



## After a Suicide: Postvention

### Take-home points

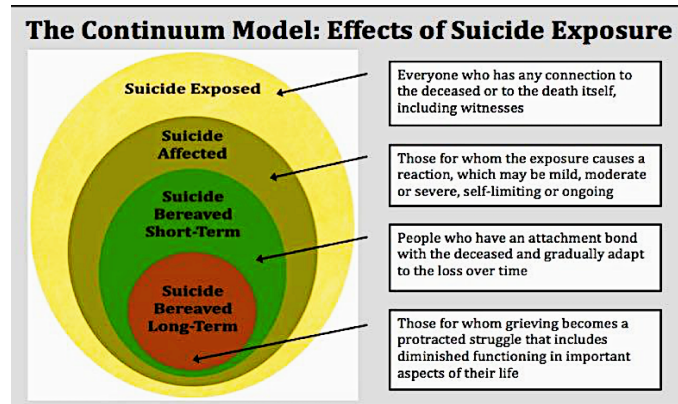
- Postvention is prevention: a significant number of people exposed to suicide have negative and long-term mental health consequences, including increased risk of suicide themselves. Postvention offers support and healing to loss survivors that can reduce risk.
- Active, Delayed and Passive Postvention are different models of offering response after suicide.
- Ongoing support for loss survivors includes survivor support programs and therapeutic support from clinicians trained in suicide loss bereavement.
- The impact of a suicide death can affect whole communities. Having a postvention plan in place before a crisis occurs is the best way to ensure an effective, coordinated postvention response.
- Postvention plans can be constructed at the community level, city or county level, and within schools and workplaces.

### Data on the Impact of Suicide<sup>1</sup>

The impact of a suicide death is devastating to families, friends, and others close to the person who died, and can ripple out to effect whole communities. The **Continuum Model of Suicide Exposure** groups those impacted by suicide into four nested tiers. Where individuals fall in this continuum is not dependent on their relationship to the deceased, but on the person's reaction to the death. Each category suggests different mechanisms of postvention support to promote healing and reduce the negative consequences such as suicide risk.

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<sup>1</sup> Sources: *Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines*; John R. Jordan (2017) *Postvention is prevention—The case for suicide postvention*, *Death Studies*, 41:10, 614-621, DOI: 10.1080/07481187.2017.1335544



It is estimated that 50% of the population will be exposed to the suicide of someone they know at some point in their life.

- On average 115 people are **exposed** when a suicide occurs.
  - Of these, 63 will identify as having a high or very high level of closeness with the person.
  - On average, 25 people will have their lives impacted in a **major way**, and the suicide will have a **devastating** impact on 11 people closest to the person.
- A significant number of people exposed to suicide have negative and long-term mental health consequences.
- The bereaved experience greater rates of suicidal ideation, suicide risk, mental health symptoms, serious depression, and social isolation.
- Exposure to the suicide death of a family member doubles or triples the risk that another person in that family will die by suicide.
- Exposure to suicide doubles the chances that a loss survivor will report suicidal ideation, when compared to people who were not exposed to a suicide.
- Suicidal ideation, depression and other mental health symptoms, and social isolation can continue 5-10 years after the death.

The relationship of the survivor to the deceased does not determine the impact; risk can also increase among people exposed to the suicide who were not related to the person who died.

- Witnesses to a suicide attempt or those exposed to the suicide of a peer, particularly children, are at higher risk.
- Exposure to the suicide of a workplace colleague is associated with a 3.5-fold increase in risk.
- Other studies have examined the impacts of news media and social media exposure to suicidal behavior and found that certain types of media coverage of a suicide can increase risk among vulnerable individuals who had no personal relationship to the deceased.<sup>2</sup>

<sup>2</sup> Sources: Reporting On Suicide (<http://reportingonsuicide.org/research/>); Arendt, F., S. Scherr, and D. Romer. 2019. *New Media & Society*, Vol.21 (11-12) 2422-2442.

## The Effects of Suicide Loss on Families

- The grief process is complicated by several factors, including law enforcement involvement, legal investigations, and the logistics that need to be attended to after a death (cleaning up the death scene, funerals, settling finances, etc).
- Families often struggle with how to talk about the death and when/whether to reveal the causes.
- Longer term, family units can become dysregulated. Observances such as birthdays and holidays become sources of pain rather than celebration or may be neglected altogether.
- The death may cause the bereaved to cast blame on one another. Family members can become emotionally unavailable and family cohesiveness suffers.
- Patterns of silence and secrecy can develop depending on how openly the suicide is talked about. For example, a family may attempt to conceal the cause of death from children or others.
- Relationships can become strained and unhappy, leading to break-ups, divorce, or estrangement.

