoring implementation of the Suspected Suicide Cluster Response Plan.
- Taking a decision on when to step down the active Suicide Cluster Response Plan to a surveillance phase (see 6.7).

5.4.2 The Public Health suicide prevention leads (where a suspected suicide cluster relates to adults) and/or CDOP/NCSCP/NSCP Leads (where a suspected suicide cluster relates to children and young people) are responsible for recording all information, actions and updates in the appropriate forms (see Appendix 1, Appendix 2, Appendix 5 and Appendix 6).

5.5 Initial Meeting of the Suicide Cluster Response Group

5.5.1 Where the suspected suicide cluster relates to young people, the NSCP/NCSCP leads will be responsible for arranging the meeting, for adults this will be the responsibility of the Public Health suicide prevention leads.

5.5.2 There is a standard Terms of Reference and draft agenda for any Suspected Suicide Cluster Response Group (see Appendix 9). The Terms of Reference set out the purpose of the Group.

5.5.3 For the initial meeting of the Suicide Cluster Response Group:

- Ensure members of the Suspected Suicide Cluster Response Group are informed of and understand the need for confidentiality and that no information shared within the meetings is to be shared or discussed further. Ensure that members of the Suspected Suicide Cluster Response Group have access to and have signed the ‘Statement of Confidentiality’ and agree the process for return of signed copies (see 6.3 and Appendix 8). The ‘Statement of Confidentiality’ should be circulated to members in advance of the first meeting.
- Ensure members of the Suspected Suicide Cluster Response Group have access to this Suspected Suicide Cluster Response Plan Guidance.
- Ask organisational attendees to have gathered relevant information and intelligence in advance for discussion at the response meeting.

- Agree chairing arrangements.
- Agree terminology (see Appendix 3) to use within the meeting.
- Share the Terms of Reference for the Suspected Suicide Cluster Response Group (see Appendix 9).
- Assimilate the relevant information from partners at the first meeting to confirm if there is a suspected cluster or concerns that there may be risk of one developing.
- Agree support mechanisms for families, those within the organisation (for example, students, staff) and affiliated external agencies that may be affected (for example, sports clubs, music societies). It is important to avoid duplication and support provision should be as systematic as is possible.
- Identify a single point of access within the partnership/organisation to link with families as required. This is **not** required where a suspected cluster relates to children as this is picked up through separate processes.
- Identify a single point of access within each partnership/organisation for internal feedback, concerns etc.
- Identify and mobilise local organisations which could provide support.
- Confirm with group members who has been identified as the single point of access for media/external enquiries and share contact details. This would ordinarily be the Local Authority Communications Team. In the case of a suspected cluster involving the death of a child or young person, the Children's Services Communications Team will be the single point of access for media/external enquiries.
- Agree frequency of regular meetings to monitor concerns and implementation of the Suspected Suicide Cluster Response Plan.
- Request additional support; the Public Health suicide prevention lead should be able to mobilise and provide contacts through the multi-agency Self-Harm and Suicide Prevention Steering Group for local organisations which could provide support both in the immediate and longer term.

5.6 School and Other Education Settings

5.6.1 Where an unexpected or unexplained death occurs within a school setting, the Educational Psychology Service will be notified of the death and contact the school to offer support.

5.6.2 In some cases, the school may decide to implement a critical incident response and rapid support will be provided by the Educational Psychology Service.

5.6.3 The Educational Psychology Service provides a wide range of publicly available guidance and quality assured resources that include guidance relating to suicide and self-harm, and loss and bereavement. These resources for Nottinghamshire can be accessed at East Midlands Education Support Services: https://em-edsupport.org.uk/Page/7730 and Nottingham City resources can be accessed here: https://www.nottinghamcity.gov.uk/information-for-residents/children-and-families/educational-psychology/

5.6.5 The Samaritans has useful guidance for schools and colleges in preparing for and responding to suicide deaths ('Help when we need it most: how to prepare for and respond to suicide in schools and colleges'). This may also be applicable to other

educational settings including universities. The local 'Suspected suicide postvention protocol: Guidance for further and higher education settings in Nottingham and Nottinghamshire' should be referred to in relation to suspected suicide clusters in further and higher education settings and is available in Appendix 7. The Samaritans Step by Step service provides practical support to help schools prepare for and recover from a suspected or attempted suicide, Further information is accessible here: https://www.samaritans.org/how-we-can-help/schools/step-step/. The guidance and further information on the Step by Step service are included in Appendix 7.

