Postvention: A Community Response after a Sudden Death or Suicide

Individual, Family, and Community Healing

An SPRC/AFSP Best Practice Program

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Introductions & Schedule for Training
Core Principles

• Suicide is a **public health** problem.

• Helping survivors of suicide loss **deal with the loss and grief in an appropriate way** is important for everyone.

• Taking **the right action** after a suicide can be prevention for future suicides.

• **Suicide prevention extends far beyond youth**, across the entire lifespan.

• **Cultural factors** are important to consider.

• **Awareness and communication** between individuals and systems will aid postvention and prevention efforts.
Suicide as a Public Health Issue

- 1999 Surgeon General’s Report
- 2001 and 2012 National Strategy for Suicide Prevention
- 2014-2019: State GLS Grant awarded to Oregon Public Division
- 2014: Legislation mandating an OR youth suicide plan
- 2015: SB 561 Postvention Legislation
- 2016: The Oregon Alliance to Prevent Suicide created
- 2016-2020: Oregon Youth Suicide Prevention Plan

https://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/index.aspx
OR Health Authority - Connect Postvention County Initiatives for Suspected Suicides and Postvention Procedures SB 561
Goals of the Training

• **Module 1:** Gain an awareness of the **impact of suicide and risk of contagion** on survivors of suicide loss and communities.

• **Modules 2A & B:** Understand the **grief** that results after a suicide for individuals, families, and for communities. Learn ways to **strengthen coping** for oneself and/or others after a loss.

• **Module 3:** Identify **protocols and best practices for communication after a suicide** to insure immediate and follow-up response across a community.

• **Module 4:** Review **warning signs for promoting postvention as prevention** for individuals at risk.
Disclaimer

For community members, judgment regarding the safety and well-being of a person at risk for suicide is the responsibility of the individual or group assisting that person.

This training is not intended to be a substitute for a professional evaluation of any individual at risk for suicide.

A referral to qualified professionals should be made whenever there is a concern about someone who is suicidal.
Impact of Suicide
Social-Ecological Model

Society
Community Village Tribe
Family Peers Clan
Individual

Connect Training Professionals & Communities in Suicide Prevention & Response
The “S” Word:

Why Don’t We Talk About It?
The Impact of Suicide: Recognizing Risk and Contagion
Module 1

*Data about Suicide
*Postvention Concepts
*Impact on Survivors of Suicide Loss
Suicide is a Profound Loss

• All of us have been touched by loss at some point in our lives.

• **If you are a survivor grieving a suicide, you are not alone.** Many people have experienced a loss from suicide, and there are resources for survivors of suicide loss.

• If you find that the following information brings up painful emotional memories, take care of yourself and seek support that would be helpful to you.
POSTVENTION

• A **planned response** after a suicide to help with healing and reduce risk of further suicide incidents.

• Knowing someone who has died by suicide increases our risk for suicide.

• How a suicide is handled affects the risk factors for others, especially teens.
Postvention Response

Media coverage after a high profile death or attempt

Directed toward school or “community” impacted by incident

Targets a first “circle” of friends & family

Universal

Selective

Indicated
Working with Individuals, Families, and Communities can Reduce Risk and Promote Healing

Postvention Becomes Prevention

Postvention Becomes Prevention
The Extent of Loss

• Nationally, there are over 45,000 confirmed suicide deaths each year.
• Veterans account for over 8,800 suicides annually.
• Someone attempts suicide every minute in the United States.
• Someone dies by suicide every 12 minutes.
• Suicide death can have serious impact on family, friends, fellow service members, providers, and military/civilian community members.
# Oregon: Leading Causes of Death 2013-2017

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Source: CDC WISQARS, 2013-2017
Oregon Suicide Deaths by Age Group: 2013-2017

Data Source: CDC WISQARS – 2013-2017
*Categories containing fewer than 10 deaths are suppressed by the CDC
Oregon Suicide Rate (per 100,000) by Age Group: 2013-2017

Data Source: CDC WISQARS – 2013-2017
*Categories containing fewer than 10 deaths are suppressed by the CDC
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Source: CDC WISQARS 2013-2017
American Indian/Alaska Native Suicide Deaths, 2013-2017

