

VERMONT SUICIDE POSTVENTION PROTOCOLS FOR SOCIAL SERVICE & YOUTH SERVICE PROFESSIONALS

- 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, **Social Service & Youth Service 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. This is a companion document to *SUICIDE PREVENTION AND INTERVENTION PROTOCOLS FOR SOCIAL SERVICE & YOUTH SERVICE PROFESSIONALS*.

The following are **suggested suicide postvention protocols** based in best practices tailored to **Social Service and Youth Service**, 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 additional 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.

Remember that an important part of these guidelines are the appendices:

- 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

- o On Scene
- o Immediate Follow-up
- o 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. Trust your instincts. Don't waste a lot of time trying to decide, make a decision and go with it.
 - b. 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.
 - c. **DO NOT ASK** the person if they want to go to the ER. **Take them.**
 - d. **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 your client, 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 information is being shared is reasonably able to lessen the threat.

STEP THREE: Determine Your Continued Immediate Role *[Your role may change significantly depending on your profession and your organization.]*

1. CHECK IN WITH YOUR ORGANIZATION. This is when it is important to compare these sample best practices with your existing organization protocols.
 - a. Your profession may dictate what you need to do and what you legally can and cannot do.
 - b. Your state may have regulations on what someone in your position is required to do in the way of reporting.
 - c. Your job may require you to notify your organization immediately if an emergency like this takes place.
 - d. Even people in the same line of work but working at different organizations may have different rules they need to follow.
2. Contact your supervisor if you DO NOT KNOW what your next steps should be, after you have gotten the person to immediate medical care.

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 and allowed in your job.
 - 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.
 - a. Research indicates that the contact can be brief, and by phone, email, note in the mail, or personal visit – all have been shown to be helpful.
 - b. It may seem small to you and easy to skip, but it can literally save lives, regardless of whether you know the person well or not.

- c. Best practice research tell us 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.

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

It is completely dependent on profession as to whether any other roles in additional follow-up. Some professions help with re-integrating a person who has attempted suicide back into a workplace or community setting, other professions work with the administrative issues of how to handle the risk that people may not be ready to be back in a work or community setting, and still other professions have nothing to do with additional follow up beyond providing immediate medical assistance. **This will be a step that will be important to discuss as an organization.**

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, tell your supervisor/organization immediately.

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. 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 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.
 - 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 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

- o On Scene
- o Immediate Follow-Up
- o Commemoration of the Deceased
- o Ongoing Follow-Up

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: On Scene

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.

STEP TWO: Notify Your Organization *[This step may change a lot depending on profession.]*

1. If you **ARE** the Crisis Contact for your organization, contact your organization/supervisor, call in your Crisis Team, and go on to **ITEM III**.
2. If you are **NOT** the Crisis Contact for your organization, call your Crisis Contact immediately and tell them that you were at the scene of a death.
3. Use your organization’s crisis phone tree until you reach someone, if you can’t reach your Crisis Contact.
4. 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.

EXCEPTION: *Even if it has not been confirmed, in some professions it is important to tell the Crisis Contact/Crisis Team immediately that the death might have been suicide so they can give the best response. If you do have reason to believe the death was a suicide, tell your organization’s Crisis Contact that you know it is possible the death was a suicide. If the medical examiner has not said it was a suicide, stress to your Crisis Contact that you can’t confirm yet if it was a death by suicide.*

5. Follow your Crisis Team’s instructions.

- a.* Don't talk to other employees about the death unless you have been asked to.
 - b.* Don't talk to people outside of your organization about the death.
- 6. If you **are** the Crisis Contact for your organization, go on to **ITEM III: Immediate Follow-up**.

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

OVERVIEW ON MAKING A PUBLIC STATEMENT:

1. Give a short statement as soon as possible, if your organization needs to respond to the death or will be asked about the death.
 - a. Only give information that has been confirmed.
 - b. Giving a response soon, even if it doesn't have all the information, can be more helpful than no statement.
 - c. Let people know that you **WILL** give more information when you have it.
 - d. Short statements of the facts will help stop rumors and guessing when no statement at all leaves people wondering and can lead to more rumors.
2. Have one person make all official statements. Only the Crisis Contact from your organization should make statements and answer questions.
3. **If you ARE the Crisis Contact**, go on to Step One.
4. **If you are not the Crisis Contact**, tell everyone who asks you questions to talk to that person.
 - a. Use a short simple statement over and over.
 - i. "You need to talk to our Crisis Contact about that."
 - ii. "I can't say anything about this situation. Please talk to our Crisis Contact."
 - b. Do not talk about the death publicly.
 - c. Do not take part in rumor, guessing, speculation, or gossip.