## Complicated Grief

Bereavement after suicide is different from bereavement after other causes of death. "Normal grief" entails a period of intense sorrow related to the loss, that gradually eases with time as the bereaved comes to accept the loss and is able to move forward. Complicated grief occurs when painful and confusing emotions such as guilt, shame, anger, and blame intensify grief, and when these feelings become debilitating or don't improve over time.

<b>Difference in bereavement after suicide</b>	<b>How postvention can help</b>
Suicide is perceived as a choice. Survivors may feel abandoned and angry. Others may inadvertently make painful comments or ask hurtful questions.	Helping people understand the psychology of suicide can help re-frame the concept that someone wanted to die. Suicidal people do not want to die as much as they want to end their pain. Problem solving skills and the ability to see a way out become impaired. Perspective becomes distorted and a suicidal person may believe others would be better off without them.

<p>Survivors often feel the suicide could or should have been prevented, leading to feelings of guilt, shame, anger and failure. They may feel relief if the person struggled for a long time. These emotions are often conflicting, painful, and can cause survivors to question themselves, others and their beliefs.</p>	<p>While it is important to educate people about suicide prevention, it is important to acknowledge that it is not always preventable. Warning signs can be well-concealed and missed or misunderstood by caring and attentive friends and family. Efforts to help may not have been accepted or did not work.</p>
<p>Suicide is often a stigmatized death, viewed as criminal, shameful, sinful or reflecting failure; people may not know how to talk about the suicide (survivors and others) and fear of saying the wrong thing can lead to silence and secrecy. Loss survivors can become isolated and their social network strained.</p>	<p>Promote understanding that the causes of suicide are complex, and a suicide cannot be attributed to a single cause. Many people who kill themselves had underlying mental health problems or psychological vulnerabilities. Being able to talk openly with others about suicide and the person who died can alleviate some of the pain.</p>
<p>Suicide deaths are traumatic. They are often sudden and unexpected. People did not have the chance to resolve issues or say good-bye. Suicide death may involve violence - physical and/or psychological. Law enforcement is involved. Survivors, including witnesses, may develop post-traumatic stress disorder and traumatic grief.</p>	<p>Empathy, understanding, and appropriate supports and services - such as peer support and professional therapy, can alleviate the severity of trauma exposure, and help to reduce the length of time toward healing.</p>

### Definition and Scope of Postvention After Suicide

Postvention is defined as an organized response after a suicide death with three main goals:

- Promote healing and support to individuals, groups and communities impacted by a suicide death
- Mitigate other negative effects of exposure to suicide, including the risk of contagion
- Prevent suicide among people who are at high risk after exposure to suicide.

Just as no two grief experiences after a suicide death are the same, no one means of offering support after suicide will help everyone who may be impacted by the death. Postvention includes a range of strategies, from immediate response after a suicide death to ongoing support for loss survivors.

## Active, Delayed and Passive Postvention Models

Active Postvention refers to immediate and proactive response after a suicide death. A team of individuals who are skilled in offering support after suicide accompany first responders at the scene of a suicide death. Support is provided to family members, witnesses or others that are directly impacted by the death.

These steps do not require loss survivors to reach out for support, rather the support is made available to them immediately. This model requires strong partnership with first responders. On average, loss survivors receiving active postvention reached out for assistance within 39 days of the loss compared to an average of 4.5 years in passive models<sup>3</sup>.

- LOSS (Local Outreach to Suicide Survivors) Teams consist of suicide loss survivors paired with clinicians or paraprofessionals that accompany first responders at the scene of a death or in notifying family members. LOSS Team members offer comfort, healing, and a connection to ongoing sources of support in the community.

Delayed Postvention is offered as soon as possible after a suicide. A team of postvention responders coordinate and facilitate a postvention response as soon as they learn of a suicide death. Through partnership with first responders, notification may be automatic (ideally within 24 hours of the death) but Delayed Postvention can be implemented at whatever point the postvention team learns of the death

Delayed Postvention does not require loss survivors to reach out for help, rather support is offered to them as soon as possible after the death.

Examples: Community Crisis Response Teams, such as the [Didi Hirsch Suicide Response Team](#) and the [Contra Costa Crisis Center's On-Site Mobile Response Team](#). Crisis Response Teams consist of experienced counselors who are called to the scene of a disaster or tragedy in the community to offer emotional support to survivors and witnesses and information about ongoing sources of support. Crisis Response Teams can be called in by law enforcement, city officials, or at the request of a school, business, or other agency.

