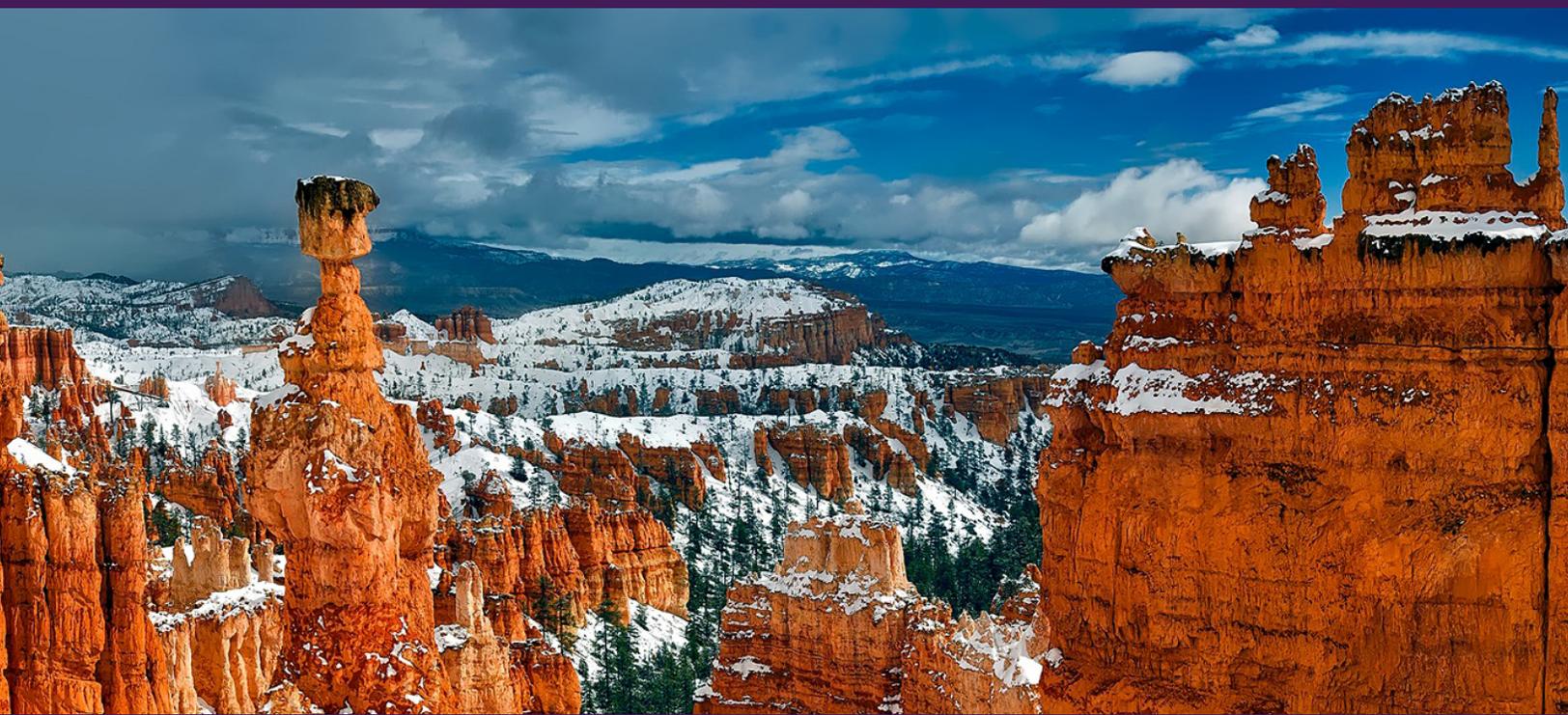


Community Postvention Toolkit



Utah
Suicide Prevention
Coalition

Preface from the Utah Suicide Prevention Coalition

The Utah Suicide Prevention Coalition is pleased to share this Community Postvention Toolkit for use by communities across Utah. Each suicide death is a tragedy for family members, friends, coworkers, and the community. Grief is experienced at many levels and in many ways. An appropriate response following a suicide death is critical to the healing and hope of individuals, and the entire community.

This Community Postvention Toolkit is intended to guide communities in planning and responding in the event of a suicide death. This toolkit reflects the consensus of national experts, including school-based administrators and staff, clinicians, researchers, public health professionals, and crisis-response professionals. It provides guidance and tools for a community response after a suicide death, also known as a postvention response.

Postvention is defined as an organized response in the aftermath of a suicide to accomplish one or more of the following: facilitate the healing of individuals from the grief and distress of suicide loss; mitigate other negative effects of exposure to suicide; and prevent suicide among people who are at high risk after exposure to suicide.

Planning a community postvention response is critical. Planning includes engaging everyone in the community: the local health department, mental health authority, schools and school districts, healthcare systems, law enforcement, emergency responders, faith leaders, survivors of suicide loss, and more. Having a written plan which includes names, contact information, along with a step-by-step process during a postvention response ensures that each member of the postvention response team is prepared and trained as to their role. Having a written and rehearsed plan will help communities provide an appropriate response and mitigate risk.

Thank you to the many coalition partners that assisted in the development of this Community Postvention Toolkit. We encourage each community in our state to review this toolkit, develop a community plan for your area, and use this plan to respond in the event of a suicide death. Working together, we can promote hope and healing in communities throughout Utah.

Sincerely,

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Introduction

When someone dies by suicide, the ripple effect on their family, loved ones, and community can be far-reaching. We often assume suicide affects only those closest to the person who died, like family members, so we focus our sympathies and condolences there. People who fall outside the close circle can be overlooked even though they may also be impacted.

There is growing evidence that schools, workplaces, places of worship, and entire communities can experience trauma from a suicide death (Abrutyn & Mueller, 2014; Andriessen, Krysinaka, & Grad, 2017; Cerel et al., 2019; Grad & Andriessen, 2016; Mueller, Abrutyn, & Stockton, 2015). Evidence suggests individuals who experience a loss by suicide, or are exposed to a suicide attempt, have a greater likelihood of attempting suicide than the general population and than those who experience a loss by other causes. People can experience shock, disbelief, anger, confusion, and/or a sense of deep sadness. Some may struggle with guilt; they can have unanswered questions about what happened and what they could have done to help. It is important we recognize varying levels of grief and work to promote long-term healing in communities.

This toolkit reflects the consensus of national experts, including school-based administrators and staff, clinicians, researchers, public health professionals, and crisis-response professionals (Andriessen, Dudley, Draper, & Mitchell, 2016; Cerel & Campbell, 2008; Jordan & McIntosh, 2011; Marshall, et al., 2018; Office, n.d.; Spencer-Thomas & Stohlmann-Rainey, 2017). It provides guidance and tools for a community response after a suicide death, also known as postvention.

The following key principles from the Suicide Prevention Resource Center guided the development of this toolkit:

1. Planning ahead to address individual and community needs.
2. Providing immediate and long-term support.
3. Tailoring responses and services to the unique needs of suicide loss survivors.
4. Involving survivors of suicide loss in planning and implementing postvention efforts.

Target audience

This toolkit is designed for local health departments (LHDs), local mental health authorities (LMHAs), local substance abuse authorities (LSAAs), and community leaders. Collectively, these agencies and leaders have the expertise in responding to emergencies, providing mental health services, including suicide prevention, and are best positioned in the community to coordinate a comprehensive response. LHDs and LMHAs are expected to utilize this resource to coordinate with other local partners to implement a community-wide response.

Additional audiences include: staff at state and local governments, organizations, coalitions, faith and community leaders, and individuals in the community.

Background

Suicide has a public health problem

Suicide is among the top ten leading causes of death in Utah, and has been on the rise in the U.S. and Utah since 1999. In 2019 the rate of deaths in Utah began to decline. Suicidal behavior is a serious and complex public health issue that takes an enormous toll on communities in terms of economic and human costs. Research shows, on average, 135 people will be impacted after a suicide (Cerel et al., 2019), with 1 in 5 reporting that this experience had a devastating impact or caused a major life disruption (Survivors of Suicide Loss Task Force, 2015).

The impact of suicide loss affects people of all ages, ethnic and racial groups, and genders. Exposure to suicide can lead to an array of negative outcomes, including mental health issues, social isolation, and an increased risk of suicide. As such, it is important to tackle this issue through a comprehensive public health approach. The public health approach aims to reduce risk factors of suicidal behaviors and increase protective factors suicide. Mitigating and responding to the impact of a suicide death is an important part of this approach. Good postvention is good suicide prevention.

What is postvention?

Postvention includes psychological first aid, crisis intervention, safe and planned engagement with media partners, and other activities offered as an organized response after a suicide death. Postvention is aimed at supporting affected individuals to prevent and alleviate additional negative outcomes.

This planned response helps survivors find appropriate crisis and bereavement support and reduces the risk of additional suicides. Postvention focuses on teens, young adults, and other vulnerable populations who may be at heightened risk of engaging in suicidal behaviors after a

suicide death. A community's poor response to a suicide death can increase risk factors associated with suicide. However, a well-planned response can promote hope and set the course for healing.

Why have a postvention plan?

Individuals of all ages who have known someone who dies by suicide are at higher risk for suicide (Andriessen et al., 2017). It is unclear exactly what increases this risk. However, evidence indicates it may be due to overwhelming grief or guilt associated with suicide loss, the survivor identifying with the person who died's personal struggles, and the potential for seeing suicide as a solution to their problems (Erlangsen & Pitman, 2017; Grad & Andriessen, 2016; Jordan & McIntosh, 2011). Suicide is a complex issue, and there are many factors that contribute to any suicide death.

Sometimes communities experience multiple suicides in a short period of time. When this occurs, it is known as **suicide contagion**, or **suicide diffusion**.

