

Updated and Expanded CDC Guidance for the Identification and Response of Suicide Clusters

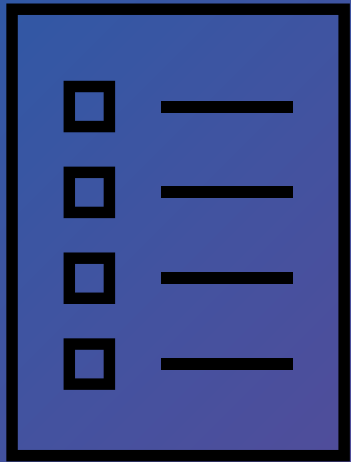
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Agenda



- **Background**
- **Process for development**
- **Content of papers**
- **Next steps**
- **Discussion**

Background

Suicide Cluster Definition

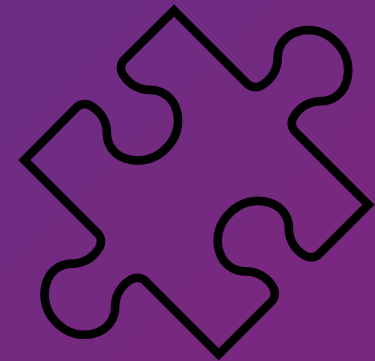
A group of suicides or suicide attempts that occur closer together in time and/or space than would normally be expected in a given community

- Rare
- Small proportion of overall deaths by suicide
- Potential negative effects on community

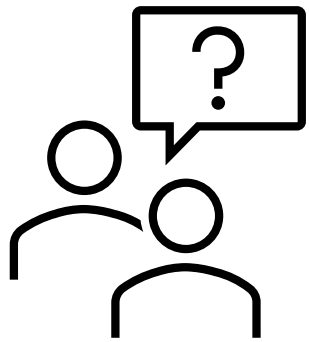
Methodological Challenges

- **Selection Bias**
- **Limited opportunities for comparison groups**
- **Small numbers**
- **Absence of standard definitions and analytic testing**

These challenges make comparing and combining reports and papers difficult.



Causes of Suicide Clusters Not Well Understood



- Risk factors
- Reports from various populations and settings
- Concern about “contagion”

Influence of Media

- + **Copycat behavior**
- + **Papageno Effect**
- + **Recommendations for reporting on suicide**

Media can have negative or positive affect.



Existing CDC Recommendations

CDC recommendations for a community plan for the prevention and containment of suicide clusters.

O'Carroll, P. W., Mercy, J. A., & Steward, J. A. (1988). *Morbidity and Mortality Weekly Report: Supplement*, 37(S6), 1-12.

There was a need to update this document to account for the current state of science and public health practice.

Process

Information Gathering

- Literature Review
- Environmental Scan
- Media Review
- Input from Subject Matter Experts



Literature Review on Suicide Clusters



+ **Focus on:**

- Identification of clusters (N=33)
- Risk and protective factors (N=67)
- Social Media (N=33)
- Response (N=71)

+ **Sources of articles**

- PubMed, GoogleScholar, ProQuest, JSTOR
- NCIPC's Clusters website
- Subject matter experts

Environmental Scan



- + **Internal Epidemiologic Assistance (Epi-Aid) reports**
 - 8 reports from 2004-2018

- + **U.S. media reports from 2017-2022**
 - Google News
 - 14 relevant articles about clusters in cities, counties, and universities

Input from Subject Matter Experts - Participants



- + **Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO)**
- + **Comprehensive Suicide Prevention (CSP)**
- + **Injury Control Research Centers (ICRCs)**

- + **CDC's Center of Surveillance, Epidemiology, and Laboratory Services**
 - National Syndromic Surveillance System

- + **Health Departments that requested NCIPC suicide Epi-Aids**

- + **Social media analysis experts**

Input from Subject Matter Experts - Discussion Topics



- + **Initial alert of potential suicide cluster**
 - Use of syndromic surveillance data
- + **Experience investigating or researching**
 - Challenges
- + **Community response**
 - Partnerships
 - Lessons learned
- + **Use of social media**
 - Identification of clusters
 - Tool for the response

MMWR Supplement

Considerations



+ Key references:

- Centers for Disease Control. (1990). **Guidelines for investigating clusters of health events.** MMWR Recomm Rep, 39, 1-23.
- Abrams B, et al. (2013). **Investigating suspected cancer clusters and responding to community concerns: guidelines from CDC and the Council of State and Territorial Epidemiologists.** MMWR: Recomm Rep, 62(8), 1-24.

