

Sedgwick County Suicide Prevention Coalition

Suicide Cluster Response Plan

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I. Introduction

Suicide clusters among teenagers and young adults in Sedgwick County have prompted intense concern among parents, students, school officials and others affected by the suicides in our community. During these crises, community leaders are faced with the difficult tasks of both working to prevent expansion of the cluster and managing the current crises. In response to these concerns, the Sedgwick County Suicide Prevention Coalition has developed this guide to help community leaders proactively respond to suicide clusters or situations that might develop into suicide clusters.

According to the Center for Disease Control, a suicide cluster is defined as suicides or attempted suicides that occur closer together in space and time than is considered to be usual in a community. Both national evidence and local experience suggests that exposure to suicide increases suicide risk for some susceptible individuals. Suicides occurring later in clusters are influenced by the previous suicides. National data suggests that suicide clusters account for as many as 5% of completed suicides among young persons (CDC, 1998).

If you know or suspect that a suicide cluster is occurring in your community, please **contact COMCARE's Crisis Intervention Services immediately at 316-660-7500 (Available 24 hours a day, 7 days a week)**.

- II. The response to a suicide cluster should involve all concerned sectors of the community and should be coordinated by a coordinating committee, which manages the day-to-day response to the crisis.
- A. The Sedgwick County suicide cluster prevention and response team (coordinating committee) shall be comprised of the following:
- 1) Director of COMCARE Crisis Services – Jason Scheck
 - 2) Director of Via Christi Behavioral Health Assessment Center– Susan Bumsted
 - 3) Community Liaison – Liz McGinness
 - 4) Law Enforcement – Jeffery Harris
 - 5) Media Liaison – Bev Baalman
- B. Under the direction of the Director of Crisis Intervention Services, the Sedgwick County Suicide Prevention Coalition shall be responsible for housing and updating the Cluster Plan. The designated host agency shall be COMCARE of Sedgwick County. As a part of the coordinating committee, a designated Coalition member shall have the following responsibilities:
- Call the initial meeting of the coordinating committee in the event that a crisis occurs so that these recommendations can be implemented and reflect the particular resources and needs of the community.
 - Establish a notification mechanism by which the agency would be made aware of a potentially evolving suicide cluster. (See emergency contact information)

- Convene the coordinating committee when it appears that a suicide cluster is occurring, or when it is suspected that a cluster may occur due to the influence of one or more recent suicides or other traumatic deaths. At this initial meeting, the members of the coordinating committee could decide whether to implement the community response plan and how extensive the response needs to be.
- Maintain the suicide-cluster-response plan. The coordinating committee should meet quarterly to assure that the plan remains operational.
- Revise the community plan periodically to reflect new knowledge in the field of suicide prevention, the community's experiences in using the plan, and changes in the community itself.

III. In the onset of a suicide cluster, the following community resources have been identified.

- 1) Emergency Communications – (9-1-1)
- 2) COMCARE 24-Hour Crisis Intervention Services/Suicide Prevention Services
934 N. Water, Wichita, Kansas
(316) 660-7500
Phone and walk-in services, 24 hours a day, 7 days a week
Additional language services available
- 3) Via Christi Regional Medical Center – Assessment Center
St. Joseph Campus
3600 E. Harry
Wichita, KS 67218
(316) 689 – 4850
- 4) Prairie View Intake and Assessment
Psychiatric Hospital, Partial Hospital, Outpatient Services
1901 E. First St., P.O. Box 467, Newton, KS 67114-0467
(316) 284-6400

IV. The response plan should be implemented under either of the two following conditions:

- A. When a suicide cluster occurs in the community; that is, when suicides or attempted suicides occur closer together in space and time than is considered by members of the coordinating committee to be usual for their community. (CDC, 1998)
- B. When one or more traumatic deaths occur in the community, especially among adolescents, which may potentially cause a contagion. A contagion is a phenomenon which occurs when "susceptible persons are influenced towards suicidal behavior through knowledge of another person's suicidal acts." (National Strategy for Suicide Prevention: Goals and Objectives for Action. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2001).

V. If the response is to be implemented, the first step should be to contact and prepare the various groups identified above.

While critical community resources have been identified, it is of the utmost importance that the roles and responsibilities of each resource are defined. Once the expectation of each agency is made clear, it is the responsibility of each agency to create a point of contact within their respective agency in the event that a suicide cluster should occur. As roles are assigned, the coordinating committee should maintain a contact list comprised of the individuals that will be involved in the process.

The coordinating committee is responsible for training persons involved in the response. When working in a high stress environment, unforeseen challenges may arise. To avoid these challenges, each person involved in the response should undergo training to clarify their role and address potential obstacles. Once training has taken place, it is the responsibility of the coordinating committee to make contact with agencies when necessary. To keep this process up to date, an inventory of available community resources must be taken annually by the coordinating committee to ensure an effective and timely response.

