

VERMONT SUICIDE POSTVENTION PROTOCOLS FOR FAITH LEADERS & COMMUNITIES OF FAITH

- **CONTEXT & APPLICATION**
- **AFTER AN ATTEMPT**
- **AFTER A DEATH**

I. CONTEXT & APPLICATION

CONTEXT:

Postvention protocol is applied to two situations: 1) attempted suicide and 2) completed suicide.

In the course of performing professional duties, **Faith Leaders** may encounter a person attempting a suicide, at risk for suicidal behavior, or be one of the first on the scene following a suicide attempt or a death by suicide. This protocol covers postvention activities after an attempted suicide. This is a companion document to *SUICIDE PREVENTION AND INTERVENTION PROTOCOLS FOR FAITH LEADERS & COMMUNITIES OF FAITH*.

The following are **suggested suicide postvention protocols** based in best practices tailored to **Faith Leaders** on how to respond to an attempted suicide and/or a death by suicide. These sample protocols have been reviewed by faith leaders.

This outline can give your organization **guidance in creating your own postvention protocols**, based on research conducted by professionals in the field of suicide prevention, intervention, and postvention.

If your organization has existing crisis response policies and procedures, or if there are state statutes that dictate the actions of your profession, **they must be integrated with any new plans** that result from this document. . Also, the age of the person in danger may affect how protocols are carried out. **Appendix E: HIPAA & FERPA** has guidelines on notification requirements when working with youth, as well as Vermont guidelines on treatment refusal in adults and youth.

We would greatly appreciate it if you would bring to the attention of the *Vermont Suicide Prevention Center*, a program of Center for Health and Learning (info@healthandlearning.org) any statutes or profession-specific regulations that impact your implementation of suicide postvention protocols, so that we may add them to the Appendices as a resource for others.

APPLICATION:

Maintaining protocols on what to do under stressful circumstances helps us to respond quickly, appropriately, and effectively. Clear, specific protocols provide you with the steps to take, and also inform your knowledge of why these evidence-based steps are the recommended best practice.

In **Item II** below, these protocols cover suggested basic steps following an attempted suicide in your organization or community.

The protocol also provides steps to be considered in the days, weeks and months afterward. A primary concern in postvention is the prevention of “**suicide contagion**,” a process defined as the suicide of one individual influencing

other people to also consider or attempt suicide. While this is less of a concern with an attempt than with a death by suicide, it is still a consideration when responding.

The appendices mentioned in the Prevention & Intervention Protocols are an important part of these guidelines:

- APPENDIX A: Warning Signs
- APPENDIX B: Sample Verbal Responses
- APPENDIX C: When You May be Unsafe
- APPENDIX D: Screening Tools PHQ2, PHQ9
- APPENDIX E: HIPAA & FERPA Guides
- APPENDIX F: Media Guide
- APPENDIX G: Risk & Protective Factors
- APPENDIX H: Resources

II. AFTER AN ATTEMPT: Responding to an Attempted Suicide

- On Scene
- Immediate Follow-up
- Ongoing Follow-up

1. RESPONDING TO AN ATTEMPTED SUICIDE: On Scene

STEP ONE: Get Medical Help Immediately – call 911 or go to the ER

If the person can't answer or talk to you, can't move, or you're not sure if they should be moved:

1. **CALL 911 FIRST!** CALL 911 BEFORE DOING ANYTHING ELSE. Get help on the way.
 - a. Say you have a **medical emergency**.
 - b. Request an **ambulance be sent immediately**.
2. Tell the 911 operator as much information as you have – such as what type of injury, what the person might have swallowed, and the immediate condition of the person.
3. Give immediate first aid, depending on your level of comfort, training, skill or experience.
4. Stay with the person until emergency services get there.
5. Give any pill bottles, medications or anything else to the medical team – it will help the technicians and doctors to know as much as possible about how to treat the individual.

