

# AFTER RURAL SUICIDE: A GUIDE FOR COORDINATED COMMUNITY POSTVENTION RESPONSE

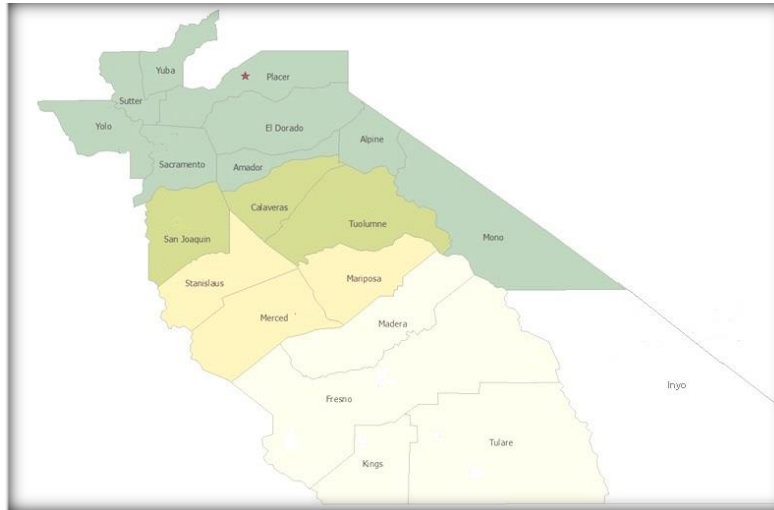
*August 2016*

Developed by the California Mental Health Services Authority (CalMHSA) on behalf of and funded by the Central Region Workforce Education & Training Program of the Mental Health Services Act and by Placer County.



# AFTER RURAL SUICIDE: A GUIDE FOR COORDINATED COMMUNITY POSTVENTION RESPONSE

*August 2016*



## **Acknowledgements**

The Guide was developed by the California Mental Health Services Authority (CalMHSA) on behalf of and funded by the Central Region Workforce Education & Training Program of the Mental Health Services Act and by Placer County.

CalMHSA contracted with Sandra Black, MSW, and Anara Guard, MLS, to create this Guide, which benefited from the wisdom and experience of several people. We particularly thank Kim Honeywell (Suicide Prevention Coordinator, Nevada County Behavioral and Public Health), Phebe Bell, MSW, (Program Manager, Health and Human Services, Placer and Nevada Counties), Alison Schwedner (Director, Community Collaborative of Tahoe Truckee), the Tahoe Truckee Suicide Prevention Coalition Steering Committee, and Noah Whitaker (Tulare County Health and Human Services Agency and Tulare Suicide Prevention Task Force). The following individuals also reviewed the document and offered valuable input: Diane Sommers and Ting Ting Lee (Suicide Prevention and Crisis Services of Yolo County); James Ritchie (Fresno County Department of Behavioral Health); John Lawless (Calaveras County Health and Human Services); and Martha Golay (Amador Tuolumne Community Action Agency).



## Table of Contents

<b>INTRODUCTION</b> .....	5
<b>SECTION I. BEFORE A SUICIDE OCCURS: DEVELOPING THE POSTVENTION PLAN</b> .....	10
<b>SECTION II. THE POSTVENTION RESPONSE</b> .....	21
<b>CONCLUSION</b> .....	27
<b>SECTION III. TOOLS</b> .....	29
<b>MASTER CHECKLIST</b> .....	30
<b>SAMPLE CONFIDENTIALITY AGREEMENT</b> .....	33
<b>LOSS SURVIVORS BROCHURE</b> .....	35
<b>CORONER’S CONDOLENCE LETTER EXAMPLE</b> .....	36
<b>CONSIDERATIONS FOR COMMUNITY MEETINGS</b> .....	37
<b>COMMUNITY MEETING AGENDA EXAMPLE</b> .....	40
<b>SAMPLE PUBLIC STATEMENT</b> .....	41
<b>LETTER FROM PUBLIC HEALTH OFFICERS TO HEALTH PROVIDERS</b> .....	43
<b>SECTION IV. RESOURCES</b> .....	45



## INTRODUCTION

This Guide was created to support California’s rural counties with developing a formal, locally-controlled, and coordinated effort in responding to the community after a suicide has occurred. The primary audiences are county and local behavioral and public health agencies, law enforcement, and existing suicide prevention coalitions or task forces. Others, such as peer support programs and community-based organizations, may also find it helpful. Creation of the Guide is consistent with Objective 10.1 of the National Strategy for Suicide Prevention, “Develop guidelines for effective comprehensive support programs for individuals bereaved by suicide, and promote the full implementation of these guidelines at the state/territorial, tribal, and community levels.”<sup>1</sup>

In developing this Guide, the authors drew upon their work with rural counties and communities on suicide prevention strategies and looked to existing rural suicide prevention and mental health resources for source material wherever possible. They conducted a literature review and a scan of existing materials, with emphasis on those recognized as best practices. An early version of the Guide was piloted with the Tahoe Truckee Suicide Prevention Coalition and Nevada and Placer County Behavioral Health agencies. The framework was inspired by the example of working to develop a community response plan after suicide for this region. Stakeholders in Tahoe Truckee and in Central Region counties were invited to participate in the process through online surveys, presentations, and comments on drafts. A draft of the Guide was also shared with several rural counties for review and input before it was finalized. Throughout the Guide, we endeavored to include the perspective and lived experience of loss survivors, who have been so instrumental in the field of suicide prevention.

The Guide is a Word document that serves as a template for local leaders to customize and adapt its components for local use. **We encourage you to modify the tools, especially the Master Checklist included in Section III, as needed.**

---

<sup>1</sup> US Surgeon General and the National Action Alliance for Suicide Prevention. *National Strategy for Suicide Prevention*. 2012.  
<http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/>

The Guide can be downloaded from the website of the California Institute for Behavioral Health Solutions at <http://www.cibhs.org/central-region>.

### *Why is a rural postvention guide needed?*

Suicide rates are higher in rural than in urban areas, and nationwide, the occupations with the highest rates of suicide are farming, fishing and forestry.<sup>2</sup> News of a suicide, as with other deaths in a small community, can travel rapidly through informal channels. The overlapping social networks in rural areas mean that people are more likely to know one another or to be connected in some way. These stronger networks can be both helpful—as people reach out to one another for support—and challenging, as it may mean that a higher percentage of people in the community are affected more deeply than in a less connected environment.

Suicide risk is compounded by several inherent characteristics of rural life, including lack of resources and social services; the need to travel great distances to reach care; greater levels of poverty; an older population; and fewer providers to meet basic wellness needs. Suicide rates are traditionally higher in rural areas, in part due to a higher concentration of firearm owners and more barriers to resources. The rugged individualism and independence that serves people well during good times may inhibit them from reaching out for help when they are struggling. Some rural residents have a deep distrust of government and avoid using existing services. Agency staff may be spread thin as they attempt to fulfill multiple jobs or cover large geographic areas. It can be difficult to recruit and retain licensed health care professionals and behavioral health providers for a number of well-known reasons, including lower pay, fewer amenities and scant growth opportunities. In addition, natural disasters such as wildfires, mudslides, and drought often strike California's rural counties with greater intensity, taking a greater toll on the community's resiliency and resources.

Stigma about mental health conditions and about suicide may be greater in rural and small towns. You might be likely to bump into your therapist in the post office or to have your truck recognized when it is parked outside the health center. Some people have reported reluctance to call a local crisis line because they are concerned that the volunteer or staffer at the other end will recognize their voice.

But small towns and rural communities also have significant assets that can be leveraged, especially in the face of tragedy. Although there may not be as many amenities as in urban areas, rural California has a variety of unique social opportunities, such as participation in 4H, Grange, various lodges, community

---

<sup>2</sup> CDC. Suicide rates by occupational group—17 states, 2012. *MMWR*. July 1, 2016; 65(25); 641–645

centers, outdoor recreational activities from snowboarding and skiing to hunting, fishing and hiking, and various other activities such as fundraisers that support local programs, as well as school and church programs, and sports leagues. People look out for one another and share strong loyalty to their home regions. They are more likely to know each other and to enjoy the benefits of “connectedness,” an attribute shown to increase resiliency. They often bond together during times of crisis, acting as “natural helpers.” It can be easier to identify whom to talk with in a given agency.

Finally, we were unable to locate existing materials that are specifically geared to assist rural communities with postvention planning. Postvention planning materials for schools and military settings are available, but these are not community planning documents and are not specific to rural areas. The National Alliance on Mental Illness-New Hampshire offers a postvention training program for rural communities that requires resources of time and funds. This Guide fills a gap as a resource that can support rural communities in developing a postvention plan that takes into account the specific issues they may face.

### The goals of postvention

“Postvention” is a term used to describe the range of *timely, coordinated, and appropriate* activities following a suicide, that are designed to provide support to loss survivors and to prevent suicide contagion. Postvention is a vital part of the continuum of prevention, early intervention, and treatment. Effective postvention can reduce distress among those impacted by a death and offers opportunities to educate the community at large about warning signs and how to help, potentially reducing the risk of future suicides.

This Guide is designed to help small and/or rural communities achieve the following goals (*See Figure 1*):

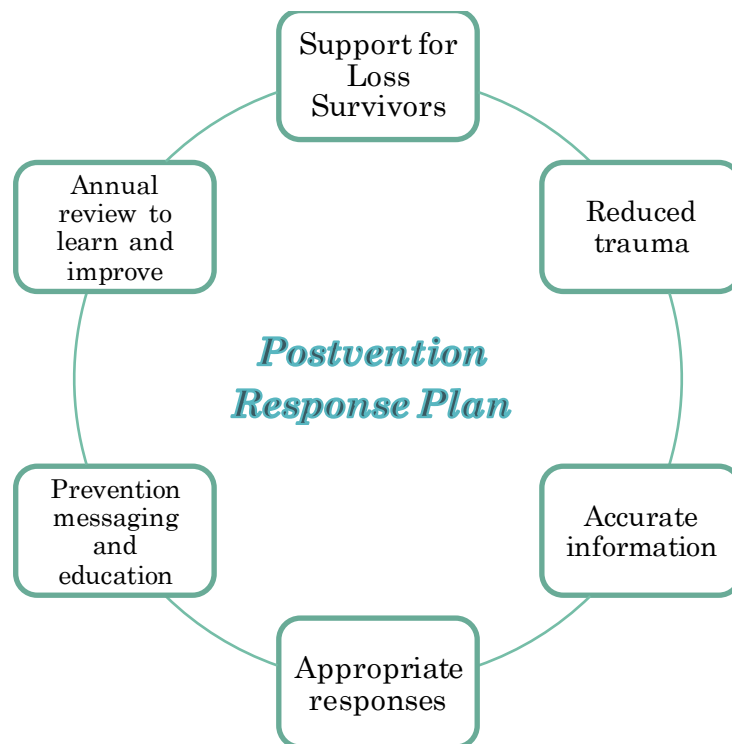
- Support healing of the individuals affected (loss survivors) and of the community at large;
- Offer support to at-risk individuals and reduce the likelihood of additional attempts or deaths (contagion);
- Help individuals and organizations respond promptly and appropriately;
- Offer messaging and activities to help educate the community about suicide prevention.

