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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Community Response

Division of Substance Abuse & Mental Health
Introductions
Core Principles

- Suicide is a **public health** issue.

- 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.
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.
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.
Impact of Suicide: Ecological Model

Society

Community
Village
Tribe

Family
Peers
Clan

Individual
The “S” Word:

Why Don’t We Talk About It?
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

Prevention

Postvention Becomes Prevention
The Extent of Loss by Suicide

- Nationally, there are over 42,000 confirmed suicide deaths each year.
- Someone attempts suicide every minute in the United States.
- Someone dies by suicide every 15 minutes.
- Suicide death can have serious impact on family, friends, co-workers, providers, and community members.
Utah Ranks 5th in the Nation

Data Source: WISQARS 2014 Suicide Fatality
Utah and U.S. Suicide Trend

Rate of Suicides per 100,000 Population Ages 10+ by Year, Utah and U.S., 1999-2015

Data Source: Utah Death Certificate Database, U.S. Centers for Disease Control and Prevention
Youth ages 10 to 17 have a significantly higher risk of suicide compared to all other age groups?
Suicide Rate by Age Group and Sex, Utah, 2013-2015

Rate of Suicide per 100,000 Population by Age Group and Sex, Utah 2013-2015

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Rate of Suicide per 100,000 Population</th>
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<tbody>
<tr>
<td>10-17</td>
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<td>18-24</td>
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<td>75-84</td>
<td>4.9*</td>
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<td>85+</td>
<td>63.6</td>
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</table>

Data Source: Utah Death Certificate Database, Utah Department of Health
Utah and U.S. Youth Suicide Trends

Rate Of Suicides by Year, Youth Ages 10-17, Utah and U.S., 1999-2014

Data Source: Utah Death Certificate Database, U.S. Centers for Disease Control and Prevention
Suicide and Motor Vehicle Crashes

Rate of deaths per 100,000 population ages 10-17, Utah, 1999-2015

- Suicide
- Motor Vehicle Crash

Data Source: Utah Death Certificate Database, Utah Department of
Causes of Death and Injury

- Firearm closely followed by suffocation
- Poisoning
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.”

Kay Redfield Jamison, Night Falls Fast, p. 292.
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.
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.
CONTAGION

• **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.
Werther Effect
Papagano Effect
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
The Complexity of Grief

• 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.
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
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
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 will 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.

- **Accept** the **help** of others.

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

**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
- Completed suicide
- Committed suicide
- Chose to kill himself
Language

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
- Completed suicide
- Committed 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.
Recognize, Connect!

If You Think Someone Is Suicidal:
- Ask Them About It.
- Do Not Leave Them Alone.
- Get Them Connected with Help!

End of Module 2
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 and Safe Messaging of the death
Safe Messaging

Promote

• Information on where/how to get help
  NSPL: 1-800-273-TALK (8255)
• Warning signs
• Early help for mental health and substance use problems
• 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
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.
- Keep public displays of notes and remembrances time-limited.
- Hold service at a time and place where adults can accompany youth.
- Provide counselors during and after the service and encourage help-seeking.
- Provide information about suicide prevention and mental health services.
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.
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)**
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.
The Role of the Mental Health Agency

- Assisting the community with their grief can be an important role of a community mental health agency.

The mental health agency can:
- Assist other agencies in developing an appropriate response
- Offer crisis and grief counseling
- Understand contagion and use this to guide interventions
- Help lead an integrated response
Recognize and Connect
Community Supports

What are examples of support systems and cultural factors in your community that can promote healing?

• Gathering places
• Communication hubs
• Community leaders
• Key organizations
• Volunteer groups
• Spiritual practices
• Traditional healing/ceremonies
• Emergency Response Teams

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

- Therapists: grief counseling or crisis intervention on-site
- Youth drop in-centers: extended hours
- Day care centers: staff or space during the memorial service
- Health and wellness programs: promote self-care skills
- Hospice programs: information about grief and bereavement
- Faith-based programs: spiritual/emotional support and space; traditional healing/ceremonies
- Businesses: EAP and other supports
Confidentiality for Mental Health Professionals

• Confidentiality does not end at death.

