

A photograph of a brick wall at night. A small, rectangular light fixture is mounted on the wall, casting a warm, yellowish glow. The rest of the wall is in deep shadow, appearing dark blue. The text is centered on the lower half of the image.

**Jackson County
Suicide Postvention
Guide**
Preparing to Heal

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Introduction

This guide gives information which communities can use to prepare an action plan in response to a suicide. Its goal is to reduce the risk of more suicides and help community members heal.

The guide:

- 1) Explains what is usual and may be anticipated after a suicide
- 2) Lists common mistakes to avoid
- 3) Outlines clear steps to take
- 4) Helps plan who will take which steps

What is postvention?

Postvention is the actions communities take to respond to a disaster, where the disaster is a suicide instead of an earthquake or flood. The questions community members ask themselves in a suicide disaster usually are:

- What can we do to prevent or reduce harm and future suicides?
- What do we want to do about this event and who will be ready to do each task or job?
- What we will need to help us cope?
- Where can we get the things we need?

Answering these questions ahead of time will help community members act quickly to support grieving family and friends. Also, the work of preparing can help bring communities together and make them stronger. This guide will give examples of postvention activities, information for different groups in the community, and details on what help is available and how to request it.

Who is this guide for?

This guide is for anyone in a community who is willing, ready and able to help support those community members impacted by a suicide death.

How to use this guide

- For those who are considered a "Postvention Responder", it is suggested that you take the time to read the entire guide and then refer to the information you need in the moment.
- For those who are community members and interested in how to support family/friends or community members, refer to the individual sections of this guide as needed.

Basic Postvention

Postvention

GUIDING PRINCIPLES:

- Structure and information reduces chaos and insecurity; factual communication and open support reduces stigma and increases access to resources.
- Safe messaging should guide all informal and formal communication.
- Grief will be expressed in many different ways and levels of impact/length of grieving will vary.
- How a suicide is handled affects the risk factors for others, especially youth and other vulnerable individuals.
- Traumatic loss and healing is a community issue, and does not belong to just one organization or group to resolve.
- Cultural practices and norms may guide responses to grief expressions.
- Be prepared to see the process through the long term.
- Self-care and help-seeking is important for EVERYONE to practice!

POSSIBLE KEY STAKEHOLDERS:

- Public health network
- Clergy/spiritual leaders
- Mental health center
- Substance abuse treatment center
- Law enforcement/first responders
- School crisis team members
- Behavioral health response team
- Community coordinator/disaster response team
- Village and/or tribal leaders
- Social services
- Funeral director
- Medical examiner
- Media
- Survivors/survivor supports

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BEFORE A SUICIDE

Actions to Take

- **Assemble a response team**, made up of anyone in the community who can respond to a suicide crisis. For example: health aides, clergy, school counselors or elders. Include public safety and local first responders to discuss what everyone will do when responding to a suicide crisis (including suicide attempts).
- **Contact local health aides and clinics** to see what help the regional health corporation can offer, such as a Critical Incident Stress Management (CISM) team.
- **Talk to our children early and often.** Explain to children that suicide is due to extreme pain that makes people not think clearly. They think that suicide will solve their problems, but we know that death is forever and most problems and painful feelings are temporary and will pass, like winter turning into spring.

Actions to Avoid

- **Silence** Although talking about suicide in general is difficult, silence can be harmful. Talking openly about thoughts and feelings about past suicides and the desire to prevent further suicides, and teaching that suicide is preventable and unacceptable, can be part of the larger healing process and help prevent further suicides.

After a Suicide

Actions to Take	Actions to Avoid
<ul style="list-style-type: none"> • Have the Postvention Response Team respond: The Jackson County Postvention Response Team will assemble when the affected program, school or workplace needs extra outside support. When first responders would benefit from a debriefing, debriefings will be scheduled through SOCIRT (See pg. 12). • Identify others who may be at risk, talk to them, ask them directly if they are also thinking about suicide. Keep watch and observe. Have gatekeepers* on alert. Identify a safe space for youth where trained gatekeepers are present. • Encourage family and community members to talk, start the grief process and share with others who have experienced suicide loss. Include children, but parents and adults, process your own grief first, or save some of it for later. Try to keep children away from emotional breakdowns. • Help arrange funeral services as a private ceremony reserved only for close family members, relatives and friends. Why limit the ceremony? Holding a big ceremony for someone who died by suicide could make the aftermath look worthwhile to someone else who is thinking about suicide. 	<ul style="list-style-type: none"> • Public announcements, such as messages on social media that a "suicide" has occurred. The news should be shared in private as everyone will eventually learn that a death occurred and can be comforted based on their reaction to the event. • Silence. Although we want to avoid announcing publicly when a suicide occurs, it does not mean we cannot talk about it. It should be talked about openly either one-on-one or in small groups to allow for personal sharing of thoughts and feelings. • Public or community-wide memorials are discouraged. It is often difficult for others who are also experiencing suicidal thoughts to separate the memorial of a person who has died from the act of suicide. They may see the person's choice of suicide as a desirable option. • Avoid talking with the media, newspapers or radio about the details of the death, such as the means used, where the death happened, or speculation that it was the result of a single event like a breakup, family fight, etc. Details can promote suicidal thoughts in someone who is vulnerable. Also, we know suicide is generally a response to a complex situation, not a single event. • Do NOT suggest suicide is a normal response to a common problem. Suicide is most often due to several factors that are not easily explained.

- **Give media the "Recommendations for reporting on suicide"** on pgs. 24-25
- **Gatekeeper** - an individual trained in suicide prevention, identifying and helping someone showing warning signs of suicide and can connect them with helpful resources.
- **Seek spiritual guidance** - clergy, Chaplin and/or other cultural practices

Safe Messaging Guidelines

- Research has shown us that we need to talk about suicide openly, but that HOW we talk about it is very important, and requires care and thought.
- Talking about suicide the wrong way can increase the risk of suicide among others.
- We must not accidentally make suicide seem normal, or like an acceptable way to deal with problems or get positive attention.

Suicide Prevention Resource Center published basic guidelines on how to make things better, not worse. *Here are the recommendations they make around things we should and shouldn't do during postvention:*

DO:

- **Do acknowledge the person was having difficulties** so people understand that suicide doesn't come out of nowhere. We may never know all the reasons behind a suicide, and we don't want to be hurtful to loved ones left behind.
- **Share feelings with one another**, but be careful when and how. Parents/adults should process their own feelings before helping youth talk about their feelings. Someone who is feeling angry should be careful to express those feelings with someone who is prepared to hear them, such as counselor, pastor or someone who was not as close to the deceased, to spare the feelings of those who are feeling fragile.
- **Share crisis hotlines** for people who are grieving, people looking for ideas on how to support those who are grieving, and for people who are in crisis (24/7 Hotlines):
 - National Suicide Prevention Hotline 800-273-8255
 - Jackson County Crisis Hotline 541-774-8201
 - Crisis Text Line 741741
 - Trevor Project LGBTQ+ 866-488-7386
- **Share that suicide is preventable** (but be careful not to make anyone feel responsible for previous suicides. While people who die by suicide may not have been thinking clearly, it is not someone else's fault for not knowing the right action to prevent it). Research has found that 90 percent of people who have died by suicide have a condition such as depression or substance abuse problems, which are treatable conditions.