If the person can talk to you, move, or you can get them to the emergency room yourself:

1. Make an immediate decision on what would be fastest and safest – calling for an ambulance or taking the person to the ER yourself.
 - a. LAW ENFORCEMENT STRONGLY RECOMMENDS CALLING FOR EMERGENCY TRANSPORTATION OF SUICIDAL INDIVIDUALS – for the individual's safety, and yours. In rural circumstances, this may not be feasible if the person needs immediate medical attention.
 - b. Trust your instincts. Don't waste a lot of time trying to decide, make a decision and go with it.
 - c. If the person can move but you're not sure if it would be dangerous to move them, err on the side of safety and call 911 and ask for an ambulance to come to you.
 - d. **DO NOT ASK** the person if they want to go to the ER! **Take them**.
 - e. **DO NOT ASK** the person if they want you to call an ambulance! **Call 911**.
2. Take any pill bottles, medications or anything else with you to the ER – it might help tell the doctors what the person may have swallowed or how they may have injured themselves.
3. Tell the ER when you get there that the person has attempted suicide.
 - a. Do not try to hide the fact that the person has tried to take their own life, even if they ask you to.
 - b. It is very important, for the safety of the individual, that the medical team trying to help them knows that they are suicidal.
4. Give the ER as much information as you can.

STEP TWO: Responding to Refusal of Treatment **WHAT IF THEY REFUSE HELP?**

A legal adult in our society always has the option of refusing treatment. If you are convinced the person is a significant danger to themselves or others, there are next steps you can take, and your available actions will depend on your role/profession, and whether the person in potential danger is an adult or a minor.

Please go directly to **Appendix E**, which contains the document Vermont Court Ordered Treatment to review your options.

Appendix E also contains HIPAA and FERPA Guidance, if you are a health or education professional concerned about patient privacy regulations. Remember that both HIPAA and FERPA have specific exclusions that allow the sharing of Personal Health Information if the professional has a good faith belief that the person is a danger to self or others, and has a good faith belief that the individual with whom the information is being shared is reasonably able to lessen the threat.

STEP THREE: Consider Possible Immediate Supportive Actions

Supportive actions you may want to consider:

1. Contact support people.
 - a. It is best if the person can tell you who they would like to have contacted but this may not be possible.
 - b. Use your best judgment in contacting others close to the person.
2. Contact the person's mental health specialist, if they have one.
3. Offer resources and support to the people close to the person, on caring for a loved one who has attempted suicide.

2. RESPONDING TO AN ATTEMPTED SUICIDE: Immediate Follow-up

STEP ONE: Make Follow-up Contact

1. Reach out to the person, if it is appropriate in your position. As a faith leader, you are well-positioned to make contact after the crisis.
 - a. Depending on the person's immediate condition, check in with them when it is medically okay.
 - b. Do not force them to respond but try to make sure that they know you tried to be in contact – that they know you stopped by or that they got your message.
2. Trust that this is an important and effective action – an evidence-based best practice when it comes to suicidal crises. It may seem small to you and easy to skip, but it can literally save lives, regardless whether you know the person well or not.
 - a. Best practice research indicates that direct contact after a suicide attempt, by people who helped during the most desperate moments of the crisis, can help keep people from re-attempting suicide and can help them stay in Follow-up care.

- b. Research tells us that the contact can be brief, and by phone, email, note in the mail, or personal visit – all have been shown to be helpful.

STEP TWO: Self Care for Helping Professionals

1. Recognize that you need support, too.
 - a. You have had a difficult experience, even if you are not close to the person who has attempted suicide.
 - b. Being at the scene of an attempted suicide or working with people after an attempt is difficult and can be traumatic, even for people who are trained to do it and who have done it in the past or who work with crises all the time.
 - c. You may need to delay your own personal reactions and this creates psychological stress.
 - d. Even if this work is part of your job and you have done it many times in the past, if you find yourself struggling for any reason at all, ASK FOR HELP from your faith community.
2. Access your organization's resources: Does your faith offer specific supports to its leaders?
3. Don't ignore your own experience in an attempt to serve others.
 - a. As you go about your days, pay attention to your own responses and emotional reactions to the attempt.
 - b. If you realize that you are not able to fill your role or continue to provide support to others because of your own responses, or if you need additional support in your duties, tell colleagues within your faith and ask for assistance.

3. RESPONDING TO AN ATTEMPTED SUICIDE: Ongoing Follow-up

STEP ONE: Work to Reduce Stigma

1. Break the stigma around talking about mental health and mental illness.
 - a. Our society still puts a lot of stigma on suicide attempts and mental health challenges in general.
 - b. Regularly find ways to promote open communication about mental health.
 - c. Mention the challenges of suicide and depression in sermons/lessons.
 - d. Use the national "Suicide Awareness" and "Depression Awareness" weeks to bring topics up and talk about them.
2. Lead by example.
 - a. Talk openly in sermons/lessons and in faith settings about the stigma around mental illness, and how hard it can be to talk about mental health at all in our culture.
 - b. Be open and approachable to people seeking help and raise the topic of mental health.
 - c. Check in with people who are struggling and ask how they are doing. Don't insist on a response, but just let them know you care enough to ask.