5.6.6 In Nottingham City, SHARP, CAMHS and Nottingham City Council have produced guidance; 'Responding to a death resulting from a significant act of self-harm: Critical Response Team Guidance'. The latest version at the time of writing is embedded into Appendix 7.

5.6.7 This Suspected Suicide Cluster Response Plan Guidance does not replace any of the processes or systems in place within schools to respond to the death of a pupil by suspected suicide.

5.7 Other Settings

5.7.1 The PHE Guidance includes information and guidance relating to suspected suicide clusters in mental health settings and universities and should be referred to in these circumstances: Identifying and responding to suicide clusters (publishing.service.gov.uk).

6 Suspected Suicide Cluster Response Plan

6.1 Formation of a Suspected Suicide Cluster Response Plan

6.1.1 The Suicide Cluster Response Group are responsible for developing, implementing and monitoring a Suspected Suicide Cluster Response Plan in line with this Guidance. The PHE Identifying and Responding to Suicide Clusters and Contagion guidance suggests that a Suicide Cluster Response Plan should consist of the following structure:

- Surveillance
- Information sharing
- Media Issues
- Bereavement Issues
- Prevention
- Monitoring and Reviewing

6.1.2 Appendix 5 outlines a suggested checklist and record of the actions taken and decisions made by the Suspected Suicide Cluster Response Group in forming a Suspected Suicide Cluster Response Plan.

6.2 Surveillance

6.2.1 Should a suspected suicide cluster be identified, it is important to identify appropriate sources of information and mechanisms for surveillance to quickly identify any further deaths that may occur that may be linked to the cluster.

6.2.2 As set out in 4.1, suspected suicide deaths are reported to Public Health by Nottinghamshire Police and British Transport Police. Public Health leads for suicide prevention monitor and review RTS data regularly. When a suspected suicide cluster has been identified, the Public Health leads will review RTS data to identify any key factors relating to the suspected suicide cluster (for example geographical area, method, setting) and note these on the 'RTS Log of Discussions, events, clusters and actions' spreadsheet. RTS data will be monitored for any further suspected suicide deaths that have a similarity to the key factors identified.

6.2.3 The Suspected Suicide Cluster Response Group should be asked to report any new information or intelligence relating to the suspected suicide cluster to the appropriate RTS inbox (phrts@nottscc.gov.uk for Nottinghamshire County and rtsss@nottinghamcity.gov.uk for Nottingham City) as soon as they are aware.

6.2.4 Where a suspected suicide cluster relates to the death of a child or young person, NSCP/NCSP will continue to monitor reports of child deaths for any further suspected suicide deaths that have a similarity to the key factors identified.

6.2.5 Surveillance should be continued for the duration that the Suspected Suicide Cluster Response Plan is open/active. As set out in 6.7, following a formal decision by the Suspected Suicide Cluster Response Group to step-down an active Suspected Suicide Cluster Response Plan to a surveillance phase, data monitoring should continue for a period of at least 12-months. Data on occasions/dates such as a funeral, inquest or anniversary of a death should be closely monitored.

6.3 Information sharing and confidentiality

6.3.1 The reporting or sharing of information relating to suspected suicide deaths should be handled sensitively and appropriately. Evidence suggests that there are links between certain media depictions of suicide and increased suicide rates. Inappropriately sharing information related to or details of suspected suicide deaths (including methods, locations and other details) and suspected suicide clusters can inadvertently increase risk of suicide and suicidality, particularly among groups who may be vulnerable to imitation or who may be experiencing suicidality themselves.