DON'T:

- **Don't glorify people who have died by suicide.**

Comments and events that seem to celebrate the person and gloss over difficulties the person had can be harmful, because vulnerable people, especially young people, may see suicide as a way to get positive attention in the community (like a memorial basketball tournament in honor of the person who died) that they don't get in regular daily life.

- **Don't present suicide as a normal, common event.**

While significant numbers of people die by suicide and each suicide has a huge impact, the fact remains that most people do not turn to suicide during times of struggle and pain — they find constructive ways to cope and carry on. When we talk about suicide, we want that message to come through loud and clear. Clearly expressing that suicide is NOT normal, and that there is a community expectation of seeking help and enduring, can be a protective barrier against suicide.

- **Don't present suicide as an inexplicable act or caused by stress only.**

This may encourage vulnerable people to identify with the person who died. Presenting suicide as an understandable response to a stressful situation may also be harmful. Oversimplifications like these can mislead people to believe that suicide is a normal response to fairly common life circumstances. Also, giving an overly simple 'explanation' misses the opportunity to inform people about both the complexity and preventability of suicide.

- **Don't give detailed descriptions how the person died.**

Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act, often referred to as a "copy-cat suicide". The danger is even greater if there is a detailed description of the method or means used. If vulnerable individuals can identify with how the person took his or her life, that may lead them to consider ending their lives in the same way.

**For more information visit:*

Suicide Prevention Resource Center at www.sprc.org

Warning signs can be very clear, or more subtle:

- ▶ Talking about wanting to die
- ▶ Looking for a way to kill oneself
- ▶ Talking about feeling hopeless or having no purpose
- ▶ Talking about feeling trapped or being in unbearable pain
- ▶ Talking about being a burden to others
- ▶ Increasing/sudden use of alcohol or drugs
- ▶ Acting anxious, agitated or reckless
- ▶ Sleeping too little or too much
- ▶ Withdrawing or feeling isolated
- ▶ Showing rage or talking about seeking revenge
- ▶ Displaying extreme mood swings, after a down period, seeming calm and clear — saying he/she has everything figured out, that everything's going to be OK
- ▶ Giving away prized possessions
- ▶ Doing things for others as if the person were going away — chopping wood, filling the freezer with food, arranging pet care, making a will, etc.

Things we know:

- The more warning signs a person shows, the greater the risk.
- It is important to take all warning signs seriously.
- Warning signs are associated with suicide but may not be the cause of suicide.

***Tips on how to help someone thinking of suicide on the next page.**

How to Help Someone Thinking of Suicide

Here's what you can do, according to the Mayo Clinic:

- **Encourage the person to call a suicide hotline number-** pg. 17
- **Encourage the person to seek treatment.** A suicidal or severely depressed person may not have the energy or motivation to find help. If the person doesn't want to consult a doctor or mental health provider, suggest finding help from a support group, crisis center, faith community, teacher or other trusted person.
- **Offer to help the person take steps to get assistance and support.** Research treatment options, make phone calls and review insurance benefit information, or even offer to go with the person to an appointment.
- **Encourage the person to communicate with you.** Someone who's suicidal may be tempted to bottle up feelings because he or she feels ashamed, guilty or embarrassed. Be supportive and understanding, and express your opinions without placing blame. Listen attentively and avoid interrupting.
- **Be respectful and acknowledge the person's feelings.** Don't try to talk the person out of his or her feelings or express shock.
- **Don't be patronizing or judgmental.** For example, don't tell someone, "Things could be worse." Instead, say "What's causing you to feel so bad?" or "How can I help?"
- **Never promise to keep someone's suicidal feelings a secret.** Be understanding, but explain that you may not be able to keep such a promise if you think the person's life is in danger. At that point, you have to get help.
- **Offer reassurance that things can get better.** When someone is suicidal, it seems as if nothing will make things better. Reassure the person that with appropriate treatment, he or she can develop other ways to cope and can feel better.
- **Encourage the person to avoid alcohol and drug use.** Using drugs or alcohol may seem to ease the painful feelings, but ultimately it makes things worse — it can lead to reckless/impulsive behavior or feeling more depressed. If the person can't quit on his or her own, offer to help find treatment.
- **Remove potentially dangerous items from the person's home, if possible.** Seek help from a professional to help safety plan around keeping the individuals environment safe.

A few things that can help protect against suicide include:

- Getting exercise and sleep
- Eating healthy and regularly
- Staying connected or reconnecting with others
- Practicing coping skills, such as relaxation, meditation, yoga, etc.
- Get support from mental health professional early when experiencing symptoms, for faster recovery and often less severe symptoms.

Preparing for the first 72 hours

When a suicide occurs, those who witnessed the event or responded will likely experience strong emotional and physical reactions, including shock, anxiety, fear and confusion.

Communities will want to identify a community support team ahead of time to work with law enforcement and quickly care for community members who are most impacted. The strongest support team will usually be local trained professionals.

How to request a response team

- Postvention Response Team / Crisis Team
 - For any community member or group needing support
 - Crisis Team 541-774-8201 (24/7)
- SOCIRT (Southern Oregon Critical Incident Response Team)
 - For first responders impacted by a traumatic event/scene
 - SOCIRT Coordinator 541-350-6683

How a response team can help

- Help to provide and schedule support resources for:
 - schools
 - churches
 - businesses
 - city or tribal offices
 - health clinics
 - youth centers and other community settings.
- Short-term support.
- Connecting to long-term supports including counseling, connecting with community support groups, etc.
- Critical incident teams don't usually provide long-term counseling, so it is important to prepare for ongoing community care and support once the initial crisis is over pg. 21.

The First 72 hours Check List

Has law enforcement been contacted? Phone #: _____

Yes, by _____, at _____ (time)

Has a critical incident team been requested? Phone #: _____

Yes, by _____, at _____ (time)

Who is the critical incident team's local contact to assemble local members of a care support team? _____ Phone #: _____

Who is going to stay with the person who found the body? Who will stay with close friends and family members? _____

Who will make them food? _____

Has a spokesperson(s) been identified? _____

Does this spokesperson have the media guide to share with reporters? (See pgs. 24-25) & Review the "Safe messaging guidelines" (see pgs. 6-7).

Will someone monitor Facebook and other websites, cell phones, and other places where messages might be left, in order to determine if others may be at risk? _____

What information can be shared about the death? What details should not be shared? See the "Safe messaging guidelines" on pg. 6-7, and create a statement that friends and family can share with those close to them; let them know that this is all the information to be shared for the time being. If you would like someone to check your statement for safe language, you can call the Suicide Prevention Coordinator at JCMH 541-774-8201

Set up chains of communication (a Facebook page, phone tree, etc. — whatever works for your community) so when people get the news, they also get a way they can express their grief, connect with others, and feel sure that they will hear about funerals, talking circles, potlatches, etc. (See the sample statement above.) Be sure to share the safe messaging guidelines on pg. 6-7 with communicators.

Can you find someone in each group of people who knew the deceased to contact others in that circle — peers, coworkers, friends and relatives? Think about reaching out to neighboring communities, or other parts of the state where the deceased has connections. Be sure to share the safe messaging guidelines on pg. 6-7 with communicators.

Also, think about identifying a “gatekeeper” for each group — someone who is connected to the group and who knows the warning signs of suicide on pg. 8 and is comfortable reaching out to people if they show any of the signs and referring them to help.

- Jackson County Crisis 541-774-8201
- National Suicide Prevention Lifeline 800-273-8255

Is the family interested in possibly donating the person’s organs? Some family members find it healing to think that their loved one is helping save someone else’s life with the gift of an organ.