“Contagion is the process by which one suicide death may contribute to another. Although contagion is relatively rare (accounting for between 1 and 5 percent of all youth suicide deaths annually), adolescents and teenagers appear to be more susceptible to imitative suicide than adults, largely because they may identify more readily with the behavior and qualities of their peers. It is also important to recognize the impact of highly publicized suicide deaths, such as those of celebrities, which may contribute to contagion.” (Marshall et al., 2018)

Incarcerated persons, young adults and small communities are also particularly vulnerable to suicide contagion. Suicide contagion is well-documented in suicide research literature (Administration, 2014; Bohanna, 2013; Gould, Wallenstein, Kleinman, O'Carroll, & Mercy, 1990; Ma-Kellams, Baek, & Or, 2018; Mueller et al., 2015; Robinson, Pirkis,

& O'Connor, 2016; Zimmerman, Rees, Posick, & Zimmerman, 2016).

Postvention protocols can provide guidelines to assist individuals, organizations, and communities in responding to a suicide in a manner that is most likely to reduce the likelihood of contagion (Andriessen et al., 2016). Therefore, good postvention is prevention. Although postvention activities occur after a suicide, they can prevent future suicides. Postvention efforts provide resources and support, reduce risk, and promote healing for loss survivors including family, friends, coworkers, first responders, treatment providers, and others exposed to suicide loss. Developing a postvention plan also provides an opportunity to assess overall suicide prevention efforts and determine if there are opportunities for improvement. To learn more about safe messaging see <https://liveonutah.org/resources/safe-messaging-2/>

How we speak about suicide matters. Being responsive and having open, empathic conversations reduces the possibility of a suicide contagion. Talking about suicide opens a constructive, healing dialogue, and reduces the possibility that someone will engage in suicidal behavior.

Who should have a postvention plan?

All communities and organizations should incorporate postvention as a component of comprehensive suicide prevention and be prepared to respond to a suicide death. This should include, but is not limited to, cities, towns, tribes, workplaces, schools, colleges and universities, faith-based organizations, organizations serving vulnerable populations, and others. This toolkit focuses on the roles and responsibilities of community partners in a community postvention planning process.

Perspectives from suicide loss survivors

“We had just lost someone to suicide. She was like a daughter to us. A friend showed up with books, and cat toys, and food, and hugs. It helped fill the time in the immediate aftermath of loss where we really didn't know what to do, and I would often get caught up in overwhelming memories.” - Scott

“After my family experienced loss to suicide, a dear friend took the time to listen to me talk about my experience. He validated my feelings and when I asked for advice he offered sound advice that helped me and my family begin to cope with our loss.” - Brandon

“A couple of years after my mom died by suicide, I found a survivors of suicide loss support group. I thought I was the only young adult in my community that had lost a loved one, and specifically a parent, to suicide. But my support group showed me that there are other survivors who have lived through similar experiences to me. I wish I had known about support for loss survivors earlier in my loss journey.” - Jane

“We learned of our son's suicide on June 24 and at a knock at the door the next day, we found friends who'd moved to another city, and had also lost a son to suicide. The first words out of the husband's mouth surprised me at the time, but I learned a great lesson from him when he said, “I won't pretend to know what you are feeling, I know exactly what I felt, but we all experience these things differently.” They didn't stay long, but shared love and concern and left us some articles on understanding the mind of someone who takes their life by suicide. Their visit provided some clarity that would help us as we negotiated the grief path, and continue to negotiate it.” - Gerald

We have a lot to learn from our suicide loss survivors. Hearing their perspectives and learning from their experiences can help you tailor your community approaches and better meet the needs of those you are serving.

Chapter notes

Getting started— postvention planning

Postvention begins by:

1. Forming a postvention response team with essential members
2. Selecting a postvention response coordinator to facilitate the development of the plan with community partners, and;
3. Activating the community postvention response

Selecting a postvention response coordinator

Selecting a postvention response coordinator is an important first step. The person who will serve in this role will vary from community to community. It is highly recommended that communities consider engaging their local health departments (LHDs) in selecting a coordinator. LHDs have expertise in both emergency response and suicide prevention. LHDs are recognized as the public health authority in their communities, understand resources available, and are equipped to coordinate a comprehensive postvention response. They also have experience in community collaboration and coordination, which is vital to successful postvention.

Some communities may prefer to select someone from a school, the local mental health authority (LMHAs), or another organization when LHDs are not able to be the coordinator. Volunteers are not recommended for the role of the postvention response coordinator due to potential for turnover and the lack of continuity.

Ideally, the postvention response coordinator's employer will allow them to assume this role as part of their job responsibilities, with flexibility to respond. Ideally, communities will identify a backup postvention response coordinator in case the postvention response coordinator is unavailable.

When selecting a postvention response coordinator, communities should consider:

- Flexibility to divert job responsibilities to postvention when a suicide occurs
- Training and experience in suicide prevention and postvention, public health, community collaboration, coordination, and crisis or emergency response
- Knowledge of community services and resources, especially in mental health
- Ability to successfully navigate and coordinate necessary organizations and systems

Consider identifying a postvention response coordinator without direct service experience. While this may not be avoidable in smaller communities, having a non-treatment provider serve in the role of the postvention response coordinator is preferable for several reasons. First, having a direct service provider in this role may cause negative perceptions in the community that confidential information is shared among the response team. Second, a direct service provider is more likely to have had contact with the person who died by suicide, and may be dealing with his or her own personal grief reaction to the death. Third, the direct service provider may be needed for their clinical skills elsewhere in a postvention response, which would preclude them from carrying out coordinator responsibilities.

The postvention response coordinator is solely responsible to oversee the postvention response. For example, when a fire department responds to a building fire, firefighters are needed to drive the truck, assemble hoses, and to spray water on the flames. One firefighter, the captain or chief, ensures each duty is being performed; the captain cannot run into the burning building while coordinating other firefighters doing other essential functions.

The presence of a public information officer (PIO) on the postvention planning committee is imperative to ensure safe messaging to those who are bereaved and/or vulnerable. We recommend that a PIO from each represented agency serve on the committee. While a single lead PIO will be identified for specific postvention response, additional PIOs may coordinate with the lead PIO. In the planning and response to ensure consistent and safe messaging to the public. The lead PIO will maintain communication with the PIOs from other organizations. All PIOs should seek training in safe messaging for suicide from the state or local suicide prevention coalitions.

Community planning process

Anticipating and planning the response before the event of a suicide death is key to a successful postvention effort. Roles and expectations should be clearly defined, with individuals assigned to those tasks. Effective communication in advance will increase efficiency and effectiveness.

The postvention response coordinator is responsible for leading the planning process. The next step in the planning process is forming a postvention planning committee.

Forming a postvention committee

The postvention response coordinator will identify key community partners to be members of the postvention committee who will draft the postvention response plan. The committee is responsible for: writing the plan, keeping it current, training new members, and promoting postvention planning within their own businesses, agencies and organizations. Some members of the postvention committee may play a role in the event of a suicide death as members of the postvention response team, while others may not.

The postvention response coordinator in consultation with the planning committee is responsible for identifying who may serve on a postvention response team and the roles of response team members. While members of the postvention committee can serve on the postvention response team, these are two distinct groups who serve different functions in the overall process. The planning committee plans for a future postvention response, and the response team executes the plan.

Postvention committee members should include:

Local health departments

- Executive director, health educator or prevention coordinator, emergency preparedness coordinator, and/or epidemiologist
- Public information officer (PIO)

Local mental health authorities

- Executive director, emergency services coordinator, and/or prevention coordinator
- PIO or media specialist

Local school or school district (LEA)

- Superintendent, student services coordinator, director of counseling, principal, and/or school crisis coordinator
- PIO or media specialist

Law enforcement

- Chief, watch commander, and/or school resource officer
 - Crisis Intervention Trained (CIT) officers may be good candidates to serve on a postvention response committee
- Victims advocates and police chaplains
- PIO or media specialist

Organizations that serve vulnerable populations

- Racial and ethnic community leaders
- LGBTQIA+ community leaders or mental health professionals
- Professionals who serve at-risk youth

City or town leaders

- Mayor, city manager, and/or law enforcement leaders
- PIO or media specialist

Faith leaders

Healthcare and crisis response leaders

Suicide loss survivors

Suicide loss survivors may be well received by a newly bereaved family. Ensuring suicide loss survivors are trained in how to engage with families is a critical part of the planning phase.

Social service agencies

- Juvenile services
- Receiving centers or access centers
- American Red Cross
- Community disaster response teams
- Existing crisis intervention teams
- Critical Incident Stress Debriefing (CISD) teams

Victims' service agencies not directly associated with a law enforcement agency

Local public information officers or media agencies

- Building relationships with local media partners ensures their buy-in for safe messaging and limiting harmful information

While not all individuals involved in the postvention committee will have an active role in every postvention response, their knowledge and expertise are vital to writing an effective plan that serves the entire community, and remains sensitive to impacted persons. In addition, those involved in the response will vary depending on the circumstances of the person who died by suicide.

Convening the first postvention planning committee meeting

After members of the postvention planning committee have been identified, specific tasks should be accomplished at the first meeting:

- Determine future meeting dates, times, locations, and frequency
- Build a realistic timeline to write the postvention response plan that includes:
 - A final completion date
 - Assignments and deadlines for key components of the plan
- Establish member roles on the committee and in the response plan
- Obtain contact information for all members, including email and phone numbers
- Provide committee members with a copy of this toolkit to review before subsequent planning meetings
- Share existing postvention plans by the planning committee members/organizations.

Moving forward, the postvention response coordinator will set up all meetings, reserve the meeting site, and prepare agendas. They will facilitate the meeting, and another member should be designated to record meeting minutes.

Chapter notes

Forming a postvention response team

As part of the planning process, the postvention committee will identify who will serve on the postvention response team and identify the roles of each individual and/or organization. While members of the postvention committee can serve on the postvention response team, these are two distinct groups who serve different functions. The postvention committee is responsible for planning the postvention response in the event of a suicide death. The postvention response coordinator is responsible to work directly with the response team leader and response team who collaborate to implement the plan in the event of a death. Members of the postvention response team will vary depending on the environment, culture and circumstances of a death. Each suicide death will have a unique postvention response. See Figure 1.

Identifying existing personnel and resources in the community that can be made available for a response is critical. Changes in personnel are common, which means resources or access to resources may come and go with changes in staff. Thus, it is important organizations who have postvention roles replace key postvention roles and provide training with staff turnover.

The following process will help guide the committee as it identifies postvention response team members; gaps in services may need to be addressed before the plan is deployed.