VI. The crisis response should be conducted in a way that avoids glorifying the suicide victims and minimizes sensationalism.

In the event of a suicide, established processes and procedures should be reviewed. For example, many schools have established procedures for how to address suicide. This plan seeks to enhance current responses and is intended to provide support to the processes that are already in place.

VII. Persons who may be at high risk should be identified and have at least one screening interview with a trained counselor or staff member; these persons should be referred for further counseling as needed.

- Because the coordinating committee's role is to provide support, the appropriate contact person shall make contact as requested by those closest to the incident. A plan for communication shall be developed and implemented including an assessment of risk and a response to that risk.
- The persons identified at risk of harming themselves should be communicated with by trained staff to assess for suicidal ideation. Community resources such as COMCARE Crisis (660-7500) should also be provided to persons identified at risk. It is important that persons identified be made aware of additional community support. In addition, please note that special precautions are necessary when working with youth. Parents and guardians must be consulted in situations involving youth.
- Suicide prevention training shall be provided to staff persons involved with the effected establishment. Staff should be given an opportunity to express grief and given direction on what to do if they are concerned. Staff should also be given training and information on typical reactions of persons who are grieving.
- For persons who have attempted or were hospitalized due to suicidal ideation, a plan should be made to support their return to the community. As persons reintegrate, assistance and support shall be provided when appropriate.

VIII. A timely flow of accurate and appropriate information should be provided to the media.

In this plan, all media contact should be funneled through the Suicide Prevention Coalition Media Liaison. In a suicide response, it is critical that one clear message is sent. For this reason, this plan calls for one contact person for the media. The media contact person will be responsible for consultation, coordination, and education. The designated media person shall be Bev Baalman, also referred to as Media Liaison. (see contact information below)

- Bev Baalman
Sedgwick County Suicide Prevention Coalition Media Liaison
625 N. Main
Phone: 316- 660-7652

IX. Assess elements in the environment that might increase the likelihood of further suicide attempts and address issues suggested by the nature of suicide.

As the coordinating committee oversees the implementation of the plan, the committee shall address issues suggested by the nature of a suicide cluster. Possible issues include social and economic disparity and/or distinct traits of a community/environment that make those most at risk feel isolated. As issues are identified and addressed, it will be important for the Suicide Prevention Coalition to engage the community and increase awareness of the dangers of suicide clusters.

Attachment

While resources identified in the plan represent primary emergency responses in the event of a suicide cluster, the CDC recommends that the following community resources be identified as they may have a non-emergent role in a suicide cluster response.

A. Hospitals and Emergency departments

- Via Christi Hospital
3600 E Harry
Wichita, KS 67218
(316) 268-5000
- Via Christi Behavioral Health
8901 E. Orme
Wichita, KS, 67207
(316) 858-0333

B. Local Academic Services

- KU School of Medicine-Wichita
1010 N. Kansas
Wichita, KS 67214
(316) 293-2635
kusmw@kumc.edu
- Wichita State University
1845 Fairmount St
Wichita, KS 67260
(316) 978-3456
www.wichita.edu

C. Clergy (contact Sheriff's Office Chaplain by calling 9-1-1 or recommended clergy member of affected community)

D. Parent groups (Parent groups should be identified based upon the community where the suicide cluster incident occurs)

E. Other Hotlines

- [Center for Community Support and Research](#) (formerly Self-Help Network)
(316) 978-3843
1-800-445-0116
Information and referral services of Kansas self help groups
8:00AM - 5:00PM Monday-Friday

- Youth Crisis Center
(316) 943-2243
1-800-332-6378
Phone crisis counseling for youth, 24 hours a day, 7 days a week
- [Teen Heartline](#)
24 hours a day - 7 days a week
(316) 683-7777
- United Way of the Plains
(316) 264 - 1321
Information and Referral Services – 2-1-1
Open Monday-Friday, 8 a.m. – 5p.m.
- American Association of Suicidology
National Suicide Prevention Lifeline
1 800-273-TALK (8255)

F. Survivor groups

- Three Trees
Tallgrass Executive Park
8100 E. 22nd St. North
Bldg 800, Ste. 100,
Wichita, KS 67226.
Phone 316-263-3335
For more information, visit www.threetrees.org
- Compassionate Friends
Sunflower Chapter TCF
Burt and Mary McClard
(316) 721 – 5308 for more information on meeting times
- Good Grief of Kansas Inc.
Suicide Loss Group
2622 W. Central, #B112
Wichita, KS 67203
Phone 316-612-0700

G. Students (Students and/or student groups should be identified and utilized on a case-by-case basis)

H. Police (If available, school resource officers and local law enforcement)

I. Media contact

- Bev Baalman
Suicide Prevention Coalition Media Liaison
625 N. Main
Phone: 316- 660-7652

J. Representatives of education, public health, mental health, and local government, if not already on the coordinating committee

- Sedgwick County Suicide Prevention Coalition
Phone: (316) 660-7652