Data Source: CDC WISQARS – 2013-2017
*Categories containing fewer than 10 deaths are suppressed by the CDC
American Indian/Alaska Native Suicide Rates, 2013-2017

Data Source: CDC WISQARS – 2013-2017
*Categories containing fewer than 10 deaths are suppressed by the CDC
Health Care and Suicide Deaths

(Ahmedani, 2014) www.zerosuicide.sprc.org

Percent of People Who Died by Suicide Who Received Care

<table>
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<tr>
<th>Type of Visit</th>
<th>Health care visit within year prior to death</th>
<th>Health care visit within month prior to death</th>
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<tr>
<td>Any Healthcare Visit</td>
<td>83%</td>
<td>50%</td>
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<tr>
<td>Any Mental Health Visit</td>
<td>45%</td>
<td>24%</td>
</tr>
<tr>
<td>Visit to Primary Care Provider*</td>
<td>64%</td>
<td>21%</td>
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</table>

*Visit not related to mental health or chemical dependence
Issues Related to Suicide Death

- Investigations
- Communication
- Suicide Contagion
- Suicide Cluster
- Copy-Cat Suicides
- Suicide Pacts
Cause and Manner of Death

- Under State law, most unexpected deaths may be investigated.
- Law enforcement and a Medical Examiner may respond to the scene of death.
- The scene of the death is considered a crime scene until evidence determines otherwise.
- The Medical Examiner may remove the body for the purpose of conducting an autopsy.
- The family may need assistance with clean up after the body is removed
- Official determination of death can take 4-6 months.
Speaking about the Death in Public

Balance between two important principles:

- **Respect for family’s right to privacy**
  - When a family is able to be open about a death being a suicide, this may help schools and/or communities offer resources to reduce risk.

- **Responding to suicide as a public health issue**
  - Being open about the suicide can also guide funeral activities, which can have a healing effect and help reduce risk.
Exposure to a suicide may influence others (who may already be at risk) to take their life or attempt suicide.

Having known someone who dies by suicide is one of the most significant risk factors for suicide.

Teens and young adults are more at risk for contagion.

Sensational media reports and inappropriate funeral services may contribute to contagion.
Types of Contagion

Cluster

Numerous suicides in a region where the victims shared similar characteristics.

Copy-Cat

A suicide that copies the same characteristics of another suicide, e.g. same song playing, same means of death, etc.

Suicide Pact

An agreement by two or more individuals to die by suicide.

Positive Action: All of the above can create stress for community members. Proactive planning and resources can help.
Case Scenario

• At a K-8 school, a 7th grade student died of a “possible” suicide. Official determination of death could take months. The family denies that it is a suicide (though first responders indicate it is probable). In the meantime, the school staff and students and community members are trying to deal with the loss of the student and the uncertain manner of death.

Positive Action: Steps to promote healing and reduce risk can be taken regardless of public acknowledgement of the death as a suicide.
Suicide, Mental Health, and Stigma

- About 90% of people who die by suicide have some type of mental health and/or substance use problem.

- Suicide and mental health problems often have stigma. This can result in:
  - Secrecy about the death and issues prior to the death
  - Isolation and guilt for survivors of suicide loss
  - Blame for the death
  - Lack of support from others
# Increased Risk Factors for Suicide

Compared to the general population, individuals with a history of...

<table>
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<th>Condition</th>
<th>Suicide Risk</th>
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<td>Prior Suicide Attempt</td>
<td>Almost 40 times greater than the expected rate</td>
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<tr>
<td>Major Depression</td>
<td>20 times greater than the expected rate</td>
</tr>
<tr>
<td>Mixed Drug Abuse</td>
<td>19 times greater than the expected rate</td>
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<tr>
<td>Bipolar Disorder</td>
<td>15 times greater than the expected rate</td>
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<tr>
<td>Opioid Abuse</td>
<td>14 times greater than the expected rate</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>Almost 12 times greater than the expected rate</td>
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<td>Panic Disorder</td>
<td>10 times greater than the expected rate</td>
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<tr>
<td>Schizophrenia</td>
<td>Almost 9 times greater than the expected rate</td>
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<td>Alcohol Abuse</td>
<td>Almost 6 times greater than the expected rate</td>
</tr>
<tr>
<td>Cannabis Abuse</td>
<td>Almost 4 times greater than the expected rate</td>
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*Note: There are other conditions, such as eating disorders and co-occurring disorders, which also can convey great risk, though not included in this study.*

The Loss from Suicide

“Suicide is a death like no other... and those who are left behind to struggle with it must confront a pain like no other.”

