Connect Suicide Postvention:

An SPRC/AFSP Best Practice Program

Catalysts For Recovery and Resilience After A Suicide Death
Alaska Postvention Training & Healing Conference
June 9 & 10, 2011
Anchorage, Alaska

Postvention: Guiding Principles

- Structure and information reduces chaos and insecurity; factual communication and open support reduces stigma and increases access to resources.
- How a suicide is handled affects the risk factors for others, especially youth and other vulnerable individuals.
- 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.
- 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!

The Extent of Loss

- Nationally, there are over 34,000 confirmed suicide deaths each year.
- Someone attempts suicide every minute in the United States. Someone dies by suicide every 15 minutes.
- Suicide death can have serious impact on family, friends, co-workers, providers, and community members.

The Loss From A Suicide

- All of us have been touched by loss at some point in our lives.
- If you are bereaved due to suicide, you are not alone. There are many people who have experienced a loss from suicide and there are resources for survivors.
- If you find that the following information brings up painful emotional memories, take care of yourself and seek the support that would be helpful.

The Impact of Suicide:
Recognizing Risk and Contagion for Survivors and Communities

~ Postvention Definitions
~ Data about Suicide
~ Best Practices
~ Language For Healing & Prevention
POSTVENTION

- Postvention is a planned response after a suicide to help with healing and reduce risk of further suicide incidents.
- Knowing someone who has died by suicide statistically increases our risk for suicide.
- How a suicide is handled affects the risk factors for others, especially vulnerable individuals, such as teens.

CONTAGION

- Exposure to a suicide may influence others (who may already be at risk) to take their life or attempt suicide.
- Having known someone who dies by suicide is one of the most significant risk factors for suicide.
- Though a rare event, research has established the phenomenon of contagion.
- Teens and young adults are particularly prone to contagion.
- Sensational media reports and inappropriate memorial services may contribute to contagion.

CLUSTER

- Several consecutive suicides in the same area among a demographically similar group (e.g. two Alaskan towns in a two year period)
- Note: If a community feels a sense of anxiety/trauma over a group of suicides and seeks intervention, CDC would qualify this as “cluster” even if it is not statistically significant.

COPY-CAT

- A suicide that copies the same characteristics of another suicide, e.g. same song playing, same means of death, etc.

PACT

- An agreement by two or more individuals to die by suicide

National Guidelines for Prevention

- Memorial Activities
- Media Recommendations
- Lethal Means Restriction

Memorial Activities That Glorify the Individual or the Act May Increase Risk

- Flying the flag at half-staff
- Special plaques or permanent markers
- Dedications
- Exclusive focus on the deceased’s positive qualities without also identifying the mental health/complex problems or poor decision that led to his/her death.

Positive Action: Develop guidelines in advance to promote consistent response.

Suggested Memorial Guidelines

- Encourage coordination between family, funeral director, faith leaders, mental health providers, and other community support systems.
- Provide counselors during and after the service and encourage help-seeking.
- Provide information about suicide prevention and mental health services.
- Hold service at a time and place where adults can accompany youth.
- Keep public displays of notes and remembrances time-limited.
- Encourage use of safe messaging in individual and public discussion about the death.
Safe Messaging: What to Avoid
• Detailed descriptions of the suicide
• Romanticizing or glamorizing person/death
• Oversimplifying causes
• Overstating the frequency of suicide
• Using terms like successful/failed/committed
• Using “suicide” in the headline
• Giving prominent placement to the story

Safe Messaging: What To Do
• Always include information on where/how to get help (local and national)
  National Suicide Prevention Lifeline: 1-800-273 TALK (8255)
• Emphasize recent advances in treating mental illness and substance abuse
• Include information about warning signs
• Report on local efforts to prevent suicide

Electronic Media
• Most major media outlets have websites.
• Trend is for less editorial oversight.
• Comments Sections frequently contain inappropriate and potentially harmful comments.

