

**The New York State Office of Mental Health's
Suicide Prevention Center**

**A Guide for
Communities Organizations &
Coalitions in New York State
for Responding to a Death by
Suicide**

February 2021



**Office of
Mental Health**



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Overview

INTRODUCTION

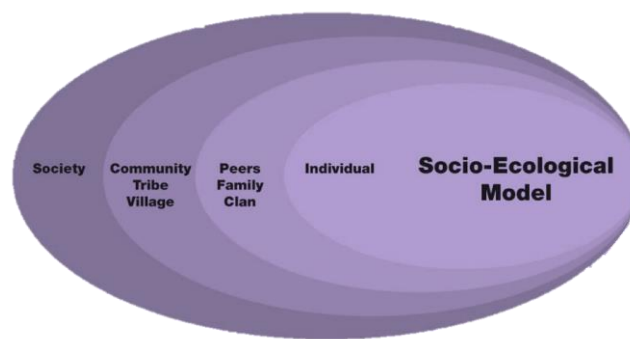
While any tragic or unexpected death can send ripples through a community, a death by suicide can have added impact and raise the concern for the potential of further [suicides](#). This document was developed as a guide to assist counties, local suicide coalitions and their partner agencies in responding to this traumatic event in a way that is informed by best practices. It is intended to provide an overview of the main issues that can arise when communities and organizations experience the death of an individual by suicide¹. The guide is organized into two parts;

- **Part I** will describe how communities and organizations should consider responding in the immediate aftermath of a suicide
- **Part II** will outline a structured approach on how to develop a coordinated and comprehensive local suicide postvention response

Separate Postvention Guidance documents are available that look specifically at postvention within the context of a [clinical](#) setting and postvention within the context of a [school setting](#).

The information and guidance in this document are informed by the most recent research and knowledge base regarding postvention and are also borne from the experience of communities and organizations who have done this work across NYS. A special thanks for their contributions of knowledge, information and time go out to the following:

Many of the activities and suggestions rely on the [socio-ecological model](#) to address postvention. Suicide deaths occur in the context of the deceased's interpersonal relationships, community, and society; its impact is felt by family, friends, peers, coworkers, caregivers, and community. When deciding and prioritizing who needs to be notified or supported, the ecological model can help establish who had the closest relationship and may be the most impacted.



¹ While intended primarily as a guide for responding to a death by suicide the same framework and principals can be used for other traumatic losses

TERMINOLOGY

Before delving into the crucial elements of a response it is important to insure there is a shared understanding of certain terms that will be used throughout this document.

We will begin with the term 'postvention'. This document will be using the definition below from the U.S. national guidelines developed by the [Survivors of Suicide Loss Task Force](#). Using this definition, we will identify specific tasks with the following three areas that should comprise a postvention response on the community or organizational level.

WHAT IS POSTVENTION?

Postvention is an organized response in the aftermath of a suicide to accomplish any one or more of the following:

- 1. To facilitate the healing of individuals from the grief and distress of suicide loss*
- 2. To mitigate other negative effects of exposure to suicide*
- 3. To prevent suicide among people who are at high risk after exposure to suicide*

For purposes of this document we will address the tasks associated with items number 2 and 3 together.

WHO IS A SUICIDE LOSS SURVIVOR?

The term 'suicide loss survivor' will also be referenced throughout this document. The term is reserved for those left behind. It is used in the same sense that an obituary will say, "The deceased is survived by ...". The definition requires that the individual themselves recognizes that they are having a difficult time. In this sense, a survivor is anyone who believes themselves to be deeply impacted, and thus a survivor. This is important as it expands the potential impact and therefore potential for supports to extend beyond immediate family.

WHO IS A SUICIDE ATTEMPT SURVIVOR?

Another term to be familiar with is that of 'suicide attempt survivor'. Suicide attempt survivors are individuals who have survived a prior suicide attempt.

WHAT IS CONTAGION?

The term 'contagion' will also be referenced throughout this document. The definition being used notes that "Suicide contagion is the exposure to suicide or suicidal behaviors within one's family, one's peer group, or through media reports of suicide and can result in an increase in suicide and suicidal behaviors"

PART I: Responding After a Suicide

A. FACILITATING THE HEALING OF INDIVIDUALS FROM GRIEF AND DISTRESS OF SUICIDE LOSS

The following are tasks associated with the items noted under the [postvention definition](#). All the identified tasks can and should be considered from either a community-wide approach and/or from an individual organizational approach.

1. Communication

Supportive, accurate and timely communication is crucial in helping promote healing for suicide loss survivors in the aftermath of a suicide.

- ✓ Publicly acknowledging the loss as a suicide if it has been confirmed. This must be balanced between two important principles:
 1. **Respect for family's right to privacy:** When a family can be open about a death being a suicide, this may help schools and/or communities offer resources to reduce risk.
 2. **Responding to suicide as a public health issue:** Being open about the suicide can also guide funeral activities, which can have a healing effect and help reduce risk.
- ✓ There should be **clear messaging after a loss by suicide**. Efforts should be made to use all types of media based on the audience(s) you are trying to reach. Communication should include such things as:
 - Local resources for suicide loss survivors e.g. AFSP's [healing conversations](#)
 - Formal and informal resources for care e.g. Pastoral counseling, peer-peer, local mental health clinics etc.
 - Normalizing [typical reactions](#) to sudden/unexpected loss
 - Ideas for encouraging self-care
 - [Encouraging help seeking](#)
 - [Practical steps](#) someone can take if they are worried about themselves or someone else
 - Avoid graphic details and descriptions of the method used
 - [Safe messaging guidelines](#) and [reporting on suicide](#) guidelines should be shared with media partners
 - From the organizational perspective there should be a consistent manner for communicating with employees after a loss by suicide. Sample communications can be found in [a managers guide to suicide postvention in the workplace](#)