Survivors of Suicide Loss

• The term survivor is used for family, friends and co-workers who have lost a loved one to suicide

• In an average 12 month period in the US:
  – 21 million people will know of someone who died by suicide
  – 16 million people will know someone who died by suicide
  – 3 million people will have an immediate family member or relative die by suicide

Crosby & Sacks, (2002). *Suicide and Life Threatening Behavior*
The Impact of not Talking About Suicide

- Survivors of suicide loss feel isolated, blamed.
- People who are affected may not seek support.
- People who are vulnerable may be at greater risk.
- Facts may be replaced by rumors.
- The stigma of suicide reinforces the silence around suicide.

Positive Action: Acknowledging that the death is a suicide promotes healing and minimizes risk.
Summary: Module 1

• Suicide is the 8\textsuperscript{th} leading cause of death for all OR residents, ages 10-64.

• Knowing someone who has died by suicide increases our risk for suicide.

• \textbf{Providing support} to survivors of suicide loss will reduce risk and promote individual and community healing.

• \textbf{Encourage help-seeking} and treatment for mental health and substance use problems.
Understanding and Coping with Grief in Individuals and Families

Module 2A
Grief is a Complex Process

• Length and expression of grief may vary by individual.

• Grief responses may differ depending on the age of the person bereaved by loss.

• How a community responds can help or block the healing process.

• Cultural norms and practices are important to acknowledge when dealing with grief.
Cross-Cultural Considerations

Cultural Norms of Grief in Response to Death

- Discomfort with expression of emotion; personal need to control emotions; individualized mourning

- Food offerings honor the bond between the living and the dead ancestors

- Funerals experienced as key rituals and social gatherings
Sitting shiva, or 7 days of mourning, with family members staying together at home; joyous gatherings may be avoided for up to one year after death.

Extended period of time with constant presence of family and friends.

Expression of grief more personal, less shared; “There is no death, just a change of worlds.” (Showalter)
Military Culture

- Military OneSource: 1-800-342-9647
- [www.militaryonesource.com](http://www.militaryonesource.com)
- Tragedy Assistance Program Services (TAPS): 1-800-959-TAPS
- Department of Veteran Affairs and Vet Centers
Military Culture

• Military has vast experience dealing with tragic and untimely combat deaths.
• Units/fellow Service Members are tight knit and respond like extended family in tragedy.

• Fellow Service Members may feel a need to demonstrate strength, i.e. “stiff upper lip” response.
• Leaders may feel responsibility for the death.

• Policies guide military honors and funerals.

• Family ties to the military may be very unclear after a death.
More on Military Culture

- **Warrior Ethos**
  - I will always place the mission first
  - I will never accept defeat
  - I will never quit
  - I will never leave a fallen comrade

- **Air Force Core Values**
  - Integrity First
  - Service Before Self
  - Excellence in All We Do

- To survive in combat must detach from emotions
- To function at home must deal with emotions
- Death before dishonor
Lesbian, Gay, Bisexual, Transgender (LGBT)

**LGBT Resources**
- Trevor Helpline 24/7: 1-866-4u-TREVOR (488-7386)
- Lesbian and Gay National Hotline: 1-888-843-4564
- GLBT Helpline: 1-888-240-GLBT (4528)
- “Suicide Risk and Prevention for LGBT Youth” at [www.sprc.org](http://www.sprc.org)
- Family Acceptance Project: [www.familyproject.sfsu.edu/](http://www.familyproject.sfsu.edu/)
LGBT Considerations


- This research warrants the need to address misinformation and to follow Safe Messaging guidelines.