Organ and Cornea donation Programs:

- Pacific Northwest Transplant Bank, Portland, OR 1-855-807-7779
- Lions Vision Gift, Portland, OR 1-800-843-7793

Who will clean up where the death occurred? Let the Next of Kin (NOK) know that homeowners or the rental insurance company may be able to cover costs of a bio-hazard cleaning.

Once law enforcement officers have finished with their work (see Responding to the scene on pg. 13-14). Have first responders/law enforcement taken a moment to meet their basic needs? Have they - eaten, drank water, got some rest, contacted loved ones, etc?

Roles of Responders

Law Enforcement

Officers know that suicide has an instant and immediate ripple effect in communities, and do their best to respond by doing their professional duty to establish the facts of an event. They also support those suffering a loss; family, friends and the entire community.

State Medical Examiner's Office

The state medical examiner's office is required to independently investigate potential suicide deaths in Oregon, and staff work closely with law enforcement and family members.

Responding to a Scene

Law enforcement officers play an important role in responding to suicide deaths because they are generally the first to respond to the scene of an "unattended" death (when the cause of a sudden or violent death was not witnessed and the manner of death has yet to be determined).

Because unattended deaths are not always immediately identified as a suicide, the law enforcement agency on the scene is often required to conduct a death investigation to make sure no crime has been committed. They must follow the agency's death investigation procedures until it can be determined if a suicide has occurred. For example, officers may:

- Secure the scene and make sure the location is safe. The officer will make sure nothing is disturbed, including the deceased person, and any clues or evidence that may lead to officially determining the cause and manner of death. Examples are a suicide note left on a table, a bottle of pills lying on the floor, weapon or a message left on the answering machine.
- Call emergency medical services if medical attention is needed.
- Notify their superiors who will oversee the investigation and response.
- Tell the state medical examiner's office that an unattended death has occurred. The deputy medical examiner will decide the next steps, including whether there needs to be an autopsy or some other action required by state law. They will coordinate with family members and law enforcement on moving the deceased.
- Notify next of kin, usually. Officers will attempt to have someone with them to offer comfort and support, such as another family member or clergy.

- Officers will be direct and honest about the death and provide as much or as little detail about the incident as possible, according to what the family wants to hear. Families need to remember that if the death is considered suspicious the amount of information they can share publicly will be limited.
- They will tell the family if the cause or circumstances of death are still unclear, and coordinate with the medical examiner's office to give family members accurate information about the next steps to help them prepare for the difficult hours and days in the wake of the death.
- Talk to family, friends, or others in the community who may have information to share about the individual and his/her activities prior to the death.
- Contact representatives of additional agencies or organizations in order to share or gather information to improve response and help prevent additional suicides. For example, perhaps they can help arrange support groups for friends and acquaintances at work and school.
- After an autopsy, the medical examiner will arrange transportation of the body back to the family or funeral director based on the wishes of the family. The state covers shipping costs for the weight of the body and medical examiner's container to the community nearest the place of death; any additional costs due to the weight of a casket or shipping to another community will be the responsibility of the family. The medical examiner will complete the death certificate.
- Complete a written report based on the findings of the investigation determining whether the death was by suicide, accident or a criminal act. Law enforcement may be procedurally bound to disclose the cause and manner of death as public record. However, they will be respectful and sensitive to the needs and rights of the families involved. If it is determined to be a "suspicious" or crime-related death, then the law enforcement agency will coordinate with local prosecutors during the investigation of the case.



Law Enforcement Contact Information

Jackson County Medical Examiner/ Jackson County Sheriff Office

541-774-6800
5179 Crater Lake Hwy
Central Point, OR 97502

Oregon Medical Examiners Office

971-673-8200
13309 SE 84th Avenue
Suite 100
Clackamas, OR 97015
Medical.Examiner@osp.oregon.gov

Ashland Police Department

541-488-2211 Emergencies: 911
1155 E Main Street, Ashland
www.ashland.or.us/SectionIndex.asp?SectionID=427

Central Point Police Department

541-664-5578 Emergencies: 911
155 S 2nd Street, Central Point
<https://www.centralpointoregon.gov/police>

Eagle Point Police Department

541-826-9171 Emergencies: 911
17 S Buchanan Ave, Eagle Point
<http://www.cityofeaglepoint.org/>

Medford Police Department

541-770-4784 Emergencies: 911
219 S Ivy Street, Medford
www.ci.medford.or.us/SectionIndex.asp?SectionID=7

Oregon State Police Department

541-776-6236 Emergencies: 911
4500 Rogue Valley Hwy, Central Point
<https://www.oregon.gov/osp/Pages/index.aspx>

Phoenix Police Department

541-776-7206 Emergencies: 911
114 West 2nd Street, Phoenix
<https://www.phoenixoregon.gov/police>

Rogue River Police Department

541-582-4931 Emergencies: 911
133 Broadway Street, Rogue River
<https://cityofrogueriver.org/police-home>

Talent Police Department

541-582-4931 Emergencies: 911
604 Talent Ave, Talent
<http://www.cityoftalent.org/SectionIndex.asp?SectionID=8>

Information to help communities and groups



Resources for Everyone

Local Resources

Jackson County Crisis

541-774-8201 (24/7)

140 S Holly Street, Medford

Crisis counseling, mental health treatment

Crisis Resolution Center - Grants Pass

541-472-9983 (24/7)

320 SW Ramsey Ave, Grants Pass

Crisis counseling and mental health treatment

WinterSpring

541-552-0621

www.winterspring.org

Grief/support groups

National Resources

National Suicide Prevention Lifeline

www.suicidepreventionlifeline.org

800-273-TALK (8255); TTY 800-799-4889

Has options for deaf and hard-of-hearing available online

Veterans Crisis Line

www.veteranscrisisline.net

800-273-8255 Press 1, or text 838255,

Confidential support for military, veterans, families and friends, 24/7

Trevor Project Crisis Line and mental health support for LGBTQ+

www.thetrevorproject.org

866-488-7386

The Dougy Center- Support for grieving children and families

www.dougy.org

866-775-5683

American Foundation for Suicide Prevention -Resources, support, statistics

www.afsp.org

Suicide Prevention Resource Center -Online training opportunities, facts & resources

www.sprc.org

Alliance of Hope - Support for Survivors of Suicide loss

www.allianceofhope.org

For family members and close friends

Things to consider when supporting close friends and family members:

There is still a great deal of stigma related to suicide. Many people find it uncomfortable to talk about suicide, or to talk to someone who has lost someone to suicide. People drift away from survivors because they feel awkward or don't know what to say or are afraid talking about what happened might cause more harm than good. However, there are other people who are able to support survivors of a loss to suicide in grieving and healing.

It is essential to have a support system during the grief and healing process. This support system can include family, friends, and other survivors of a loss to suicide. Suicide contagion is a very real concern after a suicide, particularly for those close to the person who died, so having a group of people to reach out to during the ups and downs of the grieving cycle is extremely important. It is also important to know when the love and support of friends and family is not enough — and to seek help from mental health providers and other health care professionals when appropriate.

One step at a time.

In the days and weeks after a suicide, help the survivors of the loss focus on immediate responsibilities and encourage them to wait to make any major decisions. As the recovery process goes on, help the survivors take on more. Recognize that some days will be much more painful than others, such as birthdays, anniversaries, graduations and holidays. Encourage survivors of a loss to suicide to reach out for support when they need it. Recognize that small things — a song, a favorite restaurant, a favorite sports team — can bring back sorrowful emotions. Encourage survivors to associate those small things with pleasurable memories of the person who died.