### Planning for postvention

Having a coordinated plan in place before a suicide death occurs will help mobilize support in a timely manner to the individuals and communities that are impacted. Activating the plan can also ensure that services and supports are available in all



cases, regardless of the circumstances, providing more evenly distributed support. A coordinated plan will assist the people involved in the response effort to work more effectively and with less guesswork or the need to scramble under the pressure of the current crisis. It provides a framework for monitoring a situation as it unfolds to aid in determining when targeted and broader community responses are warranted. Finally, the process of developing and implementing a plan engages key stakeholders to identify and remedy gaps, resulting in a more unified, consistent response, and builds partnerships that will ultimately strengthen the system of suicide prevention throughout the community.



*Fig. 1. Elements of a community response plan*

Coordinated support can only be offered if postvention responders learn about the suicide death in a timely manner. Ideally, notification is prompt and from reliable sources. But many times, behavioral health providers are notified informally, “through the grapevine,” rather than via a formalized relationship with first responders and/or the coroner.

This Guide proposes a **Core Team** model that is designed to enhance those relationships, improve the notification process, and expand support options for loss survivors and the community at large. The community postvention plan proposed here is put into effect after a Core Team learns of a suicide or a death that **may** be suicide. After each such death, the Core Team then mobilizes support to loss

survivors and determines the level of community response that is needed. This model includes additional steps that may be taken after some suicides to provide a broader response **at the community level**, or to **targeted groups** within the community. Finally, it includes steps to take to **plan for prevention**.

The plan is **flexible enough to provide response** whether the Core Team learns of the death directly from first responders or only hears about it later, through other avenues. It advocates that support be offered on **more than one occasion** and through multiple methods.

Even if prompt, formalized notification is a goal that hasn't yet been realized in your community, this model can still be adapted for local use. It also can be implemented before the death is officially ruled a suicide. Work with key stakeholders early in the process to craft an approach that will work best for your community.

Another, more advanced, postvention model is Local Outreach to Survivors of Suicide, or LOSS Teams. In this model, loss survivors and mental health professionals participate in a multi-day training. First responders then activate the LOSS Team volunteers to: provide immediate assistance to loss survivors to help cope with the trauma of their loss, offer follow-up contact, and coordinate the utilization of services and support groups within the community. Tulare and Kings Counties have had an active shared LOSS Team since 2013; *see Section IV for contact information*.

### Supporting loss survivors

As you use this Guide to plan for a coordinated response, explore how to strengthen support in your community for loss survivors: those who have lost a friend, family member, or loved one to suicide. Grief after a suicide loss is complex, often including guilt and shame in those left behind. A suicide death is traumatic for those closest to the deceased and it can also have a devastating ripple effect on communities. (*See Figure 2.*) This is especially true in rural areas where social networks are tighter and “everyone knows everyone”.

Support to those affected by a suicide death needs to account for successive waves of impact, both on who is affected, and over time. Information about support options should be offered several times during the weeks or even months following a death. The Master Checklist is a useful tool to track multiple episodes of outreach to loss survivors over time. In the immediate aftermath, survivors may be in shock or denial, and typically are consumed by attending to the details of funeral arrangements, notifying others, and adjusting to the day-to-day reality of life without the deceased. They may not be ready to accept and act on offers of support for some time. It is also important to ensure that information about survivor support

is publicly available on a web site so it can be found and accessed at any time (see “Establish a community suicide prevention web site”).

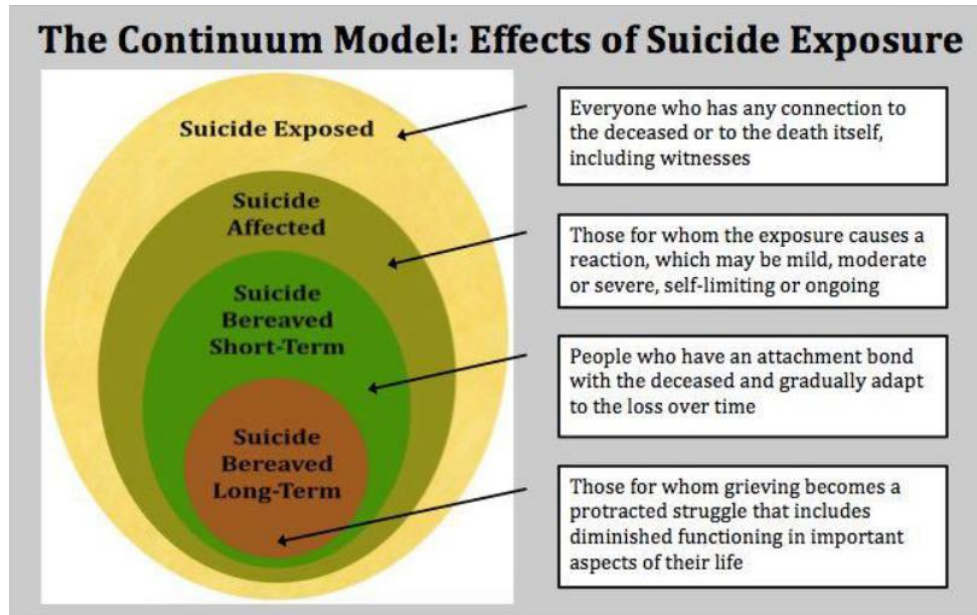


Fig. 2—Continuum Model: Effects of Suicide Exposure. National Action Alliance for Suicide Prevention Survivors of Suicide Loss Task Force. *Responding to Grief, Trauma, and Distress after a Suicide: US National Guidelines*. 2015

## SECTION I. BEFORE A SUICIDE OCCURS: DEVELOPING THE POSTVENTION PLAN

In any postvention planning process, most of the work happens well before a suicide occurs. This section outlines the decisions, actions and relationships that should be in place before a suicide occurs, and that will form the foundation of your postvention plan. Having the foundation in place will promote a more seamless flow of events and ultimately a more efficient and effective response.

The preparation is not as daunting as it may seem. Your community may already have some of these components in place. The actions described here do not necessarily need to be taken in sequence. There will be overlap among your key stakeholders, the members of your suicide prevention coalition (if you have one) and the Core Team that coordinates the response. But don't wait for a crisis to start planning!

*Create a process to engage key stakeholders and gather input for your response plan.*

Identify the community that will be served by the plan.

It may be an entire county, a multi-county region, or a sub-region of a county. If the community you are serving spans more than one county or city jurisdiction, engage key stakeholders from each.

Who are the individuals and organizations that need to be involved?

Reach out to stakeholders and open a dialogue about what should and should not happen after a death. Be clear about the purpose of the plan and the benefits of having a plan. (See *Figure 1*.) Rather than being directive, we have intentionally left this guidance broad to account for the variety of entities that might be relevant in your community, county, or region, and to accommodate working across jurisdictions. Meet early and often with stakeholders to form relationships and agreements, and secure buy-in to the plan.

Partners to include are, at minimum, those who would be directly involved in the response process and/or decision makers at stakeholder agencies and organizations. The box below indicates key stakeholders that most communities find essential to engage. Coroner and law enforcement are noted (with \*) because they are critical to providing timely information when suicides occur. But there are many other organizations and individuals that you will identify for your own process.

It may be helpful to meet individually and also in small groups of peers (e.g., several funeral directors at one time, or with city police and county sheriff together). In some cases, it may be beneficial to create formal agreements or memoranda of understanding (MOUs).

KEY STAKEHOLDERS
Coroner*
Law enforcement* (including Chaplains)
Behavioral health providers (public or private)
Crisis centers
Loss survivors
Schools
Chaplains and clergy
Funeral directors and/or funeral chapels
Primary care providers
Hospital and emergency room staff
Leaders and/or healers from culturally diverse communities

The roles of the Key Stakeholders in the planning process are to:

- Agree that a postvention community response plan is needed and how they will be involved;
- Discuss what information will—and won't—be shared between agencies depending on the circumstances. For example, the decedent may have been receiving specific services from an agency, and the confidentiality policies of that agency need to be taken into account;
- Make sure any concerns or limitations are aired and addressed. At first, you may need to start with more modest information sharing to help build trust and buy-in;
- Create formal agreements or memoranda of understanding (MOUs) if needed.

### *Form relationships and agreements with First Responders.*

As the primary source of timely information about a death, law enforcement and the Coroner will always need to be engaged and fully participating in any postvention response plan. “First Responders” is an umbrella term for the Coroner and law enforcement as well as others who may be at the scene when a death occurs (such as law enforcement chaplains). Build these relationships early as they are essential.

Request meetings with your Coroner and law enforcement (e.g., the Police Chief or Sheriff), to explain the goals of postvention: getting support and services to those who need it. Assure them that the postvention response will not supersede or interfere with law enforcement protocols or the death investigation. In communities where a postvention plan is in place, first responders have found it very helpful to have knowledgeable and compassionate individuals interacting with the immediate survivors, allowing them to focus on their work knowing that loss survivors are in good hands.

Discuss the value of sharing timely information with a Core Team about a suicide death, ideally within 24 hours of the event, in mobilizing support to survivors and monitoring the risk of contagion. (*Note:* even if such prompt notification and response is beyond your community’s capacity right now, you can aim for this level of promptness as a goal and continue to improve your response time over the next couple of years). Be clear about what information they are comfortable sharing and identify the primary point of contact on the Core Team (with a second member as back up). Work to address any concerns and provide assurances needed. Determine if a memorandum of understanding (MOU) or other formal agreement may be helpful or if less formal agreements will suffice. In either case, once you establish a notification process, all First Responder personnel need to know about it.

## Other key stakeholders to engage.

Determine the role that other agencies, such as Behavioral Health, emergency departments or hospitals, would have on the Core Team or in the notification and postvention process. Meet and discuss the specifics of what information is shared, with whom, and for what purpose. Not all stakeholders will be part of the initial notification chain, but might be called upon a few days or even weeks later to offer support to those who may have been affected by the death.

Loss survivors are also key stakeholders in this process, and it is vitally important to hear their experiences and to respect what they have to offer. Some survivors choose to become activists and advocates; they may identify as a loss survivor for years or decades. Both the American Association of Suicidology<sup>3</sup> and the American Foundation for Suicide Prevention<sup>4</sup> offer many resources for loss survivors. The suicide prevention movement would not exist today without the powerful voices of loss survivors. (*See section IV for resources on engaging loss survivors.*)

Many rural communities in the Central Valley have populations of non- or limited-English speaking cultural groups, such as Spanish, Mixtec, Hmong, Punjabi, Khmer, and others. Engage community leaders that represent these groups, such as spiritual leaders/healers among others.