Some important considerations:

1. Which organizations represented on the postvention committee are likely to have an active role in a response team?
2. What role will these organizations fill in a postvention response? What expertise do they bring?
3. Are there existing crisis intervention teams operating in the region? What is their scope of practice?

4. What other organizations not on the postvention committee may need to be part of the response team?

Postvention Response Team Members and Roles

Community postvention coordinator

The community postvention coordinator is responsible for activating the plan, general coordination during the implementation of the plan, and deactivating the plan. During an active response, they act as a liaison between the community, the postvention response team, and between state contacts at the Utah Department of Health and Human Services and the Utah State Board of Education.

During non-postvention times, the postvention response coordinator is responsible for: maintaining and updating the plan, making sure key contacts and their information are correct, and coordinating ongoing meetings and training opportunities for the postvention response planning committee. Examples of individuals who can fill this role include:

- Community health educators from the local health department
- Emergency response coordinators
- Prevention coordinators from the local mental health authority



Each response team is unique.
 The Coordinator and Team Leader discuss and determine who are the most appropriate team members for a unique death.

Figure 1. Example of postvention response team

Postvention response team leader

Each response will have a unique response team. It's possible that more than one team is necessary to a particular death, such as a workplace and a school may be impacted by a single death. For a roster template of possible response team members who may be selected for a specific response see Appendix E.

The postvention response team leader will be in direct communication with the postvention response coordinator. They are responsible for coordinating the response team and making assignments to provide services based upon the needs of the family, organizations, and community. This may include multiple teams of people responding to more than one site. During non-response times, the postvention response team leader is also responsible for vetting possible response team members, developing procedures, and scheduling training for team members.

In addition to responding to an event, the postvention response team leader's tasks may include contacting community volunteers, stakeholders, and/or parents of students who knew the person who died by suicide and are experiencing the aftermath of a suicide death. Examples of individuals who could fill this role:

- Local mental health authority administrator
- Existing crisis team leader
- Disaster response team lead or Medical Reserve Corps member
- Another local mental health organization administrator

A comparison of the responsibilities of the postvention coordinator and response team leader can be found in Appendix F.

Family liaison

The family liaison serves as the point-of-contact with the impacted family or families. The family liaison helps identify and advocate for the needs of the family (e.g., privacy versus disclosure to the media). This role may be filled by the postvention response coordinator

or another designated committee member, depending on available resources. All members of the postvention response team should communicate with the family through the family liaison. Team members should not give or receive information directly to or from the family.

The role of family liaison can be complex. It is important to choose an individual that has the skill set to balance the wishes of the family with the needs of the community. Some families may choose to not disclose the death as a suicide. However, the family liaison can help families understand transparency may reduce suicide risk for others impacted by the death.

The family liaison may be filled by different individuals at different times in order to be culturally and linguistically appropriate to a specific family's needs. Examples of individuals who can fill this role include:

- A representative of the local mental health authority
- Hospital social worker
- Counselor
- Funeral director
- Faith leader
- Victims advocate or law enforcement chaplain
- An AFSP Bereavement trained individual

Public information officers (PIOs)

PIOs are responsible for promoting safe messaging about the suicide death and monitoring public memorials and events, media coverage, and social media platforms for public communication related to the death. As needed, this individual or group should provide ongoing safe messaging education (see Appendix G for communication templates), and ensure support and privacy for the family, students and minors, and others directly impacted by the death. The PIOs may also serve as the spokesperson for the family and the postvention response team.

In the event of a response, the PIOs should be brought onto the postvention response team at the beginning of the response and not after the media starts inquiring about the incident. The PIOs are encouraged to build relationships with local media and provide training on safe messaging prior to any incidents, and throughout a response. Examples of individuals/groups who could fill this role:

- Local health department public information officer
- School district public information officer
- Public information officer from another member organization of the postvention response team

Local mental health authority

The local mental health authority may designate multiple members from their crisis or prevention teams to be a part of the postvention committee and postvention response team. They bring an understanding of the mental health needs of the community, knowledge of the resources available in their local community, as well as clinical expertise to assist in the postvention response.

The Utah Department of Health and Human Services public information officers are available 24/7 to provide technical assistance and guidance for the designated postvention response team PIOs at 801-209-2591.

Local school or district representative

A local school district representative is an important member of the postvention planning committee. They may also be a member of the postvention response team when they offer support to a school postvention response. When a school experiences the death of a student or staff member by suicide, the district or school usually leads the postvention response. If the school has a postvention response plan, it should be shared with the postvention planning committee.

Postvention response plans should always include a provision to check with local schools, even when the person who died is not a student or staff member. Schools are important members of a community response when a suicide death occurs that is not under direct purview of the school, but may have an impact on the school. This may include the death of a parent of a student, or a recently graduated student. The suicide death of a community member can require dedicated support to ensure a normal, safe learning environment.

Law enforcement

Law enforcement has a key role in postvention planning, and in lending expertise to the postvention response team. After most deaths, local law enforcement agencies conduct death notifications to next-of-kin. Family is sometimes present at the scene of a death, and in these instances, law enforcement notifies the family of the death on scene. If next-of-kin is located in a different law enforcement jurisdiction than the jurisdiction in which the person who died was found, the law enforcement agency in the next-of-kin's jurisdiction will conduct the death notification.

Law enforcement involvement after the death notification varies by jurisdiction. Representation on the postvention planning committee ensures understanding of the procedures for each jurisdiction. Some jurisdictions conduct the death notification and leave. Others will interview the family shortly after the notification. Some jurisdictions will involve a victims advocate or police chaplain during a death notification. In other jurisdictions, these personnel are available upon request. Other jurisdictions may not have these resources available. If law enforcement officials have already interacted with family, they may also be entry-points to the family by the family liaison, and be essential to the postvention response team.

Organizations serving specific populations

Each community is unique, with organizations serving and representing groups such as racial and ethnic minorities, LGBTQIA+ people, and others. Each organization has an important role in supporting specific vulnerable groups when a suicide death occurs. Organizations can participate as a member of the postvention planning committee, or they may only have capacity to provide guidance and access to services for vulnerable populations after a death. These organizations can be utilized to offer cultural sensitivity training, act as the family liaison, or perform other duties in the postvention response team.

Faith leaders

Faith leaders are the most likely individuals to have preexisting relationships with the bereaved family and the postvention response team. Faith leaders can provide valuable context on beliefs of their congregation and the family's potential needs after a suicide death. The bereaved family may not welcome the involvement of a faith leader, and this decision should be respected. If family members choose to involve faith leaders, the postvention response team leader should contact the

faith leader. Together, they can determine the needs of the family and identify members of the congregation who may be especially impacted by the death. Aside from concerns related to the family, faith communities may be able to offer additional support; faith leaders can provide a physical space for community members to meet, or conduct funeral services that follow safe messaging and minimize the possibility of suicide contagion.

Funeral directors

Funeral directors provide insights to the process and role they play in a death. Even if they are unable to participate as a member of the postvention planning committee, they must be active members of a postvention response team. The funeral director will coordinate the disposition and memorial services of the person who died. Funeral directors have the ability to persuade loss survivors to memorialize the person who died in a way that is safe and minimizes the chances of suicide contagion. Funeral directors should receive safe messaging training and grief support training.

State Partners

Suicide prevention and postvention specialists available to assist with both the postvention planning committee and the postvention response team. Each agency listed below has a specific role in public health in the event of a death by suicide. Use state partners as a resource as you plan and respond to suicide deaths in your community. Names and contact information are available on the websites linked below.

- Utah Department of Health and Human Services, Office of the Medical Examiner (email: dhhs@utah.gov): Responsible for verifying suicide death information, determining whether further investigation is necessary, and coordinating the investigation if deemed necessary.
- Utah Department of Health and Human Services, suicide prevention coordinator (email: dhhs@utah.gov): Responsible for providing technical assistance and support to the coordinator and postvention response team members as needed.
- Utah Department of Health and Human Services, public information officer (email: dhhs@utah.gov): Responsible for providing technical assistance and safe messaging training to PIOs in local communities, aiding in monitoring media coverage including social media, and assisting with state and national media partners if necessary.
- Utah Department of Health and Human Services, suicide prevention and crisis services administrator (email: dhhs@utah.gov): Responsible for providing technical assistance and support to the coordinator and postvention response team members as needed.
- Utah State Board of Education, suicide prevention education specialist (<https://www.schools.utah.gov/prevention/contact>): Responsible for providing technical assistance and support to the coordinator and schools and/or school districts as needed.

Each member of the postvention planning committee and the postvention response team is expected to ensure the safety and wellbeing of the community. Both the planning committee and response team should be united in:

- Referring individuals and community organizations to the coordinator if they are requesting a coordinated postvention response or clinical counselors
- Communicating to the family through the family liaison only
- Referring all media inquiries to the PIOs

Chapter notes

Writing the plan

After you have identified the postvention planning committee and postvention response team members, it's time to write the plan.

Contents of postvention response plan

An effective postvention plan includes:

1. Defined goals of the plan (see Appendix C).
2. Strategies for supporting the community at each level of response, including:
 - a. Immediate needs after the death
 - b. First 24 hours
 - c. First week after the death
 - d. First month after the death and funeral
 - e. Plan deactivation and addressing ongoing needs after the response has ended
 - f. A postvention response coordinator checklist. For an abbreviated form for use during actual response, see Appendix B.
3. List of community postvention committee members and their contact information (Appendix D)
4. List of possible postvention response team members, their contact information, and identified role for each (see Appendix E).
5. Protocols for plan activation, implementation, and deactivation.
6. Communication protocols, including templates for communicating with families, impacted individuals and groups, and the media during the response (see Appendix G).
7. Procedures for working with the media and monitoring social media to promote healing and reduce risk in the community.
8. Considerations for handling death anniversaries and other relevant milestones, particularly in schools and in cases of high-profile deaths.
9. Cultural considerations for specific populations within the community (i.e., racial and ethnic groups, faith communities, LGBTQIA+ people, etc.).
10. A training plan for the postvention committee members and the postvention response team. Training includes a mock postvention response to activate the plan and evaluate the content and the process. Evaluation may include identifying who is missing, what is successful, what is still needed, and review of communication for implementation.