Passive Postvention refers to support that is available to loss survivors when they reach out for assistance. Strategies include ensuring that loss support services are available, compiling information about loss support services and making sure this information is accessible to the community. Distributing this information on web sites and through brochures that are made available to first responders, funeral directors and others who interface with loss survivors can help ensure that it will reach those who may benefit from it.

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<sup>3</sup> Frank Campbell, "Suicide Survivors as First Responders: The LOSS Team".  
<http://www.losssteam.com/LOSSsteamOVERVIEW.pdf>

## Ongoing Support for Loss Survivors

Some loss survivors may take months or even years to reach out for support; it is important that ongoing options for support and services supports are available, not just support in the immediate aftermath of a suicide.

Survivor Support Programs. Many suicide loss survivors benefit from connecting with others who understand complicated grief after suicide and learning strategies for coping and healing. Survivor support programs commonly offer support group meetings that are facilitated by survivors of suicide loss (peer support), or by mental health professionals who are experienced in counseling suicide bereavement and may also be loss survivors themselves. Loss survivor support groups can be ongoing, held weekly, bi-weekly or monthly; others are offered one or more times a year in six- or eight-week sessions.

Survivor support programs can also offer other means of support outside of group meetings. Expanding support from in-person meetings to other venues will broaden the reach to include those who are not able or interested in attending meetings, or who do not have meetings in their area. Examples include help lines staffed by volunteers who are also loss survivors, educational web sites, lending libraries, and newsletters.

Example: [Friends for Survival](#) is a longstanding peer-operated loss survivor program that offers group meetings throughout parts of Northern California that are facilitated by loss survivors in those communities. Friends for Survival also operates a Help Line and compiles a monthly newsletter, *Compassionate Friends*, that includes articles, stories and information.

Therapeutic Support for Loss Survivors. Some loss survivors will benefit from professional therapy as they navigate intense grief and trauma. Since the complicated grief after a suicide is unique, therapy is best offered by clinicians that are trained or experienced in therapeutic modalities that are specific to suicide loss bereavement.

Strategies to enhance the access to clinicians who are trained in suicide bereavement include sponsoring training for clinicians, compiling a registry of trained clinicians to make locating someone with that specialty set easier, and sponsoring programs that facilitate access to specially trained clinicians regardless of an insurance status.

- The Tulare & Kings Counties Suicide Prevention Task Force provides [Grief and Bereavement Counseling](#) to anyone who has been deeply impacted by a suicide death and lives or works in Tulare or Kings Counties. Short term therapy is offered at no cost to participants through a voucher and referral program.

## Community and School Postvention Plans

The impact of a suicide death can affect whole communities, particularly if the person who died was well-known or the death happened in a public place. After any suicide death, without a formal postvention process, most in a position to respond have little interaction with one another and may not know what support is available to help those impacted by the death. Having a postvention plan in place before a crisis occurs is the best way to ensure an effective, coordinated postvention response. Postvention plans can be constructed at the community level, city or county level, and within schools and workplaces.

### Elements of a Postvention Plan



Notify Core Team. The central component of a postvention plan is a **core team** that will coordinate the response. The core team is small group of 2-4 individuals knowledgeable about postvention response, authorized and trusted to receive sensitive information, and willing to have their contact information shared with loss survivors as well as others involved in the response.

Ideally, the Core Team is notified of a death within 24 hours and directly from first responders (e.g. law enforcement, Coroner). Accurate and timely information sharing helps ensure that support is provided as quickly and appropriately as possible, and to contain potentially damaging rumors and misinformation.

Offer Support. The Core Team mobilizes **support** to those impacted by the death, from immediate family to co-workers, peers, and others in the community. Support is offered in the immediate aftermath of the death, but also in intervals of weeks or even months later. Loss survivors are often overwhelmed with logistics, such as working with Coroner and law enforcement and managing funeral arrangements. The full impact of their grief may be felt much later, and they may be in a better position to accept support.

Gather More Information. The Core Team monitors the impact of the death through social media, news media, and networking in the community such as through providers and other partners that interface with those impacted by the death.