### *Create or engage a suicide prevention coalition.*

The suicide prevention coalition serves several vital functions in the postvention process in addition to conducting their prevention activities. The coalition also:

- Provides an ongoing forum to engage key stakeholders in ensuring community needs are addressed;
- Forms partnerships that can help efficiently mobilize postvention services and supports into various sectors of the community;
- Creates a process for input to the development of the plan, evaluates the plan's effectiveness, and recommends modifications as needed;
- Provides oversight and guidance as needed on the potential need for a broader community response after a suicide;
- Serves to “translate” findings and lessons learned from postvention into prevention strategies and leads local prevention efforts by reviewing suicide deaths and available data to identify trends, gaps, opportunities for prevention, and strategies.

---

<sup>3</sup> <http://www.suicidology.org/suicide-survivors/suicide-loss-survivors>

<sup>4</sup> <http://afsp.org/find-support/ive-lost-someone/>

If a suicide prevention coalition already exists, involve this group early. Your Core Team may be a subset of this coalition. A coalition will also likely include several of the key stakeholders already mentioned in the section above. In some communities, the coalition may need revitalizing; engaging them in a response planning process may help strengthen the group. If you don't have a local coalition, explore options for building one (*see Section IV for suggestions of resources*). At least once a year, the coalition should devote time to focusing on postvention response.

### *Gather information on what currently happens after a suicide death.*

Asking the following questions can help you obtain the information you need:

What does suicide look like in your community? Obtain as much information as possible about the suicide deaths that have occurred in the community over several years (at least 2) to gain an understanding of any trends that can inform what stakeholders should be engaged in the planning process, such as deaths clustering in one part of the community, or demographic groups that are most impacted, such as older adults.

Data about suicide death may be obtained from the California Department of Public Health's EpiCenter web site (<http://epicenter.cdph.ca.gov>), from the County Public Health Officer, and the local Coroner. Requesting this data is also an opportunity to engage these key stakeholders early in the process of developing the plan.

What happens after a suicide death? How does information about the death flow throughout the community? What actions typically or occasionally take place? What works well and what are the issues and concerns? Determine what the current notification process is: for example, are law enforcement chaplains routinely called in to provide support at the scene and/or in notifying immediate family members of the death?

What formal response plans are in place? Many schools and school districts have a formal plan for how to proceed after an unexpected death in the school community, and may also have a suicide-specific postvention plan. Since rural communities are greatly affected by student deaths, districts should have such responses available and ready. (*See Section IV for resources.*) Also consider any crisis response plans that may already be in place for the county or another jurisdiction that might be built upon or modified. Solicit information and feedback about what works well and what doesn't and start a dialogue about when and how different sectors, such as schools, businesses, county or local agencies, would be involved in a community response.

### *Establish a Core Team.*



The Core Team will be the central drivers of the community response plan. The Core Team will consist of 1-3 individuals who will be promptly notified of a death by first responders and will then implement and coordinate the appropriate response. However, even if the Team learns of a death informally and “after the fact”, they can still mobilize support to the family and friends affected.

The Core Team will be available to news media as needed, to the public, and to mobilize support for others affected by the death. However, they are not expected to be on “standby” or to be available 24 hours a day.

Selection of Core Team members should be made carefully. They should be individuals with whom first responders are comfortable sharing sensitive information. It is advised to include someone from your behavioral health agency on the team and an individual who is very skilled in counseling suicide grief, such as a clinician. This person should be willing to have their contact information shared directly with loss survivors.

Identify one member of the Core Team who will be the primary contact with first responders, with a second member as back up.

The tasks of the Core Team include:

- Receive information about a suicide death from the first responders;
- Coordinate response steps;
- Connect loss survivors and witnesses with services and supports;
- Interface with the news media around coverage of the death, and issue public statements as needed, or advise others who are issuing public statements;
- Serve as a “go-to” resource for information about suicide support and prevention;
- Conduct a daily debrief among the Core Team for information sharing and self-care;
- Monitor contagion risk and need for broader response;
- Coordinate with the suicide prevention coalition and other key community partners to monitor whether a community-wide response might be needed;
- Over time, gather and present information about the implementation of the postvention plan and recommendations for prevention planning to the coalition.

### *Create an inventory of services and supports available for loss survivors.*

A loss survivor is anyone who has lost someone to suicide. Immediate survivors include family, intimate partners, close friends and anyone who witnessed the death or the body. The “ripple effect” of the death also reaches others who knew the decedent through work, school, or friendship.



Your inventory should include a range of options for providing support to survivors. Online, telephone and in-person options may all be needed. Some people may prefer to leave the area to receive services, while others will want to stay close to home. Include behavioral health agency services, mental health providers who are trained/experienced in counseling suicide grief, clergy and/or chaplains, and peer support services. Strive to include services that are available at low or no cost, as well as those available through the private sector.

Generalized grief support groups may be helpful -- for example, those offered by hospice. However, be clear about what they offer and their experience with suicide support. Suicide bereavement is complicated and those affected often experience guilt, shame, and stigma in addition to coping with the loss of their friend or loved one, and may find it difficult to participate in grief support groups with bereaved people who have lost their loved ones to other causes of death.

The planning process may highlight unmet needs in your community that can be addressed over time. Counselors, clinicians and clergy may also need additional training to provide bereavement support in the aftermath of suicide. If one is not available locally or regionally, consider whether to develop a peer-run suicide bereavement program that could offer meetings, phone support, and other strategies to facilitate peer-to-peer survivor assistance over the long term. Such a program does not have to be in place before you implement your response plan, but all such needs should be documented so that the suicide prevention task force or other bodies can start to address them.

If your community does not have services designed for suicide loss survivors, *see “Resources to Support Loss Survivors” in Section IV.*

### *Develop materials offering support and services to loss survivors.*

A simple card and/or brochure that provide information about services and supports available to survivors is an essential tool. A card should include, at minimum, contact name and telephone number for a Core Team member who can help discuss and navigate support options. A brochure should also contain basic information about suicide bereavement and encouragement for survivors to seek support from available providers and groups both locally and regionally, the telephone number and texting information for the National Suicide Prevention Lifeline or a similar local crisis center, and a link to a community suicide prevention web site.

Whether as part of a larger packet, or simply by itself, print an adequate supply of the card/brochure and provide them to first responders, behavioral health providers, clergy and others who come in contact with survivors. First responders should share the materials with survivors when they are first on the scene or notifying family

members. Many survivors are in shock and may not feel ready to reach out for help right away. Leaving the materials may help remind them of services and supports at a later time. *A sample brochure is provided in Section III.*

### *Establish a community suicide prevention web site.*

The purpose of the web site is to offer helpful information about suicide prevention and to promote resources for healing and education for anyone impacted by suicide, that members of the community could visit at any time. A website is ideal to house “static” information that does not need to change frequently.

The web site would NOT be used to issue details around an individual event. Any website devoted to the topic of suicide should include text to indicate that the site is not monitored continually, and to refer people in crisis to appropriate services.

What to include: Include the information from your brochure or card so that anyone seeking support after losing a friend or family member to suicide can find it. If your county or coalition already has a site devoted to suicide prevention, add this information there, rather than create something new. Text on the site should also recognize that loss survivors are part of the community by providing them with specific resources that are helpful to bereaved people. You may also want to include a directory of the services you have identified throughout your community.

**All** websites, Facebook pages, and documents should always include information on how to reach the National Suicide Prevention Lifeline.

Social media provides other options if you have content that changes frequently. While beyond the scope of this Guide, please *see Section IV for helpful resources on social media.*

### *Create a public statement template.*

A template can be modified and deployed quickly if a suicide occurs that requires additional messaging beyond outreach to immediate survivors and witnesses. Such a statement may be issued publicly, such as to news media, or may be targeted at particular sectors of the community. The statement should include general information about suicide, messaging around prevention, and promote a range of available resources. *A public statement template is provided in Section III.*

A Public Health Alert is another option that can be useful. After several suicide deaths in one community, the public health officers of Nevada and Placer Counties collaborated to send a letter to all primary care clinicians in the two counties. *A copy of this letter is included in Section III.*

## *Develop a plan for working with the media.*

Research has consistently found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. In addition, coverage influences how the public perceives suicide and may reinforce myths or inhibit help-seeking behavior.

Many news outlets only report on suicides that occur in public places or of well-known individuals. Reach out to local news media to discuss when and whether coverage will occur and ensure they are familiar with the Reporting Recommendations described in the Resources section. Find out their policies about how and when they report on a suicide. Encourage members of the news media to contact a Core Team member before publishing or broadcasting anything, and to consider the Core Team as a knowledgeable resource on this topic. (*See the Resources section for additional guidance on working with the media.*)

Create key talking points and provide those to all members of the Core Team as well as anyone else who is likely to come into contact with news media so that your messages are consistent with each other and in accordance with best practices.

## *Engaging the community after a suicide*

In small towns and rural areas, “everybody knows everyone.” Because residents may have many connections to one another (the funeral director’s sister teaches at the high school, her brother coaches the football team and goes to church with the widow of the person who just died, etc.), a suicide death can affect the whole community. This section describes broader actions that a rural community can take in response to suicide, and to help prevent future deaths.

Many of California’s counties have created suicide prevention plans that are often located on the websites of behavioral health or public health agencies. The plans may have been modeled on our state plan [California Strategic Plan on Suicide Prevention: Every Californian is Part of the Solution. California Department of Mental Health, 2008<sup>5</sup>] which calls for creating a system of suicide prevention. Essential elements include creating and monitoring an effective crisis response system, establishing clear protocols for communication among systems and providers, and expanding the availability of support to survivors of suicide loss. You may want to contact your county behavioral health agency to see whether they have an existing suicide prevention plan and if it is useful to you.

---

<sup>5</sup> <http://calmhsa.org/wp-content/common/aboutus/Strategic-Plan-on-Suicide-Prevention.pdf>

## *When is a community-wide response needed?*

There are no hard and fast rules for when an expanded or more public response might be called for, but the following situations are the most common ones in which communities have decided to take action:

- A public event (the suicide or suicide attempt occurs in a public place, there were multiple witnesses, etc.);
- A suicide (or suicide attempt if it has become public knowledge) of a public or well-known figure in the community;
- A suicide or attempt receiving extensive media or social media coverage, or creating significant community reaction;
- A homicide/suicide;
- When more than one suicide occurs in an unusually short time frame.

Community-wide responses might include holding a public meeting or forum to provide education or training about warning signs, and how to help. The meeting might also provide a way to promote healing, to discuss concerns or to facilitate a community discussion around suicide and suicide prevention. Other community-wide responses include issuing a public statement or a public health alert; monitoring news and/or social media and responding to those as needed; disseminating materials, and identifying and filling training needs. *See Section III for guidance on community meetings.*

## *When is a targeted response needed?*

A targeted response is one which engages specific sectors of the community, particularly those in which the individual who died was a member or well known. Such an approach might be needed, for example, after the death of a teacher or school staff member, a first responder, a behavioral health client or person who received county services, or an employee of a local business. A targeted response may also be needed if the suicide death impacted a culturally diverse community, and would engage community leaders and healers to ensure that the postvention response takes cultural issues in to consideration.