6.3.2 It is the responsibility of the Chair of the Suspected Suicide Cluster Response Group to ensure that all members are aware of and understand the need for confidentiality. All information shared within the meeting and any minutes or information shared with members outside of the meeting must remain confidential and not be shared or distributed. This should be confirmed at the start of each meeting. Any written minutes, agendas or information should be marked as confidential and avoid use of identifiable information relating to individuals or the nature of the cluster. **All members of the Suspected Suicide Cluster Response Group should read and sign the 'Statement of Confidentiality' (see 6.35 and Appendix 8).**

6.3.3 Having an Information Sharing Agreement that is signed by all members is best practice in Information Governance for regularised information sharing. Nottinghamshire County and Nottingham City Public Health teams are finalising an Information Sharing Agreement that members of the RTS Working Group will be asked to sign up to. The Information Sharing Agreement will link to this local suspected suicide cluster response plan guidance and incorporate the functions of the Suspected Suicide Cluster Response Group and the Suspected Suicide Cluster Response Plan. The Information Sharing Agreement will be embedded in Appendix 8 once it is finalised.

6.3.4 Identifying and responding to suspected suicide clusters is not deemed to constitute **regularised** sharing of information and is a time limited response to a specific event/risk and therefore not all members or organisations are required to have signed the Information Sharing Agreement. It is likely that some members of/organisations represented on a Suspected Suicide Cluster Response Group will **not** be part of the regular sharing of information through RTSSS and are therefore not required to sign the Information Sharing Agreement. These members/organisations will have been invited to the Group due to potentially having access to information relating to the specific suspected suicide cluster of concern or being able to support with identification and/or implementation of actions within the Suspected Suicide Cluster Response Plan. Due to the nature of a suspected suicide cluster and the need for a timely response to prevent risk of further contagion, it is not viable or feasible for all members/organisations of the Suspected Suicide Cluster Response Plan to have signed the Suspected Suicide Cluster Response Plan Information Sharing Agreement.

6.3.5 In advance of the first meeting of a Suspected Suicide Cluster Response Group, all members should be asked to read and sign the **Statement of Confidentiality for Members of a Suspected Suicide Cluster Response Group in Nottingham and Nottinghamshire.** All members of any Suspected Suicide Cluster Response Group are required to read and sign the 'Statement of Confidentiality' prior to engaging with the Suspected Suicide Cluster Response Group. Both the Information Sharing Agreement (once finalised) and the Statement of Confidentiality are embedded in Appendix 8 to this guidance.

6.3.6 All partner organisations are recognised as Data Controllers for the information shared within a Suicide Cluster Response Group, and as such they have duties to ensure that personal and confidential information is managed appropriately and in accordance with Data Protection legislation.

At all times, data sharing and confidentiality best practice will be followed: however, it is recognised that the need to convene the Suspected Suicide Cluster Response Group, in a timely manner, with the objective of preventing further deaths or significant harm, will override the need for partners to first sign up to the local Information Sharing Agreement.

6.4 Media Issues

6.4.1 As set out in 6.3.1, the reporting or sharing of information relating to suspected suicide deaths should be handled sensitively and appropriately. Evidence suggests that there are links between certain media depictions of suicide and increased suicide rates. Conversely, more positive media coverage, such as stories about people who overcome suicidality, may be associated with preventing suicide[7].

6.4.2 It is essential that there is a single point of media contact as part of the Suspected Suicide Cluster Response Plan. Usually, the Media Communications Lead is from the Local Authority[8]. In the case of a suspected cluster involving the death of a child or young person, the Children's Services Communications Team will be the single point of access for media/external enquiries.

6.4.3 It is essential that an approach should be planned from an early stage for responding to the media to ensure reporting is in line with the with the Independent Press Standards Organisation Guidance on Reporting Suicide: www.ipso.co.uk/member-publishers/guidance-for-journalists-and-editors/guidance-on-reporting-suicide.

6.4.4 It is usual practice that no pro-active media communications should be undertaken, but a draft reactive media statement should be prepared in case it is required. If there are circumstances that suggest a pro-active media communications statement is required, this should be carefully considered, and a separate media planning meeting should be arranged for discussion and decision making. Example draft reactive statements are available from the Public Health leads for suicide prevention. As required, the single point of media contact should work with media to facilitate understanding of role in prevention. The Samaritans media team Mediaadvice@samaritans.org are a useful point of contact and able to engage with local media where concerns in reporting are identified.