STEP ONE: Confirm All Information

1. **CONFIRM** all information you plan to say before you make any public statement.
 - a. Confirm with the police, medical examiner, coroner, or the immediate family.
 - b. **REMEMBER:** Only the medical examiner can give a cause of death.
2. Do not talk about unconfirmed information with others, even if you know details about the death.
 - a. A serious and proven concern with suicide is **contagion**: when the suicide of one person influences others to also think about or attempt suicide.
 - b. Discussing unconfirmed cause of death is a very real danger.
3. Use direct but nonspecific terms concerning the death until cause is confirmed.
 - a. "A death has occurred."
 - b. "He/she has been pronounced dead."
 - c. "He/she has died."

4. Be prepared to be asked questions about cause of death, or about details you may know but can't share.
 - a. Clearly say you can't give a cause of death and that only the medical examiner can do that.
 - b. Stop there. Repeat the same sentence if asked again. Do not be drawn into speculation or feel you have to come up with an answer for every question.
 - c. 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. "We need to wait until we have more confirmed information."
 - iii. "I strongly urge you for the safety of others to not speculate or repeat/print things that we do not know at this time."
 - iv. "I've already said that I can't say anything more about that at this time."

5. Tell people you will give more information as soon as you have it. Knowing that more confirmed information is coming helps control rumors and encourages people to wait until they hear facts.

6. 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 in your statement 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.
 - c. If you can help stop rumors with direct statements, do so.
 - i. "We don't have confirmed information so we need everyone to not spread rumors."
 - ii. "I am asking you to not print or spread information that hasn't been confirmed."
 - iii. "It can be very dangerous to other people to spread information that isn't confirmed."

STEP TWO: Prepare a Fully-Confirmed Statement

1. Issue a **written statement** as soon as you can, even if you are also making a verbal statement.
 - a. A written statement is clear and specific.
 - b. A spoken statement can be easy for others to hear incorrectly, not understand, or misinterpret.
 - c. A written statement can be looked at again and copied for others, instead of relying on memory to try to repeat a spoken statement.
 - d. Others can use your written statement as a guide in helping them talk about the death.

2. Find out all correct, confirmed information that you can share.

- a. Make the best statement you can as soon as possible, with the information that is available.
 - i. You may not be able to confirm everything quickly – state that.
 - ii. A statement soon after the death can help stop rumors and is safer than saying nothing.
 - iii. Even just saying that you will give more information can help stop rumors.
 - b. For information that has not been verified, state that you cannot speak to that information now, but that you will share it when you can.
3. Keep the reference to the death direct but nonspecific until a cause of death is officially announced.
 - a. “A death has occurred.”
 - b. “He/she has been found deceased.”
 - c. “He/she died on [date].”
 4. 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 words “successful” when talking about a suicide. “Died by suicide” easily replace “successful suicide” or “successfully took his own life” 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.
 5. Gather up-to-date contact information for resources you can offer to people you are notifying.
 - a. Giving resources can be one of the most important parts of your response.
 - b. Confirm telephone numbers, names, emails, and websites for local mental health organizations, suicide resource and support organizations, hotlines, grief counseling, Employee Assistance Programs, and faith leaders.
 - c. Hand out paper copies of the resource list. *See Appendix B – Resources to Share*.
 6. Do not share details about the suicide.
 - a. You can say “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.**
 - i. **DO NOT** provide details like *how* the person killed themselves or *where* the suicide happened.
 - ii. **DO NOT** give information about whether or not someone left a note.
 - iii. **DO NOT** give a reason why someone killed themselves.
 7. **DO NOT** give opinions.
 - a. **DO NOT** offer an opinion on why someone killed themselves.

- b. **DO NOT** offer your opinions on suicide.
 - c. **BE CAREFUL** not to use judging statements such as “suicide is cowardly” or “suicide is selfish.”
8. Contact the family of the deceased.
- a. Express your condolences for their loss.
 - b. Ask if there is information they would like you to pass on in your statements, like funeral arrangements.
 - c. If the family asks that the cause of death not be given as suicide, gently let them know that in most states “cause of death” is public information.
 - i. Tell them you will try to respect their wishes.
 - ii. Tell them people may already know suicide was the cause of death.
 - d. If the family asks for details to be shared widely and in your professional opinion those details may be dangerous for others or increase risk for contagion, offer gentle guidance to the family about public statements.
 - e. If the family continues to request that the cause of death be withheld, try to respect the family’s wishes as best as you can.
9. Contact professionals who have spoken or will speak to the family before you make public statements, if it is not in your professional role to contact them yourself.
10. 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.

STEP THREE: Make Notifications

Public announcements and official notifications should be made only by the Crisis Contact for your organization. Always refer questions to that person, even if you know details about the suicide. ***If you are not that person, contact that person and then review STEP I – Confirm All Information.***

1. Immediately send media outlets **Appendix F – The Guide for Media** for covering suicide responsibly and safely.
2. Once your statement is prepared, decide the best way to share it.
 - a. As much as possible, call for an in-person meeting and tell people directly.
 - b. Hand out a written copy of your statement.
 - c. Don't announce a suicide death over a public address system.
 - d. In large organizations, have managers call together group meetings of their departments. Speaking to people in small groups is better than large announcements to a big audience.
3. Arrange for a written notice to be delivered to the media if it is your organization's role to do so. Stress to the media the need to give resources for help along with any announcements, like hotline phone numbers or local mental health service phone numbers.
4. **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 FOUR: Assess Need for Immediate Supports

Giving out resources on paper is a good step, but many people may need more encouragement to use the resources available to them.