A targeted response might include holding a private meeting or forum for members of that particular community sector. Such an event could include time to grieve and/or process, counseling, education or training, the opportunity to discuss concerns, as well as a focus on prevention.

## *Should suicide prevention training be part of your postvention response?*

Suicide prevention training primarily focuses on learning to recognize warning signs and how to help someone who may be in a suicide crisis. Sometimes organizations or agencies want to host this kind of event (often called “gatekeeper training”) immediately after a death. Although the impulse to funnel grief into “making sure that this tragedy won’t be repeated” is understandable, the immediate aftermath of a death may be too soon to expect people to focus on prevention. Without adequate time to grieve, a gatekeeper training may be more painful than productive as people may feel guilt or blamed for not having done more to prevent the death.

As part of your prevention planning process, identify providers or other gatekeepers that might benefit from suicide prevention training. This might follow from a review of where most deaths have occurred in the community, or from evaluation of needs that emerged during the postvention response. For example, if multiple deaths have occurred among older adults, consider training staff and volunteers that serve older adults through your Area Agency on Aging programs or senior centers.

Finally, carefully consider what suicide prevention training is most appropriate for the audience you wish to train. Considerations may include whether the audience are clinicians or laypeople, as well as cost and length of the training. *See Section IV for more information about training resources.*

## SECTION II. THE POSTVENTION RESPONSE

The steps outlined in this section comprise a plan with specific tasks to be completed by designated individuals, as you respond during the first 24 hours, first few days and weeks, and as needed. *Figure 3* offers a basic illustration of the plan.

A *Master Checklist in Section III* presents the steps described in this section in a format that can be modified and used by all members of your Core Team as you implement your plan. The Master Checklist may be used to guide and document the steps taken, noting details, and to update information over time.

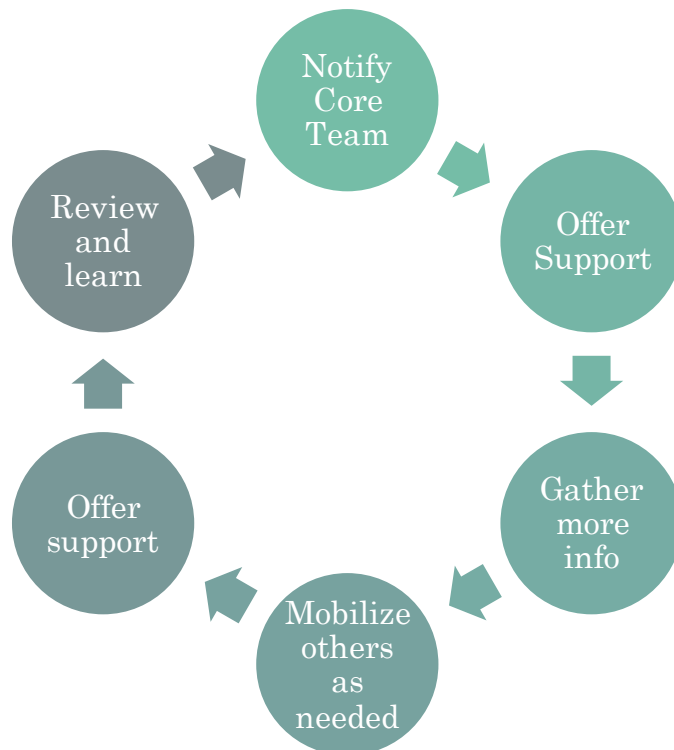


Fig. 3: Community Response Process

**In all suicide deaths, the following steps should be taken:**

Establish, confirm and document facts and circumstances.

In most cases, the first responder (e.g., Coroner or law enforcement) notifies the designated Core Team member of a death and provides basic information about the death. This will ideally include the identity of the deceased, circumstances of their death (location, method), and if there were any witnesses to the death or the body if the deceased, as well as contact information for immediate family or other loss survivors. If the Core Team learns of the death via other avenues, their first step is to contact law enforcement to confirm these facts.

During this conversation, the Core Team member will determine if the immediate survivors and/or witnesses agreed to be contacted about support options, and confirm that the card/brochure was provided to survivor(s).

The designated Core Team member then contacts the other members of the Team to notify them of the death and coordinate response. The Team holds debrief meetings daily for the duration of the incident's impact to outline next steps, assign tasks, and support one another.

### Mobilize and offer support.

The next step is to begin to mobilize support to those directly affected (the loss survivors, witnesses or others that may be experiencing trauma because they viewed the body of the deceased or the aftermath, etc.). If the survivors/witnesses agreed to be contacted, reach out to them immediately to offer your condolences and to make sure they know the supports and services that are available. If it is unknown or unclear whether the survivors/witnesses were asked about being contacted, consider gently reaching out to make sure they know help is available.

Reaching out to offer support should be done more than once over several weeks, not just in the immediate aftermath. Why offer support twice? Any unexpected death is a shock, and suicide can also bring with it complicated grief, stigma, blame, anger, and guilt. Survivors may not be ready to tap into services during the first few days after a suicide. The brochure they were given may be buried in a pile of paperwork and condolence cards. Some people aren't ready immediately, or aren't sure they need to seek support right away, but may be more open to it later. It may also simply take multiple attempts to reach them.

*The day my son left this earth two days after his 23rd birthday was the saddest day of my life. I remember that each day I didn't care if I lived or died.*

*My co-worker mentioned a woman that works in our district that helps with grief and thought it would be a good idea for me to talk with her.*

*When Kim contacted me via phone the first time it was nice to hear a soft spoken person who really just wanted to help me and give me the resources that might be helpful and on my terms.*

*We met and talked for quite a while. She helped to guide me to cope, heal and educate. Now I am on my journey to becoming a licensed grief counselor to help those going through what I have been.*

Diana, bereaved by suicide in 2013



In addition, it may be too difficult for grieving individuals to take the initiative to reach out. New Brunswick, Canada, has a protocol that allows the coroner to contact the health department which then offers immediate emotional support to the family, with their permission. “Many families stated that they would not have asked for help; however, they were glad someone called to offer support and to explain the phenomenon of suicide.”<sup>6</sup>

Outreach to offer support can be done by others, not only the Core Team. The family may be more responsive to contacts whom they know or to people who do not work for government agencies. For example, clergy familiar with the family are in a good position to provide comfort, especially if they have been trained on suicide grief. *Section III includes as an example a letter that the coroner in New Hampshire sends to bereaved families.*

The first wave of support always goes to the family or others immediately affected by the death. But effort should also be made to identify others who may be affected, including witnesses, someone who may have had a fight with the decedent just prior to their death, whoever found the body, co-workers and so forth. If the person had school-aged children, the schools should be notified promptly to offer counseling as needed to students as they would after any death of a parent.

In some cases, it may be necessary to notify and engage additional parties that may need to be involved in providing support. For example, the business where the decedent worked, or a school (if the deceased was a student) may need to be aware of the resources available for support and be prepared to offer those to anyone affected by the death. Or you may need to reach out to certain providers to make sure they are prepared to receive referrals or calls from distressed individuals. Identify if there are agencies or organizations that should be notified and prepared to provide support and reduce the risk of contagion.

It is also a good idea to reconnect with the first responders involved in the incident within a few days or weeks to check in, update information as needed, let them know how the postvention response is going, and to offer support to them personally.

### Communicate carefully.

All communications outside of the Core Team, and initial contact from First Responders, should NOT focus on the details of the individual death, but promote support resources that are available.

---

<sup>6</sup> BC Council for Families. *Suicide Postvention is Prevention: A ProActive Planning Workbook*. 2005. p. 69



Respond to requests for information and guidance from members of the general or professional community. The Core Team and the postvention plan are community resources, and it is important to be able to respond to the needs of members of the community.

Monitor news media coverage and social media activity, and reach out to respond and proactively promote prevention messaging as needed. Partner with and engage Public Information Officers, school personnel, or others who already monitor or interface with news media and social media for their assistance. In general, guidance for social media calls for these actions: monitor the pages of the person who died (in consultation with the family) and watch for inappropriate comments; respond to or delete inappropriate posts; contact others who may be at risk; promote useful information and links; and connect with support services.

Advise and/or issue public statements as needed and offer guidance to any other entity that is planning to issue a statement. *Modify the template included in Section III as needed.* If it is necessary to broadcast the statement or other information widely (such as details about a community forum or available counseling if the impact has been broad), identify and engage outlets such as 211, news media, social media, etc.

*Section IV* includes resources to inform prevention messaging and education. The National Action Alliance Framework for Successful Messaging is highly recommended to guide all your messages and to ensure that they are safe, effective, non-stigmatizing, and strategic. Visit [www.suicidepreventionmessaging.org](http://www.suicidepreventionmessaging.org).

In the weeks after a death, offer guidance for memorials if planned by affected parties. It might also be a good time to talk about planning for anniversaries or other events that will potentially affect survivors in the longer term. Section IV includes resources to assist.

Determine if a broader community response is needed.

The Core Team will discuss whether there are aspects to the case that could pose a contagion risk and whether a broader community response is needed. Potential factors include location, method, publicity (especially if it provides details), network that the individual is part of (more extensive or close knit versus isolated). Broader response levels might be community-wide, or targeted to reach specific populations.

If the Core Team determines that a broader response is needed, convene the Suicide Prevention Coalition as well as first responders and other key stakeholders to discuss and plan the response.

Some steps that might be taken:

- Issue a public statement;
- Monitor news and social media; engage and respond as needed;
- Host or participate in a community forum;
- Provide support for memorials;
- Identify training needs or requests and work with your coalition to develop a training strategy.

### *Planning for Prevention.*

Postvention is integrally linked to prevention. Enhancing healing and support in the community can help reduce distress and suicide risk among people who have been affected. Offering education and communication—particularly the messages that help is available and how to find it—can also reduce suicide risk. Implementing your postvention plan offers valuable learnings that can feed back into planning for prevention activities as well.

This section focuses on steps to take to gather and present the information needed to an oversight body, such as a suicide prevention coalition, to understand what more can be done to strengthen suicide prevention in the community. The coalition can review the information and data to identify trends, gaps, and what is working well to inform their strategies for prevention. It is recommended that the coalition meet at least once per year to review data and information.

#### Review how your postvention plan has been implemented

The Master Checklist (*see Section III*) is a tool to track actions taken during each incident. Use this information to compile a synopsis of what your Core Team has offered to loss survivors, what services were received, and any lessons learned. Being as thorough as possible in documenting along the way will make it easier to pull this information together.

Reviewing how the postvention plan was implemented not only informs prevention efforts, it also allows you to evaluate and assess the plan, suggesting how it might be modified and improved over time as personnel and circumstances change.

#### Examine your data

There are several types of data that are useful for prevention planning. Suicide **death data** by county can be obtained from the California Department of Public Health's EpiCenter (<http://epicenter.cdph.ca.gov>). This data is typically 2-3 years "behind" the current year, so you may also want to contact your county Public Health Officer and Coroner to obtain more current data. This is also a good idea

because working together to compile and interpret the data may engage them in translating postvention to prevention.