Take care.

Remember to take care of yourself. Grieving can be stressful both physically and emotionally. Supporting someone through the grief process can cause stress too. Encourage survivors to take care of basic needs, like sleeping enough, eating well and exercising, and then do the same for yourself.

Sometimes professional help from a doctor or mental health provider might be needed by the person who lost someone to suicide and by the person providing the support. Accessing that sort of help is important to healing and recovery.

Supporting Children

Tell children the truth about a suicide death, in an age-appropriate way, as soon as possible. It's best for them to hear it from someone they love than from someone else later. Also, hiding a painful truth can damage a child's trust in you.

Being honest helps everyone heal. You can say things like the person died from something like a heart attack except it was a 'brain attack' — the person was not thinking clearly when she or he died. Children have the same range of feelings as adults, but may express them differently. They may behave like nothing has happened; this doesn't mean they don't have intense feelings. Acting normally may make them feel better as they struggle to cope with their feelings.

Make time to listen and just be with children, and reassure them that they are loved and supported. Children typically worry:

- Who will take care of me now?
- Did I cause this to happen?
- Will it happen to me?

How to support child/teen loss survivors

- They need to be reassured that loving adults/family will continue to take care of them and that they did not cause the suicide.
- Be honest with children that they can take steps to prevent suicide from happening to them by learning healthy ways to problem-solve and cope with hard feelings.
- Allow children space to grieve as individuals separately from adults. Adults should take time to grieve as individuals too. It's healthy to share feelings of grief with children, but express very intense, difficult emotions that children may find scary away from them.
- All family members may benefit from survivor support groups.
- The guidebook also has sections on how children can participate in funerals or memorials; when children should return to school; talking to school officials and friends' parents; handling holidays and how to get on with daily life while still honoring feelings of loss.

Coping with losing someone to suicide

You are not alone. Unfortunately other families and friends are living with the pain of being survivors of suicide loss. Experiencing the loss of someone you care about to suicide is difficult for anyone to go through. There may be many overwhelming feelings, including sorrow, shame, and heartache.

Survivors often feel:

- **Shock.** Feeling numb and having trouble concentrating.
- **Depression.** Feeling intensely sad, not wanting to eat, having trouble sleeping or sleeping more than usual.
- **Anger.** Feeling angry towards the person you've lost, someone else or yourself is common.
- **Relief.** If the death was the end of a rocky life, such as struggles with mental illness or substance abuse, relief can be a normal feeling.
- **Guilt.** Many people ask themselves if they missed a sign or wonder if they could have done something to help. Survivors may feel guilty about feelings of relief or anger.

Depression and thoughts of suicide are also common among people who have experienced a loss to suicide. Loss of identity after a loss of a long time partners, child or parent.

Survivors of a loss to suicide do not have to struggle with these feelings alone. There are people and agencies that are ready to provide help after a suicide. These feelings usually fade with time as we process our thoughts and emotions, and take steps to heal. Together, we learn to cope and to heal.

Moving Forward

Be patient with yourself. It is normal to feel anger and confusion as well as the grief that comes with loss.

Everyone grieves differently. You may need to talk, you may need to be quiet.

Sometimes needing time to process the loss can look like isolation, or you may feel the need to keep yourself overly busy in order to not think about the event or the person

Keep looking for a source of support until you find one that matches what you need. Hopefully you will find more than one... Perhaps you will feel more comfortable talking to a professional like a mental health provider about feeling angry, while you can share sorrow with a friend or family member.

Understand that the way other friends and family grieve may be different. We all grieve at our own pace. Some survivors find that after their first shock and healing, they find comfort in volunteering with survivor support groups.

Making peace with “Why?” Many survivors struggle with “Why?” and “What if?” Suicide is almost always complicated, but we do know that 90 percent of people who die by suicide have a mental illness such as depression or bipolar disorder. People can die from mental illness the way they can from heart disease.

Coping: Try to keep in touch with people close to you. It may feel exhausting, but it is important.

Prepare for painful dates, like birthdays and holidays. Ask someone to be with you, or if you want to be alone, keep a number on hand to call if you need support. You can always call Jackson County Crisis 541-774-8201.

When you feel ready, begin to enjoy life again. This is not a betrayal of your loved one; it is a natural step in the healing process.

How to Access Community Behavioral Health

Jackson County has many health centers that have very specific responsibilities for their communities’ health and well-being. These include linking with local partners to provide follow-up services to community members and families after a suicide occurs. As part of a community postvention effort, behavioral health providers offer outreach, assessment, treatment and recovery supports.

Please check with your insurance provider for covered mental health services and professionals.

Mental Health Resource and Education Network (MHREN) <http://mhren.org/>

Psychologytoday.org

Options for Southern Oregon www.optionsonline.org 541-476-2373

Columbia Care www.columbiacare.org 541-200-2900

Kairos www.kairosnw.org 541-772-0127

LaClinica www.laclinicahealth.org 541-535-6239

Rogue Community Health www.roguecommunityhealth.org 541-773-3863

If you do not have insurance or need help connecting to behavioral health:
Jackson County Mental Health for crisis or mental health support 541-774-8201

Postvention information for behavioral health providers

Outreach. After a suicide, family and community members are likely to be too upset to access services on their own. It is important for community behavioral health providers to reach out to survivors of a loss to suicide, to inform them of the services available and how to access them. By coordinating with other local health providers, teachers, employers, family members, friends, and spiritual leaders, behavioral health providers become part of an important network of support. People can stay in touch with those affected by the suicide and make sure that they know they are supported.

Gatekeepers. In addition to the survivors of a loss to suicide, there may be other emotionally vulnerable people in the community who are now at increased risk of suicide. This is an especially important time to be vigilant and watch for warning signs of suicide among family, friends and neighbors — and to be available to provide behavioral health treatment services — to reduce the possibility of suicide contagion.

Trained gatekeepers (people who have received Gatekeeper or other training on how to recognize warning signs and how to connect people with help) as well as people who are informally connected to people who may be at risk can help watch out for people who are struggling.

You may want to reach out to both sets of people and ask them to help you keep an eye out for anyone having a hard time.

Take care. Providing care in the aftermath of a suicide can be a complex job. It can also be stressful and emotionally draining. Do not be afraid to talk with colleagues and to learn from each other's experiences.

Coping. Survivors of a loss to suicide often focus on finding answers, causes, people or things to blame for the suicide. Dwelling on how or why the suicide occurred may increase emotional distress and risk for depression. Ways of coping with the loss to suicide are more important to the provider and to the survivors.

Safe messaging. Community members may sensationalize or glorify the suicide. It is possible that inaccurate information and rumors may spread through the community. Special attention must be paid to ensure that public information follows safe messaging guidelines. Suicide is a complex phenomenon, so it's important to talk to people about suicide in clear and simple terms. Educate people about how suicide is often the result of serious mental health problems, but be careful to note that, sometimes, people choose to attempt suicide because of circumstances and life experiences that we do not always understand.

Debriefing. The community may require time to debrief after a suicide. Behavioral health providers are an ideal resource for this process, and can ensure that individuals who are particularly troubled access the appropriate treatment and support.