+ Addition of assessing and investigating suicide clusters

+ Updated guidance on responding by community

MMWR Supplement: 3 Papers

Audience: Those responsible for assessing, investigating, and responding to suicide clusters (e.g., state and local health departments)

1. Background and Rationale: Suicide Clusters and CDC Guidance on Investigating and Responding
2. Assessment and Investigation of Suspected Suicide Clusters
3. Community Response to a Suicide Cluster

Background and Rationale: Suicide Clusters and CDC Guidance on Investigating and Responding

- + **Introduction to supplement**
- + **Overview of suicide clusters**
- + **About the papers in the supplement**
- + **Process**

First paper in MMWR Supplement

Assessment and Investigation of Suspected Suicide Clusters

- + **Notification of suspected cluster**
- + **Assessment**
 - Preliminary
 - Formal
- + **Investigation of cluster**

Second paper in
MMWR Supplement

Notification of Suspected Cluster

- Initial signal that there may be a problem



+ External channels

- E.g., Local community partners, schools, hospitals

+ Internal channels

- E.g., Tracking and monitoring systems

+ Lead Agency

- Often state or local health department

+ Suicide Cluster Liaison

- Main point of contact

+ Suicide Cluster Coordinating Committee

- May include representatives from state and local agencies, subject matter experts, community partners, local coalition members, mental health organizations

Assessment (Preliminary)

- Do we need to look into this more?



- + **Begin understanding if this is a true cluster**
- + **Collect initial information about the suspected cluster**
 - Source of information for this notification
 - Suspected number of cases
 - Perceived time period and geographic scope
 - Other initial information that may be concerning such as known relationship among cases, common precipitating circumstances or events
- + **Convene Coordinating Committee**
 - To decide if a more extensive formal assessment is needed

Assessment (Formal)

Is this a true increase in cases and a true cluster?



- + **Determine case definition and time frame**
- + **Identify data sources**
 - Death certificates
 - State Violent Death Reporting System
 - Coroner/medical examiner reports
 - Emergency department/Syndromic/Hospitalization data
 - State and local crises lifeline data (e.g., 988)
- + **Use analytic methods to test if increase is real**
- + **Decide whether to conduct an investigation**

Investigation

What are the potential commonalities or precipitating circumstance of cases that can inform a community response?

- + **Develop and implement investigation plan**
 - Objectives and hypotheses
 - Study design
 - Data sources and data collection
 - Comparison group
 - Critical variables: demographics, risk factors (individual-, relationship-, community-levels)
 - Analysis plan
- + **Report findings to inform public health action and community response**

Community Response to a Suicide Cluster

- + **Preparation**
- + **Direct Response**
- + **Action for Prevention**

Third paper in
MMWR Supplement

Preparation

- To lay groundwork for direct response



+ For consideration:

- Review guidance, develop standing community-specific response plan
- Engage partners on coordinating committee
- Identify relevant community resources
- Determine when a response plan should be implemented

Direct Response

- To support those still at risk and those affected by current cluster

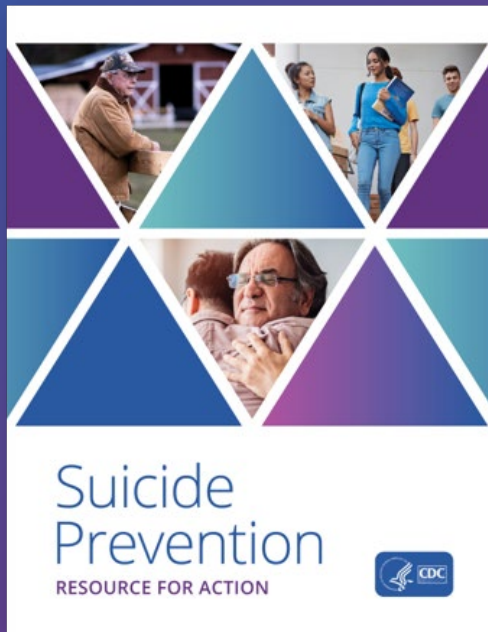


+ For consideration:

- Notify and prepare the identified groups
- Identify, screen, and refer those at high risk
- Avoid glorifying and minimize sensationalism
- Provide timely, accurate, appropriate information to the media
- Consider relevance and impact of social media

Action for Prevention

- To help prevent the next cluster



+ For consideration:

- Change elements in the environment
- Address long-term issues
- Conduct an evaluation of the response

<https://www.cdc.gov/suicide/resources/prevention.html>

Next Steps

Acknowledgements

- Asha Ivey-Stephenson
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- External subject matter experts
- Ross Strategic

Discussion Questions

Discussion Questions for BSC

- + **How should we best engage with partners and disseminate this supplement?**
- + **What materials related to this supplement would be useful to develop for communities?**
- + **What other resources beyond this supplement might be needed by communities? Specific populations to target?**
- + **Is there feedback or experiences on the use of social media as a tool for suicide or other topic areas?**



Thank you!



The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