- ✓ Efforts should be made to communicate guidance on **how to talk to suicide loss survivors**. Friends, family, co-workers and others might find it awkward or be unsure of what to say and in many instances, this may prevent them from reaching out at all for fear of saying the wrong thing. That may serve to further isolate the suicide loss survivor and add to potential stigma or shame. AFSP has a resource '[How to Talk to a Suicide Loss Survivor: A #RealConvo Guide from AFSP](#)' that offers practical suggestions.
- ✓ There should be mechanisms in place to help **identify and squelch misinformation and rumors** to build/maintain a safe environment. Examples might include utilization of an agencies Public Information Officer (PIO) if applicable and/or another designated individual tasked with internal and external communications. A parallel process is to insure the source of any information is reliable, that any information being shared is accurate and deemed necessary to support the larger postvention response. Before any communication regarding the suicide is released every attempt should be made to assure the information is accurate and that sharing that information is seen as helpful or necessary to promote healing.
- ✓ **Communication should reflect and be sensitive to various cultural and ethnic differences** with the community and/or organization. Key reminders and messages include:
 - There is no correct way to mourn the loss of a loved one.
 - Each culture has its own way of helping people cope with death and grief.
 - Beliefs, rituals, and traditions specific to a person's culture can provide some predictability and normalcy during a time that is difficult and confusing.

2. Monitor

Many suicide loss survivors have shared that there is an outpouring of support and resources for the first few weeks and then things fade away which is when the impact can become more intense.

- ✓ Anniversary of the death may stir up emotions and can be an upsetting time for those who identify as being a survivor. It is helpful to anticipate this and provide an opportunity to acknowledge the date.
- ✓ Try and be aware of other significant dates or notable events that may be unique to the agency/organization and have some connection to the individual that suicided. For example, graduations, promotions, birthdays etc. If available use of EAP can be a good resource to reinforce available resources.

3. Remembering the Individual

Communication about safe ways to help those who were impacted remember and honor the individual in such a manner that does not heighten any possible risk of contagion is another important consideration for communities and organizations.

- ✓ Doing outreach with faith partners before any services to share strategies regarding memorialization should be considered. '[Recommendations for Religious Services & Other Public Memorial Observances](#)' is one document that addresses these topics.
- ✓ Schools and youth serving organizations need to pay close attention to this topic. '[Memorials After a Suicide: Guidelines for Schools and Families](#)' offers a series of recommendations and strategies to consider, most of which can be adapted to youth serving organizations.

B. PREVENTION SUICIDE AMONG PEOPLE WHO ARE AT HIGH RISK AFTER EXPOSURE TO SUICIDE

This next section will discuss what communities and organizations can do to address items number two and three noted in the prior definition of [postvention](#):

- ✓ *To mitigate other negative effects of exposure to suicide*
- ✓ *To prevent suicide among people who are at high risk after exposure to suicide*

As noted previously, all of the identified tasks will address both items number two and three. These items relate specifically to the topic and concerns about contagion and suicide clusters. Although youth and adolescents are at greater risk for the effects of contagion the concern can be present across the lifespan. Knowing someone who died by suicide, particularly a family member is one of the [risk factors for suicide behavior](#).

The tasks and strategies associated with addressing these areas are broken down into the following categories:

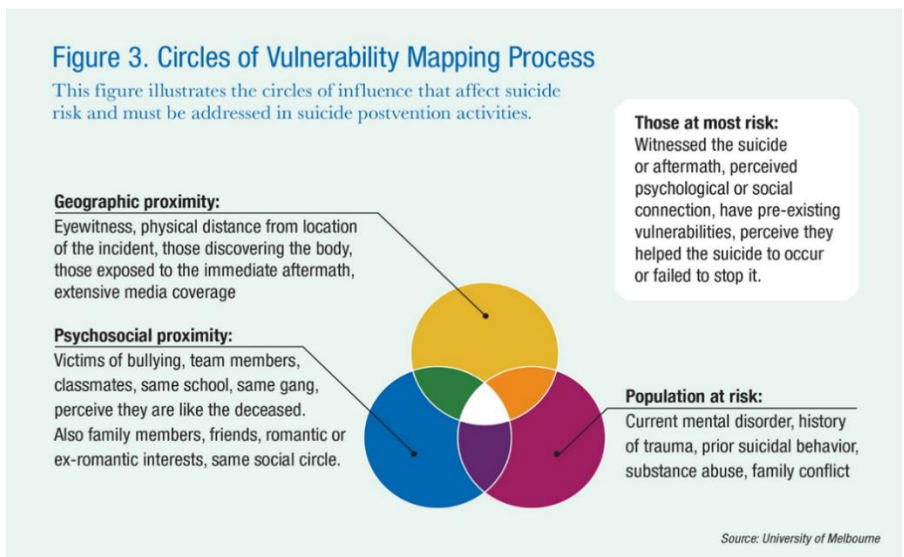
1. ***Utilization of Best Practices***
2. ***Identifying Vulnerable and High-Risk Individuals***
3. ***Communications***
4. ***Procedures***

1. Best Practices for Minimizing Risk of Suicide Clusters

- Implementing media guidelines for suicide reporting
- [Screening for suicide risk](#) can also interrupt the transmission of suicidality by identifying in advance individuals who may be susceptible to suicide contagion
- Initiating/promoting the use of crisis services (1-800-273-8255 or text 'got5 to 741741) or local crisis services including mobile crisis assessment teams where available.
- Enhancing community connectedness
- Addressing myths and misinformation

2. Identifying Vulnerable and High-Risk Individuals

The impact a suicide may have on individuals can vary based on several factors such as the age of the individual, how they found out about the death or whether they have any prior loss experience. Although many individuals will likely be able to process and integrate a loss by suicide without the need for formal supports or interventions some individuals may have increased vulnerability to thoughts of suicide following a loss. As mentioned earlier, the ecological model can help establish who had the closest relationship and may be the most impacted. However, taking a more refined view to identify and prioritize outreach to potentially vulnerable individuals is also important. Use of the **Circles of Vulnerability** (Lockley) mapping process as illustrated below can be a helpful way for communities and organizations to conceptualize this.



