SUICIDE POSTVENTION

Definition:

“The provision of crisis intervention, support and assistance for those affected by a suicide.”

American Association of Suicidology, 1998
“At some point suicide postvention evolves into a prevention response with emphasis being placed on recognition of risk factors and warning signs.”

New Hampshire National Alliance for the Mentally ill, 2005
SCHOOL SUICIDE POSTVENTION: GOALS

• Support the grieving process (Hazell, 1993; Underwood and Dunne-Maxim, 1997).

• Prevent imitative suicides (Hazell, 1993; Underwood and Dunne-Maxim, 1997).
  - Identify and refer at-risk survivors (Gould and Kramer, 2001)
  - Reduce identification with victim

• Reestablish healthy school climate (King, 2001).

• Provide long-term surveillance (Gould and Kramer, 2001).
SCHOOL SUICIDE POSTVENTION: RESPONSE PROTOCOL

- Verify suicide
- Assess the potential impact on the school
- Estimate level of response resources required
- Advise principal how to proceed
- Contact family of suicide victim
- Determine what and how information is to be shared
- Mobilize the crisis response team
- Inform faculty and staff
- Identify at risk students/staff

School mental Health Project, Dept. of Psychology, UCLA, 2003
SCHOOL POSTVENTION GUIDELINES: RISK IDENTIFICATION STRATEGIES
CIRCLES OF VULNERABILITY

MAPPING BY THREE DIMENSIONS

GEOGRAPHICAL PROXIMITY

POPULATION AT RISK

PSYCHOSOCIAL PROXIMITY

CSPC, Tel Hai College, Kiryat Shmona
What other individual(s) may identify with the primary suicide victim?

Was the victim part of a formal/informal group, organization, etc.

What risk factors associated with the deceased may be shared by others in the community?

What individual(s) is/ are currently demonstrating risk factors?
SUICIDE POSTVENTION GUIDELINES: RISK IDENTIFICATION QUESTIONS

- Have community memorial services and/or gravesite vigils occurred/occurring?
- Is/are a survivor(s) being blamed for the suicide?
- Does a survivor blame himself/herself for the suicide?
- Has the school administration, faculty and support staff received training on how to identify and support students deemed to be at risk for suicide?
SUICIDE POSTVENTION GUIDELINES: RISK IDENTIFICATION QUESTIONS

- Do individuals feel comfortable in seeking assistance for themselves/others from community mental health professional(s).
- Have parents/guardians received training in identifying suicidal behavior warning signs and risk factors?
- Do individuals have access to quality and affordable mental health services?
SCHOOL POSTVENTION GUIDELINES: RISK IDENTIFICATION STRATEGIES

• Identify students/staff that may have witnessed the suicide or its aftermath
• Identify all students/staff that have or have had a personal connection/relationship with the deceased
• Identify students/staff who have previously demonstrated suicidal behavior
• Monitor student absentees in the days following a student suicide
SCHOOL POSTVENTION GUIDELINES:
RISK IDENTIFICATION STRATEGIES

• Identify students known to have a mental illness
• Identify students known to have a history of familial suicide
• Identify students who have experienced a recent loss
• Monitor the behavior of student pallbearers
• Identify students at the funeral who are particularly troubled
SCHOOL POSTVENTION STRATEGIES: RISK IDENTIFICATION STRATEGIES

- Monitor student hospital visitors of suicide attempters
- Monitor students who have a history of being bullied
- Monitor students who are gay, lesbian, bisexual, transgender or questioning
- Monitor students who are participants in fringe groups
- Monitor students who have weak levels of social/familial support
SCHOOL SUICIDE POSTVENTION: RESPONSE PROTOCOL

- Review risk factors and warning signs with school faculty and support staff
- Do not release information in a large assembly or over intercom
- Conduct small group student notifications
- Visit victim’s classes
- Provide psychoeducation and/or psychological first aid services for impacted students and staff, as indicated

School Mental Health Project, Dept. of Psychology, UCLA, 2003
SCHOOL SUICIDE POSTVENTION:
RESPONSE PROTOCOL

• Notify parents of highly affected students
• Provide recommendations for community-based mental health services
• Conduct faculty planning session
• Hold evening meeting for parents
• Provide information on community-based funeral services/memorials
• Collaborate with media, law enforcement and community agencies
• Prepare for secondary adversities/anniversaries

School Mental Health Project, Dept. of Psychology, UCLA, 2003
SCHOOL SUICIDE POSTVENTION: INTERVENTION GOALS

• Help students separate facts from rumors
• Redirect guilt responses
• Ensure understanding that suicide is permanent
• Ensure acceptance of reactions as normal
• Express that coping will occur with support
• Ensure understanding that fleeting thoughts of suicide are not unusual
• Ensure student recognition of warning signs and help resources
• Ensure understanding of funeral expectations