STEP TWO: Educate Yourself & Others

1. Suggest, organize or sponsor workshops, reading groups, and educational opportunities around mental health issues.
 - a. Encourage presentations/workshops on hard topics: grief, depression, Post Traumatic Stress Syndrome.
 - b. Encourage presentations/workshops on the positive ways to support good mental health: help-seeking, stress reduction, taking care of ourselves, taking care of each other.

2. Find ways to promote regular, open communication about mental health.

III. AFTER A DEATH: Responding to a Death by Suicide

- **On Scene**
- **Ongoing Support**
- **Commemoration of the Deceased**
- **Self-Care**

A “death by suicide” occurs when death results from actions of intentional self-harm. If intentional self-harm was not immediately witnessed by you or another, it can be hard to tell if a person has died by suicide or not. This makes it very important to not say someone has died by suicide unless that has been CONFIRMED.

1. RESPONDING TO A DEATH BY SUICIDE: Ongoing Support

STEP ONE: Call the Authorities Immediately

1. If you are the first person arriving at a scene of a death, call 911 and report to the police.
2. If you are not first on site, when you arrive find out if 911 has been called, and if not, do so.
3. Do not touch or move the body or anything around the scene.
4. Clear the scene and keep others away from the body and the immediate area.
5. As long as you are safe, remain on site until the police arrive.
6. When the police arrive, tell them everything you know about the situation, then do as they instruct.
7. Do not refer to the death as a “death by suicide” to others unless a medical examiner has given a cause of death. ONLY the medical examiner can give an official cause of death.
8. Don't say it was a “death by suicide” unless it is CONFIRMED, even if you were on scene and it looked very much like a suicide.

STEP TWO: Support Survivors

1. As a faith leader, you are likely to be called upon in times of tragedy to support those who have experienced a loss. A loss to suicide is highly traumatic and loved ones are often suffering with guilt and confusion, and in need of a great deal of support that recognizes and addresses the circumstances of death.
2. Educate yourself about the most sensitive language and approach – one of the best ways to do so is to talk with suicide survivors and suicide attempt survivors and learn what was most helpful for them, and what was hurtful. Talk with survivor groups.
3. Your training as a faith leader will guide you in the support of the bereaved, but it is important to remember that depending on your faith tradition's approach to suicide, people may be struggling a great deal with complicated feelings about their faith, their loved one, and their own perspectives on suicide.
 - a. Encourage survivors to talk openly with you, rather than avoiding the topic of cause of death. Avoiding the topic of suicide only increases guilt, shame, and stigma.

- b. Your faith tradition will dictate your overall response, but best practice strongly recommends avoiding judgmental or sinful connotations, and instead recognizing and stressing that 90% of those dying by suicide are suffering from mental illness, often undiagnosed and untreated.
4. Encourage survivors to attend survivor support groups.

2. RESPONDING TO A DEATH BY SUICIDE: Ongoing Support

As a faith leader, you may be directly involved in numerous roles following a suicide, among others, counseling the bereaved on a longer term basis, assisting with funeral and commemoration arrangements, and helping the community heal. Each death is individual, but the following are some best practice guidelines to consider when supporting a family and community after a suicide.

• RESPONDING TO QUESTIONS

As a faith leader, you may be a person that others feel comfortable coming to with questions they don't feel they can ask anyone else.

1. Be honest if the cause of death has been announced.
 - a. Use the real word: "suicide."
 - b. Learn the words for talking about suicide, that are sensitive *and* help stop contagion.
 - i. Say the person "died by suicide," "took his own life," or "killed herself."
 - ii. Don't use the word "committed" suicide. *Committed* is a word that is used mostly with "sin" and "crime" and carries strong emotions of guilt and shame. "Died by suicide" easily replaces "committed to suicide" in any sentence.
 - iii. Don't use the word "successful" or "failed" when talking about a suicide. A suicide is never a success, and someone who attempts but does not die has not failed. "Died by suicide" easily replaces "successful suicide" in any sentence.
 - c. Look at *Appendix F – Guide for the Media*. Even if you are not personally speaking to media, this information can be helpful in talking about the death.
2. Do not share details about the suicide.
 - a. You can say the death was a suicide without giving more information.
 - b. You may know a lot of details about the death – you do not have to share every detail you know.
 - c. **TOO MANY DETAILS can contribute to contagion risk** – when the suicide of one individual influences another to consider or attempt suicide.
 - i. **Don't** provide details like *how* the person killed themselves or *where* the suicide happened.
 - ii. **Don't** give information about whether or not someone left a note.
 - iii. **Don't** give a reason why someone killed themselves.
3. Don't offer opinions on why someone may have killed themselves.
 - a. **BE CAREFUL** not to use judging statements such as "suicide is cowardly" or "suicide is selfish."
 - b. Recognize and discuss the role of mental illness in suicide – that 90% of people who attempt or die by suicide are suffering from mental illness that is often undiagnosed and untreated.
4. If the family asks that people not be told that the death was a suicide, gently let them know that in most states "cause of death" is public information.
 - a. Tell them you will try to respect their wishes but that people may already know suicide was the cause of death.
 - b. If the family asks for details to be shared widely, offer gentle guidance to the family about public statements and if they insist, clarify you will not share details due to concern for safety of others.
 - c. *If the family continues to request that the cause of death be withheld, do your best to respect the family's wishes.*