Organizations could also consider using a series of questions to identify individual who might be at heightened risk as noted in the document titled '[Sample Questions to use for Identifying Individuals at heightened Risk of Suicide Contagion](#)', [Appendix A](#)

3. Communications

As noted in the [previous section](#) of strategies for *facilitating healing*, communication also plays crucial role in postvention efforts relative to mitigating risk of contagion. Beside the strategies previously mentioned, here are some additional considerations:

- ✓ **Avoid communication** that:
 - Provides a detailed description(s) of a suicide incident
 - Makes the person a saint or a celebrity
 - Oversimplifies causes
 - Overstates the frequency of suicide
 - Uses terms like *failed*, *successful* or *committed*

- ✓ Presentations that are in direct response to a completed suicide and include information about common warning signs for suicide should be **postponed for ideally 3 months** following the loss. This is not to say that such information cannot and should not be communicated in other discreet methods.

4. Procedures

Whether a postvention response is occurring on the organizational or community level, the different tasks and activities being undertaken should be documented and reviewed on a regular basis. This documentation should include descriptions of roles, responsibilities, and where applicable timelines and exemplars for internal and external communications. As noted previously, '[A Managers Guide To Suicide Postvention In The Workplace](#)' can help an organization develop a framework to develop a series of written procedures.

PART II: Developing a Local Suicide Postvention Response

This section is designed to be used as part of a community's or organizations comprehensive suicide prevention efforts. Although the activation of a postvention response occurs, as the name implies, after a death by suicide, we know that the potential for investing in these activities is that ***postvention = prevention.***

Before describing the basic ingredients for developing a postvention response it is important to understand the rationale for developing this capacity for your community or organization. Developing a coordinated community or organization-wide response can help accomplish some of the following:

- ✓ Allow for the provision of a ***coordinated, consistent*** and ***comprehensive*** response to a suicide or other tragic loss.
- ✓ Help restore equilibrium and functioning within the community and impacted agencies
- ✓ Help to promote healthy grieving and commemorate the deceased in a safe manner
- ✓ Help provide strategies to comfort those who are distressed and minimize adverse reactions
- ✓ Support impacted agencies in identifying those most likely to need support and help reduce risk of contagion
- ✓ Support agencies that might be overwhelmed and/or not have the internal capacity to adequately address the impact of a suicide on their own
- ✓ Help encourage self-care

Basic ingredients necessary for the development of a postvention response

The following ingredients are critical for the successful development of a postvention team [and can be assessed using [Appendix B](#) and [C](#)].

1. ***A Shared Understanding of The Concepts of Postvention***
2. ***Gauging Current Capacity and Infrastructure to Respond to A Loss By Suicide***
3. ***Leadership***
4. ***Cross-System/Multi-Disciplinary Involvement***
5. ***A Consistent Method for Activating Your Postvention Plan***
6. ***Process Improvement***
7. ***Additional Considerations***

1. ***A SHARED UNDERSTANDING OF THE CONCEPTS OF POSTVENTION***

The first ingredient in developing your team is that of ensuring a common frame of reference for all those involved. It is critical to have a shared understanding about the principles and practices of postvention. A sound theoretical background for what you are doing and how you will do it must be grasped by all those who will be involved. **The most practical way to achieve this is through a best practice and/or evidence informed training.** If having a shared understanding is one of the critical ingredients, the training can be thought of as one of the first steps in developing your postvention response. If arranging a training in the short term is not possible you can consult with SPC to discuss immediate needs and for technical assistance.

In NYS we are using two core workshops to facilitate the necessary learning regarding postvention. The first is The ***Pillars of Postvention*** workshop that provides participants with the necessary information and background of basic postvention principles. The second workshop is called ***Developing a Postvention Team*** which further expands upon the elements outlined in this section of the document.

2. ***GAUGING CURRENT CAPACITY & INFRASTRUCTURE TO RESPOND TO A LOSS BY SUICIDE***

It is very possible that your community or organization may already have certain elements in place toward the development of a comprehensive postvention effort. In order to determine what may already be in place and perhaps prioritize next steps of development we recommend using either the organizational (see [Appendix B](#)) or coalition readiness tool (see [Appendix C](#)). There are a couple different ways to consider using these tools; one person completes them on behalf of the agency or coalition, or multiple staff or community partners completes the tool independently and time is set aside to review and compare the results. The latter method is preferred as that can help to identify misperceptions surrounding what is/is not in place etc.

3. LEADERSHIP

Another critical ingredient necessary for development and sustainability of your coordinated postvention response is that of leadership. Ideally this leadership will occur on both the individual level e.g. a champion as well as from an organizational level.