Defining plan goals

The purpose of a postvention plan is to have a prepared, organized response that can be quickly activated when a suicide death has occurred. Each death has potential to impact an entire community or significant group within that community. The overarching intent of a postvention plan is to promote healing in the community and reduce the risk of further suicide attempts and death. As such, a community's goals should be aligned with the overall intent of a postvention response; goals should be tailored to each community, its available resources, and its unique needs.

Chapter notes

Activating the plan

Every suicide loss is deserving of a response; however, responding to every suicide in the same way would require considerable resources that state and local communities do not have. In order to ensure response to every suicide death, the Utah Department of Health and Human Services Office of the Medical Examiner (OME) sends a card to next-of-kin when a death is determined to be a suicide. The OME also follows up with a phone call; they use that call to gather additional information and discuss crisis and bereavement resources with families. Activating a response beyond the standard followup provided by the OME should depend on key considerations. The goal is to reduce risk, promote healing, and best use limited resources.

Considerations for activation based on setting

In some settings it is appropriate to activate the postvention plan following every suicide death. Places characterized by close relationships and strong social transferability (places where “word travels fast”) should activate their postvention response after every suicide death. These settings include schools, jails and prisons, hospitals and care facilities—if an employee died by suicide or if someone in care died by suicide on the property—and for some places of employment.

Some responses will require more resources for a longer period of time. For example, the death of a well-known high school student may require more resources than the death of a student who attended mostly online. It is extremely important that a postvention response plan be activated regardless of the public profile of the person who died in these situations. One death should not be treated as “more tragic” than another, and responding differently (or not at all) may send the message that some people are valued more than others.

There may be some circumstances when the plan is not deemed appropriate for activation due to another agency already leading the response efforts. In these cases, the postvention response coordinator can offer support for this organization and provide resources as needed. The plan can be activated at a later date if it is deemed necessary.

Knowing when to activate the plan when the person who died is an adult

When a suicide occurs outside of a school or in a setting not referred to previously, it may or may not be appropriate to activate a postvention plan. There is a great deal of subjectivity in making the decision to activate a plan. There are several considerations when determining whether or not to activate a plan:

1. Was the person who died someone who had name recognition in the community, such as a faith leader or other minister? Faith leaders are usually well-known among their congregants and are often people others turn to for guidance. This makes the death potentially more difficult for people to process. It may be appropriate to activate the postvention plan for a specific faith community in these circumstances. If the person who died was well-known throughout the entire community, you may want to consider fully activating your plan.
2. Was the person who died a municipal or community leader, including leaders of local civic organizations like the Chamber of Commerce, Kiwanis, or Rotary Club? These deaths may warrant both a targeted and community-wide postvention response.
3. Was the person who died a leader or member of an affinity group or cause-driven group?

For example, someone who was prominent within the LGBTQ+ community, Latino/a, immigration rights, suicide prevention, or other group? Cause-driven groups sometimes attract individuals who may be at high risk of suicide due to chronic external social stressors. Therefore, a targeted and/or community-wide response may be appropriate.

4. Has the media been reporting on the death, or is it likely the media will report on the death? Suicide deaths among well-known community members, political figures, or those who died in a public location (such as a recreation center, place of employment, school grounds, etc.) are more likely to be covered by the media. If the media reported on a death, even if the person who died is not well-known, it is prudent to monitor feedback from schools, hospitals, and media coverage, including social media, and be ready to respond quickly.

Estimating the number of people in the community who may be affected by a suicide death is impossible. However, understanding how a suicide death will impact subgroups or workplaces within the community, and the community as a whole, is key to understanding when to activate the postvention plan. It is essential to ensure the postvention response team members are familiar with their roles and responsibilities, and are prepared to respond quickly.

Inevitably, you may activate a response plan in circumstances that, in retrospect, did not warrant a significant response; there may also be suicide deaths that are followed by an unforeseen degree of fallout. This will be discussed at the debriefing following the deactivation of the response. It is best to err on the side of caution: if you think a response may be needed, activate the plan. Even if it ends up being unwarranted, it will allow your response protocol to be practiced, reviewed, and improved.

As community members learn that resources are available, we hope they turn to the postvention response team when a future suicide death occurs. Remember, in most places the response to a suicide death has been minimal or has not existed; it may take some time for your community to learn that help is available.

Consulting with the family of the person who died

It is appropriate and necessary to consult with the family of the person who died regarding the activation of a postvention plan. Families may wish to control or shape the message about someone close to them. Providing education about safe messaging to families is an important step to ensuring any messages released to the media and community at large are safe and promote healing. Families may also be able to refer people in need of support to postvention resources. Remember, the family liaison is the person responsible for communicating with the family.

Timeline: activating the plan

Immediate needs

Unless they are affiliated with local law enforcement, the postvention response coordinator will likely not be aware of every suicide death that occurs in the community. One goal of this coordinated, multi-agency plan is to increase awareness of when these deaths occur in order to provide a response. The coordinator may learn of a suicide death from a community organization, law enforcement, the family of the person who died, or “through the grapevine” in their local community.

Verifying the death

It is very important at this point for the postvention response coordinator to contact the Utah Department of Health and Human Services (DHHS) Office of the Medical Examiner (OME) by phone to confirm the death before activating the postvention response. Although privacy laws limit the information the postvention response coordinator can obtain from the OME, the OME can provide necessary information about the death for an appropriate response.

The postvention response coordinator should provide their name and identify themselves as a representative from their LHD or LMHA when speaking with the OME. They must share that they are coordinating a postvention response following a possible suicide death.

Due to privacy issues, the OME can only release information to a designee from a local health department (LHD) or local mental health authority (LMHA). In cases where the coordinator is not from either organization, they will need to ensure they have a designee as part of their team to confirm the death.

Postvention response team meeting

Once the death is confirmed, the postvention response coordinator will call a meeting with the postvention response team leader—preferably the same day—to determine if they should activate the plan. Activation will depend on: who died, if another agency is already leading the response efforts, and if that agency needs support from the postvention response team.

The postvention response coordinator will determine whether activation is appropriate, at what level, and if support and resources should be made available to the lead organization. The postvention response coordinator may also reserve the right to activate the plan at a later date if needed. The postvention response coordinator and response team leader will identify which of the response team members are called upon to respond. If the postvention response team is providing support to another agency, the postvention response coordinator will serve as the liaison with the lead organization.

When the plan is activated, the family liaison will communicate with the immediate family of the person who died to verify whether the death disclosed as a suicide or not. If there is not already a designated family liaison, the postvention response coordinator shall immediately assign this role to a committee member, or assume this role themselves.

The family can choose if they want to disclose information, and how much. Whether the family chooses to disclose information or not, the family liaison should provide information about the importance of communicating the manner of death as suicide, and how to do so safely. When information about suicide is safely reported to those close to the person who died, and the public, stigma around suicide can be reduced, creating an atmosphere where people affected by the death feel comfortable seeking help. Communicating openly about a suicide death also bridles the rumor mill,

which often reports details that are unsafe, inaccurate, and sometimes worse than what actually happened (safe messaging guidance can be found in Appendix G).

The family liaison should also work with the family to determine any postvention needs they may have. Only one person should communicate with the family regarding the postvention response; communication with the family should be coordinated and intentional. This doesn't preclude others from reaching out to the family to offer personal support, but does limit who is providing information regarding the formal response. This single point-of-contact prevents the family from feeling overwhelmed by questions and information, protects their privacy, and promotes good communication flow between the postvention response coordinator and the family. The family liaison reports the needs and wishes of the family back to the postvention response coordinator.

Should the family refuse all services, the postvention response coordinator and response team leader should still determine other impacts to individuals, organizations, or businesses within the community. The team should provide postvention services as needed. In these circumstances, those involved with the response should avoid disclosing any details about the death itself; it's often most safe and productive to refer to the event as a "death."

Contacting impacted organizations

Another important aspect of the response is to include organizations that may be directly impacted by the death. The postvention response coordinator should reach out to organizations identified as potentially impacted. Organizations impacted by a suicide death may include schools, workplaces, or community organizations with whom the person who died was familiar or a member. Community organizations—such as racial, ethnic, faith, LGBTQ+, etc. organizations that the person who died was a part of—should be contacted to determine what resources or supports are needed. These needs will vary based on the person's age, visibility in the broader community, and circumstances of the death.

Ideally, organizations such as schools, workplaces, and higher education will have their own internal postvention response plans, and community efforts will serve to augment and support their response.

Coordinating resources

Once family and community needs have been identified, the postvention response coordinator will activate appropriate postvention response team members. Information about who died, basic information about the circumstances, and where the postvention response team should get involved are provided at this time.

Postvention response team members and partners should respond based upon their pre-identified roles in the response plan. The team should also take into account the needs of the immediate family, organizations the person who died belonged to, and the greater community. Any identified adjustments to the postvention plan should be communicated to the team by the postvention response coordinator.

The family liaison should follow up with immediate family members of the person who died to provide information about which members of the postvention response team will be responding to their needs. This should include names and contact information, as well as what services are available. The family liaison may assist the family members to coordinate the requested services. It's important to have the family meet with mental health responders. The family liaison should remind the family before the event.

The postvention response coordinator should contact the designated PIO. Together they should develop a media plan to monitor media coverage of the death, including social media platforms. In addition to monitoring media, the PIO should connect with the local media to ensure safe reporting (see Appendix G for safe messaging resources). The response team PIO should also reach out to the PIOs in impacted organizations to offer support, encourage safe and responsible messaging, and ensure a coordinated communication response among impacted organizations, the media, and the general public.