- High risk factors for LGBT:
  - Knowing someone who has attempted or died by suicide
  - Victimization/Hate crimes: bullying, harassment, violence
  - Living out of home: homeless, runaway, foster care, juvenile justice system
  - Family rejection

- Youth who are rejected from their families for sexual orientation/gender identity issues are more likely to attempt suicide (8.4X), to be depressed (5.9X), to abuse illegal substances (3.4X), and to engage in unprotected sex (3.4X). (Source: Ryan, C. et al. (2009). Pediatrics)

  Family Acceptance Project, San Francisco State University
Youth Culture

- Response to grief may have extremes.
- May fear loss of control over emotions.
- Vulnerable youth who express grief together may intensify each other’s emotions.
- Grief and loss may be viewed in a competitive, judgmental manner among peers.
Models for Understanding the Grief Process
Kübler-Ross: Grief and Loss

- **Denial:** “It didn’t happen; this can’t be real.”
- **Anger, Resentment:** “Why did this happen to me?”
- **Bargaining:** “I would give anything to have her back.”
- **Depression:** Deep feelings of sadness and despair. “It should have been me.”
- **Acceptance:** “I will find a way through this.”
TEAR Model

- **To** accept the reality of the loss
- **Experience** the pain of the loss
- **Adjust** to the new environment without the person
- **Reinvest** in the new reality

Developed by Reverend Howard Gorle at The Bereavement & Crisis Centre, Ontario
Addressing Grief at Different Ages
Grief in Younger Children

- Afraid to go to sleep/afraid of the dark
- Afraid to be separated from family
- Do not understand the permanency of death
- May be sad one moment, playing the next

Positive Actions:
- Maintain regular sleep/eating routines.
- Stress that the death is not their fault.
- Separate the idea of “death” from “sleep”.
- Give information at an age-appropriate level.
How do we Explain Suicide to a Child?

• “He had an illness in his brain (or mind) and he died”.

• “The brain is an organ in the body just like the heart, liver, and kidneys. Sometimes it can get sick, just like other organs”.

• “She had an illness called depression. Like most illnesses, people can get treatment and stay well. But sometimes, people either don’t get help or they might not get better. It is always important to ask for help when we need it.”
Grief in Teens & Young Adults

- May memorialize the person through themselves or other objects
- May glorify the person
- May fantasize about their own death
- Will often intensify each other’s feelings
- Are at higher risk for suicide
Especially for Youth

If a young person has been affected by suicide loss, encourage them to remember:

- No matter what happened, this person’s death was **not** your fault.

- There is **always** someone you can go to for help.

- **Talking to a trusted adult** can help.

- Be gentle with yourself.
Grief in Adults

- Suicide increases the intensity of grief; endless suffering
- Have difficulties sleeping or even functioning
- May have overwhelming guilt and/or anger
- May be overprotective of surviving children
- Parents are at greater risk for mental health issues, marital problems, and job performance difficulties.

Positive Actions:
- Active offers of assistance, “I’ll watch the kids tomorrow from 3-5 pm.”
- Supportive listening
- Support in making decisions, i.e. funeral services
Funeral Services

• Making decisions when in shock may lead families to spending more than they can afford.

• Less expensive options may exist.

• Consider asking a trusted friend or relative to help with the decisions.

• Establish a fund raiser to help pay for the cost of the funeral services.
WHY?????

• For Survivors of Suicide Loss, grief is often combined with a persistent search for an answer or explanation.

• Grieving a suicide can include intense feelings:
  - Shame
  - Anger
  - Guilt
  - Regret
  - Self-Blame
  - Rejection
Suicide Notes

• Law enforcement collects notes as part of the investigation.

• 35% of people of all ages who die by suicide leave a note (National Violent Injury Statistics Systems data set)

• 29% of youth under 18 leave a note

• Survivors of suicide loss may need support in processing contents of note.

• Suicide notes seldom answer the question “Why?”
Providing Support to Survivors of Suicide Loss

• Recognize an increased risk for suicide in the days and weeks following the death.

• Accept the intensity and extent of time for their feelings.

• Over time, help him/her connect with a suicide survivors group or other bereavement group if this would be helpful.

• Survivor outreach programs may help.

Positive Action: Respect each individual’s own healing process.
Talking with Survivors of Suicide Loss

• We need to overcome our personal discomfort with death and suicide in order to support survivors.

• Using the deceased person’s name, if it is culturally-appropriate, may comfort survivors.

• It’s okay to use the word suicide, if it has been openly stated.

• Be gentle and non-judgmental. Don’t blame anyone.

• Don’t feel like you need to provide an answer. Your presence alone will be reassuring.

Positive Action: Acknowledging that the death is a suicide promotes healing and minimizes risk.
Promoting Healing

• The grief process is complex and may take months and years.