Other data that can be informative are **nonfatal data** including suicide attempts and self-injuries (also available from the California Department of Public Health, and from local hospitals and emergency departments). While this Guide and plan are focused on suicide deaths, nonfatal data can identify segments of the population at risk as well as information useful for prevention.

**Call data** to crisis centers and hotlines, both local and the National Suicide Prevention Lifeline (1-800-273-8255), as well as Poison Control Center calls, can also help identify who might be at risk – and who is reaching out for help. In no case will you learn the identities of callers, but the aggregated data may include summaries of gender, region, busiest times of month and year, and so forth.

Your inventory of available services may have identified the crisis centers and warm lines that serve your area; otherwise, your county behavioral health agency can assist you and can request data on your behalf. Your public health department can contact the California Poison Control System (<http://www.calpoison.org/>) for data on poisonings call volume.

Compile your data into a report that can be presented to the suicide prevention coalition to examine trends. For example, the data may show that a specific subpopulation accounts for most deaths, allowing for planning prevention strategies that will specifically reach and benefit this group. Another example might consider the means by which suicides have occurred, pointing to the value of addressing access to those means as part of prevention planning.

Tracking your activities and successes through data gathering is also helpful for your funder, for grant proposals you may wish to write to support your work, and for you to know whether you are making a difference.

### Focus on prevention strategies

Learning who is most at risk, where and how suicides occur locally, and what happens after a death, can inform your prevention strategy. This knowledge can sharpen the focus of your outreach and education efforts to better reach people at risk and their “natural helpers”—such as family, friends, and co-workers, who are in a position to recognize and intervene. You might learn where a population at risk congregates and how they might best receive the information needed to help themselves or someone else. Your strategy can also help develop messages that will speak more specifically to the population at risk or their helpers. Be sure to visit the Framework for Successful Messaging ([www.suicidepreventionmessaging.org](http://www.suicidepreventionmessaging.org)) for guidance on developing messages to the public about suicide.

Addressing access to lethal means is another strategy that has a strong evidence base, but can be challenging to implement. Counseling on Access to Lethal Means (*see Section IV*) is a free online training that can be used to inform concerned helpers, providers in emergency departments and hospitals, and others how to work with an individual at risk to make their environment safer.

Finally, identify training strategies that will be most likely to educate individuals who are in the best positions to help, such as health providers, business managers, teachers, or others. *See Section IV for more information about training.*

For additional guidance on prevention planning, the Suicide Prevention Resource Center (SPRC) [www.sprc.org](http://www.sprc.org) has a comprehensive website along with a free online course, “Locating and understanding data for suicide prevention” <http://training.sprc.org/enrol/index.php?id=2>. SPRC’s website also includes a section on Finding Programs and Practices for suicide prevention that includes some population-specific strategies. <http://www.sprc.org/strategic-planning/finding-programs-practices>

## CONCLUSION

This Guide is intended to assist communities with developing a postvention response after suicide. It is designed with smaller, rural communities in mind but the considerations and steps outlined can also be taken in larger communities.

As this Guide was developed, the authors worked closely with the Tahoe Truckee Suicide Prevention Coalition Steering Committee to develop a postvention plan specific to the Tahoe Truckee community, which spans parts of Nevada and Placer Counties. Several lessons were learned in this process that might be useful to other communities going forward:

- **Relationships are crucial.** Meet and discuss early and often to ensure key stakeholders are engaged and see the value of having a plan to their work and the people they serve.
- **“The devil is in the details.”** Stakeholders are likely to have significant concerns about confidentiality and sharing information after a suicide death. Just because something is “public information” does not mean it *should* be shared widely. Be as clear as possible about what information will be shared with whom, and check agency policies to help address and alleviate concerns.

- **First responders need to see the benefits.** Be clear about the goals of postvention and discuss specifically how your plan can work with their protocols in ways that enhance, rather than complicate, their work.
- **You must know what is available in order to offer it.** Some communities may believe they have little to offer, others may not know what is available. Take the time to research and confirm a range of supports and services that can be offered to those affected by a suicide, from survivor support groups to counselors and non-local organizations, such as Friends for Survival, that offer services your community can access. See Section IV for more options around survivor support resources.
- **Effective supports and services must be mobilized,** not simply available upon request. People cannot access services they do not know about, and many survivors will require multiple offers before they are in a position to accept support. For weeks and months after a death, they may be in shock or denial, and busy coping with more immediate concerns in the aftermath of suicide. Finding ways to reach out to them over multiple points in time will increase the chances that they find their way to the help they need.
- **Families come first.** Learning and respecting the wishes and the privacy of immediate survivors in the aftermath of suicide is a central concern. Involving survivors of suicide loss throughout the process can help ensure the plan is sensitive to their needs.
- Finally, **start wherever you are and don't be afraid to persevere.** Your community plan may build over time. If a more limited postvention response *is* within reach, start there. For example, you may not be able to secure agreement that first responders will offer immediate notification; plan your postvention strategies from whatever point at which the Core Team does learn of a death. Over time, stakeholders may become more open to engage an earlier notification system once they have seen how it works. If you implement a plan and find the community highly supportive, consider pursuing a more formal and intensive approach such as a LOSS Team (*see Section IV*).

If you find this Guide helpful

**We encourage you to share it with others and welcome your thoughts and suggestions.** Comments may be sent to Gina Ehlert at [gehlert@cibhs.org](mailto:gehlert@cibhs.org).

## SECTION III. TOOLS

**MASTER CHECKLIST  
FOR COMMUNITY RESPONSE PLAN AFTER SUICIDE**

Instructions: Use a fresh copy of the checklist at each incident. Use the Notes column to record details, actions and next steps.

TASK	ACTIONS	WHO?	Comments and Notes
1	<b>Establish, confirm and document facts and circumstances.</b> Ideally determine: Name, age, gender, method, location of death or where body found, contact information for loss survivors and witnesses. Also useful are: race/ethnicity, marital status, family information, employment, veteran/military status, health and mental health history.		
2	Designated Core Team member <b>contacts the other member(s) of the Core Team</b> to share information and coordinate responses.		
	Core Team <b>holds daily debrief</b> for duration of the incident's impact to outline next steps, assign tasks, and support one another.		
3	<b>Mobilize support</b> to those directly affected		
	<b>Verify</b> that loss survivors and witnesses are provided card, brochure or information packet		
	<b>Talk to first responders</b> (and law enforcement chaplains if applicable) to determine if loss survivors and witnesses agreed to being contacted and to learn any other information about survivor needs.  If yes, <b>reach out</b> to loss survivors and witnesses to offer condolences and navigate support options.		
	<b>Identify</b> agencies or organizations that should be prepared		

	to support those directly impacted. Provide guidance about responding to loss survivor needs.		
	Two weeks or more after the death, and if not already contacted, <b>reach out</b> to survivors and/or witnesses to offer condolences and support (2 <sup>nd</sup> opportunity to offer support).		
	Be prepared to <b>offer support</b> for writing obituaries and planning memorial services.  <i>See guidelines for obituaries and planning memorial services in Resources section</i>		
	If a broader community response is planned within a year of the death, <b>reach out</b> to immediate survivors and/or witnesses to inform them of the plan. Explain rationale and address concerns.		
	<b>Offer support</b> to affected entities (businesses, schools, workplaces, etc.) about planning for anniversaries or other events that will potentially affect survivors		
4	<b>Identify</b> if there are agencies or organizations that should be notified and prepared to provide support. <b>Contact</b> other agencies and organizations as needed.		
5	<b>Monitor</b> news and social media activity and respond as needed via public communications  <ul style="list-style-type: none"> <li>• <i>Engage others who already monitor or interface with news media (e.g., Public Information Officers, social media contacts)</i></li> <li>• <i>Promote support resources and community suicide prevention web site.</i></li> <li>• <i>See Recommendations for Reporting on Suicide, safe messaging guidelines in Resources section</i></li> </ul>		



6	<b>Reach out</b> to first responders to receive any updated information, discuss level of response, and to offer support to them.		
7	<b>Respond</b> to requests for information and guidance from members of the general or professional community.		
8	<b>Assess and monitor</b> contagion risk ( <i>factors include location, method, publicity, extent and type of social network</i> )		
9	Identify and implement <b>broader community response</b> options as needed <i>See Considerations for Community Meetings in Section III</i>		
	Core Team <b>convenes</b> suicide prevention coalition, First Responders, any other key stakeholders to discuss, identify appropriate actions and assign tasks.		
	Advise and/or issue <b>public statement</b> . Offer guidance to any other entity that is planning to issue a statement. <ul style="list-style-type: none"> <li>• <i>Identify outlets such as 211, news media, social media, etc. and determine who will provide the statement/alert to the outlet</i></li> </ul>		
	Host and participate in <b>community forum</b> or meeting		
	Meet with groups of potentially affected individuals to provide <b>education</b> , healing, support.		
	Identify <b>training</b> needs or requests. Note needs and requests, how these were fulfilled or what will be done to fulfill them.		
	Provide <b>support</b> for obituaries, services, memorials.		

**SAMPLE CONFIDENTIALITY AGREEMENT**

**CONFIDENTIALITY STATEMENT FOR THE \_\_\_\_\_ COUNTY SUICIDE  
COMMUNITY RESPONSE CORE TEAM**

The purpose of the Suicide Community Response Core Team is to provide immediate and ongoing support to county residents affected by a suicide death, and to ensure that accurate information is available to agencies as needed. In order to assure a coordinated response that fully addresses all systemic concerns surrounding suicide deaths, the Core Team may be privy to existing records, such as autopsy reports, mental health records, hospital or medical related data, and other sensitive information that may have a bearing on supporting loss survivors, witnesses, first responders, and other affected community members.

With this purpose in mind, I the undersigned, as a representative of

\_\_\_\_\_

agree that all materials and information, whether oral or written, received by this team shall remain confidential and shall not be used for any other purpose or be disclosed to any person or entity except as authorized by law.

\_\_\_\_\_

PRINT NAME

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

WITNESS

## Loss Survivors of Suicide

A sudden death can be a traumatic experience for loss survivors. A death by suicide adds a unique set of challenges for those who are left behind. This information is meant to help you understand what happens after a suicide.

### Reactions

People report some or all of these reactions which are not the same for everyone.

They may come and go like waves or they may feel constant and overwhelming.

- \* Physical symptoms in response to trauma.
- \* Feeling shock and numbness.
- \* A sense of disbelief; events seem unreal.
- \* Loss of concentration and inability to focus.
- \* Guilt for having been unable to prevent the death.
- \* Anger at the person, others, self, or God.
- \* Relief, if following a difficult struggle with illness or behavior.
- \* Anxiety and worry about yourself or others.
- \* Questioning what you or others did or did not do.
- \* Deep and profound sadness.