• A mental health provider is not at liberty to disclose information on a person who has received services from your organization.

• Follow agency guidelines, policies or procedures, and get consult from a supervisor and/or attorney to understand your obligations and limitations.
First Steps after a Suicide

- Immediately notify supervisor and/or agency director.
- Verify information/obtain further facts.
- Review/follow existing agency protocols.

- Attend to the clinician who worked directly with the deceased.

- Determine which other staff need to be notified and develop plan to do this efficiently and respectfully.
Next Steps

• Immediately secure chart/file in accordance with agency QI procedures.

• Consider documenting steps taken/consultation sought, based on agency policies and procedures.

• Follow agency procedure and fill out required documentation (i.e. incident reports).

• Consider courtesy call to other providers involved if it will not violate confidentiality.
Communicating with other Clients

• Be aware of your confidentiality limits.

• Be factual and direct; don’t speculate.
• Consider asking what they know and how they feel about it.
• Remind them of any group confidentiality.

• Pay attention to who might be at increased risk.

• If appropriate, inform them of services.

• Be cautious about hosting/participating in a private service by clients. Advise them of service guidelines.

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

Consult with your supervisor and seek legal counsel as needed in deciding about:

• Expressing your condolences to family
• Staff attendance at wake/funeral services
• Sending flowers or making a donation on behalf of the agency
• Providing the family with support resources
• Family requests to review record (legal authority is required)
Confidentiality and Professional Boundaries

- Does the family know the person was in treatment?
- Have you had previous contact with the family?
- What does the family understand or expect about confidentiality?
- Does sending food, flowers, a card, etc. violate confidentiality?
- Does your presence (or absence) at a public event reveal that the person was in treatment?
- Are you doing this for yourself, the family, and/or survivors who are your clients?
Psychological Autopsy

- Can be done for any death, but especially suicides.
- Typically done as part of a QI process and intended to be a learning process.
- May be protected from discovery.

- Follows a standard format.
- If reviewing a clinical record, maintain security over the record.
- Any written reference to the autopsy is labeled as “QI” and filed in secure place.

- Consult legal counsel re: procedures.

- Check in with staff frequently during/after this process and provide supports as needed.
Purpose for Psychological Autopsy

- Provides opportunity for staff to ventilate feelings in a supportive environment;

- Outlines the chronology of events prior to the death and speculates on the decedent’s state of mind just prior to the suicide.

- Defines what questions remain, and whether answers can be found.

- Provides an opportunity for improvement: **Can something be learned to help prevent other deaths?**

- Provides an occasion to decide what outreach or follow-up may be needed, with whom, and who will do it.
Format For a Psychological Autopsy

- NAME: ________________________________
- DATE OF REVIEW: ________________________
- DATE OF BIRTH: _________________________
- DATE OF DEATH: _________________________
- DATE OF REVIEW: ________________________
- RECORER: ______________________________
- INCIDENT/EVENT: _______________________
- CLIENT BACKGROUND: ____________________
- EVENTS LEADING UP TO THE DEATH (Attach prepared chronology which includes events at least two weeks prior to the death):______________________________
- REVIEW DEATH CERTIFICATE (Attach copy): ________________________________
- COURSE OF TREATMENT (Identify areas of concern/need and corrective actions to be followed up): ________________________________
- ANALYSIS AND RECOMMENDATIONS: ________________________________
- ADDITIONAL STAFF COMMENTS: ________________________________
- ADD INFORMATION REGARDING MEMORIAL SERVICE: ________________________________
- RECORDER’S SIGNATURE: ________________________________
- ________________________________ DATE: ________________________________
- MEDICAL DIRECTOR’S CO-SIGNATURE: ________________________________
- ________________________________ DATE: ________________________________
Clinicians as Survivors of Suicide Loss