Postvention information for community gatekeepers

Core Elements in responding to mental health crises:

Outreach. After a suicide, family and friends are likely to be too upset to access services on their own. It is important for gatekeepers to reach out to survivors of a loss to suicide, to inform them of the services available and how to access them.

In addition to the survivors of a loss to suicide, there may be other emotionally vulnerable people in the community who see the event as encouragement to make the same choice. This is an especially important time to be vigilant and watch for warning signs of suicide among neighbors and the broader community.

Take care. Providing care in the aftermath of a suicide can be a complex job. It can also be stressful and emotionally draining. Do not be afraid to talk with friends (while being careful to protect the privacy and confidence of community members you talk to) and colleagues and to learn from each other's experiences.

Coping. Survivors of a loss to suicide often focus on finding answers, causes, people or things to blame for the suicide. Dwelling on how or why the suicide occurred may increase emotional distress and risk for depression. Finding ways of coping with the loss is more important.

Safe messaging. Community members may sensationalize or glorify the suicide. Rumors and false information often spread through the community.

Help public information follow safe messaging guidelines. Suicide is a complex phenomenon, so it's important to talk to people about suicide in clear and simple terms. Educate people about how suicide is often the result of serious mental health problems, but be careful to note that, sometimes, people choose suicide because of circumstances and life experiences that we do not always understand.

Debriefing. The community may require time to debrief after a suicide. Keep encouraging individuals who are really troubled to access the appropriate treatment and support.

If some help hasn't been arranged yet, ask youth organizations, communities of faith, and other postvention response team to offer debriefing, talking circles or other safe places to talk and ask questions.

We want to make sure that people who need behavioral health services after a suicide know who to go to and how to access services (see pg. 21).

RECOMMENDATIONS FOR REPORTING ON SUICIDE



IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully and briefly, can change public misconceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media covers suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

• **Suicide Contagion or “Copycat Suicide”** occurs when one or more suicides are reported in a way that contributes to another suicide.

References and additional information can be found at: www.ReportingOnSuicide.org.

INSTEAD OF THIS:



- Big or sensationalistic headlines, or prominent placement (e.g., “Kurt Cobain Used Shotgun to Suicide”).
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
- Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms.
- Describing a suicide as inexplicable or “without warning.”
- “John Doe left a suicide note saying...”.
- Investigating and reporting on suicide similar to reporting on crimes.
- Quoting/interviewing police or first responders about the causes of suicide.
- Referring to suicide as “successful,” “unsuccessful” or a “failed attempt.”

DO THIS:



- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., “Kurt Cobain Dead at 27”).
- Use school/work or family photo; include hotline logo or local crisis phone numbers.
- Carefully investigate the most recent CDC data and use non-sensational words like “rise” or “higher.”
- Most, but not all, people who die by suicide exhibit warning signs. Include the “Warning Signs” and “What to Do” sidebar (from p. 2) in your article if possible.
- “A note from the deceased was found and is being reviewed by the medical examiner.”
- Report on suicide as a public health issue.
- Seek advice from suicide prevention experts.
- Describe as “died by suicide” or “completed” or “killed him/herself.”



AVOID MISINFORMATION AND OFFER HOPE

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades. Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.



SUGGESTIONS FOR ONLINE MEDIA, MESSAGE BOARDS, BLOGGERS & CITIZEN JOURNALISTS

- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines.
- Include stories of hope and recovery, information on how to overcome suicidal thinking and increase coping skills.
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of a suicide follow site or industry safety recommendations.
- Social networking sites often become memorials to the deceased and should be monitored for hurtful comments and for statements that others are considering suicide. Message board guidelines, policies and procedures could support removal of inappropriate and/or insensitive posts.

HELPFUL SIDE-BAR FOR STORIES



WARNING SIGNS OF SUICIDE

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

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.



WHAT TO DO

If someone you know exhibits warning signs of suicide:

- Do not leave the person alone
- Remove any firearms, alcohol, drugs, unused medications, OTC medications or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional

THE NATIONAL SUICIDE PREVENTION LIFELINE 800-273-TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information and local resources.



Postvention in the workplace

Postvention is psychological first aid, crisis intervention, and other support offered after a suicide to affected individuals or the workplace as a whole to alleviate possible negative effects of the event. A suicide death of an employee is only one type of suicide that could affect the workplace. The suicide death of clients, vendors, or a family member of an employee can also have a profound impact. Managers play the following critical roles in setting the tone for how the rest of the workplace will respond to a suicide.

Managers can help support this natural grieving and healing process by:

1. Being aware of what types of workplace productivity concessions may be made the first couple of days (time off, lightened duties, funeral attendance, etc.)
2. Managing by walking around. In other words, being visible and checking in with employees.
3. Helping find the right balance between commemorating the deceased, but not memorializing the death in a dramatic or glorified fashion
4. Being a role model for healthy grieving as well. It's okay for managers to acknowledge their own feelings regarding the loss of a colleague, and possibly even speak to their own coping strategies.

The **ACT MODEL**⁵ is a structured process for leaders to help facilitate individual and organizational recovery:

Acknowledge the trauma, positioning leaders as also affected by the tragedy

Communicate compassion and competence

Transition workforce by setting an expectation of recovery and resiliency and helping workforce achieve "new normal" and prevention mindset

Managers Guide to Suicide Postvention

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

Postvention information for schools

Suicide by a member of a school can leave the entire school community struggling to cope. Schools need reliable information, useful tools, and practical guidance to build a plan to respond promptly and constructively.

The American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC), two of the nation's leading suicide prevention organizations, have collaborated to produce resources to help schools determine what to do, when and how after a suicide occurs (which is the definition of postvention.)

After a suicide: a toolkit for schools

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

This toolkit for schools has many specific tools, such as a sample agenda for an all-staff meeting after a suicide death, sample death notification statements for students and letters to parents, and a sample media statement. It also gives brief tips on how to talk about suicide and address blaming and scapegoating.

This can help prevent suicide contagion — the “domino effect” of suicides that occur after a first suicide. Sometimes suicide contagion can occur after a young person dies by other means, such as an accident. Although suicide contagion is comparatively rare nationally, adolescents appear to be more at risk after the loss of a peer to suicide than adults. This may be because they identify more readily with the behavior and qualities of their friends and peers.

Suicide contagion is a serious concern when there youth are impacted by a suicide. If there appears to be a risk for suicide contagion, school administrators should consider taking additional steps beyond the basic crisis response. This should include stepping up efforts to identify other students who may be at heightened risk of suicide, collaborating with community partners in a coordinated suicide prevention effort, and possibly bringing in outside experts.

It is suggested to have a crisis response plan for every school district, as a crisis can easily overwhelm school staff members, who themselves may be directly impacted by a suicide. It may be a good idea for small rural schools to develop formal agreements with neighboring schools and/or districts to provide staff for mutual assistance during a crisis.

Postvention principles: AFSP and SPRC

Be consistent.

Schools should treat all student deaths in the same way. Having one approach for a student who dies of cancer and another for a student who dies by suicide reinforces the stigma that surrounds suicide. It can also cause pain and confusion for the family of the student who has died by suicide.

Be careful.

Schools should also be aware that adolescents are vulnerable to suicide contagion. Responses to student suicides must not inadvertently glamorize or romanticize the student or his/her death.