Leadership for development of a coalition led postvention effort should consider the following:

- ✓ **Identification of an early champion** who recognizes the importance of postvention as part of a larger comprehensive suicide prevention effort. In conjunction with others this person(s) may function as cheerleader, convener and perhaps coordinator to help move the process along. Later, in this manual you will read about the different possible roles that individuals within a coordinated response might take including that of the **Suicide Response Coordinator** (see [Appendix D](#)) for coalition led postvention efforts. The champion talked about here may not necessarily be/develop in to the SRC, although they may.
- ✓ It is also important to **identify a local or regional agency** that can take on an early leadership role in this process. Such an agency(s) can potentially provide resources (financial, personnel and in-kind). They can also encourage other agencies and disciplines to become involved in the development of a response. By one or more agency showing an early commitment to the process it can illustrate the importance of other community partners being part of that process.
- ✓ It is important to ensure the **Director of Community Services (DCS) is aware** of the efforts to develop a postvention response. Whether they are directly involved or are in more of a supportive/encouraging role, the 'big picture' perspective the DCS has will be helpful in both development and operations of the postvention planning.

If this is an organizational postvention effort being developed the following considerations regarding leadership should be considered:

- ✓ The administration within the agency must **provide the vision, support and encouragement** for development of an agency postvention response. In order to maximize success this must be seen and communicated as a priority within the agency.
- ✓ Others in the agency must be **empowered** to be part of a team to develop and eventually carry out the postvention efforts.
- ✓ A **willingness** to develop and/or change policy must be taken into consideration as part of developing a postvention response.
- ✓ **Consideration** for to what extent this organization effort should **partner and coordinate** with other community organizations and/or coalition efforts.

4. **CROSS-SYSTEM / MULTI-DISCIPLINARY INVOLVEMENT**

When building a coalition-led postvention response having a multi-disciplinary approach needs to be present to increase the success for the development, operations and sustainability of the effort.

This should not be solely a ‘mental health’ initiative. Partner agencies should be reflective of the services currently available within your community. This will take time to achieve and there will likely be ‘early adopters’ who support participation and involvement and those organizations who may not become involved until some point in the future. It is also important to recognize that involvement may wax and wane. That is why in part the importance of leadership noted earlier is so crucial.

Some crucial partners to consider inviting to participate include:

- local school district(s),
- American Foundation for Suicide Prevention (AFSP),
- Representatives from local SUD and MH clinics and as note previously the DCS

Other important partnerships to consider include:

- peer led initiatives,
- local NAMI and MHA affiliates,
- first responders,
- suicide attempt survivors,
- public health,
- Office for the Aging,
- DSS

Having a diverse group of agencies and individuals involved will also serve as a means by which to inform the community of the postvention team once it is developed and operational. Postvention team members become ambassadors reaching out within their own spheres of influence letting others know about the postvention team.

One question that is likely to arise in relation to a given agencies or individuals involvement in a postvention team is: *what specifically are the roles/responsibilities a team member is expected to fulfill?* [Appendix D](#) has a sample description of postvention team member responsibilities.

A SPECIAL NOTE REGARDING AFSP

AFSP'S involvement is seen as one of the partnerships necessary to have a robust and impactful postvention effort. They help to bring several highly valuable ingredients to the table when developing your response including that of suicide loss survivor resources and perspective. Not only can a trained suicide loss survivor offer support and resources to those impacted but they can also offer support, guidance and a unique perspective to the rest of the postvention team. AFSP reaches out to survivors of suicide loss with two goals in mind:

- *To offer the support that is so vital, particularly to the newly bereaved; and*
- *To provide opportunities for survivors to get involved, through a wide variety of educational, outreach, awareness, advocacy and fundraising programs*

AFSP works closely with support group facilitators, first responders, clergy members, mental health professionals and others in the community, to help survivors cope with their loss, their pain, their questions and their journey of healing. In addition, AFSP has taken the leading role in developing an agenda for research on survivors of suicide loss.

New York State is fortunate to have an AFSP chapter available to support every county.

5. **A CONSISTENT METHOD FOR ACTIVATING YOUR POSTVENTION PLAN**

Whether in the community or organizational setting every suicide loss will be unique and therefore require an individualized and flexible response and approach. In order to determine how best to respond, what types of resources and information may be necessary and other key factors you will need some type of mechanism to activate that response. This can be developed in conjunction with the rest of your plan or you can choose to use/modify the 'Activation Questionnaire' in [Appendix E](#). This document has a series of questions to best sort through and determine a measured response.

Another part of the Activation plan is a clearly identified individual(s) who will be the initial point of contact and who would be best positioned to implement the Activation Questionnaire to set the response in motion. Someone who can function as the "[Suicide Response Coordinator](#)".

While it is unlikely an organization has a position with this title, it is important that someone can function in such a role as the title suggests; in part being the person(s) that will be contacted if a request for support is being made and someone who can help to coordinate the response. This responsibility is true on the coalition/community response side too. In that instance it is likely to be the Coalition lead.

ADDITIONAL ACTIVATION CONSIDERATIONS

1. A postvention response or activation in the community **should always be requested or invited to happen** by the agency and/or individual directly impacted by the suicide. The community process should never impose or insert itself without first being asked
2. The nature and extent of **support offered becomes somewhat of a negotiated conversation**. The SRC will describe how assistance can be provided and also ask if there are specific types of assistance or resources that can be brought to bear

These two considerations will look slightly different if this is an organization responding internally however thought should always be given as to the nature and scope of a response.

6. PROCESS IMPROVEMENT

While developing and/or utilizing your community or organizational postvention response the final consideration is to build in different components of process improvement. In this instance the idea of process improvement should have a 'before/during/after' perspective.