First 24 hours

- The postvention response coordinator should follow up with the response team leader to verify activation and get updates.
- The family liaison should contact family members and to ensure their immediate needs are met. They should also determine if other resources are needed, such as clergy, clinical counseling services, emergency childcare arrangements, or disaster clean up services.
- The family liaison should ask the family for contact information of close friends, a significant other, workplace, school, faith group, or other individuals or groups who may be impacted by the loss
- The postvention response coordinator should contact affected organizations to ensure immediate needs are met, and determine if other resources are needed.
- The postvention response team, when appropriately trained, can assist in notifying close friends, family, and coworkers of the death. The postvention response coordinator should contact the designated PIO. The PIO can report on continued monitoring of media coverage of the death, including social media, and continued coordination on communication and safe messaging strategies (see Appendix G for safe messaging resources).
- The PIO should continue to reach out to the PIOs at the impacted organizations to offer support and safe messaging training, encourage safe communication, including course correction if necessary, and ensure a coordinated communication response among impacted organizations, the media, and the general public.
- In circumstances where the postvention response team is acting as a support to another lead response agency, the postvention response coordinator should maintain contact with this organization to remain responsive to any support and resource needs.

First week after the death

- The family liaison should maintain communication with immediate family members and affected organizations to evaluate the ongoing needs of the community.
- The postvention response coordinator should communicate these needs to the postvention response team as they arise.
- The postvention response coordinator should continue working with the PIO to monitor community events, public memorials, and social media, and other media coverage of the death. The PIO should maintain contact with local media to ensure reporting follows safe messaging guidelines (see Appendix G).
- When the postvention response team is supporting another lead response agency, the postvention response coordinator should maintain contact with this organization to remain responsive to any support and resource needs.
- Members of the postvention response team may attend when a vigil or other memorial arises shortly after the death to be available with supports or services (other than the planned funeral or memorial service).
- The response plan may not be deactivated for several weeks or months. The postvention response team members should meet to debrief. They can discuss how the plan has worked so far, including what changes should be considered for the future, and attend to any concerns. This debrief would be a good time to provide emotional support to team members.

First month after the death or funeral

- The family liaison should maintain regular communication with immediate family members and affected organizations, to evaluate the ongoing needs of the community.
- The postvention response coordinator communicates these needs to the postvention response team. This will likely be a time that the immediate needs of the family and community will shift from postvention response to planning for the long-term needs of those impacted by the death.

- The PIO should continue to monitor community events, public memorials, and media coverage of the death including social media platforms. In addition to monitoring media coverage, the PIO should partner with local media to ensure safe reporting. This could include providing training, real-time feedback, resources, and advice to local media outlets.

Ongoing mental health resources (after first month)

There may be individuals that require additional mental healthcare beyond the first month. Establishing partnerships with local mental healthcare providers is important so these individuals can be referred for ongoing care. Ideally these relationships would be established with several organizations to ensure access to care.

The following organizations often provide mental health services, or know who does:

- The local mental health authority (<https://dsamh.utah.gov/contact/location-map>)
- Private local mental health organizations
- Intermountain Healthcare
- Huntsman Mental Health Institute
- Steward Health Care System
- MountainStar Healthcare
- Workplace Employee Assistance Programs

Grief support services

While grief is a normal response to a sudden and unexpected death, suicide loss survivors may experience grief that can be different from other types of grief. It is important to provide grief resources specific to suicide loss survivors. These resources are designed to promote healing and build connections.

Establish partnerships with trained suicide loss grief support providers to refer impacted individuals. These relationships should be established with several organizations. Examples of organizations that provide these resources or know someone who does:

- Caring Connections (<https://nursing.utah.edu/caring-connections>): Hope and Comfort in Grief, from the University of Utah's College of Nursing (offers grief support virtually statewide)

- The Sharing Place (<https://www.thesharingplace.org/services/grief-support-groups/>): Support groups for children, teens and adults
- The Bradley Center for Grieving Children and Families (<https://bradleycentergrief.org/>): Family-centered bereavement care
- Funeral homes
- Local suicide prevention coalitions
- American Foundation for Suicide Prevention’s “Healing Conversations” (<https://afsp.org/healing-conversations>)
- Live On Utah website (<https://liveonutah.org/resources/>) for vetted local grief support services
- Utah Pride Center Survivors of Suicide Loss

Deactivating the plan and determining ongoing community needs

The response plan may be deactivated when there are no longer immediate needs in the community and those who are impacted by the death have been referred to appropriate resources. Details about how to appropriately deactivate a plan are provided in the “Deactivating the plan” section, and should be followed each time a response has been initiated.

Postvention response team debrief

Upon deactivation, the postvention response coordinator will meet with the postvention response team and other appropriate members of the postvention committee. The intent of this meeting is for responders to debrief by:

- Discussing the response: what worked, what did not work, any changes that may be needed before a future postvention response
- Providing postvention response team members a safe forum to voice how the response and the death impacted them
- Referring postvention response team members who need followup care to appropriate mental health resources
- Designating the family liaison or other postvention response team member to check in with family members and close friends at the anniversary of the death and other important occasions for the upcoming year

Key Takeaways

Always activate the suicide postvention plan after the death of someone who attended or was involved at a school, jail, prison, or medium to large workplaces with high levels of coworker interaction. If another agency is already leading the response, then you can provide support, or activate the plan at a later time.

Always activate the suicide postvention plan after the death of a prominent community member.

Be on high alert when the media reports on the suicide death of a member of the community; you may need to activate your postvention response days or weeks following the actual death or end-of-life service.

Activate the postvention response when there is a vigil or some other memorial that arises shortly after the death (other than the planned funeral or memorial service).

Ensure that your postvention plan is well-practiced and that partners are ready to respond. This rehearsal allows you to quickly activate your plan when a suicide death unexpectedly causes a community-level crisis.

Chapter notes



Communication and Media Plan

The communication and media plan is one of the most important sections of an effective postvention response plan. How information about a suicide is communicated to the public can either increase risk, or conversely, promote helpseeking for people experiencing suicide ideation. The right communication can also promote resilience and healing in the greater community. Even with the most careful planning, there will be last-minute changes required to every postvention response. Having templates and working language on-hand is one of the most “plannable” parts of any postvention response.

The objectives of the communication and media plan are to:

- Be the first source of information
- Develop a single, clear message for the public
- Deliver the message quickly and with credibility
- Utilize all available communication channels to maximize reach
- Monitor the media to determine accuracy and address rumors, inaccuracies, unsafe messaging, and misperceptions when warranted
- Avoid harmful actions instigated by crisis-related emotional or psychological issues
- Coordinate and collaborate with other credible sources
- Promote cooperation between response partners

Safe messaging

Each story, word, image and social media post will have an impact on individuals considering suicide. Suicide safe messaging promotes resiliency, encourages helpseeking, publicizes prevention successes and resources, and encourages actions that prevent suicide.

Balancing suicide coverage and other media portrayals of suicide with treatment options, stories of recovery, and resources for help can change public misconception, correct myths, and encourage individuals to seek help.

Decades of research from around the world show that news reports and fictional accounts of suicide (including mass media, news media, books, movies, TV shows, etc.) can lead to increases in suicide and suicidal behavior. The risk of suicide contagion, or copycat suicides, is related to the amount, duration, prominence, and content of media coverage. For example, large and descriptive headlines, prominent placement of stories, or graphic details can glamorize a death and encourage “copycat suicides,” “suicide contagion” or “suicide diffusion.” Youth are particularly vulnerable to negative outcomes in the aftermath of dangerous reporting on suicide (Andreissen et al., 2016).

The language used to talk about suicide is also important. Using harmful terminology such as “committed suicide” instead of “died by suicide” may be painful for attempt survivors and family members, as the term “committed” may imply a criminal act or sin. Additionally, citing a single reason for a suicide death (e.g., bullying) can also be a dangerous message. Suicide is a complex issue, and the majority of individuals who die by suicide experience a myriad of factors that likely contributed to their death, including a mental health disorder.

It is important that language about suicide is careful and factual. When replacing problematic language with neutral and respectful language, we help shift how society reacts to and understands suicide. We can make the conversation about suicide safer. When we message about a death, it is important that we also share warning signs, resources, and hopeful messages that suicide is preventable and that we can take positive actions to help others who might be at risk.

Safe messaging resources for a variety of audiences can be found at Live On Utah (<https://liveonutah>).

[org/resources/safe-messaging-2/](https://www.youtube.com/watch?v=4FBsUJhdHFQ)). You can view a previously recorded training at: <https://www.youtube.com/watch?v=4FBsUJhdHFQ>. Safe messaging training can be requested through the Utah Suicide Prevention Coalition at: info.suicideprevention@gmail.com.

Developing the communication and media plan

The public information officer (PIO), in conjunction with the postvention committee, will develop a protocol for responding to media partners and providing accurate, safe messaging to those impacted by the suicide (see Appendix G for safe messaging resources).

Core components of a media plan include:

- **A lead public information officer:** A designated media spokesperson who can provide updates on a regular basis to the media and other community stakeholders. This spokesperson may be the PIO or a designated individual. It is best to have a lead spokesperson and a back-up person. The decision of who will handle media interviews for the death may change daily at the request of the lead PIO, in conjunction with suggestions from the postvention response coordinator and postvention response team. The spokesperson should be trained and comfortable using suicide safe messaging guidelines, and familiar with crisis communication and building media relations.
- **A media staging area:** A physical or virtual location for members of the media to go to get updates, ask questions, and get official information about the suicide death. This media staging area is helpful in situations where the media may be coming directly to the location of the suicide or a common location such as a school or workplace. Determining a media staging area will help control physical access to individuals impacted by the suicide (such as students at a school) while ensuring the media is able to get the information needed to do their jobs.
- **An established dissemination routine:** A way for the PIO's contact information to be disseminated to media partners.
- **Planned, prepared documents:** Statements, letters, and other official documents should be prepared as part of the postvention planning

process. Having these documents prepared, editable, and ready to use will ensure postvention responders know what is being distributed and will allow the family to see draft language before information is publicly released (see Appendix G for examples).

- **Social media monitoring:** The PIO or media designee should have a plan to monitor social media. This is especially helpful when youth are involved because the postvention response coordinator can better understand and identify any youth who need one-to-one intervention in a postvention response. Determine in advance what social media platforms will be monitored. Accounts on these platforms should be created in advance so an official source is easily identified by social media users. Develop prepared short statements that can be used to dispel false information about suicide. Additionally, develop other language that can quickly be repurposed to respond to social media posts.

It may be impossible to monitor and/or respond to all social media posts. However, disseminating accurate information, particularly on relevant organizations' social media pages, can help reduce the harmful effects of rumors.