*Adapted from a brochure issued by the Center for Suicide Awareness.*

### Understanding Why

A suicide can bring about questioning and searching for an answer to "Why would this person end their own life?"

- \* Suicide involves complex factors and is not the result of a single event.
- \* Those who die are usually seeking to end unbearable psychological pain that may have been apparent or hidden and not shared.
- \* A point was reached where the pain was greater than the person's resources to tolerate it or to see other solutions.
- \* Some questions may remain unanswered as to why.

### A Different Grief

There are reasons that a death by suicide may feel different than other losses you have experienced. These can complicate the grieving process.

- \* Religious confictions may arise concerning your own beliefs or the beliefs of others who are reacting to the suicide death.
- \* With a suicide death, certain stigmas are associated with it.
- \* Police and other authorities need to be involved in the death investigation.
- \* When suicide is ruled as the cause of death, the reasons may remain a mystery.

- \* There may be a final note or communication. The message or lack of message can raise questions for loss survivors.

### Talking to Children About Suicide

Discussing suicide can be difficult for adults when there are many unanswered questions. Explaining the death to children is challenging but important.

- \* Children may not talk about the death, or they may repeatedly ask about it.
- \* Children need to hear age-appropriate information about death and suicide from a trusted person.
- \* Telling the truth is essential.
- \* Expect a variety of reactions including fear that others may die.
- \* Anxiety is likely to arise around being separated from caregivers, even for short periods of time.
- \* Talk with school staff or others involved in the child's life about what happened.
- \* Provide opportunities for questions and reactions through activities and other creative outlets.
- \* Talk about and remember the person who died.
- \* Separate who the person was, from the manner of death.
- \* Share your own feelings of grief with your child.

\* Reassure the child that they will be cared for and you will be there for them. Tell them that even though you may feel sad right now, you will not always feel that way.

### What Helps

People who have experienced a suicide loss have shared what has helped them.

\* Work at understanding that you have experienced a traumatic loss.

\* Be patient in allowing yourself your reactions and feelings of grief.

\* Seek out those persons who give you comfort.

\* Avoid or limit contact with people who complicate your grief or tell you how to feel.

\* It's okay to let people know what you do and do not want to talk about; they may have questions but you do not have to satisfy their curiosity.

\* Practice self-care along with caring for others.

\* Gain information and skills through reading and using available resources.

\* Discuss your feelings and responses with other loss survivors, such as in a support group.

### Local Resources

[add local resources here]

### Crisis Resources

Emergency Response: 9 1 1

Local Crisis Line: [ ]

National Suicide Prevention Lifeline:

(800) 273-8255 [TALK]

Red Nacional de Prevención del Suicidio:

(888) 628-9454 (Spanish)

### Regional Resources

Compassionate Friends: (877) 969-0010

[www.compassionatefriends.org](http://www.compassionatefriends.org)

Friends for Survival: (916) 392-0664

[www.friendsforsurvival.org](http://www.friendsforsurvival.org)

# Hope and Help After a Suicide

[add URL here]

[Add logo]

## CORONER'S CONDOLENCE LETTER EXAMPLE

Dear Survivor,

The Office of the [coroner] extends its condolences to you and your family for the loss of your loved one. While we certainly do not want to intrude on your grief at this time, we do want to share with you some information and resources that you might find useful now or at some time in the future. Distribution of these materials was made possible by the generous donations of other families affected by suicide. The death of a loved one to suicide is a unique experience for each family. The enclosed material on what others have felt and how they have coped may be helpful.

You may also have some questions about the cause and manner of your loved one's death. Please know that you can call or sit with our staff to answer any questions you or your family might have.

In our experience we have learned that family members often feel that they are "going crazy" as they try to cope with their loss. Your feelings are probably those of a normal person having normal responses to an abnormal situation. However, it is almost always helpful to talk with someone about the intense grief issues that follow an unexpected death. If at any time you feel that you might hurt yourself or someone else, it is important that you talk with a professional who can assist you in getting help. We have included the phone numbers of the community mental health centers around the state as a place for you to start to find assistance. You might also want to talk with another family who has survived a loss like yours [telephone number].

Your local [xx] Program could provide you with additional resources such as local support groups and bereavement programs.

In the weeks and months ahead, please do not hesitate to call on us [telephone number] or on any of those listed in the enclosed materials. We want to help you in any way we can because we know how difficult things are for you at this time.

Sincerely,  
(Insert Name)

## CONSIDERATIONS FOR COMMUNITY MEETINGS

**Be clear about your goal.** The goal of a community meeting is to promote healing and to educate the community about suicide prevention and mental health resources. It is not to memorialize someone who has died. Share the “After a Suicide: Recommendations for Religious Services and Other Public Memorial Observances” <http://bit.ly/2cHoM2tf>) with anyone planning a memorial.

To many survivors who have recently lost a loved one, discussion of prevention can feel like an accusation, when they may already be feeling like they should have seen the signs. Whenever your meeting is held, it is important to acknowledge the loss(es) that have occurred and to reassure the community that no one is to blame for a suicide death. Recognize that while most people who seek help and receive it are indeed helped, not all suicides are preventable (especially if loss survivors are present, offer empathetic acknowledgment that they are not to blame).

Know the Signs suicide prevention materials are available to use at community meetings and other events. Brochures and cards are available in multiple languages. Download the materials for free from the Your Voice Counts Resource Center. <http://resource-center.yourvoicecounts.org>

**Set your agenda with the purpose in mind.** Community meetings generally have one of two purposes: to *educate* the community (about suicide, suicide prevention, how to help, what help is available, etc.) and to facilitate a *community conversation* about suicide or suicide prevention (e.g., promote healing, alleviate anxiety, gather input on what is needed).

Any community meeting should include information about the help that is available, including the Suicide Prevention Lifeline or local accredited crisis center. It should also avoid discussing details of any particular incident. Consider inviting a loss or attempt survivor whose loss or suicidality is several years behind them to share a story of hope. [For guidance, see the American Association of Suicidology’s “Special considerations for telling your own story: Best practices for presentations by suicide loss and suicide attempt survivors” <http://www.suicidology.org/Portals/14/docs/Survivors/Attempt%20Survivors/Best-Practices-Presentations-Suicide-Loss-Suicide-Attempt-Survivors.pdf?ver=2014-05-16-150652-703>]

If your meeting will be an opportunity to *educate* the community, find speakers or other community experts and providers as appropriate, to help present information. Below are a few possible topics.

- Warning signs of suicide and how to help
- How to talk about suicide with children and young people
- Building a suicide-safe community
- Suicide prevention basics
- Supporting one another in difficult times

If your purpose is to hold a *conversation* with the community, identify a skilled facilitator to lead the meeting. Develop a set of specific questions that will shape the conversation. A sample meeting agenda is included in Section III: Tools.

In either case, make sure notes are taken during the meeting so follow-up can be provided on any unanswered questions, and information is gathered that can feed back into prevention planning with your suicide prevention coalition.

**Reach out to recent loss survivors.** When first planning your meeting, contact recent survivors to let them know your plans and help them prepare for any issues may arise in their lives as a result. Talk with them about how they are coping with the death and remind them of available services and supports. Ensure they understand the goal of the meeting is not to assign blame but to promote healing, and to help prevent others from having to go through what they have. It is not recommended that these individuals play an active role in the meeting because their loss is very recent.

**Identify meeting personnel.** Assign a skilled facilitator and one or two greeters. Determine who will take notes on the issues raised or questions that arise during the meeting to facilitate follow-through, and to compile information for prevention planning.

Include a trained counselor or other mental health professional that will be on hand to offer support to anyone showing distress and/or offer professional input to the meeting. If the meeting is smaller and part of a targeted response to those directly impacted, this person may take a lead role in discussing complicated grief, how to know when professional help is needed, and what services are available locally.

**Identify an appropriate location and meeting space.** Offer a “neutral” meeting space, such as in community centers, park buildings, libraries, or senior center. In most cases, neutral spaces do NOT include places such as churches, mental health or crisis centers, or hospitals, where some individuals may have negative/painful memories or associations.

Create a welcoming environment: Provide light refreshments. Consider subtle decorations that communicate a sense of hope or cheerfulness, perhaps including non-funereal flowers, colorful napkins/cups/tablecloths, as well as tables with educational materials. Avoid using the color red. Ensure that tissues are available.

Have an ancillary quiet space available for anyone who needs it. Identify this space with a welcoming indication of some kind, such as flowers, rather than a sign.

**During the meeting.** Open the meeting with a clear statement of the purpose and what will be achieved, as well as what will not be addressed.

Assure participants that they can leave the meeting at any time if their feelings overwhelm them and can rejoin when they are able. Make clear how people can find the ancillary quiet space set aside for this purpose. Ask the counselor to be sure and check in on anyone who spends a lot of time there to see if they would like to talk.

You may choose to offer an acknowledgment of the person(s) who have died and/or to hold a moment of silence.

**After the meeting.** Debrief the meeting with the planners, review notes, and make a plan to provide any needed follow-up. Review any outstanding issues raised and summarize the information for the suicide prevention coalition to consider.



## COMMUNITY MEETING AGENDA EXAMPLE

### A Community–School Conversation

Continuing to build a system of support for our youth

Tuesday February 12<sup>th</sup> 2013

6:30 pm to 8:30 pm

Truckee High School

- I. Welcome & Introductions
- II. Follow Up from last meeting- talking with youth about suicide  
Guest Speaker
- III. What's in place
  - Commitment to continue task force
  - TTUSD & community supports
- IV. Community Conversation
  - What are your biggest concerns for our youth which could put them at risk for suicide?
  - If you could change one thing during the school day to decrease the risk of youth suicide, what would it be?
  - If you could change one thing in the community that would decrease the risk of youth suicide, what would it be?
- V. Closing
  - All materials on TTUSD website- [www.ttusd.org](http://www.ttusd.org)

(from Tahoe Truckee Suicide Prevention Coalition)

## SAMPLE PUBLIC STATEMENT

[To be customized as needed and provided to local media outlets or disseminated through email, posted on websites, or through other means upon request or proactively.]

*Use the following opening statement if the cause of death has been confirmed:*

Recently we learned the sad news that a [disclose only minimal details, e.g., 45-year old male] in our community has died. The cause of death was suicide.

*Use the following opening statement if the cause of death is not yet confirmed, or if the family has asked that it not be disclosed:*

Recently we learned of the tragic death of a [disclose only minimal details, e.g., 45-year old male] in our community. The cause of death has not yet been determined. There has been some talk that the death was a suicide. Until the cause of death is known we ask the community to refrain from spreading rumors as they may turn out to be inaccurate and could be hurtful to the family and friends of the deceased. We'll do our best to provide accurate information as it becomes available.

Our thoughts and support go out to [his/her] family and friends at this difficult time.

