

## Editorial

# Effective Interventions to Deal with a Suicide Cluster Should be Included in Every National Suicide Prevention Strategy

Mohsen Rezaeian<sup>1</sup>

1- (Corresponding author) Department of Epidemiology and Biostatistics, School of Health, Occupational Environment Research Center, Rafsanjan University of Medical Sciences, Rafsanjan, Iran, E-mail: moeygmr2@yahoo.co.uk

**Cite this article as:** Rezaeian Mohsen. Effective Interventions to Deal with a Suicide Cluster Should be Included in Every National Suicide Prevention Strategy. *J Suicid Prevent.* 2024; 6: 1-2. e2024001

\*This work is published under CC BY-NC-SA 3.0 license.

In the early days of this New Year, I was notified about a suicide cluster in a small city in the western part of Iran. There was evidence that in December 2023 five teenagers took their own lives in a short period of time using the same method. Unfortunately, information published in the local media not only mentioned precise details about the deaths, such as the location of suicide and the method used, but also included the names and relationships between the people who formed the cluster. This caused a profound crisis in the local community.

At the first possible opportunity and with the help of the Iranian Scientific Society for Suicide Prevention (ISSSP), I held a webinar in which nearly four hundred participants from different regions of Iran, including the city authorities, participated. In this webinar, I set out the most important and basic points about how to recognize and deal with a suicide cluster. Furthermore, through analysis of the news published in the local

media, I explained how to correctly report suicide news, especially when faced with a possible suicide cluster.

Given the lack of written Persian information on this topic, I wrote and published relevant guidance [1] based on the available international literature [2-6]. Using different social networks, I sent the guidance to colleagues around the country, including those in the city in crisis, and asked them to respond to the suicide cluster in accordance with the recommendations set out in the document. Although I have received positive feedback about both the guidance and the webinar, the effectiveness of these inputs in responding positively to the cluster has yet to be demonstrated.

The occurrence of this cluster and its consequences reminded me of two important issues. Firstly, a suicide cluster, even when involving only a small number of suicide cases, can quickly create a crisis in a local community, especially if the deaths occur among children and young people and the community has no

specific response plan. Secondly, and unfortunately, research also reveals that, in most suicide prevention programs and strategies implemented worldwide [7-10], the very important issue of suicide clusters has not been given sufficient attention.

There is one further issue. Reports about suicide clusters in scientific publications mostly describe examples from high-income countries [11-14]. My personal experience has alerted me to the fact that suicide clusters may occur even more intensively and frequently in low- and middle-income countries. However, these clusters are often not recognized, not sufficiently investigated and not reported in the scientific literature. Therefore, I would like to emphasize that a comprehensive suicide prevention strategy, especially one developed and implemented in a low- and middle-income country, should include a special component on how to recognize and deal with a possible suicide cluster.

## Reference

- [1] Rezaeian M. How to Detect and Confront with a Suicide Cluster? *JRUMS* 2024; 22 (10):1121-30.
- [2] Hill NTM, Robinson J. Responding to Suicide Clusters in the Community: What Do Existing Suicide Cluster Response Frameworks Recommend and How Are They Implemented? *Int J Environ Res Public Health* 2022; 19(8): 4444.
- [3] Hawton K, Hill NTM, Gould M, John A, et al. Clustering of suicides in children and adolescents. *Lancet Child Adolesc Health* 2020; 4(1): 58-67.
- [4] Haw C, Hawton K, Niedzwiedz C, et al. Suicide clusters: a review of risk factors and mechanisms. *Suicide Life Threat Behav* 2013; 43(1): 97-108.
- [5] Cox GR, Robinson J, Williamson M, et al. Suicide clusters in young people: evidence for the effectiveness of postvention strategies. *Crisis* 2012; 33(4): 208-14.
- [6] Rezaeian, M. Suicide clusters: introducing a novel type of categorization. *Violence and Victims* 2012; 27(1): 125-32.
- [7] World Health Organization. *Preventing Suicide: a Global Imperative*. World Health Organization: Geneva, Switzerland. 2014.
- [8] Hegerl U, Wittmann M, Arensman E, et al. The 'European Alliance Against Depression (EAAD)': a multifaceted, community-based action programme against depression and suicidality. *World J Biol Psychiatry* 2008; 9: 51-58.
- [9] Clinical Care and Intervention Task Force, National Action Alliance for Suicide Prevention. *Suicide care in systems framework*. Washington, DC: National Action Alliance for Suicide Prevention, 2011.
- [10] Ridani R, Torok M, Shand F, et al. *An evidence-based systems approach to suicide prevention: guidance on planning, commissioning, and monitoring*. Sydney: Black Dog Institute, 2016.
- [11] Yeung CY, Men VY, Guo Y, et al. Spatial-temporal analysis of suicide clusters for suicide prevention in Hong Kong: a territory-wide study using 2014-2018 Hong Kong Coroner's Court reports. *Lancet Reg Health West Pac* 2023; 39: 100820.
- [12] Lu FW, Conway E, Liang YL, et al. Space-time self-harm and suicide clusters in two cities in Taiwan. *Epidemiol Psychiatr Sci* 2023; 32: e37.
- [13] Swedo EA, Beauregard JL, de Fijter S, et al. Associations Between Social Media and Suicidal Behaviors During a Youth Suicide Cluster in Ohio. *J Adolesc Health* 2021; 68(2): 308-16.
- [14] Hill NTM, Spittal MJ, Pirkis J, et al. Risk factors associated with suicide clusters in Australian youth: Identifying who is at risk and the mechanisms associated with cluster membership. *EClinical Medicine* 2020; 29-30: 100631.