• Watch out for anyone who is not doing well and connect them with support.

• Encourage others to accept help.

• Birthdays and anniversaries may be a time to use extra supports. It is never too late to call, send a card, or ask for help.
Long-Term Healing

• For at least the first six months, insure that mental health and emergency services are available.

• Note the anniversary of the death as a time of increased risk. Reinforce self-care skills and protective factors.

• Work toward restoring community spirit and strengths.
Language

Some words are more comfortable or easier to hear for survivors of suicide loss.

Words to Use:
• Took his/her own life
• Died by own hand
• Died as a result of a self-inflicted injury
• Died by suicide

Words to Avoid:
• Successful suicide
• Committed suicide
• Completed suicide
• Chose to kill himself
Self-Care Skills are Essential
Practice and Role Model Self-Care

• Get plenty of rest.
• Maintain proper diet and nutrition.
• Drink plenty of water.
• Exercise.
• Use spiritual and religious practices and/or relaxation skills.
• Seek out supportive people.
• Avoid use of alcohol, caffeine, and other substances.
• Ask for help.
Summary: Module 2A

• The grief process is complex and different for each person.

• Understand and respect that different communities and cultures have their own needs and ways of responding to suicide.

• Practice self-care skills and ask for help when needed.

• Do not blame yourself or others.

• Support survivors of suicide loss and connect them with additional help if needed.
Promoting Healing and Reducing Risk in Communities

Module 2B
Social-Ecological Model

Society

Community
Village
Tribe

Family
Peers
Clan

Individual

Connect

Training Professionals & Communities in Suicide Prevention & Response
Community Response

• Taking action to reduce risk for contagion is essential.

• Good networking and interface among agencies is key to promote healing.
Community Reaction: Influenced by many Factors

• How well-known the deceased was
• How the community has dealt with past tragedies
• The level of leadership within a community
• How close-knit the community is
• Media coverage of the event
Glorifying the Individual or the Suicide may Increase Risk by:

- Flying the flag at half-staff
- Special plaques or permanent memorials
- Dedications
- Exclusive focus on the deceased’s positive qualities without also looking at what could have helped with their mental health/complex problems.

**Positive Action:** Develop guidelines in advance to promote consistent response.
Public Memorials

• Keep public displays of notes and remembrances *time-limited*.

• Develop policies/guidelines proactively (not in the immediate aftermath).

• Consider immediate and long-term ramifications.
Memorial Services: School Guidelines

• Encourage services to occur at a time when parents/guardians can accompany youth.

• If at all possible, avoid using a school as the site for memorial services.

• Do not provide school buses for transportation.

• Do not close the school for the memorial service.
Suggested Funeral Guidelines

- Encourage coordination between family, funeral director, faith leaders, mental health providers, and other community support systems.

- Encourage use of safe messaging in individual and public discussion about the death.

- Provide counselors during and after the service and encourage help-seeking.

- Provide information about suicide prevention and mental health services.
Safe Messaging

Promote

• Information on where/how to get help
• NSPL: 1-800-273-TALK (8255)
• Crisis Text Line: TEXT 741741
• KBBH (24/7): 1-541-883-1030
• David Romprey OR Warmline: 1-800-698-2392
• Alcohol & Drug Helpline: 1-800-923-4357
• Military Helpline: 1-888-457-4838
• Youthline: 1-877-968-8491
• Warning signs
• Early help for mental health/substance use
• Local efforts to prevent suicide

Avoid

• Detailed descriptions of a suicide incident
• Making the person a saint or a celebrity
• Oversimplifying causes
• Overstating the frequency of suicide
• Using terms like failed/successful/committed
Sensational Media Coverage

- Public figure
- Highly glamorized
- Sensational death
- 12% increase in suicides, or 200 people, across US in 30 days after death*

*American Psychiatric Association On September 21, 2001 (Volume 36 Number 18).
Balanced Media Coverage?

• Rock and Roll Singer
• Extensive media coverage of suicide in 1994
• Wife/mother publicly denounce his actions
• No statistically significant increase in suicide deaths.
What’s Wrong with this Picture?

School district agrees to students' requests to honor late classmate
Electronic Media

- Most major media outlets have websites.
- Trend is for less editorial oversight.
- Comments Sections frequently contain inappropriate and potentially harmful comments.