*Insert information about specific activities and events that are in place to offer support after the death. For example:*

[Agency] will be hosting a community meeting at [date/time/location]. Members of the Crisis Response Team [or mental health professionals] will be present to provide information about common reactions following a suicide and how we can help our community cope. They will also provide information about suicide and mental illness, including risk factors and warning signs of suicide, and will address attendees' questions and concerns. A meeting announcement has been sent to parents, who can contact school administrators or counselors at [number] or [e-mail address] for more information.

Trained crisis counselors will be available to meet with community members [dates/locations/times when these services will begin] and continuing over the next few weeks as needed.

### **Warning Signs of Suicide**

The warning signs below may mean someone is at risk for suicide. Risk is greater if a behavior is new or has recently increased in frequency or intensity, and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or kill oneself
- Looking for ways to kill oneself, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated, or behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

If you are concerned about someone, it is vital to take action. Ask the person if they are thinking about killing themselves; asking the question will not put the idea in their mind and may cause them to be willing to talk to someone about their distress. People are available to help.

If you are experiencing these warning signs, help is available. Call the National Suicide Prevention Lifeline (1-800-273-8255) to speak to a trained counselor 24/7.

## Resources

*[Insert local resources for mental health, suicide prevention, and loss survivor support]*

National Suicide Prevention Lifeline 800-273-8255 [TALK]  
*[Insert local hotline numbers as applicable]*

## Recommendations for Reporting on Suicide

Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths can contribute to suicide contagion (“copycat” suicides), particularly among youth. Members of the media are strongly encouraged to refer to the document “Reporting on Suicide: Recommendations for the Media,” which is available at [www.reportingonsuicide.org](http://www.reportingonsuicide.org)

## Media Contact

NAME:  
 TITLE:  
 PHONE:  
 E-MAIL ADDRESS:



**LETTER FROM PUBLIC HEALTH OFFICERS TO HEALTH PROVIDERS**

Dear Colleagues,

We are writing to inform you of a recent situation and to share some important resources with you. We have recently experienced several suicides in the Tahoe community. As a mental health care provider, medical provider, educator, or community leader, we want you to be aware of this situation in order to better support those in our community who may be most vulnerable to suicidal acts. If you have people in your care about whom you are concerned, it may be advisable to reach out to them and check on their well-being. Or if you have new patients coming into your care, be alert for the effect the recent suicides may have had on their state of mind. As always, if you have serious concerns about someone’s safety please send them to the Tahoe Forest Emergency Department for a crisis assessment. We have many resources and systems of support in our community and we hope that you can share these with others. Below are some critical phone numbers. Likewise, if you need support or if you have questions or concerns, please contact any of us below or Phebe Bell at [pbell@placer.ca.gov](mailto:pbell@placer.ca.gov). While we do not have all of the specifics on these cases, we wanted to make you aware of the current situation so that we can be sensitive to people in need around us.

- Dr. Rob Oldham, Placer County Public Health Officer/ Director 530-889-7287
- Dr. Ken Cutler, Nevada County Public Health Officer 530-265-7154
- Dr. Alicia Paris-Pombo, El Dorado County Public Health Officer 530-621-6277
- Richard Knecht, M.S., Placer County Children’s System of Care Director 530-889-6704
- Maureen Bauman, LCSW, Placer County Adult System of Care Director 530-889-7256
- Rebecca Slade, MFT, Nevada County Behavioral Health Director 530-470-2784
- Dr. Patricia Charles-Heathers, El Dorado County Assistant Director of Health Services 530-621-6270

**Crisis resources:**

- Nevada County Crisis Line 530-265-5811
- South Lake Tahoe Crisis Line 530-544-2219
- Suicide Prevention Lifeline 530-885-2300

**Access to Mental Health Services:**

- Placer County: Adults- 530-581-4054 Children- 866-293-1940
- Nevada County: Adults/Children 530-582-7803
- South Lake Tahoe: Adults/Children 530- 573-7970

Directory of local therapy services <http://www.tfhd.com/pdf/MH-Directory-2014.pdf>



## SECTION IV. RESOURCES

The resources are organized to follow the main part of the guide: planning before a death; survivor support; broad community response; targeted response; prevention planning. Items created in California are marked with \*\*

### OTHER POSTVENTION RESOURCES

**Preparing to heal: The Alaska suicide postvention guide.** Alaska Department of Health and Social Services. (2014).

[www.dhss.alaska.gov/SuicidePrevention/Documents/pdfs\\_sspc/Postvention.pdf](http://www.dhss.alaska.gov/SuicidePrevention/Documents/pdfs_sspc/Postvention.pdf)

**Suicide postvention is prevention.** A proactive planning workbook for communities affected by youth suicide. Dafoe, B. and Monk, L. BC Council for Families, British Columbia. (2005). <https://www.bccf.ca/shop/product/suicide-postvention-is-prevention-a-proactive-planning-workbook/>

**Williams Lake & area suicide sudden death postvention protocol.** Williams Lake & Area Suicide/Sudden Death Committee. (2015)

<https://cariboo.cmha.bc.ca/files/cariboo/Suicide%20%20Sudden%20Death%20Postvention%20Protocol.pdf>

### RESOURCES FOR PLANNING BEFORE A SUICIDE DEATH

**Coalitions: An eight step guide.** \*\* Prevention Institute. (2002)

<http://www.preventioninstitute.org/component/jlibrary/article/id-104/127.html>.

For **guidance on strategic planning** for suicide prevention, see the Suicide Prevention Resource Center's section: <http://www.sprc.org/effective-prevention/strategic-planning> and their free online course, A Strategic Planning Approach to Suicide Prevention <http://training.sprc.org/enrol/index.php?id=7>

### RESOURCES FOR SURVIVOR SUPPORT

**Conversations matter fact sheet and podcasts.** Tips for handling safe and effective conversations after a suicide death. Includes basic tips on what to say and do for a person who lost someone close to them to suicide, as well as when you are worried someone you know may be thinking about suicide. Hunter Institute of Mental Health, Australia. (2016) <http://www.conversationsmatter.com.au/>

**Coping with the suicide of a loved one.** Stacey Freedenthal. (2013)  
<http://www.speakingofsuicide.com/2013/05/29/coping-with-the-suicide-of-a-loved-one/>

**SOS: A handbook for survivors of suicide.** A pocket-sized quick reference booklet for suicide loss survivors. American Association of Suicidology. Also available in Spanish. (2003)  
<http://www.suicidology.org/store/BKctl/ViewDetails/SKU/AASS-6> and  
[http://www.suicidology.org/Portals/14/docs/Survivors/Loss%20Survivors/SOS\\_Espanol.pdf](http://www.suicidology.org/Portals/14/docs/Survivors/Loss%20Survivors/SOS_Espanol.pdf)

**Surviving a suicide loss: A financial guide.** American Foundation for Suicide Prevention. (2004) [http://afsp.org/wp-content/uploads/2016/02/survivingasuicideloss\\_afinancialguide.pdf](http://afsp.org/wp-content/uploads/2016/02/survivingasuicideloss_afinancialguide.pdf)

### *Organizations that offer support for Loss Survivors*

**Friends for Survival\*\*:** a non-profit outreach organization based in Sacramento that is available to those who are grieving a suicide death of family or friends, and to professionals who work with individuals grieving a suicide tragedy. Friends for Survival is organized by and for survivors, and has offered services since 1983. Their mailed newsletter contains caring articles. <http://www.friendsforsurvival.org>

- Friends for Survival Help Line 916-392-0664
- Email: [FFS@TrueVine.net](mailto:FFS@TrueVine.net)

**The Friendship Line\*\*:** operated by the Institute on Aging in San Francisco, offers a crisis intervention hotline, a warm line for non-urgent calls and ongoing phone outreach services to seniors. Services are for people aged 60 and older, and adults living with disabilities.

- Crisis and Warm Line: 1-800-971-0016
- Business Line: 415-750-4111
- <http://www.ioaging.org/services/all-inclusive-health-care/friendship-line>

**The National Suicide Prevention Lifeline:** a 24-hour toll-free suicide prevention hotline available to anyone in suicidal crisis or emotional distress, or to those concerned about someone else. By dialing 1-800-273-TALK (8255) the call is routed to the nearest crisis center and will be answered by a skilled, trained counselor.

- Lifeline support is available in English, Spanish, and other languages.
- Callers may also press “1” to be connected to a veterans’ suicide prevention specialist.
- Online chat is available at:  
<http://www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx>
- This page contains links to help you locate mental health professionals and support groups that provide grief services to suicide loss survivors: <http://www.suicidepreventionlifeline.org/Learn/Therapy>

**Crisis Text Line:** Not designed specifically for loss survivors, it is available 24/7 to anyone in crisis. Text 741741 from anywhere in the U.S. Texts are limited to 140 characters per message. <http://www.crisistextline.org>

**American Foundation for Suicide Prevention:** (AFSP) offers a peer outreach program for loss survivors. Although in person options are limited, volunteers may be available by phone, email or video call. <http://afsp.org/find-support/ive-lost-someone/survivor-outreach-program/>. AFSP also has an online directory of survivor support groups <http://afsp.org/find-support/ive-lost-someone/find-a-support-group/>

### *Resources for Creating Survivor Support Programs*

**Manual for support groups for attempt survivors.\*\*** Didi Hirsch Mental Health Services. Available upon request from <http://www.didihirsch.org/download-guides-and-files>

**Pathways to purpose and hope: A guide to creating a sustainable suicide bereavement support program for families and friends after a suicide death.\*\*** Friends for Survival. (2013) <http://resource-center.yourvoicecounts.org/content/pathways-purpose-and-hope-guide-creating-sustainable-suicide-bereavement-support-program-fam>

### POSTVENTION TRAINING

**Connect suicide postvention training.** NAMI New Hampshire. Single or multi-day trainings to increase community or organization capacity to respond effectively to a suicide death. Description at: <http://www.sprc.org/resources-programs/connect-suicide-postvention-training>

**LOSS Team** (Local Outreach to Suicide Survivors) is made up of suicide loss survivors and others who have been trained to assist the bereaved at the scene of a suicide by providing support and referrals. More information at Campbell & Associates: [www.lossteam.com](http://www.lossteam.com)

The **Tulare/Kings County Suicide Prevention Task Force's LOSS Team\*\*** has been operating since 2013. More information at <http://www.sptf.org/english/index.cfm/programs/lossteam/>

**Survivor outreach team training manual.\*\*** Kern County Mental Health Department. A resource on how to develop and implement a survivor outreach team. Available by contacting Ellen Eggert, [eggert@co.kern.ca.us](mailto:eggert@co.kern.ca.us) or 661-979-0815



## PLANNING MEMORIALS AND FUNERALS

**After a suicide: Recommendations for religious services and other public memorial observances.** Suicide Prevention Resource Center. (2004).