Brock, S., 2002
SCHOOL SUICIDE POSTVENTION:
KEY MESSAGES

• Points to emphasize to students, parents, media:
  ✓ Prevention (warning signs, risk factors)
  ✓ Survivors are not responsible for death
  ✓ Mental illness etiology
  ✓ Normalize anger  (Clark, 2001)
  ✓ Stress alternatives
  ✓ Help is available
SUICIDE POSTVENTION: CAUTIONS

- Avoid romanticizing or glorifying event
- Avoid vilifying victim
- Do not provide excessive details
- Do not describe event as courageous or rational
- Do not eulogize victim or conduct school-based memorial services
- Address loss but avoid school disruption as best possible

School Mental Health Project, Dept. of Psychology, UCLA, 2003; Brock, S., 2002
SUICIDE POSTVENTION: CAUTIONS

- Providing postvention when not indicated may sensationalize the behavior
- Proper assessment will determine whether postvention services will be required

Brock, 2002
“Suicidal behavior is only contagious if other people know about it.”

Brock, 2002
MEMORIAL ACTIVITIES FOLLOWING SUICIDE

- Don’t conduct on campus memorial services
- Provide opportunity for small group/individual discussion
- Don’t glorify act
- Avoid mass assemblies focusing on victim
- Don’t establish permanent memorials to victim
- Don’t dedicate yearbooks, songs, or sporting events to the suicide victim
MEMORIAL ACTIVITIES FOLLOWING SUICIDE

- Do something to prevent other suicides
- Develop living memorials that will help students cope with feelings and problems
- Encourage impacted students, with parental permission, to attend the funeral
- Encourage parents and clergy to avoid glorifying the suicidal act

Brock, S., 2002
The act is accompanied by social stigma and shame.

The search for “why?” often leads to scapegoating or blaming.

The suddenness of the event allows no time for anticipatory mourning.

Investigations can increase guilt and stigma.
Guilt is exacerbated by the fact the death could have been prevented
Feelings of rejection and desertion affect survivor’s self-esteem
Survivors may fear their own self-destructive impulses
Cultural/religious attitudes (Ramsay, Tanney, Tierney & Lang, 1996)
RECOMMENDATIONS

- When addressing the friends of suicide victims, don’t dismiss depressive symptomology as attributable to “normal grief.”
- Postvention efforts for exposed peers should be focused upon short-term prevention of imitation and long-term followup and prevention of disability from depression, anxiety, and PTSD.
- Awareness should be directed at indicators suggestive of potential multiple suicides, including the formation of isolated small groups characterized by: depression, substance abuse, antisocial personality, or previous suicide exposure.

Brent, D. et al. (1996)
The anniversary date of a suicide and/or the birthday of the deceased can serve as a trigger for the emergence of additional suicidal behavior among youth (Poland, 1989).

School personnel, parents and the greater community need to be aware of this possibility and increase their surveillance/assessment of youth behaviors.

Student support professionals and parents should acknowledge the significance of these dates with youth significantly impacted by the suicide.
SUICIDE POSTVENTION: EVALUATION COMPONENT

- Recognize effective postvention efforts
- Identify areas in need of improvement
- Assess cost/benefit of response
- Consider relevant legal/ethical issues

Loo, 2001
CONTAGION IMPACT OF SUICIDAL BEHAVIOR

- **Suicide Contagion**: The process in which suicidal behavior is initiated by one or more individuals, following the awareness of a recent suicide threat, attempt or completion, or a fictional depiction of such behavior.

- **Suicide Cluster**: “A group of suicides or suicide attempts, or both, that occur closer in time and space than would normally be expected in a given community.” (CDC, 1988)

- **Copy Cat Suicide**: When a person copies the manner of death of another person.
Research suggests that the process of suicide contagion exists (Velting, D. & Gould, M., 1997).

Considerable evidence supports that mass media coverage including newspaper articles, television news reports and fictional dramatizations have led to significant elevations in suicides (Gould, M.S., 2001).

The influence of media reports of suicide and its impact on future suicides is most significant among adolescents (Philips, D. & Carstensen, L.L., 1986).

The occurrence of a single suicide in a community (especially an adolescent suicide) increases the risk of further suicides within that community (Gould, Walenstein, Kleinman, O’Carrol & Mercy, 1990; & Philips & Carstensen, 1988); Askland, Sonnenfeld, & Cosby, 2003)
Clusters in the United States tend to occur among adolescents and young adults under the age of 24 years (Gould, Wallenstein, & Kleinman, 1990; Gould, Wallenstein, Kleinman, O’Carrol & Mercy, 1990).

Similar results reported for clusters of suicide attempts (Gould, Petrie, Kleinman & Wallenstein, 1994).

Between 1%-2% of annual teenage suicides occur in clusters (Gould, Petrie, Kleinman & Wallenstein, 1994).

100-200 teens die in clusters annually (CDC).
SUICIDE CONTAGION: FACTORS OF INFLUENCE

• Suicide clusters occur as a result of the process of contagion. The vehicle for such contagion is information, particularly sensationalized information regarding suicides that have previously occurred.