Educate. While the privacy of the student who died by suicide and his/her family should be respected, schools should include in their postvention efforts an educational component that teaches students generally about the role of depression and mental illness in suicide. Stress that because we will probably never know all the reasons behind a suicide, it is important to keep a lid on rumors and not jump to conclusions. Incorporating suicide prevention training into staff training is highly recommended. Contact Jackson County Mental Health to schedule training with the Suicide Prevention Coordinator 541-774-8201

Follow through.

Ensure that students who may be at risk of depression or self-harm after the loss of a friend to suicide receive, or at least have access to, support and treatment services. This is key to school-based postvention efforts. If these services are beyond the capacity and/or expertise of the school staff, it is important that the school bring in community behavioral health professionals and the students.

Teachers and school staff have a role in community-wide postvention efforts.

Coordinating crisis response with community partners (mental health providers, spiritual leaders, youth organizations, etc.) allows schools to better support students and parents struggling with a loss to suicide. Schools can supplement postvention and crisis response from community service providers by providing safe and appropriate opportunities for students to express their emotions and identify personal strategies for managing them.

After a student suicide, schools are often asked by family and friends to memorialize the person in a large event. It can be challenging for schools to find a comfortable balance between compassion for grieving students and preserving the school's primary purpose of education. In the case of suicide, schools must also consider how to appropriately memorialize the student who died without risking suicide contagion among surviving students who may themselves be at risk. This is why it is important that schools strive to treat all deaths in the same way, pg. 36.

Postvention Resources

After a Suicide: A Toolkit for Schools

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

Jackson County Suicide Prevention Coalition

www.jcsuicideprevention.org

Oregon Alliance to Prevent Suicide

www.oregonalliancetopreventsuicide.org

U.S. Centers for Disease Control and Prevention (CDC)

Recommendations for a community plan for the prevention and containment of suicide contagion:

www.cdc.gov/mmwr/preview/mmwrhtml/00001755.htm

School Preparedness Checklist Administrative Questions:

Prevention

Does the school have an up-to-date crisis response plan?

Does the crisis response plan have solid administrative support?

Does the crisis plan have written protocols on how to manage suicidal (student and/or staff) behavior? Attempt on campus? Attempt off campus?

Have crisis team members been identified? Are individuals from both the school and the community involved on the crisis team?

Are crisis team members been provided with training?

Are substitute crisis team members identified in case regular members are not available due to absence, conference attendance, vacation, etc.?

Do crisis team members have copies of school floor plans for their use and/or to provide to local law enforcement, if needed?

Does the crisis team meet and practice on a regular basis?

Are copies of the school crisis plan readily accessible to all school personnel?

Is there an established method for disseminating protocols that includes who should receive them? Is there a plan for providing new staff with the protocols and the legal rights and obligations of administrators, faculty and staff in assisting with a suicidal student?

Has a policy for maintaining confidentiality of sensitive student information been created and disseminated to all school personnel?

Does the school have a formal Memorandum of Agreement (MOA) with the local crisis provider(s) outlining the services to be provided to the school system, such as risk assessments, crisis management, and/or debriefing school staff in the aftermath of a crisis? Does the agreement include debriefing parents and community members in the event of a suicide? Does the MOA include guidelines on how the school receives feedback on the outcome of the referrals that are made?

Have school administrators, faculty and staff received education and training in suicide prevention (including safe messaging)?

Has an effective student suicide prevention education program been incorporated into the Comprehensive Health Education Program? Does the program focus on building help seeking skills? (Note: the student component should only be introduced after protocols have been established, MOA's are in place, staff education has occurred and key staff identified as those who can help with suicidal behavior.)

Has a communication plan been developed in case all incoming phone lines are jammed by parent calls about the safety of their children?

Intervention

Are key people identified within each building as contacts to help when suicidal behavior occurs?

Has someone been designated to contact the parent/guardian when suicide risk is suspected? Is there a way to determine if suicide risk stems from a situation at home?

Have procedures been developed if the parent/guardian is unreachable? What steps been developed to encourage parents to get help for their children, including the removal of lethal means? If the parent refuses?

Does the school have a system to alert staff of an emergency while school is in session?

Are there protocols concerning how to help a student re-enter school after an absence or hospitalization for mental illness including suicidal behavior?

Have procedures been developed to support/address the needs of students who are exhibiting high-risk behaviors such as substance abuse, depression, deliberate self-harm, etc.?

Postvention

Do the protocols include a section about working with the media? Has a spokesperson been designated? (See pgs 24 & 25) for a handout to share with the media.)

In the event of a suicide, are there established methods for identifying close friends/other vulnerable students and plan to support them? Does this include students at other buildings?

Has a plan been developed that explicitly details what to do following a suicidal crisis to avoid copycat behaviors?

Are there clear parameters around the school's role following any student/staff death (for any reason) that take into consideration the fact that following a suicide, whole-school and/or permanent memorials are NOT recommended?

Staff-Related Questions

1. Have ALL employees received training about suicide prevention?
2. Have ALL employees been provided with the school protocols?
3. Have individuals (and backups) been identified as contacts for when suicidal behavior occurs? Does everyone in the building know who the contact people are?
4. Does staff know what to do in the event that they are first responder (anyone who comes upon or hears about a suicide event)?
5. Have the confidentiality guidelines been provided and discussed with ALL staff?
6. Has staff been taught to pay attention to student work/messages that focus on death or suicide? (e.g., artwork, doodling, homework, term papers, journal entries, notes, etc.)
7. Will teachers receive feedback on students whom they refer for an evaluation of suicidal risk?
8. Do school personnel understand that it is not their responsibility to assess the seriousness of a situation, but that all suicidal behavior must be taken seriously and reported using the school protocols?
9. Has staff been informed about what to do if there is any reason to suspect a weapon is present/readily available?
10. Are procedures in place to brief and debrief staff in the event of a crisis?

Parent-Related Questions

1. Are opportunities provided for parents to learn about suicide prevention?
2. Are there efforts to actively communicate with parents about risk factors, warning signs, and the importance of restricting access to lethal means?
3. Have parents been told what the school is doing to prevent and address the issue of suicide, what will be done if their son or daughter is thought to be at risk of suicide, and what will be expected of them?
4. Is a list of community resources and agencies provided to parents if they are concerned about their son or daughter being suicidal?

Student-Related Questions

1. Are students educated about suicide and how to help a troubled friend? Does the education include practicing an intervention?
2. Do students know whom to go to in the school if they are worried about a suicidal friend?
3. Are behavioral health services readily available to youth?

For faith communities and clergy:

Faith can offer important healing help to communities.

When a suicide occurs, family members, friends and the community as a whole will need a central place to come together to grieve, heal and understand. A church or other place of worship may be a good place to meet.

Be careful not to alienate community members who do not belong to a particular faith, or who may not want to go to a place of worship because they feel angry with God. Some may need time to come around, and a non-religion based meeting place for some healing activities may be the first step.

Postvention information for faith communities and clergy:

Postvention is a term that includes everything done after a suicide to help a community heal, and to prevent any further suicides. Faith communities and leaders can offer important postvention help to communities.