- **BEFORE:** Before you ever have the chance to implement any portion of your postvention plan, there should be regular opportunities for practice through use of tabletop activities (see [APPENDIX F](#) for an example) or at staff meetings. There should also be at minimum annual reviews of the plan to ensure everyone involved is aware and up to date and to account for any changes, new information or resources. This also provides an opportunity to confirm roles and responsibilities.
- **DURING:** If some portion of the plan is activated, there should be someone designated to look at operations as they occur. Someone who can take the "35,000-foot view" to see if the plan as written is working as intended. This can allow the opportunity to refocus efforts as needed as in many instances a postvention response will need to be flexible based on new information coming in. It is important to note that this step is NOT a time for accusation. The extent to which this oversight will be needed will likely vary from event to event and as with all aspects of providing postvention should have a built-in level of flexibility.
- **AFTER:** Once the initial response has been completed it will be important to consider some type of 'after action review'. In other words, 'What did we learn that will improve future response?'. Some considerations for this aspect include:
 - ✓ Should be completed by all individuals involved in response
 - ✓ Identification of poor outcomes needs to be handled carefully, to avoid this becoming a case of blaming
 - ✓ Should seek to identify what is missing that is important to have in place? How can those pieces be built-in proactively, and if not present, how do we manage in the event of a postvention response with this resource missing?
 - ✓ Depending on the scope and scale of the response an involved after-action review may not be necessary
 - ✓ While not specifically related to the idea of an after-action review, another important piece to build into this area is follow up with anyone who was part of a response to 'check in' on them. Being part of a postvention response can be rewarding but it can also be emotionally taxing. This can be informal but must be an intentional part of the plan.

7. *ADDITIONAL CONSIDERATIONS*

The following components are not critical for the development of your team(s) but consideration should be given in trying to incorporate them as possible

PARTICIPATION BY THE LOCAL MEDICAL EXAMINER AND/OR CORONER

Having your local medical examiner or coroner aware of, involved and in support of the community postvention team will strengthen the impact your team(s) have for planning and activation purposes. The local coroner/ME can provide real time statistics for a locality about recent deaths by suicide. Medical examiners and coroners collect information that is critical to determining the cause and manner of death. This information is important to the next of kin as well as the postvention teams' efforts to reduce further risk of suicide.

Additionally, the contact that medical examiners and coroners have with next of kin can be critical in helping to promote healing and connecting the immediate family (survivors) with resources and support. Their involvement can also help speak directly to the need to confirm the facts regarding a completed suicide. Getting and maintaining the involvement of the Coroner/ME in your postvention team will likely be an ongoing process unless a pre-existing relationship surrounding this type of planning has already occurred. Having a conversation that attempts to define what the nature of their involvement, as part of the team will be may be a good starting point. Providing them with resources for use in their own work is another beneficial aspect of developing this relationship.

Many rural counties may not be able to obtain participation early on during the development of your teams. Lack of involvement during the early stages of development should not be a barrier for continued planning. Persistence is key.

PRACTICE

Another important consideration for adding to your core ingredients is the idea of ongoing practice, at least once a year. The ideal method engage in this type of practice is through a variety of tabletop exercises (see [Appendix F](#) for an example). These exercises should represent likely scenarios that your community or organization might encounter. Utilizing tabletop exercises or other methods of practicing can serve multiple purposes. Practicing can:

- ✓ help bring to light any emerging systemic problems
- ✓ identify potential barriers or gaps in service or membership
- ✓ allow for thoughtful consideration on how best to ameliorate any issues that are identified prior to a suicide occurring
- ✓ provide all those involved the opportunity to plan and problem-solve without the added stress of a deeply felt emotional component.
- ✓ Allow for networking and discussion around other public health and community issues

PROMOTION OF SELF-CARE

Intentional promotion of individual self-care is another highly encouraged ingredient. Being part of a postvention response can be both rewarding and stressful. If this is a community effort, most if not all of the participants will be adding the role of community postvention to their existing responsibilities. Having ongoing discussions about the importance of self-care can help to prevent burnout, reduce personal risk, enhance effectiveness, and increase sustainability of your team. The idea of self-care should become part of the fabric, the culture of your communities' postvention team.

This is the final non-essential ingredient that will be noted. That is not to say there are not other elements that may be helpful as you develop your plan and response. Your experiences during this development may bring to light other ingredients that you find to be particularly useful. That speaks to both the uniformity of the process and elements outlined within this manual coupled with the need for having a unique and individualized approach that respects the characteristics of the community.

Closing

Postvention is an extremely important element when it comes to reducing risk and supporting survivors in the event of a death by suicide. However, postvention by itself, even with the understanding that *postvention=prevention*, does not provide a comprehensive enough approach to preventing suicides or intervening with someone when thoughts are most likely to develop into actions.

Development of a postvention response should happen in the context of developing or enhancing a broader ***comprehensive suicide prevention strategy*** utilizing a public health approach. Incorporating such a postvention response into a larger suicide prevention strategy may also help to build sustainability of your overall efforts.

To find out more about how SPCNY can support your current community or organizational efforts visit our website at www.preventsuicideny.org or send an email to: SPCNY@omh.ny.gov.

Thank you for taking the time and interest in exploring the development of a coordinated postvention effort. Acting upon this interest is truly the first step in making that interest a reality.

Addressing suicide, whether through prevention, intervention, postvention or any combination, is both challenging and rewarding. The road may be fraught with setbacks and frustration but the outcomes-potentially saving a life- will be well worth the effort.

Just as a postvention response needs to be intentional and thought out, planning for the development of those responses also needs to be intentional.

“In every community, there is work to be done. In every nation, there are wounds to heal. In every heart, there is the power to do it.”

Marianne Williamson

APPENDICES

APPENDIX A

Sample Questions to use for Identifying Individuals who may be at heightened Risk of Suicide Contagion*

1. Which other adolescents or community members might identify with the person who died by suicide?

Click or tap here to enter text.

