

# VERMONT SUICIDE POSTVENTION PROTOCOLS FOR PRIMARY CARE PROFESSIONALS

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## 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, **Primary Care Professionals** 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, and after a death by suicide. This is a companion document to *SUICIDE PREVENTION AND INTERVENTION PROTOCOLS FOR PRIMARY CARE PROFESSIONALS*.

The following are **suggested suicide postvention protocols** based in best practices on how to respond to an attempted suicide and/or a death by suicide.

As a medical office, your organization or office likely has existing crisis response policies and procedures. This outline can give your organization **guidance in reviewing your own postvention protocols**.

There also may be laws and/or state statutes that dictate the actions of those in the medical profession in specific circumstances. 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](mailto: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.

This protocol covers suggested basic steps following an attempted suicide. 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.

## II. AFTER AN ATTEMPT

### 1. RESPONDING TO AN ATTEMPTED SUICIDE: On Scene

#### STEP ONE: Provide Medical Care as Needed

#### STEP TWO: Responding to Refusal of Treatment

##### WHAT IF THEY REFUSE HELP?

A legal adult (over the age of majority) 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.

#### STEP THREE: Determine Your Continued Immediate Role

1. Your profession may dictate exactly what you need to do and what you legally can and cannot do.
2. Your state may have regulations on what a medical professional is required to do by way of reporting.
3. Even people in the same line of work but working at different organizations may have different rules they need to follow – confirm with your organization what the policy and procedures are.
4. If you have concerns about HIPPA regulations, remember that HIPPA has specific exclusions when related to a patient who may be a danger to self and/or others. See **Appendix E**.

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

#### STEP ONE: Make Follow-up Contact

1. Reach out to the person. Do not force them to respond but try to make sure that they know you tried to be in contact. Best practice research indicates that direct contact after a suicide attempt, by people who helped during the crisis, can help keep people from re-attempting suicide and help them stay in follow-up care.
2. Trust that this is an important and effective action – an evidence-based best practice. Research indicates the contact can be brief, and by phone, email, note in the mail, or personal visit – all have been shown to be helpful. It may seem small to you and easy to skip, but it can literally save lives.

#### STEP TWO: Suggest Others Make Follow-up Contact

1. Tell others who helped during the crisis about this best practice.

2. Encourage them to take the step.

### **STEP THREE: Determine Your Role in Continued Follow-up**

As a primary care professional, you may or may not have a continued role, depending on your relationship to the individual who has made the attempt.

### **STEP FOUR: Take Care of Yourself**

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.
  - c. You may need to delay your own personal reactions if you are part of a crisis response team or if your job requires you be in charge during or immediately after the crisis of the suicide attempt.
  - 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.
2. Access your organization's resources: Employee Assistance Program, referrals, on-staff counselors.
3. Don't ignore your own experience in an attempt to serve others.
  - a. As you go about your job, 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, access help.

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

### **STEP ONE: Help Reduce Stigma**

1. Break the stigma around talking about mental health, mental illness, and suicide.
  - 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. Use the national "Suicide Awareness" and "Depression Awareness" weeks to bring topics up and talk about them.
  - d. Encourage your colleagues in the primary care field to attend a suicide awareness event.
2. Lead by example.
  - a. Talk openly about the stigma around mental illness, and how hard it can be to talk about mental health at all in our culture, even with a doctor.
  - b. Be open and approachable to people seeking help.
  - c. Look for signs that there may be a mental health component to your patients' presenting concerns.

### **STEP TWO: Educate Yourself & Others**

1. Suggest, organize or sponsor workshops, awareness events, 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. Sponsor awareness events for other primary care professionals.
3. Find ways to promote regular, open communication about mental health.

## II. AFTER A DEATH

### 1. RESPONDING TO A DEATH BY SUICIDE: On Scene

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.

#### **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.

#### **STEP TWO: Proceed as Trained**

1. Proceed as your medical training indicates at the scene of a death.
2. Do not refer to the death as a “death by suicide” to others unless the medical examiner has given an official cause of death.

### 2. RESPONDING TO A DEATH BY SUICIDE: Immediate Follow-up

Your practice or office may have no role in public announcements. If it does not, please go directly to **3. Commemoration of the Deceased**.