5. Give a true picture of the person who has died. Be respectful and as safe as possible.
 - a. Speak honestly about the person as someone who was deeply troubled, who could not see a way out of their pain.
 - b. Talk about suicide as **something that can be prevented** and stress that **there is help** for people who feel there is no way out.
 - c. Talk about the fact that suicide is almost always the result of an illness and that there is help for depression.
 - d. It is a natural impulse to speak well of the dead, but don't glorify or romanticize the person.
 - i. People who identify with the person may be vulnerable to the idea that suicide brought the deceased public compliments, respect, or positive attention.
 - ii. It is important to stress that suicide is not an answer to problems and is NOT the "only way out" of pain.
 - e. At the same time, don't condemn the person as "bad" or judge them or their behavior as "cowardly" or "sinful."
 - i. It is important to NOT create more shame and guilt around suicide and depression.
 - ii. People who identify with the deceased need to be encouraged to seek immediate help if they are suicidal, and shame and guilt make it much harder for them to do that.
 - f. **Try to strike a middle ground** that reduces the urge to identify with the person who has died of suicide, reduces the idea of following their example, and increases the knowledge that other options and help are out there for those in crisis.
 - g. Always leave people with a way to contact immediate help if they need it.

- **PROVIDING RESOURCES**

1. As a spiritual advisor you are a strong resource following the trauma of a suicide loss.
 - a. People who are uncertain about mental health counseling or concerned about the stigma of seeking counseling may feel more comfortable talking to a faith leader.
 - b. People struggling financially who cannot afford counseling need opportunities to talk to supportive counsel and as a faith counselor you can do so without a fee.
2. Encourage people to seek the support of spiritual counsel no matter how they are feeling.
 - a. Suicide is a highly complicated loss that can cause deep alienation among survivors.
 - b. There is still significant stigma around suicide, and friends and families may not know how to support survivors.
 - c. Survivors may feel embarrassed, at fault, judged, angry, guilty – unable to share about their loss in the way that those surviving other deaths do.
 - d. Survivors who have a faith tradition may find themselves in a crisis of faith, and need a safe place to talk about their doubts and fears.
3. Have additional resources ready for people who need other forms of support – who may not have a strong faith tradition, or who may feel currently alienated from their faith – written support material they can take and read; contacts for local counselors; support groups; local, regional and national hotlines.
4. If the deceased was a member of your community of faith, reach out to those closest to the deceased.
 - a. Talk to as many of these people in person as you can, encouraging them to reach out if they need to talk.
 - b. Be available and willing to listen, but do not push people to talk to you or insist they talk to a counselor.
 - c. Pay attention to these people as you interact with them over the days and weeks to come. If you see signs that they may be struggling, reach out and remind them that it is okay to ask for help.