Positive Action:
• Recommend that Comments Sections be edited or restricted for suicide-related stories.
• Post warning signs and National Suicide Prevention Lifeline (NSPL) (1-800-273-TALK)

Other Communications to Consider
• www.facebook.com
• www.myspace.com
• www.livejournal.com

Social Networking Sites/Internet
• Search and monitor postings for information related to the death, a suicide pact, or warning signs of the deceased/friends.
• Sites can often be deactivated or placed on memorial status when requested by next of kin.
• Recognize that social networking sites can serve as a connected community.

Positive Action:
• Notify others of individuals at risk.
• Post warning signs and NSPL 1-800-273-TALK
• Continue to monitor.
Lethal Means Restriction

- Nationally recognized as an effective practice
- Anyone can do it
- Lack of access in the moment can save a life
- Firearms are the primary method used in AK
- LMR is not anti-gun; it’s anti-suicide

Mental Illness, Suicide and Stigma

Suicide, Mental Health and Stigma

- About 90% of people who suicide have some type of mental health and/or substance use problem.
- Suicide and mental health problems have a particular stigma to them. This can result in:
  - Secrecy about the death and issues prior to the death
  - Isolation and guilt for survivors
  - Blame for the death
  - Lack of support from others

Increased Risk Factors for Suicide

<table>
<thead>
<tr>
<th>Compared to the general population, individuals with a history of:</th>
<th>Have a suicide risk that is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Suicide Attempt</td>
<td>Almost 40 times greater than the expected rate</td>
</tr>
<tr>
<td>Major Depression</td>
<td>20 times greater than the expected rate</td>
</tr>
<tr>
<td>Mixed Drug Abuse</td>
<td>19 times greater than the expected rate</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>15 times greater than the expected rate</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>Almost 9 times greater than the expected rate</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>Almost 6 times greater than the expected rate</td>
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*Note: The mental health issues above represent a smaller subset of the larger US population. It is important to consider only that there is an elevated risk for these mental health/substance abuse issues.

Alcohol/Drugs and Suicide

- 25% of individuals who die by suicide were intoxicated at the time of their death.
- Alcohol was involved in 64% of attempts.
- Drug overdose deaths are typically ruled accidental in the absence of information confirming suicide.

Death by Suicide

“A person dying of suicide, dies, as does the victim of physical illness or accident, against his or her will. People die from physical heart attacks, strokes, cancer, AIDS, and accidents.

Death by suicide is the same, except that we are dealing with an emotional heart attack, an emotional stroke, emotional AIDS, emotional cancer, and an emotional fatality.” – Reverend Ron Rolheiser (1998)
Community Response

Taking action to reduce risk for contagion is essential.
Proactive networking and interface among agencies is key to promoting healing.
Postvention Protocols Can Be Integrated Into Existing Disaster Response Plans

Structure and information reduces chaos and insecurity

Working with Individuals, Families, and Communities Can Reduce Risk and Promote Healing

Postvention
Prevention

Community Coalitions

Community Response

- Identify who will coordinate the community response.
- Encourage coordination among school officials, social service agencies, law enforcement, family, faith leaders, etc.
- Have mental health and other supports available.
- Discuss and educate people regarding contagion and warning signs.
- Monitor for signs of risk: electronically, ES, etc.
- Review guidelines for suggested memorial services.
- Disseminate Safe Messaging/Media Recommendations around any communication regarding the suicide.

Factual communication and open support reduces stigma and increases access to resources

Regional Resources & Supports

- Community Protective Factors
- Disaster Planning & Response
- Key stakeholders
- Surveillance
- Local media
- Coalition
- Prevention & Education
- Support to families & survivors
- Social Capital

SOCIETY  COMMUNITY  INDIVIDUAL

PEER/FAMILY

Some of the Demographics

- Rural
- Long winters
- Isolation
- Availability of Firearms
- Teens and Older Adults
- Males
- Native Alaskan

Community Planning Teams:
What are our protective factors?