<http://bit.ly/2cHoM2t>

**How do I write an obituary when my loved one died by suicide?** Ontario Funeral Service Association. (2016) <http://www.ofsa.org/Suicide-Obituary-Brochure-8.5-x-14-Mar-2016.pdf>

## BROAD COMMUNITY RESPONSE

**Organizing a community response to suicide: Success factors and lessons learned.\*\*** Santa Clara County Mental Health Department. (2011) A guide that describes how one community (Palo Alto) responded to a cluster of youth suicides, along with a blueprint others can use.  
[https://www.sccgov.org/sites/mhd/Providers/SuicidePrevention/Documents/SCCMHD\\_Organizing-a-Community-Response-to-Suicide.pdf](https://www.sccgov.org/sites/mhd/Providers/SuicidePrevention/Documents/SCCMHD_Organizing-a-Community-Response-to-Suicide.pdf)

### *Sharing Survivors' Stories*

It is essential to engage loss survivors in sharing their own experiences and ensuring that their voices are heard. They are central to any suicide prevention or response efforts.

**Speak Our Minds.\*\*** Each Mind Matters: California's Mental Health Movement. An online resource to find mental health speakers. Also offers tools to help speakers sharpen their skills. [www.speakourminds.org](http://www.speakourminds.org)

**Special considerations for telling your own story: Best practices for presentations by suicide loss and suicide attempt survivors.** American Association of Suicidology and others. (2015)  
<http://www.suicidology.org/Portals/14/docs/Survivors/Attempt%20Survivors/Best-Practices-Presentations-Suicide-Loss-Suicide-Attempt-Survivors.pdf?ver=2014-05-16-150652-703>

**Survivor voices: Sharing the story of suicide loss.** NAMI New Hampshire. (2011). A two-day training to teach those bereaved by suicide how to speak safely and effectively about their experience and loss. Description at:  
<http://www.sprc.org/resources-programs/survivor-voices-sharing-story-suicide-loss>

## MEDIA AND SOCIAL MEDIA RESPONSE

**Facebook's suicide prevention tools.** This 2016 article links to a recent article about with screenshots and a demonstration video for responding to suicidal content.  
<https://www.good.is/articles/facebook-suicide-prevention>

National Action Alliance's **Framework for Successful Messaging**. A resource to help develop messages about suicide that are strategic, safe, positive, and make use of relevant guidelines and best practices. [www.suicidepreventionmessaging.org](http://www.suicidepreventionmessaging.org)

**A guide to using Facebook to promote suicide prevention and mental illness stigma reduction.**\*\* It's Up to Us San Diego. (2014)

[http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/Homepage/AGuideToUsingFacebookSPSR\\_ItsUpToUs.pdf](http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/Homepage/AGuideToUsingFacebookSPSR_ItsUpToUs.pdf)

**How to use social media for suicide prevention: User guide.**\*\* Know the Signs. (2013) <http://resource-center.yourvoicecounts.org/content/how-use-social-media>

**Lifeline online postvention manual.** National Suicide Prevention Lifeline. (n.d.). This manual discusses the role of the Internet in postvention, how postvention initiatives can target existing online communities when there is a suicide, and how to safely memorialize someone who has died by suicide.

<http://www.sprc.org/sites/sprc.org/files/library/LifelineOnlinePostventionManual.pdf>

**Making headlines: A guide to engaging the media in suicide prevention in California.**\*\* Know the Signs.(2012) [http://resource-](http://resource-center.yourvoicecounts.org/content/making-headlines-guide-engaging-media-suicide-prevention-california-0)

[center.yourvoicecounts.org/content/making-headlines-guide-engaging-media-suicide-prevention-california-0](http://resource-center.yourvoicecounts.org/content/making-headlines-guide-engaging-media-suicide-prevention-california-0)

**Recommendations for reporting on suicide.** National consensus recommendations for the news media to reduce contagion and encourage help-seeking. Available in English and Spanish.\*\* Counties can customize with local crisis numbers or websites and provide to media whenever contacted about suicide.

<http://resource-center.yourvoicecounts.org/content/recommendations-reporting-suicide>

**Social media guidelines for mental health promotion and suicide prevention.**\*\* TEAM Up, Entertainment Industries Council. (2014)

[www.eiconline.org/teamup/wp.../teamup-mental-health-social-media-guidelines.pdf](http://www.eiconline.org/teamup/wp.../teamup-mental-health-social-media-guidelines.pdf)

## RESOURCES FOR TARGETED RESPONSES

### *Funeral Directors*

**Help at hand: Supporting survivors of suicide loss: A guide for funeral directors.** Suicide Prevention Action Network USA and Suicide Prevention Resource Center. (2008) <http://www.sprc.org/resources-programs/help-hand-supporting-survivors-suicide-loss-guide-funeral-directors>

## *First Responders*

**Breaking the Silence: Suicide prevention for law enforcement.** Video and facilitation guide. A conversation starter to be used in training officers about suicide risk among their peers. (2015) Carson J Spencer Foundation, National Action Alliance for Suicide Prevention, and American Association of Suicidology. Video: <http://youtu.be/u-mDvJIU9RI> and [http://carsonjspencer.org/files/9214/4078/2987/20150817\\_LE\\_Video\\_Guide.pdf](http://carsonjspencer.org/files/9214/4078/2987/20150817_LE_Video_Guide.pdf)

**Firefighters coping with the aftermath of suicide.** Carson J Spencer Foundation. (2013) A video that explores the effect of suicide on firefighters and first responders. <https://www.youtube.com/watch?v=Ryy7EyAiyeQ>

**Pain Behind the Badge.** Documentary film and training on police suicide, recognizing warning signs in self and other and ways for law enforcement to seek help. There is also an associated seminar for supervisors and a book for young children of officers to help them cope with anxiety. <http://www.thepainbehindthebadge.com/>

**Protect the community—protect each other.** Suicide Awareness Voices of Education, Facebook, and Instagram. (2015) A guide for law enforcement to help themselves and their fellow officers. <http://fb.me/LESafetyGuide>

**QPR training.** With the Colorado Department of Public Health, the Colorado EMT Association and the Redlands Fire Department in California, this training was customized for first responders to address suicide in the ranks. [http://courses.qprinstitute.com/index.php?option=com\\_content&view=article&id=267&Itemid=108](http://courses.qprinstitute.com/index.php?option=com_content&view=article&id=267&Itemid=108)

**Suicide prevention and first responders webinar.** \*\* Know the Signs. (2013). <http://resource-center.yourvoicecounts.org/content/suicide-prevention-and-first-responders>

## *Schools*

**After a suicide: A toolkit for schools.** American Foundation for Suicide Prevention and Suicide Prevention Resource Center. The toolkit reflects consensus recommendations developed in consultation with national experts, including school-based personnel, clinicians, researchers, and crisis response professionals. (2011). <http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf?sid=35963>

**Postvention: A guide for response to suicide on college campuses.** Higher Education Mental Health Alliance. (2014) [http://hemha.org/postvention\\_guide.pdf](http://hemha.org/postvention_guide.pdf)

**Riverside Trauma Center postvention guidelines for schools and organizations.** Berkowitz L., McCauley J. & Mirick R. (2015) <http://traumacenter.wpengine.com/wp-content/uploads/2015/03/Postventionguidelines.pdf>

## *Workplace*

**A managers guide to suicide prevention in the workplace: Ten action steps for dealing with the aftermath of suicide.** Carson J. Spencer Foundation, American Association of Suicidology, the Action Alliance for Suicide Prevention and the Crisis Care Network. (2013)

<http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Managers-Guidebook-To-Suicide-Postvention-Web.pdf>

## PREVENTION PLANNING

### *Gatekeeper training*

The Suicide Prevention Resource Center (SPRC) offers a helpful **Comparison Table of Gatekeeper Training Programs** that is a good place to start. Although the table is dated, it helps identify criteria to consider as you select a program.

[http://www.sprc.org/sites/sprc.org/files/library/SPRC\\_Gatekeeper\\_matrix\\_Jul2013update.pdf](http://www.sprc.org/sites/sprc.org/files/library/SPRC_Gatekeeper_matrix_Jul2013update.pdf)

SPRC also offers a free online course, **Choosing and implementing a suicide prevention gatekeeper training program.**

<http://training.sprc.org/enrol/index.php?id=4>

**LivingWorks** offers numerous suicide intervention trainings, including ASIST, safe TALK and suicideTALK. ASIST is also offered in Spanish. [www.livingworks.net](http://www.livingworks.net) In California, contact Kathleen Snyder for details: [kathleen.snyder@livingworks.net](mailto:kathleen.snyder@livingworks.net)

**Mental Health First Aid** offers courses for adults and youth to help them assist someone experiencing a mental health or substance use-related crisis.

<http://www.mentalhealthfirstaid.org/cs/> and in Spanish at

<http://www.mentalhealthfirstaid.org/cs/toma-un-curso/que-aprendes/>

**Question, Persuade, Refer. (QPR) Institute** offers individual and organizational gatekeeper training, including QPR for veterans. Some courses are offered online as well. <http://www.qprinstitute.com/>

Other training programs can be found in the **SPRC Resources and Programs** database <http://www.sprc.org/resources-programs> by selecting “training” as program type.

### *Reducing Access to Lethal Means*

**The 11 Commandments of Firearm Safety\*\*.** A brochure for disseminating to firearms owners, ranges, instructors, and retailers. Shasta County Health and Human Services (based on a New Hampshire model). Contact Amy Sturgeon [asturgeon@co.shasta.ca.us](mailto:asturgeon@co.shasta.ca.us)

**Counseling on Access to Lethal Means (CALM)** training. This free online course helps providers develop effective safety plans for people at risk of suicide.

<http://training.sprc.org/enrol/index.php?id=3>

**Means Matter.** Harvard School of Public Health. An educational campaign dedicated to increasing the proportion of suicide prevention groups who promote activities that reduce suicidal persons' access to lethal means of suicide.

[www.meansmatter.org](http://www.meansmatter.org)

### *Safety Planning*

Safety planning is an evidence-based strategy to create customized coping strategies and sources of support for people who are at high risk for suicide. Ideally, safety plans are created in partnership with mental health clinicians.

**MY3 App.\*\*** A free safety planning app in English and in Spanish for people who have felt suicidal. The app helps them connect with their support network, and create a personalized safety plan with their provider, available at all times on their phone. <http://www.my3app.org/>

### *Reaching older adults*

In addition to the Friendship Line (listed above):

#### **Check-in with you: The Older Adult Hopelessness Screening program**

(OAHS)\*\* Tulare County Health and Human Services Agency. This program assesses levels of hopelessness in older adults and provides early intervention services to reduce suicide risk, improve quality of care, and prevent the onset of serious mental illness. [http://www.sprc.org/bpr/section-III/check-you-older-adult-hopelessness-screening-program-oahs\](http://www.sprc.org/bpr/section-III/check-you-older-adult-hopelessness-screening-program-oahs)

**Promoting emotional health and preventing suicide: A toolkit for senior living communities.** SAMHSA. (2011) This toolkit contains resources to help staff in senior living communities, including nursing homes, assisted living facilities, independent living facilities, and continuing care retirement communities, promote emotional health and prevent suicide among their residents.

<https://store.samhsa.gov/shin/content/SMA10-4515/SMA10-4515.ToolkitOverview.pdf>