Positive Actions:

- **Recommend that Comments Sections be edited or restricted for suicide-related stories.**
- **Post warning signs and National Suicide Prevention Lifeline (NSPL): 1-800-273-TALK (8255) TEXT 741741**
Other Communications to Consider

- www.facebook.com
- www.instagram.com
- www.livejournal.com
- www.twitter.com
Social Networking Sites/Internet

• Social networking sites serve as a connected community.
• Search for information related to the death and monitor postings for warning signs.
• Sites can often be deactivated or placed on memorial status when requested by next of kin.

Positive Actions:
• Notify others of individuals at risk.
• Post warning signs and NSPL 1-800-273-TALK (8255)
• Continue to monitor.
School Events: Anniversaries

- Gilford High School is sponsoring a Health and Wellness Fair for faculty and students on Thursday, April 9, from 8 a.m. to noon. The fair, which is being held to coincide with National Public Health Week, will be held in the gymnasium at Gilford High School.

- Students and faculty will have the opportunity to interact with a variety of speakers and hear information on such topics as: life coaching, suicide prevention, healthy eating, behavioral health, dental care, wellness, physical fitness, money management, and personal safety to name a few.
Youth-Driven Memorials

- Focus on the Cause, Not the Person

- Focus on Life, Not Death
Focus on the Cause, Not the Person

Focused on the Cause

Focused on the Person
Focus on Life, Not Death

Focus on Life

Focus on Death
Bringing Messages of Hope

National:
- NSPL: www.nspl.org & SOS Text line: 741741
- Live Through This: http://livethroughthis.org/
- Alliance for Hope

Statewide:
- Decade of Hope: https://www.youtube.com/watch?v=KWgnkumVsaY
- Survivor Voices/IOOV/Life Interrupted Speakers

Local:
- https://www.youtube.com/watch?v=NhyrCqGtwfg&feature=youtu.be
Summary: Community Response

- Encourage coordination among schools, social services, law enforcement, family, faith leaders, etc.
- Make mental health supports available.
- Discuss contagion and warning signs.
- Review guidelines for suggested funeral services.
- Distribute Safe Messaging/Media Recommendations.
POSTVENTION IS PREVENTION

A Connect Training for Social Service Agencies/Community Programs

Module 3
Postvention Protocols

• The first 72 hours are the most chaotic and stressful for everyone involved.

• Emotional turmoil and confusion can impair decision-making.

• Having proactive protocols grounds everyone as to what to expect and do.

• Best Practice standards for communication and funeral activities will clarify the actions that need to be taken following a suicide death.
Postvention protocols can be added into existing disaster response plans.
Key Points to Remember

• There are likely others at increased risk.

• Be gentle to yourself and others; we all grieve differently.

• Watch out for who is not doing well and get the additional support needed.

• Take any threat of suicide seriously.

• Help others understand how to prevent contagion.
General Postvention Guidelines

• **Confirm the facts** before disclosing information.

• Be truthful and direct about what occurred (don’t pretend it was not a suicide).

• Do not provide specific details about the death.

• Avoid glorifying the person’s life or death.

• Recognize the impact is over months and years (not days and weeks).
Confidentiality

• Confidentiality does not end at death.

• A social service provider is not at liberty to disclose information about a client.

• Follow agency guidelines; consult with a supervisor and/or attorney if necessary.
Discovery of Suicide on Agency Property

• Immediately contact: 911
  -Police
  -Crisis Coordinator/County Mental Health
  -Agency Administration

• Render or request first aid if it is safe and if there is any possibility of resuscitation.
Secure the Scene

- Police will need to investigate.

- Avoid moving body or disturbing any evidence.

- Keep staff/onlookers away.

- Write down names of all staff and clients who witnessed or discovered the suicide death.
Persons who Witnessed or Discovered the Death

• If possible, keep these people together on site and away from the general population.
• Provide support until police have had a chance to talk with them.
• Provide follow up and counseling supports as quickly as possible.
• If possible, prevent all electronic messaging from this group to others.
• Be mindful of confidentiality of clients when talking with police.
Notification of Family/Next of Kin

• If the suicide took place at the agency, police will notify family/next of kin.