6.4.5 Further information is also available within The Samaritans media reporting guidelines: https://www.samaritans.org/about-samaritans/media-guidelines/

6.4.6 Any harmful online content relating to the suspected suicide cluster can be reported to onlineharms@samaritans.org and the site or platform hosting it. It can also be reported here: Report Harmful Content - We Help You Remove Content **It is important not to raise the profile of potentially harmful online content**. The Samaritans has a range of useful guidance and information and resources relating to online harms:

- Guidance for practitioners | Internet, Suicide and Self-harm (samaritans.org)
- Responding to online activity around suicide and self-harm (samaritans.org))
- Samaritans' Online Safety Advisory Service
- Talking to your child about self-harm and suicide content online | Online Safety Resources | Samaritans

6.4.7 See also Appendix 4 for further information.

[7] Identifying and responding to suicide clusters (publishing.service.gov.uk)

[8] This will be the lead within Nottinghamshire County Council or Nottingham City depending on the location of death and/or area of residence.

6.5 Bereavement Support

6.5.1 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'[9]. When considering support, it is important that individuals and groups that may need support and those that may need more intensive help are identified early in the process. Support should also be tailored and sensitive to the nature of the suspected suicide cluster.

6.5.2 The Integrated Care Board currently commission The Tomorrow Project to provide a postvention suicide bereavement service. The Tomorrow Project provide specialist postvention bereavement support services to *anyone* affected by suicide including friends, family, professionals and others. The primary route of referral is via Nottinghamshire Police, but people can also self-refer or be referred by any other professional.

6.5.3 Should a suspected suicide cluster be identified, The Tomorrow Project will be able to provide support to anyone who is affected by the death. The role of the Suspected Suicide Cluster Response Group is to identify whether any individuals, groups or settings should be provided with targeted postvention interventions and by which organisation.

6.5.4 The primary route into bereavement support for Next of Kin is via Nottinghamshire Police or British Transport Police who are responsible for making these referrals as soon possible. The role of the Suspected Suicide Cluster Response Group will be to check these referrals have been offered, made and received and to consider wider individuals and/or groups who would benefit from bereavement support and identify how contact can be made and referrals made. Consideration should be given to:

- Wider family
- Partners and ex-partners
- Friendship groups and associates
- Workplaces or educational settings
- Passers-by/witnesses
- People who live in affected places of residence or contained communities such as supported accommodation or student settings.
- Professionals who may have been affected.

6.6 Prevention

6.6.1 Whilst bereavement support is concerned with helping people bereaved and directly affected by suicide, prevention is concerned with promoting wellbeing and help-seeking and preventing self-harm and suicide in the wider community or setting. It is

[9] Andriessen K. (2009) Can postvention be prevention? Crisis; 30: 43-7.