- Close friends and immediate family are at a much greater risk of harming themselves after the suicide of a loved one.
- There remains a stigma associated with suicide that can cause shame, guilt and embarrassment for the family and friends of someone who commits suicide. That can, in turn, make the grieving process more difficult. Because of this, clergy members and leaders of communities of faith should address the issue of suicide with “sensitivity, compassion, grace and love.
- Beliefs about suicide vary according to different traditions of faith. Communities of faith will handle a death by suicide in different ways. While these differences exist, all survivors of a loss to suicide need compassion and understanding during a very difficult time. Only the person who took his or her own life could ever explain the reasons why he or she chose suicide. Some people believe that a person completes suicide because of a “moral weakness” or a character flaw, but research has shown this is not true. **The National Institute of Medical Health has reported that 90 percent of suicides are believed to be caused by people experiencing a mental illness that creates psychological pain they could not escape.** These people often experiencing depression, bi-polar disorder, schizophrenia or other diagnosable mental illnesses — may not have believed there was an option for help and so decided to ease their psychological pain through suicide.
- It is important for members of the clergy and religious leaders to remember that the family, friends and community experiencing a loss to suicide may be dealing with psychological burdens similar to those of the person who died, and those burdens can be made heavier by a loved one’s suicide. It can be difficult to determine who in a community may be feeling this extra burden during the grieving process, so it is important to be careful and compassionate in the emotional, psychological and spiritual support offered after a suicide.

Avoid the standard words of comfort like “finding a better place,” “being at peace,” or “following God’s plan.” Suggesting that suicide is a means of finding peace or heaven could inadvertently increase risk when heard by emotionally vulnerable people as a way of easing pain and distress.

How to Help

Get the facts. It is important to provide accurate information about suicide. Rumors, speculation and false information can cause great harm to a community in the aftermath of a suicide. Encourage congregants and community members not to gossip about the incident.

Offer help. Communities of faith can be a place of great comfort for grieving people. Spiritual guidance can be very important to survivors of a loss to suicide and leadership from leaders in the community of faith can help reduce the chances of another suicide death.

Suggest Help.

No single person or organization can solve the issue of suicide contagion. If someone is in need of help beyond the scope of the community of faith and/or its leaders, help the person in need of help make contact with mental health professionals or Suicide Prevention Lifeline (800)273-8255

Support Survivors.

If your community of faith provides space for different support groups, such as Alcoholics Anonymous, think about offering a similar opportunity to support groups for people who have survived a loss to suicide or who have survived a suicide attempt. You could also encourage your members to start a survivors support group, or help advertise an existing community group for survivors.

Be part of the team. Jackson County has an active Suicide Prevention Coalition which works to promote suicide prevention, intervention and postvention. Clergy members and religious leaders can play an important role within the coalition. To join our local Jackson County Suicide Prevention Coalition, visit www.jcsuicideprevention.com for more information.

Spread the word. As a central meeting place for many people in a community, communities of faith are a great place to share information. Newsletters, worship programs, bulletins, etc., all provide an opportunity to share information about resources for survivors of a loss to suicide. Create a brochure or a poster about suicide prevention resources or counseling available through local pastoral resources and the community mental health providers. Provide posters or information that includes the national suicide prevention lifeline 800-273-8255

Remain available. Grieving the death of a loved one by suicide will be different for every survivor of a loss to suicide. Some will experience immediate grief, while others will need some time to express their feelings and heal from the pain. Everyone deals with grief differently and at his or her own pace. Recognize that support from the community of faith and its leaders may be needed long after the loss or attempt. When counseling a congregant or family, offer to be available in the future should the person need support or help.

Check in. Survivors of a loss to suicide may feel isolated after their loved one's suicide. Survivors of a suicide attempt may feel the same way, due to stigma or feelings of shame or being judged. People may feel uncomfortable talking to a survivor because of the stigma associated with suicide. Check in from time to time with the survivor to see how he or she is doing. Knowing someone cares can go a long way to reducing the risk of suicide among survivors of a suicide loss or attempt by helping someone feel like a valued part of a community.

Lend a hand. Losing someone to suicide can create more than just an emotional void. Whether it is a spouse, parent, sibling or child that dies by suicide, there will be a physical void left as well. The survivor or survivors of that loss may need help with simple tasks like picking up kids from school, cooking dinner or helping with homework. Encourage the members of your congregation to lend a hand and help with basic chores to provide much needed time and space for a survivor to grieve and heal.

Provide a service: A memorial service is difficult to plan for anyone who has passed away, but services for people who have committed suicide can be particularly difficult. Issues such as the particular traditions of faith regarding suicide, social stigma associated with suicide, unanswered questions, and heightened risk of suicide by survivors of the loss are all things to be considered in planning the service. Assisting the family and friends with the details of a memorial service or funeral can help ease a tremendous burden on survivors of a loss to suicide.

Consider appropriate public memorials. It is natural for people to want to honor their friends or loved ones when they die, particularly when the person dies at a young age. However, grand memorials can glamorize the suicide and actually encourage other people who feel lost, ignored, depressed and alone to choose suicide as a way to be acknowledged by the community.

- Permanent fixtures such as statues, crosses, park benches, etc., and naming buildings such as youth centers or basketball courts after the person who died by suicide are therefore discouraged by professionals, because it could be perceived by vulnerable youth as a glorification of the person's suicidal act.
- Memorial events such as concerts, basketball tournaments, poetry jams or other public performances should be avoided (or carefully designed), because they could inadvertently increase risk of suicide in vulnerable youth, particularly those that feel a lack of attention and want something done in their honor.
- Encourage constructive ways to honor the person's life and promote healing. For example, encourage the youth group of your community of faith to get involved in suicide prevention events or organize their own. Offer your place of worship as a space for friends and family to hold a fundraiser for local suicide prevention efforts.

For funeral directors/memorial officiants

Like leaders of faith communities, the people responsible for arranging burial, funeral services and memorials have a role in postvention efforts. Not only do these individuals have a direct relationship with the survivors of the loss to suicide, but they also have a chance to provide information and comfort to the wider community as it seeks to heal after the suicide.

Postvention recommendations for funeral directors/speakers

Postvention is a term that includes everything done after a suicide to help a community heal, and to prevent any further suicides.

Here is some information from suicide prevention groups that may help you in your role in a funeral or memorial for someone who has died by suicide.

Accurate information and responsible communication after a suicide are very important, because that information has the potential to increase or decrease the risk of additional suicides among those affected by the loss.

The Suicide Prevention Resource Center recommends eight areas to consider when planning a funeral or memorial service:

- Comfort the grieving
- Help survivors deal with feelings of guilt
- Help survivors face feelings of anger
- Address stigma
- Use appropriate language
- Prevent imitation and modeling
- Consider the special needs of youth
- Consider appropriate public memorials

Comfort the grieving. A death by suicide will lead to many questions from survivors and great emotional pain. Survivors of a loss to suicide need close friends and family to comfort them, particularly in the immediate days following a suicide. Survivors often seek support and comfort from their faith communities during this time. By acknowledging this as part of the memorial, you help people understand better what the survivors of the loss are experiencing and how they can support them in their grief.

Help survivors deal with feelings of guilt. Family and close friends of someone who has died by suicide often feel guilty for not recognizing any signs of suicide risk in their loved one, or for not acting on the signs, or for not believing that the person would actually go through with it. There is often an exaggerated sense of responsibility for not being able to help when it mattered most. Some survivors of a loss to suicide may feel as if the death is somehow their fault. Blame is not a word that should be associated with suicide. A memorial service can help the family, friends and community understand that it is not their fault.

People will want answers, but few will be immediately available, so it is important to help them better understand suicide and offer them support, including spiritual and emotional, while they are grieving.