• An agency representative may be asked to accompany police to notify family.

• Identify any immediate family members who may be clients of the agency and determine how they will be supported upon their notification of the death by police/family.
Suicide Death off Agency Grounds

• Get the facts:
  – Such situations can be clouded by rumor and misinformation.
  – Work with law enforcement to confirm details.
  – Be sure your information is reliable.

• Notify your supervisor, crisis coordinator, and/or agency director. Refer to SB 561/County Mental Health, Community Response protocol.

• Follow agency guidelines for notifying other staff.
• Fill out required documentation per agency procedure.
Contact with Staff

• Consider all staff (not just direct service).

• Staff should be notified in a private setting away from clients.

• Prioritize notification and attend to the staff who worked directly with the individual first.
Supporting Staff

• Inform staff of the situation/facts as you know them.

• Ask them what they need for support.

• Offer sick/leave time off (when indicated).
  • Consider temporarily moving staff from a high stress job.

• Encourage self-referral to an EAP.
  • Role model good self-care skills.

• Consider using a crisis debriefing/Community Behavioral Health agencies for staff.
  • Review protocols for agency response to other clients.

• Provide check in/support in upcoming weeks/months.
Self-Care Skills are Essential for all

- Promote self-care skills with clients and staff.

- Remember that the healing process will take months and years, and that people grieve in different ways.

Positive Action: Make a commitment to stay with the process for the long run.
Media

- Direct media or outside inquiries to agency director or designee.

- No one is obligated to speak with media.

- Review Media Recommendations before speaking with the media or others outside the agency.

**Positive Action:** Ask media to focus on resources and prevention, not details about the deceased.
Contact with Other Clients

• Remember confidentiality; remind others of any guidelines.

• Be direct and factual without breaking confidentiality.
• Ask clients what they know and how they feel about what happened.

• Pay attention to who might be at increased risk.

• If appropriate, inform them of funeral arrangements.
• Clients may hold their own service; be cautious about hosting or participating in this.

• Continually review self-care skills and help-seeking behavior with clients.
Contact with Family

Contact may depend on a variety of factors (consult with supervisor, and/or legal counsel).

Considerations include:

• What kind of acknowledgement to send
• Staff time off to attend services
• Providing survivor resources
• Follow up with family
• Family requests to review client records
Confidentiality Considerations

• Is the family aware that the individual was in treatment?

• Have you had previous contact with the family as part of treatment?

• Would sending food, a note, or flowers violate confidentiality?

• Would your presence (or absence) at a service reveal that the person was in treatment?

• Are you doing this for your benefit or that of the individual/family?
To Connect or Not with Survivors

“When my dog died, my vet sent me a beautiful card of condolence...when my 16 year old son killed himself, I didn’t receive one card, one note, or one phone call from his doctor’s office, a place where they knew me well, and where we (my son and I) had spent a lot of time and money.”

-Actual Quote from a Loss Survivor
Implementing a Community Response Plan

• Work with other providers to identify people with the closest relationship to the deceased.

• Coordinate with agencies to ensure that grief and trauma counseling is available to local schools and other community settings.

• Review risk and Warning Signs to identify high risk individuals.

• Be sensitive to your own staff’s need to grieve and utilize assistance.
What can Promote Healing in Your Community?

- Gathering places
- Communication hubs
- Community leaders
- Key organizations
- Volunteer groups
- Traditional ceremonies/healing and spiritual practices
- Emergency Response Teams

How can isolated and peripheral groups be identified and engaged?
Community Resources to Promote Healing

- Mental health counselors
- Youth drop in-centers
- Day care centers
- Spiritual advisors/healers
- Health and wellness programs
- Community leaders
- Hospice programs
- Faith-based programs
- Businesses
- Emergency Response Teams
Community Gatherings as a Resource

• Opportunity for education, sharing, and general positive outcomes

• Avoid discussions regarding specifics of the recent suicide.

• Agenda should focus on healing, prevention, and reducing risk.

• Explore how community can work together to strengthen protective factors and reduce risk factors.

• Be sensitive to the cultural dynamics in the community.
Summary: Module 3
Postvention Guidelines

• Confirm the facts.

• Understand and prepare for contagion.

• Watch for Warning Signs and provide supports as needed.

• To be prepared, have postvention guidelines and resources in place.