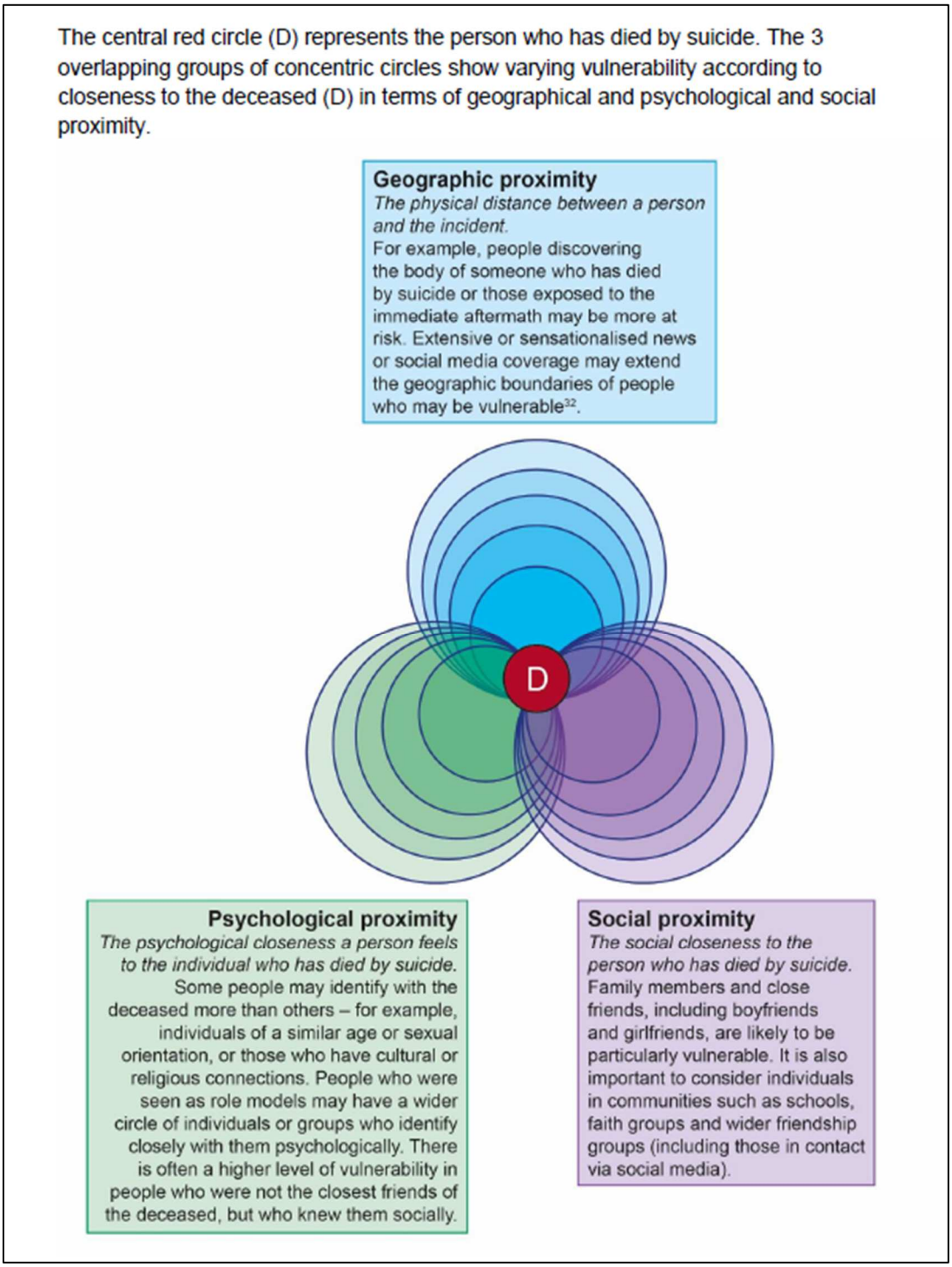
also important to consider the wider and longer-term needs of the local community in relation to prevention[10].

6.6.2 When considering prevention, the Suspected Suicide Cluster Response Group need to consider the identification of individuals and groups at risk. A useful model for considering those at increased risk following a suspected suicide is the Circles of Vulnerability Model in Figure 4. The model is based on the idea that every suicide is like a stone cast into a pool of water – ripples spread out across the pool all the way to the edge, but the effects are larger closer to the point of impact. Vulnerability can be thought of in terms of concentric circles and, more specifically, in terms of interlocking circles representing 3 axes: geographical proximity (the physical closeness or distance to the incident), social proximity (the social closeness or distance to the person who has died by suicide) and psychological proximity (how close or distant someone relates psychologically to the person who has died by suicide).

6.6.3 Being able to undertake analysis to identify potential individuals or groups at risk is dependent on sufficient information being provided by Nottinghamshire Police, British Transport Police and other partners.

[10] www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health

Figure 3: ***Circles of Vulnerability***



6.6.4 Individuals who may be at increased risk include those who:

- Are suffering from depression or other mental illness, are misusing substances or who have a sense of hopelessness.
- Engage in self-harming behaviour.
- Feel responsible for the death, or who may be subject to allegations as a result of the death.

- Feel a sense of closeness to or psychological identification with the deceased.
- Already have experience of suicide or self-harm in family or friends.
- Lack family or social support.
- Have a history of adverse childhood experiences.

6.6.5 A practical approach to identifying and prioritising people at risk and then identifying appropriate interventions and support is using a vulnerability matrix. These matrices can be populated by the Suspected Suicide Cluster Response Group members to help map and record interventions (Appendix 6 and Appendix 2). This will reduce risk of duplication and help to identify gaps and ongoing need. The vulnerability matrix should be seen as a live document which can provide real-time information about bereavement support and prevention activities. Vulnerability matrices can also be used to identify and support community resilience and protective factors, such as informal social support networks. Being able to undertake analysis to complete a vulnerability matrix is dependent on sufficient information being provided by Nottinghamshire Police, British Transport Police and other partners.