1. Attend to services and support for those most impacted by the suicide death.
 - a. Make a list of those closest to the deceased – close friends, coworkers, team members, partners.
 - b. Talk to as many of these people in person as you can, or find an appropriate person to do so.
 - i. Give these people a short list of easy-to-reach resources – a crisis hotline, a survivor support hotline, the names of some local counselors who work with survivors.
 - ii. Encourage them to reach out if they need to talk.
 - iii. Be prepared for people to say they do not need to or want to talk – tell them that you just want to make sure they know what is available.
 - iv. 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.
2. 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.
 - 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 your list of resources.
3. Directly connect people who are struggling with a person who can help.
 - a. Make an introduction to an onsite counselor.
 - b. Offer a few names and phone numbers of other counselors.
 - c. Support people in their choices – everyone handles death in different ways.
 4. Make immediate services available to people at no cost if possible.
 - a. Bring in counselors to be at meetings when people are told about the death.
 - b. Make these counselors available during work hours.
 - c. Have your Employee Assistance Program reach out to everyone through a written communication or by going to staff meetings.
 5. Verbally and publically support people seeking help.
 - a. Getting mental health counseling can still carry a lot of stigma.
 - b. People may worry that if their supervisor or coworkers know they are seeking help it may affect their job security.

STEP FIVE: 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.
 - a. As you go about your job, pay attention to your own responses and emotional reactions.
 - 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 your supervisor/organization immediately.

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

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.
3. Trust your gut about your role in this process.
 - a. **IF YOU DO NOT FEEL ABLE** to discuss these issues with the survivors, for any reason – **that is fine.** Don't do it.
 - b. Find someone else who is trained in working with survivors to talk to the family, friends, and loved ones.
 - c. Take care of yourself.
 - i. If it is your job to work with the survivors and you are expected to do so, but you are struggling, **go to your supervisor** and discuss the issue.
 - ii. Even if you have been trained to work with survivors and have done so in the past, every death is different. If you are struggling personally, for any reason, it is better to bring in another professional to help.

- iii. Taking care of yourself is just as important as helping others, and part of being a responsible member of the helping professions.

STEP THREE: Support Other Vulnerable People

1. Be prepared to support others in need, 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, do so.
 - b. Be aware of people present who may be showing warning signs.
3. Give out resource lists to as many people involved as possible.
 - a. Respectfully ask that the family/organization make a printed list of resources available at the service or commemorative event.
 - b. Revisit the Media Guidelines on safe messages with the local media that may come to services or public dedications ceremonies.

4. RESPONDING TO A DEATH BY SUICIDE: Ongoing Follow-up

STEP ONE: Provide Ongoing Support & Care

1. Offer ongoing direct support opportunities after the suicide.
 - a. People who experience loss, tragedy and trauma need support for much longer than a few days – keep information about resources and support out and visible over the weeks and months after the death.
 - b. Ask managers to continue to review available supports at staff meetings.
 - c. Keep a hard copy of resources in central locations.
 - d. Keep promoting the availability of Employee Assistance Programs if you have them in your organization.
2. Recognize that there are many different kinds of vulnerability. Suicide is a shock and trauma to a community, not just to the immediate circle of family and friends.
 - a. Everyone handles death and trauma differently. Even members of the same family may be handling the loss in completely different ways.
 - b. People who were NOT close to the person who died by suicide, or had little or no contact with them, may still be having a very hard time.
 - c. People grieving another loss that has no connection to the suicide can be deeply affected by a death, especially a sudden, untimely and/or violent death.
 - d. People struggling with depression or other mental health challenges can be deeply affected by a suicide.

- e. People who have had suicide(s) in their own family or personal circle can be re-traumatized – people who have experienced a close suicide are at higher risk for suicidal thoughts and actions themselves.
3. Be alert to warning signs. *(See Appendix A)*
 4. Pay attention to special dates – holidays, anniversaries, birthdays, the date the death occurred on – that may trigger reactions.

STEP TWO: 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 work day for staff, and make people are not “too busy” to be able to attend.
 - a. Be aware of what work load people have and what is expected of them.
 - b. A mixed message of “go for support” and “get all your work done and perform as usual” can be very hard on employees.
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 THREE: 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.

- 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.
 - b. Be open and approachable to people seeking help.
 - c. Check in with people and ask how they are doing. Don’t insist on a response, but just let them know you care enough to ask.
 - d. 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 educate 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.