2. Was the deceased person part of a formal/informal group, organization, team, etc.?

YES NO

3. What risk factors associated with the deceased may be shared or perceived to be shared by peers or others in the community?

Click or tap here to enter text.

4. Are any peers, family members, co-workers or known acquaintances currently demonstrating suicide-related warning signs?

YES NO UNKNOWN

5. Are there peers, family members, co-workers or known acquaintances who may have had thoughts of suicide *prior to* this loss that need to be contacted for follow up?

YES NO UNKNOWN

6. What, if any, school/community memorial services and/or gravesite vigils occurred or have been planned?

Click or tap here to enter text. UNKNOWN

7. Are there any peers, family members, co-workers or known acquaintances being blamed for or seen as a reason for the suicide?

YES NO UNKNOWN

8. Do any of the survivors/those impacted blame themselves for the suicide?

YES NO UNKNOWN

9. Have any of the survivors/those impacted experienced previous trauma that was never addressed? YES NO UNKNOWN

*Adapted from *Community response: Effective action after a suicide*, a presentation by Frank J. Zenere, Ed.S., National Association of School Psychologists, National Emergency Assistance Team. Available online at http://www.sprc.org/featured_resources_trainingandevents/conferences/no/pdf/commresponse.pdf

APPENDIX B

Organizational Postvention Response Readiness Tool

| | | |
|--|---|---|
| 1. Our organization has an active postvention team AND/OR documented structure and protocols to allow for a coordinated response in the event of a suicide loss (or other traumatic loss) by a client and/or staff | Team <input type="checkbox"/> YES <input type="checkbox"/> NO | Documented protocols <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. The postvention team has a uniform manner for activation | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Current team members have received postvention training within the past two years Which training(s)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Team practices at least 1x per year | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. There is a universally understood process (internally and externally) for communicating about a suicide or other traumatic loss. This includes how people are notified | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. The team uses the Socio-Ecological Model to identify those most likely at risk/impacted in order to prioritize response | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Information on accessing formal and informal supports and services is; readily available, current and shared broadly to staff and clients in the event of a completed suicide or other traumatic loss | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. There is a shared understanding, coordination and communication with first responders, the LGU and/or other entities involved in responding after a suicide with the agency's internal response capabilities | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. The team is familiar with and uses Safe Messaging and Media Reporting Guidelines | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Guidance and information for individuals and organizations is available on monitoring social media websites | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. The team uses some form of a 'To Go Kit' that includes print/electronic educational materials to share with impacted individuals including information on typical reactions to a suicide & stressful situation, warning signs of suicide, local resources, AFSP information etc. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. The team has a formal mechanism to monitor and/or respond to a loss over time | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Self-care for the team is intentional and encouraged; including the ability for a team member to opt out of an activation | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. The team utilizes some form of an 'after action review' as a means of process and quality improvement (different from any required review from outside entity) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. After an activation there is an intentional 'check in' with members who responded | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 16. Any postvention response to support staff and clients is discreet and separate from any agency review, incident committee etc. This includes when possible the personnel involved being different | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 17. In keeping with the idea that 'postvention=prevention', there are regular opportunities for gatekeeper and other suicide prevention & intervention training within the organization | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 18. In 150 words or less, please feel free to share any additional information you would like us to know about your organizations postvention response capabilities. You may also upload examples of documents used Click or tap here to enter text. | | |

Coalition Postvention Response Readiness Tool

| <p>1. The coalition has an active postvention team AND/OR documented structure and protocols to allow for a coordinated response in the event of a suicide loss (or other traumatic loss) YES to either question, complete letters a-p below If NO to BOTH questions, proceed to questions 2-8</p> | <p>Team <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>Documented protocols <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|--|---|---|
| a) The postvention team has a uniform manner for activation | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b) Current team members have received postvention training within the past two years. If yes, which training(s)? _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c) Team practices at least 1x per year | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d) There is a universally understood process (internally and externally) for communicating about a suicide or other traumatic loss. This includes how people are notified | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e) The team uses the Socio-Ecological Model to identify those most likely at risk/impacted in order to prioritize response | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f) Information on accessing formal and informal supports and services is; readily available, current and can be disseminated broadly among community partners in the event of a completed suicide or other traumatic loss | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g) Individual agencies within the county (e.g. Schools, human service agencies etc.) have agency-specific postvention policies and protocols | <input type="checkbox"/> YES <input type="checkbox"/> UNSURE | <input type="checkbox"/> NO |
| h) There is a shared understanding, coordination and communication with first responders, the LGU and/or other entities involved in responding after a suicide with the teams response capabilities | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| i) Mechanisms are in place to insure a community postvention response and any existing postvention protocols being utilized by the requesting agency are coordinated. This might occur through proactive tabletops/practice, formal methods such as MOU etc. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| j) The team is familiar with and uses Safe Messaging and Media Reporting Guidelines | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| k) Guidance and information for individuals and organizations is available on monitoring social media websites | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| l) The team uses some form of a 'To Go Kit' that includes print/electronic educational materials to share with impacted individuals including information on typical reactions to a suicide and stressful situation, warning signs of suicide, local resources, AFSP information etc. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| m) The team has a formal mechanism to monitor and/or respond to a loss over time | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| n) Self-care for the team is intentional and encouraged; including the ability for a team member to opt out of an activation | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| o) The team utilizes some form of an 'after action review' as a means of process and quality improvement (different from any required review from outside entity) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| p) After an activation there is an intentional 'check in' with members who were activated | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| q) In keeping with the idea that 'postvention=prevention', there are regular opportunities for gatekeeper and other suicide prevention & intervention training within the community | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| r) In 150 words or less, please feel free to share any additional information you would like us to know about your county/communities postvention response capabilities. You may also upload examples of documents used Click or tap here to enter text. | | |