• Work collaboratively with other agencies and key persons in the community.
POSTVENTION BECOMES PREVENTION:

RECOGNIZE WARNING SIGNS

Module 4
Suicide Facts

• Most people who think about suicide are undecided right until the end.
• Most people who die by suicide communicate their plans in advance.
• Talking about suicide does not cause someone to be suicidal.
• 90% of people who die by suicide have some type of mental health and/or substance use problem.
• There is effective treatment for mental health and substance abuse problems.

Positive Action: All Warning Signs should be taken seriously.
Risk Factors for Suicide

- Mental health problems
- Alcohol and other substance use problems
- Loss of all kinds, including loss to suicide
- Poor impulse control
- Feelings of hopelessness, helplessness, or powerlessness
- History of trauma or abuse
- Prior suicide attempt
Examples of Suicide Risk

- Difficulties at school, work
- Neglect of appearance, taking care of oneself
- Dropping out of activities
- Sudden improvement in mood after being down or withdrawn
- Giving away favorite possessions

Positive Actions:
- Look for combinations of risk factors
- Look for changes in behavior/mood
Recognize!

*Warning Signs*

- Individuals who are thinking about killing themselves often **give Warning Signs**.

- It is important to **pay attention** to those who may be at risk after a suicide.

- **CONNECT** those individuals with resources.
Warning Signs for Suicide: Need for Immediate Action!

- Threatening or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking firearms, pills, or other means
- Talking or writing about death, dying, or suicide
Take Immediate Action!

• If the person is in immediate danger, call 911.

• Do not leave the person unattended, even briefly.
Warning Signs for Suicide: Cause for Concern

- Feeling **hopeless**
- Feeling **uncontrollable anger** or seeking revenge
- Feeling **trapped** – like there’s no way out
- Dramatic **mood changes**
- Seeing no reason for living
Warning Signs for Suicide: Cause for Concern

- Acting reckless or engaging in risky activities
- Increasing alcohol or drug use
- **Withdrawing** from friends, family, and others
- Feeling anxious or agitated
- Being unable to sleep, or sleeping all the time
Questions to Ask if You Think Someone is Suicidal

“Are you thinking about suicide, or killing yourself?”

“Have you ever felt so down that you thought of ending your life?”
Connect with Community Supports

- County mental health
- Community health clinics
- School nurse/school counselor
- Spiritual advisor/healer or faith leader
- Other community supports
- National Suicide Prevention Lifeline:
  1-800-273-TALK (8255)     TEXT 741741
Positive Action: Simple Steps to Save Lives

• Inform family/support system that you believe individual may be at risk for suicide (and why).

• Tell them that removing firearms and other lethal means can greatly reduce risk to the individual.

• Advise regarding disposal or storage of firearms.

• Convey the idea that Lethal Means Reduction is an effective suicide prevention practice.

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Source: CDC WISQARS 2011-2015
Survivor of Suicide Loss Resources

• National Suicide Prevention Lifeline (24/7): 1-800-273-TALK (8255), Press 1 for Military for Veterans Crisis Line

• American Foundation for Suicide Prevention: www.afsp.org

• Survivors of Suicide Loss: www.survivorsofsuicide.com/index.html

• Survivors of Loved Ones’ Suicide: www.1000deaths.com/lists.html

• The Compassionate Friends: 1-877-969-0010 www.compassionatefriends.org

• Friends for Survival: 1-800-646-7322

• Hospice, VNA, and Mental Health Centers
Websites & Resources

• NAMI OR: www.namior.org
• The Connect Program: www.TheConnectProgram.org Training, education, consultation, and materials
• Action Alliance for Suicide Prevention: www.actionallianceforsuicideprevention.org
• American Association of Suicidology: www.suicidology.org
• American Foundation for Suicide Prevention: www.afsp.org
• Suicide Prevention Resource Center: www.sprc.org

• Lines for Life: www.linesforlife.org/
• Alcohol and Drug Helpline: Call 800-923-4357 Text RecoveryNow to 839863
• Military Helpline: Call 888-457-4838 Text MIL1 to 839863
• Youthline: Call 877-968-8491 Text teen2teen to 839863 Chat at www.oregonyouthline.org
Sometimes Life Can Be Tough

It's O.K. To Ask For Help