#### **STEP ONE: Determine if a Statement is Needed**

1. Should you need to make a public statement about a death, or if your practice/office will be asked about the death, give a short statement as soon as possible.
  - a. Have only one person make all official statements.
  - b. Only give information that has been confirmed. Do not talk about unconfirmed information even if you know details about the death.
    - i. A serious and proven concern with suicide is **contagion**: when the suicide of one person influences others to also think about or attempt suicide.
    - ii. Discussing unconfirmed cause of death is a very real danger.
  - c. Use direct but nonspecific terms concerning the death until cause is confirmed.
    - i. “A death has occurred.”
    - ii. “He/she has been pronounced dead.”
  - d.
2. Be prepared to be asked questions about cause of death, or about details you may know but can’t share, even if you are NOT in a role that requires a public statement. As health care professionals, it may be assumed that you will have more information than others, and that you can speak authoritatively to cause of death.
  - a. Clearly say you cannot give a cause of death and that only the medical examiner can do that. **Stop there**. Do not be drawn into speculation or feel you have to answer questions.
  - b. People may ask surprising and inappropriate questions – have a short response ready and use it over and over.
    - i. “I don’t have any more information at this time.”
    - ii. “I strongly urge you for the safety of others to not speculate or repeat/print things that we do not know at this time.”

3. Directly discourage rumors, gossip, and speculation. They can increase the **risk of contagion**.
  - a. **SOCIAL MEDIA** – online sites, Facebook, Twitter, texting, chat – **WILL be used** in times of crisis. You cannot prevent this from happening. It is difficult to control but YOU CAN HELP.
    - i. Ask others directly to be careful how they use social media.
    - ii. Say that it is **dangerous to spread uncertain information on social media**, and tell them why. Explain suicide contagion to them.
  - b. Ask others bluntly to not spread rumors or information that has not been confirmed. Tell them it is dangerous.

## **STEP TWO: Provide Resources**

If you find yourself in a position of making a public announcement **always talk about supports and resources** with people you are telling, and leave them with a hard copy that has information on how to contact help, immediately if needed.

## **STEP THREE: Take Care of Yourself**

1. Recognize that you need support, too.
  - a. You have had a difficult experience, even if you did not know the person who has died by suicide.
  - b. Being at the scene of a suicide or working with people after a suicide is difficult and can be traumatic, even for people who are trained to do it and who have done it in the past.
  - c. You may need to delay your own personal reactions if you are a Crisis Contact, on a Crisis Team, in a counseling or support role, or if your job requires you to be in charge.
  - d. Even if this work is part of your job and you have done it many times in the past, every death is different.
  - e. People who work in the helping professions are often traumatized by repeated exposure to death and violence, even if you have been trained to work with it.
  - f. **ASK FOR SUPPORT if you need it**. You will be of more help to others if you recognize you may need support, too.
2. Access the resources you are giving out to others.
3. Access the resources your organization has available: EAP, referrals, on-site counselors.
4. Do not repeatedly ignore your own experience in an attempt to serve others. 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, seek assistance.

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

As a medical professional, you may or may not have a role in working with survivors around the commemoration of the deceased. If you do, the following are some steps to consider.

### **STEP ONE: Support Survivors**

1. Listen to the concerns and wishes of the surviving family members and friends – they may have very specific ideas on how to commemorate their loved one.
2. Listen carefully for anything that may increase risk of suicide contagion.
3. Share resources.
  - a. Give survivors the names and contact numbers of counselors who have worked with survivors.
  - b. Give survivors 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.
  - 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: Offer Education**

1. Sponsor and hold educational events.
  - a. Hold presentations/workshops on hard topics: grief, depression, suicide, Post Traumatic Stress Syndrome.
  - b. Hold 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. Hold workshops at times that are easy for staff or community to attend.
3. Hold events during the workday for staff, and make sure people are not “too busy” to be able to attend.
4. Put support and education materials in easy to see public places.
  - a. Fact sheets, brochures, short books, reading lists and posters are all helpful.
  - b. Posters give repeat public messages that help create an atmosphere of support.
  - 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.”
5. Offer suicide prevention training workshops ***after the community has had some time to recover.***
  - a. Best practice research tells us that immediately after a suicide **is not the time** to jump into prevention skills workshops and training. Healing and help-seeking are the things to focus on right then, with already-trained professionals keeping a watch for warning signs.
  - 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.**

## **STEP FOUR: Work to Reduce Stigma**

1. 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 find ways to promote open communication about mental health in the medical health field.
  - c. Use the national “Suicide Awareness” and “Depression Awareness” weeks to bring topics up and talk about them.
2. Lead by example.
  - a. Talk openly about stigma itself, and how hard it can be to talk about suicide and mental illness in our culture, even to a doctor.
  - b. Be open and approachable to people seeking help.

- c. If someone approaches you and you are not the right person to directly help them, listen to their need and have your resource list handy to give them a direct contact.
- 3. Educate!
  - a. Education is one of the best ways to break through stigma.
  - b. Keep at it. You are helping battle a long history of cultural stigma. YOU can make a difference.