The communication and media plan are based on the following assumptions:

1. Effective communication with the media and public will require regular communication and cooperation among the agencies and partner organizations to ensure consistent messages. It is critical for each partner to be aware of activities and interventions planned and implemented by the other partners.
2. Coordinated activity during any postvention response will require planned regular communication mechanisms, in addition to ad hoc communications.
3. Public information activities are critical for effective postvention response, the promotion of help seeking behaviors, and to maintain public trust. This will require ongoing attention to develop consistent messages, reciprocal

notification of media contacts and other public information activities, and coordinated releases of information, when appropriate.

Ideally, other agencies will have communications plans that align with, and fit within, this communications plan.

Responsibilities of the PIO and communications team

The PIO is responsible for the following tasks during a postvention response:

Gather accurate information about the suicide and get appropriate information to people impacted, as well as the broader community, in a timely manner.

- All information must be cleared by the PIO prior to dissemination.
- The PIO will coordinate approval and release of information with leadership (i.e., principal or superintendent, CEO or executive director, OME, etc.), immediate family, and PIOs from impacted agencies prior to dissemination.
- Verify the facts of the suicide incident with the postvention response coordinator and OME prior to message development and dissemination.
- Provide a copy of the Recommendations for Reporting on Suicide (<http://reportingonsuicide.org/wp-content/themes/ros2015/assets/images/Recommendations-eng.pdf>) to the media and other partners involved in message dissemination. Other safe messaging resources can be found at: Live On Utah (<https://liveonutah.org/resources/safe-messaging-2/>).

Develop key messages that are accurate, timely, and unified across agencies and organizations involved in the postvention response.

- With support from the postvention response coordinator, identify partners and community agencies to help with message development and dissemination. These partners and agencies may include, but are not limited to:
 - Local health departments
 - Local mental health authorities
 - Local schools, school districts (LEAs), and charter schools

- Law enforcement
- Faith-based groups and churches
- Community gathering locations (libraries, recreation centers, etc.)
- Worksites
- Crisis intervention teams/service agencies
- Local juvenile justice service agencies
- Hospitals and healthcare facilities
- Advocacy groups (American Foundation for Suicide Prevention, NAMI-Utah, etc.)
- Develop materials for use in media updates such as media statements, media advisories, media alerts, news releases, social media posts, speaking points, website updates, etc.
- Disseminate updates on the suicide incident to the media and conduct media briefings.
- Coordinate a media staging area if necessary and ensure adequate staff to monitor media presence.
- Maintain current information summaries on the situation.
- Work with the postvention response coordinator and postvention response team on all aspects of communication during the response, including communication to individuals directly impacted by the incident (i.e. input and approval on letters to parents or school community, announcements in a workplace, social media posts, etc.).
- Manage media and public inquiries, including social media.
- Maintain a tracking log of these inquiries. The tracking log should include the name of each media outlet and reporter, contact information for the reporter, and the specific request.
- Monitor media reporting for accuracy and to dispel rumors and address concerns with safe messaging.
- Coordinate language and cultural sensitivity of key messages for any special populations.
- Coordinate communication and media plan with partners; provide approved key messages and materials to partners for dissemination.

- Provide updates on the incident and communications response to the postvention response coordinator, postvention response team leader, and any agency leadership involved.

Key messaging for PIOs

During any communication about suicide, messaging must be carefully developed using a blend of postvention response recommendations, safe messaging guidelines, and grief education and support. Messages should be unified across agencies involved in the postvention response and approved by the PIO prior to dissemination. The key tenants of all suicide messaging are:

- Suicide is preventable
- Suicide is complex and often influenced by a range of factors; there is no one cause or reason for a suicide death
- Treatment for suicidal thoughts, behaviors, mental health, and substance use issues work
- There are almost always warning signs of suicide ideation (<https://www.sprc.org/about-suicide/warning-signs>)
- Most people who experience suicidal thoughts or even attempts do not go on to die by suicide; recovery is the norm
- Help is available

The Utah Department of Health and Human Services (DHHS) recommends the PIO complete the Utah Basic Public Information Officer course (<https://www.train.org/utah/home>) as well as safe messaging training from the DHHS Office of Public Affairs and Education. Representatives from local health departments and local mental health authorities should complete the Safe and Effective Messaging for Suicide Prevention training developed by the Department of Health and Human Services. Members of the postvention response committee would also benefit from this training.

Additionally, all communication should:

- Use nonjudgmental language
- Not glamorize or romanticize the victim or the suicide; do not make them into a saint or a celebrity
- Not describe the details of the method of death
- Not include photographs of the death scene or of devastated mourners, which can draw in vulnerable youth who may be desperate for attention or recognition
- Include messages of hope and recovery
- Consult suicide prevention experts during messaging development, in publications, and materials
- List the National Suicide Prevention Lifeline number (800-273-8255 or 988 after July 2022), the SafeUT Crisis Chat and Tip app, and the Trevor Project crisis hotline (866- 488-7386), and include information on local mental health resources

Examples of key messages, social media posts, and media alerts from Utah-specific suicide postvention responses are included in Appendix G.

Memorialization

Families and communities often wish to memorialize a person who has died, particularly if they are young. This reflects a basic human desire to remember those we have lost. However, it can be challenging for communities to strike a balance between compassionately meeting the needs of grieving people and appropriately memorializing the person who died, without glamorizing suicide. Remember glamorizing suicide can risk suicide contagion among other people who may be at risk. It is very important that communities consider how this will be handled within their community postvention plan. If you are considering a memorial, please refer to Appendix G to ensure best practices for safe messaging guidelines are followed to reduce the likelihood of contributing to additional suicide risk in the community. In general, memorials should: be temporary rather than permanent, consistent for all deaths in a school/workplace regardless of the manner of death, and preferably focused on suicide prevention rather than the individual who died. Following these guidelines will ensure communities aren't unintentionally glamorizing suicide.

Chapter notes



Deactivating the plan

The timeframe and readiness for deactivating the community response plan will differ in each situation and community. Consistent communication among the postvention response team and partners throughout the implementation of the plan will guide when the formal community response protocol can be deactivated and what additional support is needed.

Some members of the community, especially family members, close friends of the person who died, coworkers, and others may require long-term support. A postvention response helps these impacted individuals find therapists and resources that help. However, a postvention response is not intended to provide long-term care to individuals.

Considerations for deactivation

It may be time to deactivate your response when:

- Impacted groups and individuals have stopped seeking support
- Individuals who need long-term care and support have been referred to appropriate resources
- Media inquiries have stopped or dwindled
- The conclusion of the epidemiological investigation by the OME, or when it has been determined that no investigation is required

The postvention response coordinator makes the final determination of deactivation.

It may be appropriate to end the response before an epidemiological investigation has concluded. Investigations may take months to complete. Depending on the results of the investigation, it may be appropriate to reconvene members of the postvention committee and response team to identify areas of improvement and need.

Postvention response team debriefing

Reconvening the postvention response team after the response has been deactivated is vital to learn what worked and what areas can be improved. As noted in the timeline section, a debriefing session also benefits responders by providing a way to process the events with other team members. **It is highly recommended that a mental health or crisis professional not involved in the postvention response lead this discussion for both the safety of the participants and the postvention response coordinator.**

Bring the postvention response team together as a group to learn from the process and plan for the future. Discussion points should include:

- Identify what worked well
- Identify areas that need improvement
- Identify who else should be involved in the future
- What would you do differently in the future?
- Identify what ongoing services/ resources (if any) are still needed, and who will provide them
- Anticipate and discuss future anniversary dates or other potentially symbolic or emotional events (e.g., homecoming, graduation, etc.),

what response and/or services will be needed or provided, and who will be in charge of ensuring that these resources are available

- Encourage postvention response team participants to share feelings and talk about the impact the incident had on them as individuals, their respective organizations, and the community as a whole

Postvention response team members need to be mindful of their own limitations.

Often, postvention response team members are also impacted by a suicide death, and it is important for them not to ignore their own reactions to the death.

Subsequent postvention planning committee meetings are opportunities to discuss the ongoing needs of the community, address any shortcomings that emerged during implementation, and suggest changes to the postvention response plan. Discussion and planning for the anniversary of the death should also take place at the meetings following deactivation of the plan.

Recommendations for non-response times

Training, exercising, and evaluating the postvention plan

Once your postvention plan has been developed, it is recommended that the committee convene for ongoing training to practice scenario-based response and collaboration. This will highlight potential gaps and identify ways the plan can be improved. Adjustments can be made before an actual death occurs. It also ensures that all sectors are well prepared for their portion of the community postvention plan.

Partner training

Your postvention plan will be most successful if your community and media partners receive safe messaging training and/or gatekeeper suicide prevention training on a regular basis. Grief counseling training could be coordinated for local clinicians. Partner organizations could be trained and supported by the committee to develop and update their own postvention plans.

Strategic suicide prevention planning

Strategic planning is imperative to a community realizing meaningful change around suicide. The Suicide Prevention Resource Center (SPRC) states, “suicide prevention activities, programs, and other efforts are most effective when they are guided by a strategic planning process.” The SPRC has developed a strategic approach that can be applied in any community, whether they currently have existing suicide prevention strategies in place or are just beginning. More information on this strategic planning approach can be accessed at [https:// www.sprc.org/effective-prevention/strategic-planning](https://www.sprc.org/effective-prevention/strategic-planning).

Partner postvention plans

A great way to ensure the entire community is ready to respond when a suicide or traumatic death occurs is to work with key partners to develop their own postvention plans. This includes schools, worksites, higher education, and any community organization that is part of the community postvention team. There are several national toolkits available for different sectors listed in Appendix G.

Chapter notes

Appendix A

Glossary of terms

Bereaved: a grieving person or people whose close relation or friend has recently died (in this case, by suicide).

Crisis intervention and counseling: immediately applied professional mental health services (individual or group) that focus on the aftermath of critical or traumatizing situations with the goal of restoring the person or system to the level of functioning before the crisis occurred.

Decedent: a person who has died (in this case, by suicide).

Local education agency (LEA): a local school district, school, or charter school.

Memorialization: a process of preserving memories and honoring people who died (in this case, by suicide).