The Core Team determines if and when broader response might be needed to reduce the risk of contagion and mitigate negative consequences. Some circumstances that might warrant a broader response include:

- Suicide death of a well-known or public figure
- Suicide occurred in a public place
- Suicide death receives extensive media coverage or social media attention
- Homicide/suicide (when someone kills themselves and someone else)
- When more than one suicide occurs in an unusually short time frame

Targeted response strategies may include counseling, or training for providers, managers or other gatekeepers. Community-level response may include holding community meetings or otherwise engaging, supporting and educating the community.

The Core Team also provides **guidance** to entities that formally communicate about the death through public statements or condolence letters and offers guidance about memorials and handling observances (e.g. the anniversary of death, birthdays, holidays).

Review and Learn. The Core Team reports aggregate information to a suicide prevention coalition or other body that provides oversight, guidance and partnership to evaluate and modify the postvention response as needed, monitor trends, and inform the larger community suicide prevention plan.

### **Steps in Developing a Postvention Plan**

- Identify members of the Core Team and establish relationships and procedures with first responders to facilitate timely and accurate information sharing after a suicide death.
- Compile a directory of services and supports for loss survivors.
- Develop a brochure that offers a message of hope and healing, and information about support options. Distribute brochures to those who interface with loss survivors such as first responders and funeral directors.
- Engage a local suicide prevention coalition that will evaluate the postvention response over time. The suicide prevention coalition also partners with the Core Team to monitor impact and implement broader response as necessary.

Example: The Tahoe Truckee Suicide Prevention Task Force formalized longstanding partnerships with first responders and community agencies to form a Community Postvention Plan. A Core Team that includes a behavioral health and law enforcement representatives is notified of each suicide death, facilitates support to those impacted, and



monitors the impact to reduce the risk of contagion. The Core Team reports to the Task Force annually and lessons learned from the postvention response help inform the community's suicide prevention plan.

## Postvention in Schools

The suicide death of a student, teacher or school staff member impacts the entire school community. Young people are particularly vulnerable to the risk of contagion after a suicide of a peer. Young people are also resilient and can benefit from appropriate supports and guidance to help process their response.

A **school postvention plan** includes procedures for timely notification of the death to school officials, such as the principal, who first verifies the accuracy of the information and confirms as many facts as possible. This is important to contain and prepare for the spread of rumors through social media and social networks. The coordinator then activates the crisis response team to monitor and manage the situation.

- Establish a Crisis Response Team (CRT) consisting of 4-5 skilled and experienced individuals. The CRT is usually coordinated by the School Principal and drives the postvention response, working closely with school mental health staff or community mental health professionals, to mobilize support to the school community.
- Maintain an environment focused on normal activities as much as possible.
- Help teachers and staff to understand how to support students.
- Minimize the risk of contagion by identifying at-risk students and referring them to help and monitoring and responding to media and social media coverage.
  - For example between 2009-2011, the community of Palo Alto in Santa Clara County experienced 7 teen suicides. Beginning in 2009 [Project Safety Net](#) was formed, a community-wide coalition with broad partnership that advocated for immediate measures to promote safety and prevention, increased linkages and coordination between community services, and laid the groundwork for the development of a community suicide prevention plan.

## Examples of Strategic Plan Goals for Postvention

- Take inventory and map out existing postvention resources (public and private)
- Identify a model for a coordinated, timely and respectful response following a suicide death
- Expand the number of clinicians who are trained in counseling suicide bereavement
- Expand the number and capacity of survivor support programs
- Establish a directory of survivor support services, including peer support programs and suicide bereavement-trained clinicians
- Develop and implement postvention plans within key community settings

## Postvention Resources

### Postvention Planning

- [Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines.](#)
- [After Rural Suicide: A Guide for Coordinated Community Response](#)
- [After a Suicide: A Toolkit for Schools](#)
- [Organizing a Community Response to Suicide: Factors and lessons learned](#), Santa Clara County
- [A Manager's Guide to Suicide Postvention in the Workplace](#)

### Postvention training

- [National Suicidology Training Center](#)
- [NAMI Connect](#)
- [Campbell & Associates](#) (LOSS Teams)

### Loss survivor support programs

- [Pathways to Purpose and Hope](#): a guide to creating a sustainable suicide bereavement support program
- [Facilitating a Suicide Bereavement Support Group](#)
- [The Basics: Facilitating a Suicide Survivors Support Group](#)

### Suicide bereavement training programs for clinicians

- [American Foundation for Suicide Prevention](#)
- [American Association for Suicidology](#)
- [National Suicidology Training Center](#)

### Coming Soon on the Each Mind Matters Resource Center

- Directory of Suicide Loss Survivor Support Programs in California
- Brochure for outreach to loss survivors