- d. **Appendix A** gives some basic warning signs that someone might be having a hard time following a loss to suicide, that may increase their own vulnerability.
5. Try to think of others who may be at increased risk.
 - a. There may be other people who were not close to the deceased or did not know them at all, who still may be at higher risk after a suicide. As a faith leader, you may have insight into the life difficulties others might be experiencing.
 - b. People who may need extra attention include:
 - i. People with a history of depression.
 - ii. People showing signs of depression.
 - iii. People who have had a death by suicide in their past, such as in their family.
 - iv. People who have recently had a significant loss – the death of a loved one, a divorce or relationship ending, loss of a job.
 - c. Reach out to them too, with a personal word of support and a list of resources.
 6. Verbally and publically support people seeking help. Getting mental health counseling can still carry a lot of stigma. Reassurance from a community leader such as yourself can help people feel more comfortable with needing to talk to someone.
- **SUPPORTING EDUCATION**
 1. Sponsor and hold educational events.
 - a. Hold presentations/workshops on hard topics: grief, depression, suicide, Post Traumatic Stress Syndrome.
 - b. Hold gatherings for your community of faith and the community at large on positive ways to support good mental health: help-seeking, stress reduction, taking care of ourselves, taking care of each other.
 2. Put support and education materials in easy to see public places.
 - a. Having materials at your place of worship gives people who are not ready to talk a way to take away something supportive.
 - b. Fact sheets, brochures, short books, reading lists and posters are all helpful.
 - c. Restrooms are an excellent place to leave brochures – we won't fix our culture's stigma on mental health and suicide overnight, and restrooms offer people a place to pick up information without anyone "seeing them."
 3. Sponsor and support suicide prevention training workshops ***after the community has had some time to recover***.
 - a. Best practice research indicates that immediately after a suicide **is not the time** to jump into prevention skills workshops and training. Healing and help-seeking are the focus right then.
 - b. After a waiting period that feels right to your community and circumstances, bring in professional trainers to talk about suicide prevention, warning signs, risk factors, and how **everyone can help prevent suicide**.
 4. Break the stigma around talking about suicide, mental illness and mental health.
 - a. Let people choose to participate in talking about these issues – don't force anyone.
 - b. Regularly promote open communication about mental health.
 - c. Use the national "Suicide Awareness" and "Depression Awareness" weeks to bring topics up and talk about them.

3. RESPONDING TO A DEATH BY SUICIDE: Commemoration of the Deceased

As a faith leader, you will be in a special position to assist survivors in their plans and services.

STEP ONE: Support Survivors

1. Listen: Listen to the concerns and wishes of the surviving family members and friends as you would to any bereaved – they may have very specific ideas on how to commemorate their loved one. In the case of death by suicide, listen carefully for anything that may increase risk of suicide contagion.
2. Share resources: Give survivors the names and contact numbers of counselors who have worked with survivors on planning memorials, and connect them with information on survivor support groups, both local and national.

STEP TWO: Share Best Practices

1. Give survivors a **short** written resource on safe ways to memorialize a loved one.
 - a. In their grief and pain, survivors may not realize that some types of memorials can be dangerous to other vulnerable people in the community – ***this can be especially true with youth suicides.***
 - b. Keep it to a brief outline. Now is not the time to give people a lot of dense information to read and review.
2. Gently guide survivors to best practice suggestions.
 - a. Talk about how best practices come out of a lot of study that is focused on keeping people safe.
 - b. Gently talk about the risk of contagion and safety concerns for other people who might have dearly loved and identified with their lost loved one.

STEP THREE: Support Other Vulnerable People

1. Be prepared to support others in need during the memorial process, if the survivors/community insist on doing a commemoration or memorial that might increase the risk of contagion.
 - a. There is only so much you can do to guide survivors and offer support around memorial decisions.
 - b. The final decisions are ultimately up to the family, or in broader community memorials/services, up to the final decision-making body such as the town or school administration.
2. Be present.
 - a. If it is appropriate for you to be present at services or events even if you are not officiating, do so.
 - b. Be aware of people present who may be displaying warning signs.
3. Offer resources to those present.
 - a. Respectfully ask that the family/organization make a printed list of resources available at the service or commemorative event.
 - b. Speak directly with local media that may come to services or public dedications ceremonies, and direct them to the Media Guidelines.

4. RESPONDING TO A DEATH BY SUICIDE: Self-Care

1. Recognize that you need support, too.
 - a. You have had a difficult experience, even if you were not close to the person who has died.
 - b. Being at the scene or working with people after a death by suicide is difficult and can be traumatic, even for people who are trained to do it and who have done it in the past or who work with crises all the time.

- c. You may need to delay your own personal reactions and this creates psychological stress.
 - d. Even if this work is part of your job and you have done it many times in the past, if you find yourself struggling for any reason at all, ASK FOR HELP from your faith community.
- 2. Access your faith organization's resources: Does your faith offer specific supports to its leaders?
- 3. Don't ignore your own experience in an attempt to serve others.
 - a. As you go about your days, pay attention to your own responses and emotional reactions to the attempt.
 - b. If you realize that you are not able to fill your role or continue to provide support to others because of your own responses to the death, or if you need additional support in your duties, tell your superiors within your faith and ask for assistance.