Postvention: an organized response in the aftermath of a suicide to accomplish one or more of the following: to facilitate the healing of individuals from the grief and distress of suicide loss; to mitigate other negative effects of exposure to suicide; and to prevent suicide among people who are at high-risk after exposure to suicide.

Psychological first aid: similar to crisis counseling, psychological first aid is applied by mental health professionals or disaster workers in the aftermath of a traumatic experience with the goal to increase coping and reduce distress.

Safe messaging: consensus of recommendations by national suicide experts for communicating about suicide. The intent is to promote helpseeking behaviors among individuals at risk for suicide, promote healing and resiliency in the community, and prevent further diffusion of suicide.

Suicide attempt: a nonfatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in physical injury.

Suicide cluster or diffusion: a series of three or more linked suicidal events, including suicide attempts and deaths. Mass suicide clusters occur when there is an increase in suicide or suicidal behavior within a given time period and geographic boundary, such as a school district or county. Individuals who engage in suicidal behavior in a mass cluster are not socially or otherwise linked to one another. Point clusters occur when individuals engage in suicidal behavior after someone they knew died by suicide or attempted suicide.

Suicide contagion: a process by which exposure to the suicide or suicidal behavior of one or more persons influences others' suicidal behavior, especially those who already have suicidal thoughts or a known risk factor for suicide. A subsequent suicide is often called a copycat suicide. Postvention aims to prevent or interrupt such events.

Suicidal ideation: passive or active thoughts about wanting to be dead or killing oneself, but not accompanied by preparatory behavior.

Survivor of suicide loss, or loss survivor: someone who has lost someone they care about to suicide. The relationship can be family, friends, coworkers, classmates, therapists, clients, and many others. Some people affected by suicide prefer the term "bereaved by suicide."

Vulnerable populations: people who experience risk factors for suicide at higher-than-average levels. Examples of vulnerable populations include: Black, Indigenous, and people of color; refugees and migrants; indigenous peoples; lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) persons; and prisoners.

Appendix B

Postvention Crisis Response Coordinator Checklist

Date of Event: _____

Community Impacted: _____

Immediate needs/activating the plan

Confirm death with the Office of the Medical Examiner

Call a meeting with the postvention response team (same day is ideal). Decide whether or not to activate a formal postvention response

Activate plan by communicating with postvention response team leader and response team members

Contact organizations directly impacted by the death to determine what resources are needed

Communicate with the bereaved family through the family liaison to:

Verify if they want the death disclosed as a suicide

Determine any immediate resources the family needs—emotional or practical needs

Ask the family for contact information of individuals and organizations who may need postvention resources

Provide information about how communication flows, and that the family liaison is the primary contact with the family

Provide names and contact information for all team members and what services they will provide

Contact appropriate postvention response team leader and members to:

Activate the postvention response team

Provide information about who died, basic information about what happened, and where team should go

Follow-up with impacted organizations to:

Provide information about the postvention response team and how it will be responding to the impacted groups' needs

Provide names and contact information for team members, and what services each member will provide

Contact the designated PIO to activate the development and deployment of a media plan

Verify the PIO is partnering with local media and PIOs at the impacted organizations

First 24 Hours

Follow up with the postvention response team leader to verify that activation has occurred; obtain updates on their response efforts

Contact family members through the family liaison to ensure their immediate needs are met, and determine if there are other resources needed

Follow up with the postvention response team leader to organize additional response efforts to meet family needs

Contact impacted organizations to ensure their immediate needs are being met, and determine when other resources are needed

Follow up with the postvention response team leader and members to organize additional response efforts to meet impacted organization's needs

Contact the PIO to verify continued monitoring of media coverage of the death, including social media platforms

Contact the Office of the Medical Examiner to determine if an epidemiological investigation should occur

First Week After the Death

- Maintain communication with immediate family members, through the family liaison, to address the ongoing needs of the family
- Communicate the evolving needs of the family to the postvention response team
- Maintain communication with impacted organizations to sustain the ongoing needs of the community
- Communicate the evolving needs of the impacted organizations to the postvention response team
- Continue to work with the PIO to monitor community events and public memorials of the person who died, as well as media coverage of the death including social media platforms

After the Funeral/First Month After the Death

- Maintain communication with immediate family members to continue being responsive to the ongoing needs of the family.
- Communicate the evolving needs of the family to the postvention response team
- Maintain communication with the impacted organizations; continue to respond to the ongoing needs of the community
- Communicate the evolving needs of the impacted organizations to the postvention response team
- Continue to work with the PIO to monitor community events and public memorials of the person who died, as well as media coverage of the death including social media platforms

Deactivating the Plan/Assessment/Determining Ongoing Community Needs

- Deactivate the plan by stopping services provided by the postvention response coordinator and PIO
- Call a debriefing meeting of the postvention response team members and any others who participated in the response that covers these items:
 - Postvention response team members have opportunities to voice how the response and the death impacted them
 - Refer first responders to appropriate mental health resources for followup care of the team
 - Postvention response coordinator and postvention response team leader discuss the ongoing needs of the community, changes that need to be made to plan to address shortcomings, and what worked well
 - Plan for what will happen at the anniversary of the death
 - Conduct post-response debriefing

Appendix C

Examples of postvention plan goals

Goal: To prevent further suicide deaths and reduce the likelihood of suicide contagion.

Goal: To promote resiliency and healing in the community after a suicide death.

Goal: To identify and mobilize mental health and other community resources for people who may be at increased risk after a suicide death.

Goal: To mobilize parents in monitoring youth in their community.

Goal: To reach out to faith communities, businesses, and other groups who may be impacted by the suicide death in the community.

Goal: To provide safe spaces for community members to express grief and to access mental health resources.

Goal: To support the emotional recovery of survivors while preventing contagion or imitative suicidal behavior.

Goal: To reduce the psychological, physical, and social difficulties for suicide survivors and community members.

Goal: To minimize trauma to community members and to reduce the likelihood of additional suicide deaths in the community.

Appendix E

Response team roster

The postvention coordinator and response team leader will select from this list and others, to determine the appropriate team members for each unique response.

Name	Organization	Area of Knowledge or Skills	Phone Number	Email Address
Example: Maria Sands	Pine Counseling	LCSW, postvention counseling or therapy	666-555-4444	Msands@mai.org
Example: Fernando Diaz	Diaz Funeral Services	Funeral arrangements and family decision making	666-111-2222	fdiaz@funeralservices.com
Example: Rabbi Jonas Goldstien	Bet Ha-Tefilla	Jewish faith leader	666-222-3333	jgoldstien@bht.org

Appendix F

Responsibility comparison chart

Responsibilities of the postvention coordinator compared to the response team leader

Postvention coordinator	Response team leader
<p>Committee planning and non-response activities:</p> <ul style="list-style-type: none"> • Identify community partners as members of the community postvention planning committee • Conduct community postvention planning committee meeting • Collaborate with committee members to identify additional planning committee members • Facilitate the development of the postvention plan • Gather names/organizations for the response team members list • Collaborate with response team leader to plan and conduct training of planning committee and response team members • Maintain and update the community postvention plan • Maintain and update contacts and their information • Support individual postvention plans which exist in businesses, schools etc. 	<p>Committee planning and non-response activities:</p> <ul style="list-style-type: none"> • Serve on the committee supporting the postvention coordinator • Plan and prepare for future response • Vet possible response team members for expertise, availability, skills • Make recommendations to the postvention coordinator for possible planning committee members or response team members • Collaborate with postvention coordinator to plan and conduct training of planning committee response team members

Postvention coordinator	Response team leader
<p>Response to a death:</p> <ul style="list-style-type: none"> • Collaborate with response team leader • Determine response need for a unique event, including if multiple responses are needed • Identify response team members with the team leader • Identify appropriate family liaison with the team leader • Maintain contact with family liaison and response team leader • Support community media through the PIO • Contact key groups at the Utah Department of Health and Human Services and the Utah State Board of Education • Contact organizations identified as potentially impacted • Activate a response plan if needed 	<p>Response to a death:</p> <ul style="list-style-type: none"> • Collaborate with postvention coordinator • Determine response need for a unique event, including if multiple responses are needed • Identify response team members with the coordinator • Identify appropriate family liaison with the coordinator
<p>After postvention coordinator activates a plan:</p> <ul style="list-style-type: none"> • Collaborate with response team leader during the response, discuss meeting ongoing needs • Maintain contact with the family liaison to update the family on the plan • Be aware of when to deactivate postvention response plan 	<p>After postvention coordinator activates a plan:</p> <ul style="list-style-type: none"> • Contact response team members to plan a response • Assign responsibilities to each team member • Conduct regular team meetings to evaluate family, individual, community, or workplace needs • Adjust assignments and responsibilities as needed • Collaborate with postvention coordinator to discuss meeting ongoing needs
<p>Deactivate the plan:</p> <ul style="list-style-type: none"> • Decide when plan should be deactivated with the response team leader and family liaison • Conduct a debriefing through a third party 	<p>Deactivate the plan:</p> <ul style="list-style-type: none"> • Support the postvention coordinator in deactivating the plan • Gather information and people involved for debrief

Appendix G

Communication templates

Sample Death Notification Statement for Community

Option 1—When the death has been ruled a suicide

I am so sorry to tell you all that one of our community members, [NAME], has died. I'm also very sad to tell you that the cause of death was suicide.

Many of you may also feel very sad. Others may feel other emotions such as anger or confusion. It's okay to feel whatever emotions you might be feeling. When someone takes their own life, it leads to a lot of questions, some of which may never be completely answered.

While we may never know why [NAME] ended [HIS/HER/THEIR] life, we do know that suicide has many causes. In many cases, a mental health condition like depression or anxiety is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Rumors may come out about what happened, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Some of us may have known [NAME] well, and some of us may not have. Either way, we may have strong feelings. You might find it difficult to concentrate for a little while. On the other hand, you might find that focusing on other things helps take your mind off what has happened. Either response is okay.

I want you to know that our community is here for you. We also have support and resources available to help us all cope with what happened. If you'd like to access these resources, please reach out to us at [PHONE NUMBER/WEBSITE/ETC.].