• Inappropriate media coverage of suicidal behavior can foster the development of the contagion process.
RISK FACTORS FOR IMITATIVE SUICIDE

- Facilitated suicide
- Failed to recognize intent
- Believe they caused suicide
- Had relationship with victim
- Identified with victim
- History of prior suicidal behavior
- History of psychopathology
- Symptoms of hopelessness/helplessness
- Significant life stressors
- Lacks social resources

Brock, S., 2002
Facilitated suicide
- Involved in a suicide pact
- Helped write note
- Provided means
- Did not attempt to stop

Brock, S., 2002
Failed to recognize suicidal intent
- Did not take seriously/kept secret
- Observed warning signs
- Didn’t respond to request for help

Brock, S., 2002
RISK FACTORS FOR IMITATIVE SUICIDE

Believe they may have caused suicide

- Feels guilty about things said or done
- Recently punished or threatened to punish

Brock, S., 2002
RISK FACTORS FOR IMITATIVE SUICIDE

Had relationship with victim

• Mentioned in note
• Boyfriend, girlfriend, friend
• Relatives
• Same social network
• Self-appointed therapist

Brock, S., 2002
RISK FACTORS FOR IMITATIVE SUICIDE

Identify with the student victim
• Identifies with situation
• Views victim as a role model
• Believes life circumstances are similar

Brock, S., 2002
RISK FACTORS FOR IMITATIVE SUICIDE

History of prior suicidal behavior
• Previous attempt
• Preoccupied with death/suicide
• Family history of traumatic death
• History of impulsive/violent behavior

Brock, S., 2002
History of psychopathology

- Poor baseline mental health
- Clinical depression
- Substance abuser
- Hospitalized for mental illness/substance abuse

Brock, S., 2002
RISK FACTORS FOR IMITATIVE SUICIDE

Symptoms of hopelessness/ helplessness
• Desperate/ suicide seen as a solution
• Feels powerless to change life circumstances

Brock, S., 2002
Suffered significant life stressors

- Traumatic death of family member/friend
- Break-up in relationship
- Frequent changes in residence, schools, parental figures
Lacks social resources

- Has few friends
- Lacks a supportive family

Brock, S., 2002
PREVENTION AND CONTAINMENT OF SUICIDE CLUSTERS: DEVELOPING A COMMUNITY POSTVENTION PLAN

Resources

Postvention: Community Response to Suicide. New Hampshire National Alliance for the Mentally ill, 2005

Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, August, 19, 1988, Vol.37, No.SU-06
A well coordinated postvention plan, developed through the efforts of a multidisciplinary team of community stakeholders, may be pivotal in preventing the contagion process that contributes to the development of suicide clusters.

No single community agency has the resources or expertise to adequately respond to an emerging suicide cluster.

Suicide is a complex issue; preventing suicide will require a coordinated community effort.
POSTVENTION COORDINATING COMMITTEE:
SUGGESTED PARTICIPANTS

- School district/university
- Law enforcement/legal services
- Hospitals/emergency services
- Clergy
- Public Health
- Mental Health
- Crisis centers/hotline staff
- Survivor groups
- Medical Examiner
- Funeral Director
- Media
POSTVENTION COORDINATING COMMITTEE: DEVELOPING A PLAN

- Appoint host agency
- Establish notification process
- Develop/assign responsibilities/tasks
- Design mobilization criteria
- Create information sharing process
- Develop evaluation component
POSTVENTION COORDINATING COMMITTEE: MOBILIZATION CRITERIA

• When youth suicides or attempted suicides occur closer together in space and time than is considered usual for the community

OR

• When one or more deaths from trauma occur in the community (especially among adolescents or young adults) that may influence others to attempt or complete suicide
COORDINATING COMMITTEE: PLAN IMPLEMENTATION STRATEGIES

- Notification process
- Review and analysis of data
- Review responsibilities/tasks
- Conduct a needs assessment
- Make decision regarding plan implementation
- Consider potential problems/stressors
- Initiate responsibilities/tasks
- Share relevant information/data
- Make/implement recommendations
- Evaluate outcomes/revise protocol as needed
YOUTH SUICIDE CLUSTERS: COMMUNITY CHARACTERISTICS

- Lack of integration and belonging
- Rapid community growth and large schools
- High rates of substance abuse
- Emphasis on material possession
- Lack of mental health services and little awareness of problem of youth suicide
- No 24-hour crisis hotlines
- Lack of networking and coordination among community agencies
SUICIDE POSTVENTION: COMMUNITY GOALS

• Reduce the risk of further suicidal behavior
• Avoid glorifying or sensationalizing the suicide
• Avoid vilifying the decedent
• Identify youth that may represent a high risk for suicidal behavior
• Connect at-risk youth with community-based mental health resources
• Identify/alter environmental factors that may be influencing the process of contagion
• Provide long-term surveillance
The journey through postvention begins and ends with an emphasis on prevention.