6.6.6 Prevention activities should be considered that are appropriate to the particular suspected suicide cluster and the potentially vulnerable individuals and groups identified. Some potential preventative activities to be considered (please note this is not an exhaustive list) include:

- Increasing communications and awareness of mental wellbeing and suicide prevention and encouraging help-seeking in the population of concern.
- Any community outreach that can be undertaken by partners.
- Any interventions that may help reducing access to means.
- Any training that could be provided to organisations or businesses who may be able to act as a possible point of intervention.
- Reducing access to harmful online content and/or increasing online safety.

6.7 Monitoring and closing a Suspected Suicide Cluster Response Plan

6.7.1 Suspected suicide Cluster Response Plans should remain active while concern regarding a suicide cluster is current and while actions within the plan are being implemented.

6.7.2 When actions have been implemented and the situation stabilised decision to step-down the active response to a period of surveillance should be made by the Suicide Cluster Response Group. At this point a review of the Suicide Cluster Response Plan should also be undertaken (see 6.8 below).

6.7.3 Following the decision to step-down the active response to a surveillance phase, it is recommended that focused data monitoring relating to the suspected suicide cluster continues for a period of at last 12-months, this time frame should be agreed by the Suicide Cluster Response Group. The scope and frequency of focused RTS data monitoring related to the Suicide Cluster Response Plan will be agreed on a case-by-case basis by the Suicide Cluster Response Group. In relation to suspected suicide clusters involving children or young people, when a decision is taken to close a suicide

cluster, a lead professional should be identified who will be in a position to maintain a link with settings/families and be aware of future key dates such as anniversaries of deaths. Data on occasions/dates such as a funeral, inquest or anniversary of a death should be closely monitored where known. Surveillance will be undertaken and the Public Health leads for suicide prevention using RTS data. Members of the Suicide Cluster Response Group should be encouraged to report any new significant concerns that may indicate a need to re-open or review the Suspected Suicide Cluster Response Plan to the RTS inboxes (phrts@nottscc.gov.uk for Nottinghamshire County and rtsss@nottinghamcity.gov.uk for Nottingham City).

6.7.4 After the agreed surveillance phase has ended and should no additional concerns be identified during the surveillance phase, the Suspected Suicide Cluster Response Plan will be formally closed by the Public Health leads for suicide prevention. This will be confirmed at the next RTS Working Group.

6.8 Review

6.8.1 Once the active cluster response has been stepped down to the surveillance phase a review of the Suicide Cluster Response Plan should be undertaken. It is recommended that any key leads for the cluster response meet to review the development and implementation of the plan against this guidance. Learning points and any suggestions for improvements should be noted and shared with the Nottinghamshire County and Nottingham City Public Health leads for suicide prevention.

6.8.2 Where the learning points or suggested improvements suggest an urgent need to update this guidance is required, the Public Health leads for suicide prevention will update this guidance as soon as possible and share the updated version with the RTS Working Group and Suicide Prevention and Self-Harm Strategic Steering Group for approval.

6.8.3 Where the learning points or suggested improvements do not require an urgent update to this guidance, they will be collated and considered for an annual review of this guidance.

Revision history	**Author/Lead**	**Date**
Final V1	Matthew Osbourne	December 2020
Final V2	Matthew Osbourne	14th December 2020
Final V4 (Figure 3 amended)	Matthew Osbourne	2nd March 2021
V5 2022 Update	Lucy Jones/Jane O'Brien	17th May 2022
FINAL 2022	Lucy Jones/Jane O'Brien	6th July 2022
Updated 12/07/22 – Templates in appendixes updated to reflect detail in guidance more closely	Lucy Jones	12th July 2022
V6 2024 Update	Lucy Jones	12th August 2024

Appendix 1

Template to record details and circumstances of death and relevant individual characteristics

Note: Completed templates should be stored securely.

	Person A	Person B	Person C
Name			
Gender			
Ethnicity			
Sexuality			
Relationship Status			
Employment			
Date of death			
Date of birth and age			
Mode of death			
Location of death			
Message of intention			
Home address			
Clubs			
Faith groups			
GP			
Previous suicide attempts			
History of suicide attempts / self-harm			
Bereaved by suicide			
Contact with mental health services			
Past mental health problems			
Known to any other services			
Connections to other descendants			
Any known connections between the deaths			
Possible triggers for suicides / antecedents			
Family issues / circumstances			
Record of comments indicating why this is or is not a suicide cluster			

Actions to take forward

Appendix 2 – Excel Template for recording details and circumstances, actions, vulnerability matrices

Note: Completed templates should be stored securely.