Community Response

Working with Individuals, Families, and Communities Can Reduce Risk and Promote Healing

Postvention
Prevention

Community Coalitions

Community Response

- Rural community of 5,000
- Mother of 3 teens suicides right before holidays. Very prominent/respected, involved in church, school, work, civic activities.
- High school daughter discovered her body
- Community leaders personally “rocked” by grief and bewilderment
- Community members compare notes and realize there were several other suicides this year

Traumatic loss and healing is a community issue, and does not belong to just one organization or group to resolve.

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Impact of Suicide Ecological Model

How a suicide is handled affects the risk factors for others, especially youth and other vulnerable individuals.

The Loss From Suicide

“Suicide is a death like no other... and those who are left behind to struggle with it must confront a pain like no other.”


Survivors Of Suicide

- The term survivor is used for family, friends and colleagues who have lost a loved one to suicide
- In an average 12 month period in the US:
  - 21 million people will know of someone who died by suicide
  - 16 million people will know someone who died by suicide
  - 3 million people will have an immediate family member die by suicide

Crosby & Sacks (2002). *Suicide and Life Threatening Behavior*

The Implications of Not Addressing Suicide

- Survivors feel isolated, blamed.
- People who were impacted may not seek help and counseling that would be beneficial.
- People who are vulnerable may be at greater risk.
- Facts may be replaced by rumor and speculation.
- The stigma of suicide reinforces the silence around suicide.

How a suicide is handled affects the risk factors for others, especially youth and other vulnerable individuals.

Positive Action: Acknowledging that the death is a suicide promotes healing and minimizes risk.

Language

Some terms are preferred and/or more comfortable for survivors

**Terms to Use:**
- Took his/her own life
- Suicided
- Died as a result of a self-inflicted injury
- Died by suicide
- Died by own hand

**Terms to Avoid:**
- Successful suicide
- Committed suicide
- Chose to kill himself

Grief is a Complex Process

- The length and expression of grief may vary by individual.
- Grief responses may be different depending on the age of the person experiencing the grief.
- The response that society or a community gives can help or hinder the healing process.
- It is important to acknowledge cross-cultural considerations when looking at grief.

Cultural practices and norms may guide responses to grief expressions.
WHY?????

• Grief is often combined with a relentless search for an explanation or answer.
• Grieving a suicide can include intense feelings of:
  ➢ Shame
  ➢ Anger
  ➢ Guilt
  ➢ Regret
  ➢ Self-Blame

Talking With Survivors

• We need to overcome our personal discomfort with death and suicide in order to support survivors.
• Use the deceased person’s name.
• It’s okay to use the word suicide.
• Be gentle and non-judgmental. Don’t blame anyone.
• Don’t feel like you need to respond or provide an answer

Grief will be expressed in many different ways and levels of impact/length of grieving will vary.

Promoting Healing

• Be aware that the grief process is complex and may take months and years.
• Increase support and remove access to lethal means whenever there are concerns
• Provide active offers of assistance
• Anticipate that birthdays and anniversaries may be a time to utilize extra supports.
• It is never too late to call, send a card, or offer help.

Be prepared to see the process through the long term.

Impact of Suicide

Ecological Model

ROLE MODELING CULTURAL CHANGE
ONE PERSON AT A TIME

Postvention and Resiliency
FOUR KEY ACTIONS

Communication:
Safe Messaging should guide all informal and formal communication.

Actively Avoid
• Graphic details/descriptions
• Glorifying or romanticizing
• Simple explanations
• Speculating or passing along rumors
• Hopeless outlook
• Cavalier or cynical attitude

Actively Promote
• Resources: Careline, Lifeline, Survivor Supports
• Effectiveness of mental health and substance use services
• Stories of recovery and resiliency
• Help seeking and stigma busting
• Positive actions being taken in community
Self care and help seeking is important for EVERYONE to practice!

- Ask for help
- Talk to others
- Get plenty of rest
- Drink plenty of water
- Avoid alcohol, caffeine and other harmful drugs
- Exercise
- Use relaxation skills

Sometimes Life Can Be Tough

It's O.K. To Ask For Help

Strengthening Our Spirit

Can I Give You A Hug?