| | |
|--|---|
| 2. Community Postvention training has occurred in the community during the past two years. If yes, which training(s)? _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. The coalition (or other community agencies) has begun initial planning or conversations on the local level for developing a coordinated postvention response. If yes, briefly describe planning that has occurred. Click or tap here to enter text. | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 4. Individual agencies within the county (e.g. Schools, human service agencies etc.) have agency-specific postvention policies, protocols and response mechanisms | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE |
| 5. There is currently an organization/agency within the community capable of providing some type of larger scale, planned response in the event of a suicide or other traumatic loss | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. There is a shared communication and language around a suicide/attempt with the coalition, local and state partners and other resources that includes such things as how agencies or systems share information about those who have been identified at increased risk/impacted | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Information on accessing formal supports and services is available and current and provided on a broad scale fashion in the event of a completed suicide | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Safe Messaging and Media Reporting Guidelines are used and distributed upon learning of a completed suicide | <input type="checkbox"/> YES <input type="checkbox"/> NO |

APPENDIX D

Suicide Response Coordinator & Postvention Team Roles & Responsibilities

The following is a list of activities that the person(s) who will be the point of contact for activating a postvention response on the community or organizational level may be called upon to engage in as part of that response. To help conceptualize the person(s) taking on these tasks, think about it in terms of if you had a person whose title and role was that of a **Suicide Response Coordinator (SRC)**. The following tasks can be thought of as activities someone within that role or title might be charged with leading. Regardless of how this role is structured or imagined, ultimately, they are acting as the person(s) who will set your plan in motion plan.

The person acting in capacity of the SRC will begin coordinating a potential response in the event of a confirmed suicide (or other traumatic loss if agreed upon) upon request from an agency or individual. Such coordination may include but is not necessarily limited to:

- a) Use of the **Activation Questionnaire** ([APPENDIX E](#)) with the requesting agency to determine the best response
- b) As needed, contacting other agencies or individuals that have been identified as being able to assist with any request for a community postvention response.
- c) Determine whether certain communications with other local and state partners is necessary and have been made e.g. the Director of Community Services, SPCNY and the local OMH Field Office suicide prevention liaison
- d) Insuring there is a current 'to go kit' of resources and information that might be used in the event of a loss e.g. safe messaging guidelines, local resources etc.
- e) Respond to request for assistance with other agencies as requested
- f) Coordinate debriefing exercises at scheduled intervals (unless she/he was directly involved in responding to the event in which case another facilitator will be sought)
- g) Have a prepared listing of additional community, regional and state resources that can be brought to bear if warranted
- h) Work to minimize potential for a siloed approach in the coordination of a postvention response

Other tasks could include:

- In conjunction with community partners (and with assistance from SPCNY as requested), the SRC will help to identify and coordinate ongoing prevention, intervention and postvention training efforts
- Help to facilitate future planning relative to the communities postvention team
- Help to ensure that County and local officials are aware of postvention efforts and that they are not in conflict with existing policy and procedure
- Other activities as needs are identified

Other Postvention Team Member Roles and Responsibilities

Individual responsibilities of a postvention team member may vary slightly based on several things including the existing role(s) you play within your agency, the agreed upon structure of your team/response, completed training, comfort level, personal situations and other factors.

The following are roles and responsibilities a postvention team member *may* be engaged in during planning or activation. This list may be expanded upon depending on your role and other considerations

- Acting as a liaison between your agency/department/school/community and the **Suicide Resource Coordinator** in the event of a death by suicide or other tragic loss
- Assist in initiating a response from your own agency to assist in whatever response has been requested (coordinated through SRC)
- Participate in organized after action review meetings in the event you were part of a postvention team activation
- Maintain a certain level of awareness and/or connection to other community wide suicide prevention efforts happening as a result of the local suicide prevention coalition
- When applicable and able, attend related trainings to enhance current skill level
- Maintain awareness of guidelines regarding safe messaging and media recommendations for reporting, guidelines for appropriate memorial services and other relevant information having to do with postvention response
- Not act independent of or on behalf of the postvention team without a discussion with others
- As applicable participate in ongoing postvention planning

APPENDIX E

Activation Questionnaire

Today's date [Click here to enter a date.](#)

Time of Notification [Click here to enter text.](#)

Person Completing Form [Click here to enter text.](#)

1. Person's name and affiliation initiating call [Click here to enter text.](#)
2. When did loss occur? [Click here to enter a date.](#)
3. If this is for a community response, has permission been granted to receive outside support?
 YES **NO** **Uncertain**
4. Was this a confirmed suicide? **YES** **NO**
 If **YES**, note source(s) of confirmation if known [Click or tap here to enter text.](#)
 If **NO**, please describe the nature of the loss/event prompting a response.
[Click or tap here to enter text.](#)
 - What are the **confirmed facts** at the time of this call (including if the death has been confirmed as a suicide or not if applicable) [Click here to enter text.](#)
 - If this was a suicide, has the family given permission for the known facts to be shared publicly
 YES **NO** **UNKNOWN**
 - Other information that may be useful for those who may be involved in the response to be aware of
[Click here to enter text.](#)
5. If a suicide, was the person in treatment **YES** **NO** **UNKNOWN**
6. How personally impacted would it appear the person making the call is?
[Click here to enter text.](#)
7. If this is a suicide involving an agency(s), are all staff aware of the suicide yet?
 YES **NO** **UNKNOWN**
8. If applicable, does the agency requesting support have its own postvention or trauma response plan?
 YES **NO** If **YES**, has it been activated? **YES** **NO** **UNKNOWN**
9. Is media aware/involved? **YES** **NO** **UNKNOWN**
10. Level/nature of Social media response to the event if known?
[Click here to enter text.](#)
11. Ask the person "***In your own words can you describe the nature of the response* that you think would be most helpful at this point in time.***"
[Click here to enter text.](#)
12. Is there anyone that may be particularly vulnerable (think in terms of the **Circle of Vulnerability Map**) who is believed to be of immediate concerns based on their exposure and response?
 YES **NO** **UNKNOWN**
 If **YES**, has anything been done to support these individuals?
 YES **NO** **UNKNOWN**
13. How soon is a response being sought?
[Click here to enter text.](#)
14. If in person support is being requested, where would the response occur? [Click here to enter text.](#)
15. Is there capability for private conversations? **YES** **NO** **UNKNOWN**
16. Will staff from the requesting agency be assisting?
 YES if so, in what capacity [Click here to enter text.](#)
 NO **UNKNOWN**