Option 2—When the family has requested the cause of death not be disclosed

I am so sorry to tell you all that one of our community members, [NAME], has died. The family has requested that information about the cause of death not be shared at this time.

We are aware that there has been some talk that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends. I'm going to do my best to give you the most accurate information available.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No single thing causes it. In many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Some of us might feel sad. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known [NAME] well, and some of us may not have. Either way, we may have strong feelings. You might find it difficult to concentrate for a little while. On the other hand, you might find that focusing on other things helps take your mind off what has happened. Either response is okay.

I want you to know that our community is here for you. We have support and resources available to help us all cope with what happened. If you'd like to access these resources, please reach out to us at [PHONE NUMBER/WEBSITE/ETC.].

Tips for Talking about Suicide*

Suicide is a difficult topic for most people to talk about. Here are examples of how to talk about key issues that may come up when someone dies by suicide.

Give accurate information about suicide	By saying...
<p>Suicide is a complicated behavior. It is not caused by a single event.</p> <p>In many cases, mental health conditions, such as depression, bipolar disorder, PTSD, or psychosis, or a substance use disorder are present leading up to a suicide. Mental health conditions affect how people feel and prevent them from thinking clearly. Having a mental health issue is common and nothing to be ashamed of. Help is available.</p> <p>Talking about suicide in a calm, straightforward way does not put the idea into people's minds.</p>	<p>“The cause of [NAME]’s death was suicide. Suicide is not caused by a single event. In many cases, the person has a mental health or substance use disorder, along with other life issues at the same time. This leads to overwhelming mental and/or physical pain, distress, and hopelessness.”</p> <p>“There are effective treatments to help people with mental health or substance abuse problems or who are having suicidal thoughts.”</p> <p>“Mental health problems are not something to be ashamed of. They are common and a type of health issue.”</p>
Address blaming and scapegoating	By saying...
<p>It is common to try to answer the question “why?” after a suicide death, which sometimes results in blaming others for the death.</p>	<p>“Blaming others or the person who died does not consider the fact that the person was experiencing a lot of distress and pain. Blaming is not fair and can hurt another person deeply.”</p>
Do not focus on specific details of the death such as the method, a note or location	By saying...
<p>Talking in detail about the method or other details of the death can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals.</p> <p>The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.</p>	<p>“Let’s talk about how [NAME]’s death has affected you and ways you can handle it.”</p> <p>“How can you deal with your loss and grief?”</p>
Address anger	By saying...
<p>Accept expressions of anger towards the person who died, and explain that these feelings are common.</p>	<p>“It is okay to feel angry. These feelings are common, and it doesn’t mean that you didn’t care about [NAME]. You can be angry at someone’s behavior and still care deeply about that person.”</p>

Address feelings of responsibility	By saying...
<p>Help loved ones understand that they are not responsible for the suicide of the deceased.</p> <p>Reassure those who feel responsible or think they could have done something to save the deceased.</p>	<p>“This death is not your fault. We cannot always see the signs because a person with suicidal thoughts may hide them.”</p> <p>“We cannot always predict someone else’s behavior.”</p>
Promote help seeking	By saying...
<p>Encourage people to seek help if they or a loved one are feeling depressed.</p>	<p>“Seeking help is a sign of strength, not weakness.”</p> <p>“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?”</p> <p>“If you are concerned about yourself or a friend, there are a lot of resources in our community. Here are some of them [RESOURCES].”</p>

*SPRC. (2018). After a Suicide: A Toolkit for Schools, Second Edition, page 55
<https://sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf>

Sample Media Statement**

To be provided to local media outlets, either upon request or proactively.

The [COALITION NAME] was informed that a member of our community, [NAME], died by suicide on [DATE]. Our thoughts and support go out to their family and friends at this difficult time.

The [COALITION NAME] will be hosting a meeting for community members at [DATE/TIME/ LOCATION]. Members of the community's postvention response team [OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS] will be present to provide information about: the common reactions following a suicide, how adults can help youth cope, the emotional needs of people affected by this death, and the risk factors and warning signs of suicide. They will also address attendees' questions and concerns.

Trained counselors will also be available to meet with community members over the next few weeks as needed and will be at [LOCATION(S)].

Following is a list of warning signs and steps to take if you or someone you know needs additional help during this time.

Warning Signs

Leaders in the suicide prevention field agree that the following warning signs indicate a person may be at risk for suicide:

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress
- Withdrawal from or change in social connections or situations
- Changes in sleep (increased or decreased)
- Anger or hostility that seems out of character or out of context
- Recent increased agitation or irritability

What to Do

1. Express your concern about what you are observing in their behavior or things they have said.
2. Ask the person directly, "Are you thinking about suicide?"
3. Listen attentively and nonjudgmentally.
4. Reflect what the person shares and let them know they have been heard.
5. Tell the person that they are not alone.
6. Let the person know there are treatments available that help.
7. If you or the person are concerned, guide them to additional professional help, or to call the National Suicide Prevention Lifeline, a 24-hour toll-free phone line for people in suicidal crisis or emotional distress: 1-800-273-TALK (8255), or 988 after July 2022.

Resources: state and local

National Suicide Prevention Lifeline

1-800-273-TALK (8255), free and available 24/7, 365 days a year

988 will be the primary phone number starting July 2022

suicidepreventionlifeline.org

Crisis Text Line

Text HOME to 741741

Utah Warm Line

801-587-1055, free and available 8 a.m.-11 p.m., 7 days a week

Call the Utah Warm Line if you are not in crisis but are seeking support, engagement, or encouragement.

SafeUT Crisis Chat & Tip Line

833-372-3388, free and available 24/7, 365 days a year

The SafeUT app connects youth to confidential counseling, suicide prevention, and referral services.

Download in the app store or at: safeut.org

The Trevor Project

1-866-488-7386, free and available 24/7, 365 days a year

Crisis support for LGBTQ+ youth.

Local community mental health resource(s)

Other local resources

Recommendations for Reporting on Suicide

Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion, particularly among youth. Media are strongly encouraged to refer to the document “Recommendations for Reporting on Suicide” (<http://reportingonsuicide.org/wp-content/themes/ros2015/assets/images/Recommendations-eng.pdf>).

Local media contact

Sample Social Media Posts

The [COALITION NAME/ORGANIZATION NAME] was informed that a member of our community, [NAME], died by suicide on [DATE]. Our thoughts and support go out to their family and friends at this difficult time.

The [COALITION NAME] will be hosting a meeting for community members at [DATE/TIME/ LOCATION]. Members of the community’s postvention response team [OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS] will be present to provide information about the common reactions following a suicide, how adults can help youth cope, the emotional needs of people affected by this death, and the risk factors and warning signs for suicide. They will also address attendees’ questions and concerns.

If you or a loved one needs additional support at this time, here are available resources for our community:

- Local community mental health resource(s)

- National Suicide Prevention Lifeline
800-273-TALK (8255), 988 starting July 2022
www.suicidepreventionlifeline.org for live chat
- Safe UT App: <https://healthcare.utah.edu/hmhi/safe-ut/>

** Sample media and social media posts adapted from: SPRC. (2018). After a Suicide: A Toolkit for Schools, Second Edition. <https://sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf>

Appendix H

State and national resources

Utah training and resources

Utah safe messaging training

<https://liveonutah.org/resources/safe-messaging-2/>

Utah PIO training

<http://health.utah.gov/media/>

National toolkits for safe messaging

National recommendations for depicting suicide

<https://theactionalliance.org/messaging/entertainment-messaging/national-recommendations>

Recommendations for reporting on suicide

<http://reportingonsuicide.org/>

Social media guidelines for mental health promotion and suicide prevention

<https://emmresourcecenter.org/system/files/2017-08/teamup-mental-health-social-media-guidelines.pdf>

National Action Alliance for Suicide Prevention

<http://suicidepreventionmessaging.org/>

After a Suicide: A Toolkit for Schools

<https://www.sprc.org/resources-programs/after-suicide-toolkit-schools>

Model School District Policy on Suicide Prevention: Model Language, Communication, and Resources

https://www.thetrevorproject.org/wp-content/uploads/2019/09/Model_School_Policy_Booklet.pdf

National toolkits for postvention

A Manager's Guide to Suicide Postvention in the Workplace

<https://theactionalliance.org/sites/default/files/managers-guidebook-to-suicide-postvention-web.pdf>

After a Suicide: A Toolkit for Schools

<http://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf>

After a Suicide, Recommendations for Religious Services and Other Public Memorial Services

<https://www.sprc.org/sites/default/files/migrate/library/aftersuicide.pdf>

Postvention: A Guide for Response to Suicide on College Campuses

<https://hemha.org/wp-content/uploads/2018/06/jed-hemha-postvention-guide.pdf>

Preventing and Responding to Suicide Clusters in American Indian and Alaska Native Communities

<https://store.samhsa.gov/system/files/sma16-4969.pdf>

Appendix I

Making decisions about community memorials

This tool poses questions to consider regarding both planned and spontaneous memorials in the community.

Key Considerations

Does the city/town/community have a policy or standard procedure on memorialization for the death of a prominent or well-known community member regardless of the cause of death?

- If yes, how would implementing what is usually done for other types of deaths be done for a death by suicide? How might those procedures be interpreted with a suicide? For example: If a memorial page in the yearbook is a standard procedure, are there other deaths (from other causes) during the school year that would also have pages or be on the same page? Could a memorial page also have a message to promote help-seeking among students or a similar supportive message?
- If no, look at community practices or consult with other local areas.

Other Considerations

- Has the family expressed a desire for or opposition to any public acknowledgment of the death as a suicide?
- How might a memorial help facilitate (or impede) grieving of the loss by community members?
- How will the community deal with a spontaneous memorial initiated by community members? In a school setting, for example, it is recommended to monitor spontaneous memorials and remove them after one week to restore the school learning environment.
- Could a memorial be something other than a physical object or display, such as a suicide prevention program?
- What other ways are there for community members to acknowledge and express their grief following a suicide?
- When would be a good time to memorialize a person's death?
- Does the plan for memorialization coincide with other community events?
- How might the memorial procedure affect vulnerable people?
- Is there a way to memorialize so that a life-affirming message is the focus?

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