“The most profoundly disturbing event of a professional career” (Hendin et. al, 2000).
Frequency of Client Deaths by Suicide

• As many as 1 in 5 people who die by suicide were in treatment at time of their deaths.  
  (Luoma et al 2000)

• Estimates are:
  – 51% of psychiatrists will lose a client to suicide
  – 22% of psychologists will lose a client to suicide
    • Chemtob, Hamada et al 1988
  – 15,000 Clinician Survivors
    • (Weiner 2005)
Lack of Proper Training

A national survey of social workers on Suicide Prevention/Intervention (SPI) found:

– 93% of respondents had worked with suicidal clients
– only 21.2% had received formal training in their MSW programs;
– 67.4% indicated their training in SPI had been inadequate. (Feldman & Freedenthal, 2006)

– Training in how to respond to a suicide (postvention) is even less common.
Impact of a Client’s Suicide Death on the Clinician

• Clinician reactions are very similar to loss of a family member (self-blame, guilt etc.)

• Impact may rise to level of post traumatic response such as:
  – Intrusive thoughts
  – Hyper arousal/hyper vigilance
  – Dissociative response
  – Up to a third may experience severe distress for more than a year.
Professional Impact

• Confidence and competence are undermined and sometimes shattered.

• Hypervigilance even with clients with low or no risk
• Difficulty being present with clients
• Inability to concentrate
• Trouble trusting clients
• Isolation from colleagues

• Some seek positions with lower risk population or leave profession entirely.
Summary: Module 3
Mental Health and Substance Abuse Providers: Postvention Guidelines

- Confirm the facts.
- Understand and prepare for contagion.
- Watch for Warning Signs and provide supports as needed.
- Have postvention guidelines and resources in place proactively to be prepared.
- Work collaboratively with other agencies and key persons in the community.
POSTVENTION BECOMES PREVENTION:

RECOGNIZE WARNING SIGNS

Module 4

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### Increased Risk Factors for Suicide

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<th>Compared to the general population, individuals with a history of…</th>
<th>Have a suicide risk that is…</th>
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</thead>
<tbody>
<tr>
<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>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>15 times greater than the expected rate</td>
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<tr>
<td>Opioid Abuse</td>
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<tr>
<td>Obsessive-Compulsive Disorder</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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<tr>
<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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</table>

*Note: The mental health issues above represent a smaller subset of the larger US population. It is important to consider only that there is an **elevated risk** for these mental health/substance abuse issues.*

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

- Local mental health center
- Behavioral health aide
- School nurse/school counselor
- Spiritual advisor/healer or faith leader
- Other community supports
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
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 Restriction is an effective suicide prevention practice.
Lethality of Means in Suicidal Behavior for Utah, 2003

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<th>Suicide Deaths</th>
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<td>Firearms</td>
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<td>173</td>
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<tr>
<td>Hanging/Suffocation</td>
<td>24</td>
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<td>Poisoning</td>
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<td>Cut/Pierce</td>
<td>172</td>
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Data Source: SPRC Fact Sheet, 2005
Websites & Resources for More Information

• Utah Division of Substance Abuse and Mental Health: http://dsamh.utah.gov/
• NAMI UT: www.namiut.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
Everyone Plays a Part in Preventing Suicide: Recognize the Warning Signs and Connect People to Help

• Individuals who die by suicide frequently communicate their plans in advance.

• Warning Signs for suicide include: hopelessness, anger, isolation, mood changes, and talking about death or suicide. Recognize the Warning Signs for suicide and connect them to help.

• If you or someone you know is in crisis or emotional distress, call the National Suicide Prevention Lifeline (24/7): 1-800-273-TALK (8255)

Recognize, Connect!  
Connect Suicide Prevention Program
Thank you

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