17. What other agencies are/may be impacted [Click here to enter text.](#)
18. Are other agencies involved in any sort of response i.e. Red Cross, faith leaders, Victims assistance etc.
 YES **NO** **UNKNOWN**
19. Were any special needs populations involved i.e. young children, developmentally disabled, elderly etc.
 YES **NO** **UNKNOWN**
20. Names and contact information for onsite/coordinating agency staff
[Click here to enter text.](#)
21. Any other special considerations teams should be aware of
[Click here to enter text.](#)

***Note that the person might not be able to provide a response/might not know what they need. You may choose not to ask this question if the person appears too overwhelmed. A discussion of what the teams can offer should occur at the end of the conversation**

Coordinator Disposition Notes:

1. Is a response being activated? **YES** **NO**
2. Describe the nature of initial response that will be provided?
[Click here to enter text.](#)
3. If a team model is being utilized, how many individuals will be needed? [Click here to enter text.](#)
4. Date & time team has been notified, if applicable: [Click here to enter text.](#)
5. Have there been other recent high profile and/or high impact losses that have impacted the community or agency?
 YES (describe) [Click here to enter text.](#)
 NO **UNKNOWN**
6. Any special circumstances with this response? e.g. could be deemed a 'high profile' event, the event has garnered a lot of media attention, etc.
 YES (describe) [Click here to enter text.](#)
 NO **UNKNOWN**
7. Keeping in mind confidentiality and privacy considerations, have the relevant community and State partners been notified?
 - DCS **YES** **NO**
 - SPCNY **YES** **NO**
 - Local MH providers **YES** **NO**
 - OMH Field Office **YES** **NO**
8. Has the need for an additional postvention response(s) been identified? **YES** **NO**
 If **YES**, briefly describe:
 - WHO? [Click here to enter text.](#)
 - WHAT? [Click here to enter text.](#)
 - WHERE? [Click here to enter text.](#)
 - WHEN? [Click here to enter text.](#)

Activation Follow Up:

Date being completed: [Click here to enter a date.](#)

1. Describe the nature of the initial response e.g. on site, information and referral, debriefing etc.
[Click here to enter text.](#)
2. Were there any special circumstance or activation anomalies?
 YES (describe) [Click here to enter text.](#)
 NO **Unknown**
3. Was follow up or referral required for any of the participants?
 YES (describe) [Click here to enter text.](#)
 NO **Unknown**
4. Any teams and/or individuals that responded have been followed up with to see how they are doing, encourage self-care and any other communication to ensure they have not been unduly impacted by their participation.
 YES **NO** **N/A**
5. Has an after-action review been scheduled or completed (within 2 weeks of activation)?
 YES **NO**
6. Briefly describe any major discussion or findings from review including 'lessons learned', identified gaps, successes etc. [Click here to enter text.](#)

APPENDIX F TABLETOP PRACTICE EXAMPLE

Location: High School

Day and Time: Saturday, 2:30 pm of a long Holiday weekend

Situation: The postvention teams point of contact just received a call from a local HS principal & request to activate. The principal shared he just received a call from his school nurse with the following details:

- Her husband is on the police force. He just called to tell her that he got a report that one of the high school students died last night (Friday) of a suspected drug overdose. The student is well known in the school and community
 - He had just been suspended last week for fighting at a school basketball game. As one of the team's star players this was a tough decision to make for the coach and he took a lot of heat from the team and some parents.
 - He's a sophomore and has a brother who is a senior.
 - This student was well liked in the school community and participated in three different sports and was in chorus.
 - Prior to the fight he had not been on anyone's radar as a student with behavioral problems
 - His ex-girlfriend had just broken up with him prior to the basketball game where the fight broke out and there had been rumors circulating that she was being ostracized for breaking up with him.
 - Students are already talking how they believe this was a suicide based on comments the young man made to friends and some cryptic texts.
 - In the principal's conversations with the nurse it is your understanding that students are already talking about making t-shirts or some other activity to remember the student
 - His parents are divorced, and his mother is an influential leader in the community while his father lives in another state
1. **Prioritize and Outline your response for the first 24-72 hours after notification of the loss. Identify some of the major issues and initial challenges you will face with this scenario. Discuss any issues that might occur regarding communication, staff and patient response, family reactions, media, and anything else. In this context also discuss the following:**
 - a) **What you will do to respond to identified issues?**
 - b) **What additional resources might be needed?**
 - c) **What do you think will generate the most emotional response regarding the nature of the incident?**
 2. **What types of response/supports might the crisis team be asked to provide and to whom?**
 3. **Given the scenario, who are you most concerned about and why**
 4. **Identify any issues involved with possible memorialization activities and discuss how you might begin to address them.**
 5. **Begin to identify some preliminary areas of need/concern beyond the first 72 hours**