Help survivors face feelings of anger. Anger is considered by many mental health professionals to be a normal part of the grieving process. Anger can take on a variety of forms. Survivors may find themselves angry at others (such as psychologists, law enforcement, teachers, family members, significant others, etc.) for not helping prevent the suicide. They might also feel angry at themselves for not doing enough to help prevent the suicide. Survivors often find themselves angry at the person who died. Acknowledging these feelings of anger, and showing support for survivors of a loss at a funeral is important. It can help community members understand why a survivor of a loss to suicide is angry and reinforce that feelings of anger do not negate the love felt for the person who died.

Address stigma. Stigma remains a hurdle in suicide prevention, intervention and postvention. There are still people and communities that feel uncomfortable talking about suicide, and when they do, there are often myths and untruths perpetuated. Stigma can be one of the greatest barriers to healing from a suicide loss. It is important to face stigma directly at a memorial service. For instance, dispelling the myths that suicide is caused by moral weakness or character flaws will help open the hearts of the community to supporting the survivors.

If the deceased was suffering from a mental illness, it may be helpful to address that at the memorial service. For example, a speaker may mention that the person struggled with an illness such as depression. Mentioning an illness in a brief, specific and matter-of-fact way can keep it in proportion — it was only one part of the larger context of who the deceased was as a whole and complex person.

This can help people understand the relationship between suicide and mental illness and encourage others to seek help if needed. Some people in attendance could be dealing with their own depression in silence, so your words could help them find hope.

Just as stigma about suicide and mental illness are found in our communities, they are present in families — some families may not want this information included in the memorial. While it is important to respect their wishes, you can use this as an opportunity to educate them about the increased risk of suicide experienced by survivors of a loss to suicide, how suicide contagion affects our communities and how they could be of help to others feeling the same pain and distress their loved one felt.

7 Suicide Prevention Resource Center. (2004). After a suicide: Recommendations for religious services and other public memorial observances. Newton, MA: Education Development Center, Inc.

Use appropriate language. Words used at a memorial service can have a lasting impression on those in attendance. Positive messaging can help prevent suicide contagion, while negative messaging could increase the risk of contagion.

People chosen to give eulogies should choose their words carefully, because some phrases can have negative connotations that some may perceive as disrespectful of the deceased. For example, "successful suicide" seems a harmless phrase, but many experts feel it can convey to a vulnerable individual that they too can be considered by their peers or community to be "successful" if they die by suicide.

When talking about suicide, particularly at a memorial service, so it is best to always be respectful, sensitive and kind to the deceased and those in attendance. Offer to help those speaking at the memorial to find positive and loving words to share at the memorial (which also provides a chance to comfort them in their grief and help them deal with any feelings of guilt or anger).

Prevent imitation and modeling. Since suicide contagion is such a great concern after a suicide, it is important to communicate at a memorial service in a way that will reduce the possibility of others imitating the suicide behavior of the deceased. Experts believe it is never appropriate to discuss in detail how someone took their life, or to share the means of suicide, because it may cause emotionally vulnerable people to mull over those details in their minds.

The goal of a memorial service is to remember the life of the person who died, not to glamorize his or her death. Memorial service organizers and speakers should be careful not to imply that a suicide was noble or appropriate. Encourage them to focus on the good things the person accomplished in life, such as if he or she was a good basketball player, hunter, grandchild, sibling, etc. Unlike services for people who died for other reasons, funerals and memorials for individuals who die by suicide should avoid the standard words of comfort like "finding a better place," "being at peace," or "following God's plan." Suggesting that suicide is a means of finding peace or heaven could be taken to heart by emotionally vulnerable people who start to think of suicide as being a valid way of easing pain and distress.

Encourage a memorial service that empowers the community to prevent future deaths by suicide by highlighting the prevention resources available and ways to support each other in times of crisis.

Consider the special needs of youth. During a memorial service related to suicide, particularly one for a young person, youth should be addressed very directly about the scope of suicide and the pain it leaves behind in a community.

Young people are the most vulnerable to imitating a friend's or loved one's suicide. Positive coping skills, such as seeking help from a teacher, counselor, coach or trusted adult in the community, should be encouraged. Leaders of a service should be very direct about the dangers of using drugs and alcohol to numb or escape the pain related to a loss to suicide. Alcohol is a depressant and can lead to poor decision-making and dangerous behavior, particularly while someone is grieving.

Youth should be given positive reinforcement and told about their very important place in the community, now and in the future. Stress the importance of youth looking out for each other after a suicide. Young people will often be more open with their peers, so it is important that they watch for any warning signs their friends and family members might exhibit, and speak up if they have concerns. It is also important for memorial service leaders to emphasize to youth that it is okay to ask for and receive help when hurting.

Whether they're seeking help for someone else or themselves, they can contact the local Jackson County Crisis Department 541-774-8201 to speak to a therapist or the Suicide Prevention Lifeline (800)-273-8255. Be sure to share the contact information for how to seek support with everyone attending:

You may also offer a small discussion group on suicide for youth after the memorial or funeral (with a mental health professional to facilitate) to give them a place to discuss their feelings, to learn other places they can turn for help if they are in crisis, and to learn how to watch over their peers.

Consider appropriate public memorials. It is natural for people to want to honor their friends or loved ones when they die, particularly when the person dies at a young age. However, grand memorials can glamorize the suicide and actually encourage other people who feel lost, ignored, depressed and alone to choose to attempt suicide as a way to be acknowledged by the community.

Memorial events such as concerts, basketball tournaments, poetry jams or other public performances should be avoided (or carefully designed), because they could inadvertently increase risk of suicide in vulnerable youth, particularly those who feel a lack of attention and want something done in their honor. Encourage constructive ways to honor the person's life and promote healing.

Resources for Specific Populations

Veterans & Active Military:

Crisis: 800-273-8255 Enter 1
www.veteranscrisisline.net/

Trauma Assistance Program: www.taps.org/

Suicide Prevention Lifeline:
<https://suicidepreventionlifeline.org/help-yourself/veterans/>

Postvention Support/Guidelines:
www.mirecc.va.gov/visn19/postvention/

LGBTQ+ Community:

Trevor Project- Crisis Line:
www.trevorproject.org

Suicide Prevention Lifeline: 800-273-8255
<https://suicidepreventionlifeline.org/help-yourself/lgbtq/>

Older Adults:

Suicide Prevention Crisis Line: 800-273-8255
<https://suicidepreventionlifeline.org/>

Lines for Life Warmline: 503-200-1633
www.SeniorLonelinessLine.org

Other Resources:

Jackson County Suicide Prevention Coalition: www.jcsuicideprevention.com

American Association of Suicidology: www.suicidology.org

A listing of support groups by state, as well as support groups in Canada, is provided through the American Association of Suicidology website. Also provided are extensive educational and research materials about suicide prevention, intervention and postvention. The Suicide Survivors' Handbook included in this packet is also available for on their website, free for printing.

American Foundation for Suicide Prevention www.afsp.org

You can search for support groups by state on the AFSP site and find information about suicide prevention, intervention and postvention.

Suicide Prevention Resource Center: www.sprc.org

The SPRC is the national center for excellence for the field of suicide prevention. The SPRC website includes postvention resources for general as well as specific populations, as well as prevention and intervention tools and materials. The SPRC website also has community education resources that are free for use.

SAVE: Suicide Awareness Voices of Education www.save.org

An organization dedicated to education about suicide and mental illness, SAVE was founded by survivors of a loss to suicide.

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- The Alaska Postvention Resource Guide
- Veteran Affairs Uniting for Suicide Postvention
<https://www.mirecc.va.gov/visn19/postvention/>