Blank Template RTS Cluster Response

Appendix 3 – Terminology to use when talking about suicide, suicidality and self-harm

The PHE Guidance Identifying and responding to suicide clusters (publishing.service.gov.uk) recognises that terms such as 'suicide cluster' and 'contagion' can induce feelings of anxiety and may be seen as insensitive to bereaved families. The Suicide Cluster Response Plan Group should consider terminology to be used and ensure consensus and consistency of language used.

It is important to use appropriate and current language when talking about suicide, suicidality and self-harm. The following slide would be useful to share with the Suicide Cluster Response Plan Group and any new members to the group:

Helpful Terminology

Appendix 4 – Guidance on Reporting Suicide in the media

Independent Press Standards Organisation's guidance on reporting suicides:

www.ipso.co.uk/member-publishers/guidance-for-journalists-and-editors/guidance-on-reporting-suicide

In addition, 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

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 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

Appendix 5 – Suicide Cluster Response Plan Checklist and Records of Actions and Decisions Made

Note: Completed templates should be stored securely.

Convene Suicide Cluster Response Group meeting	**Status**
Record details of the meeting (Date, time, Membership)	
Agree and sign Information Sharing Agreements / Statement of Confidentiality	
Record members of the group who have read and signed local Information Sharing Agreements / Statement of Confidentiality	
Agree leadership arrangements	
Assess the relevant information from partners at the meeting to decide if there is a cluster or concerns that there may be risk of one developing	
Record discussions and decisions in the assessment of whether there is a cluster or concerns that there may be risk of one developing.	
Media Issues	
Record the Media Communications Lead of the Suicide Cluster Response Group and details of the media approach to responding	

Bereavement support and signposting are offered to family and friends of the deceased	
Identify vulnerable individuals and groups using the Circles of Vulnerability model as a guide (Figure 4 and Appendix 4)	
Identify target prevention measures and establish whole population wellbeing and suicide prevention awareness.	
Agree monitoring and review arrangements, including ongoing suicide surveillance	
Ensure support is in place for staff providing bereavement support activity	
Agree ongoing monitoring the situation	
Outline plans for stepping down the Suicide Cluster Response Group	

Appendix 6 – Blank templates for vulnerability matrices

Note: Completed templates should be stored securely.

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 those 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.**				
Circles of Vulnerability: Individual or Groups	**Description of risk**	**What has been done to help this person**	**What remains to be done**	**Comments**

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 those 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.**				
Circles of Vulnerability: Individual or Groups	**Description of risk**	**What has been done to help this person**	**What remains to be done**	**Comments**

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 group 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 higher level of vulnerability in people who were not the closest friends of the deceased, but who knew them socially.				
Circles of Vulnerability: Individual or Groups	**Description of risk**	**What has been done to help this person**	**What remains to be done**	**Comments**

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 group 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 higher level of vulnerability in people who were not the closest friends of the deceased, but who knew them socially.				
Circles of Vulnerability: Individual or Groups	**Description of risk**	**What has been done to help this person**	**What remains to be done**	**Comments**

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)				
Circles of Vulnerability: Individual or Groups	**Description of risk**	**What has been done to help this person**	**What remains to be done**	**Comments**

Appendix 7 – Samaritans Schools and College Guidance, Step by Step Service, CAMS and Sharp Guidance and Suspected suicide postvention protocol: Guidance for further and higher education settings in Nottingham and Nottinghamshire.

Samaritans Schools advice 2018.pdf

Step by Step service A4_Final WEB.PDF

CRITICAL RESPONSE TO SUICIDE (FINAL D

Suspected suicide postvention protocol

Appendix 8 – Information Sharing:

- **Real Time Surveillance Information Sharing Agreement**

  To be added when finalised.

- **Statement of Confidentiality for Members of a Suspected Suicide Cluster Response Group**

Statement of Confidentiality

Appendix 9 – Suspected Suicide Cluster Response Group Terms of Reference and Agenda

Cluster Response ToR

SSCRG Agenda