

BRIEFING: RESPONDING TO SUICIDE CONTAGION AND CLUSTERING

In response to the widespread and sensationalised reporting of cases of suicide in Cork City in recent weeks, the National Suicide Research Foundation, on behalf of the HSE's National Office for Suicide Prevention, has prepared a briefing for media professionals, health and community based services.

Based on suicide figures, published by the Central Statistics Office, the number of suicides in Cork City over the last five years ranged from 22 in 2010 to 16 in 2014 (latest confirmed CSO figures). In terms of rates per 100,000, this equals to 18.9 per 100,000 in 2010 to 16.1 per 100,000 in 2014. The rates in Cork City are higher compared to the national suicide rates: 2010: 10.9 per 100,000; 2014: 10.0 per 100,000, and lower compared to other areas in Ireland, for example Limerick City and Limerick County. However, it is important to consider the difference in population size when comparing regional to national rates.

A cluster is defined by Public Health England as '*a situation in which more suicides than expected occur in terms of time, place, or both*' (Public Health England, 2015). A suicide cluster usually includes three or more deaths; however, two suicides occurring in a specific community or setting and short time period should also be taken very seriously in terms of possible links, particularly in the case of young people. Often, suicide contagion can be the starting point of a suicide cluster. The impact of suicide contagion and suicide clusters can be devastating on families and communities.

CURRENT SITUATION IN CORK: RESPONSE PLAN

In response to an emerging suicide cluster in Cork City, the Health Services Executive has implemented a coordinated plan which includes providing relevant support services to the community. At the same time, cases of suicide are being verified and links between the cases are being examined.

UNSUBSTANTIATED FIGURES

A key element of the response plan is verification of the accuracy of the number of suicide cases and examination of the links between the cases. In this regard, the number of '16 suicides in Cork City since the start of November' as quoted repeatedly in the media, is not substantiated by the facts. The factual information indicates to 3 cases of suicide in Cork City since the start of November.

The National Suicide Research Foundation has reviewed the international research literature with regard to responding to suicide contagion and clustering.

Based on this, important elements of the HSE's response plan in Cork include:

- A coordinated multidisciplinary approach in terms of required interventions in schools and relevant community services.
- Pro-actively offering support to family members, friends and colleagues of the deceased.
- Information gathering about high-risk individuals and service use trends.
- Offering awareness and training workshops to community services, local gatekeepers and members of the general public.
- Informing and addressing the media, and reinforcing the importance of adherence to [media guidelines for reporting of suicide](#). The media guidelines apply to both traditional media and social media outlets.

- Strengthening the implementation of the response plan through support from the local government.
- On-going monitoring and evaluation of the implementation of the response plan.

MEDIA REPORTING

In terms of media reporting, there is a need for sensitive and factual reporting in order to minimise harm and increase awareness:

- The graphic nature of reporting and the reporting of specific details of the methods involved can trigger copycat cases: the effects of exposure on suicidal behaviour and violence are well-documented.
- There is a risk that sensationalised media reporting of suicide clusters can distort the facts.
- Media professionals should consider the vulnerable reader who might be in crisis when they read the story: coverage should not be glorified or romanticised, should emphasise consequences of the event for others, and list sources of help, including Samaritans: 116 123, Aware: 1800 80 48 48, Childline: 1800 66 66 66
- For guidelines on best practice consult Samaritans and IAS' Media Guidelines for Reporting Suicide at: www.samaritans.ie/mediaguidelines

With regard to responding to suicide clusters, in 2011 the National Office for Suicide Prevention published guidelines for responding to situations of emerging suicide clusters, based on international evidence and best practice. The guidelines document underlines a pro-active approach in that each local health area needs to prepare a response plan that can be activated when these very tragic situations occur.

Moreover, in recent times, updated evidence based guidelines have been published internationally. Links to relevant publications are listed below:

Suicide prevention: identifying and responding to suicide clusters (Public Health England) - <https://www.gov.uk/government/publications/suicide-prevention-identifying-and-responding-to-suicide-clusters>

Developing a community plan for preventing and responding to suicide cluster (LIFE, Australia) - <http://livingisforeveryone.com.au/uploads/docs//Community%20Plan.pdf>

Considering that suicide clusters are relatively rare, it would be important to conduct independent in-depth investigations of each case in order to improve our knowledge of risk factors and patterns, which will contribute to enhanced risk assessment and prevention of similar cases in the future.

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