Preparing for and Responding to a Death by Suicide

Issue Brief 7a

Youth Suicide Prevention School-Based Guide ©

Steps for Responding to a Suicidal Crisis

An effective suicide prevention program should be comprehensive; it should not limit its scope to include only preventative and intervention measures, but should also address postvention measures, or measures that are taken after a suicide crisis (1, 2, 7, 8, 10, 15, 16, 17, 20, 24). The school community must address suicide attempts and deaths by suicide in order to provide appropriate support for students, faculty, and staff.

What is done after a suicide crisis (threats, attempts, or deaths by suicide) is just as important as what is done before one.

The best way to address the needs of the school is to be prepared with a comprehensive, effective, and recognized plan of action. Unfortunately, however, many schools lack a preplanned postvention program and tend to respond to a suicidal crisis in an unorganized fashion (4).

Appropriate postvention programs can be viewed as a form of prevention since, if carried out correctly and successfully, can reduce potential cluster (copycat) suicides (5).

By not having an adequate postvention program in place, schools may unknowingly contribute to further suicidal behaviors or copycat suicides.

Schools also play an important role in alleviating suicide contagion through their relationship with the media. According to *After Suicide: A Toolkit for Schools* (1), by the American Foundation for Suicide Prevention (AFSP) and The Suicide Prevention Resource Center (SPRC), *"A coordinated approach can be especially critical when the suicide receives a great deal of media coverage and when the community is looking to the school for guidance, support, answers, and leadership"* (p.7). Educating journalists and media programmers can decrease the effects of media contagion on vulnerable youth (12, 17).

The importance of understanding the role of technology cannot be overstated. The Internet has increased the global range of the mass media. With the growing use of social networking sites, postvention strategies must also consider the role of the Internet and focus on existing online communities (e.g., Facebook, MySpace, Twitter)

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(24). This is especially important for young people between age 15 - 24, as data indicates this age group is very active online (23). Although these actions often take place outside of school, they can be used as part of the school's response strategies responding to a student's suicide. The American Foundation for Suicide Prevention (AFSP) and Suicide Prevention Resource Center (SPRC) *After a Suicide: A Toolkit for Schools* (1) recommends that schools build "partnerships with key students to identify and monitor the relevant social networking sites, strategically use social media to share prevention-oriented safe messaging, offer support to students who may be struggling to cope, and identify and respond to students who could be at risk themselves" (pp. 7-8).

The rationale behind postvention programs in schools is not only to reduce subsequent morbidity and mortality of suicide in fellow students, but also to reduce the onset and degree of debilitation by psychiatric disorders, such as posttraumatic stress disorder (3). After a suicidal crisis, friends and family are at an increased risk of developing posttraumatic stress disorder, as well as relying more heavily on alcohol and drug use to numb the pain (6). It is not enough for a suicide prevention program to implement and maintain "before the fact" prevention elements, designed at preventing a suicidal event from occurring, but a program must have an established method of responding to a suicidal crisis. An effective postvention plan may also decrease the chance that an acute stress reaction caused by the suicide will lead to a more chronic and debilitating reaction for those left traumatized and grieving. This could be prevented through counseling and utilizing community links to get those individuals help. A comprehensive postvention plan increases the likelihood that a school can decrease the risk of copycat suicides and provide much needed services to those left behind following a suicide.

Relationships with community agencies and organizations, such as police, Orange County Department of Mental Health, local mental health services, funeral directors, and the media, are an important component to any suicide postvention plan. In addition, as with any school program, the involvement of families and partnerships with local family organizations, such as the Parent Teacher Association (PTA), are critical linkages and resources to effective planning and implementation of a postvention plan. Other local and family organizations, such as the local Federation of Families for Children's Mental Health (www.ffcmh.org) or the National Alliance on Mental Illness (www.nami.org) may also offer support and assistance in the aftermath of a death by suicide.

After a Suicide: A Toolkit for Schools (1) includes the following principles and key considerations for action when responding to a death by suicide.

- "Schools should strive to treat all student deaths in the same way. Having one approach for a student who dies of cancer (for example) and another for a student who dies by suicide reinforces the unfortunate stigma that still surrounds suicide and may be deeply and unfairly painful to the deceased student's family and close friends.
- At the same time, schools should be aware that adolescents are vulnerable to the risk of suicide contagion. It is important not to inadvertently simplify, glamorize, or romanticize the student or his/her death.
- Schools should emphasize that the student who died by suicide was likely struggling with a mental diagnosis, such as depression or anxiety, that can cause substantial psychological pain but may not have been apparent to others (or that may have shown as behavior problems or substance abuse).
- Help is available for any student who may be struggling with mental health issues or suicidal feelings" (p. 6).

Schools should be careful to have consistent practices in honoring student/staff deaths keeping in mind the danger in memorializing the death of a student that died by suicide. There is research-based evidence of the link between memorialization and contagion (1).

Responding to a Suicidal Crisis: Steps for Schools

1. **The school principal should contact the police or medical examiner in order to verify the death and get the facts surrounding the death.** It is important to know the facts in order to reduce imitative behaviors and to place focus on means restriction strategies for parents, as well as the school.
2. **The superintendent of the school district needs to be informed of the death.** He or she should also be involved in the school's response to the suicide through information dissemination with other school districts and media contacts.
3. **Prepare and activate procedures for responding to the media.** Suicide is newsworthy and as such can be

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expected to attract the media. Utilize a designated media spokesperson and remind staff not to talk with press or spread rumors and if asked refer to media spokesperson. Media coverage of suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking. Encourage the media to refer to "Recommendations for Reporting on Suicide," (19) available at http://reportingonsuicide.org. For more information refer to *Issue Brief 7b: Responding to and Working with the Media*.

4. **Notify and activate the school's crisis response team** (for more information on crisis response teams refer to *Issue Brief 6b: Crisis Intervention and Crisis Response Teams)*.

5. **Contact the family of the deceased.** Find out if the deceased has any siblings enrolled in other schools or school districts. If so, then notify the principals of those schools. Obtain permission to release the cause of death from the parents. If the parents do not give permission to release the cause of death as a suicide, respect for their wishes should be maintained.

6. **Schedule a time and place to notify faculty members and all other school staff.** This meeting should be arranged as soon as possible. After this has been done, staff can provide critical and appropriate support for students.
   - » Inform all staff about the facts behind the suicide and dispel rumors.
   - » Allow time for staff to ask questions and express feelings.
   - » Ensure that all staff have an updated list of referral resources.
   - » Review the process for students leaving school grounds and tracking student attendance.
   - » Announce to staff how the school will interact with the media and inform staff who will act as the school's media spokesperson. Remind staff not to talk with the press and refer any questions to the designated media spokesperson.
   - » Review planned in-class discussion formats and disclosure guidelines for talking to students. Prepare staff for student reactions.
   - » Compile a list of all students who were close to the deceased.
   - » Compile a list of all staff members who had contact with the deceased.
   - » Update and compile a list of students who may be at-risk for suicide (see Issue Brief 3a: Risk Factors for more information on risk factors).
   - » Remind staff about the risk factors and warning signs for adolescent suicide.
   - » Provide staff counseling opportunities and supportive services available to them.

7. **Contact community support services.** (See Issue Briefs 6a and 7c for additional information).

8. **Arrange a meeting for parents/caregivers,** however, avoid a large parent/caregiver meeting and try to keep the number of parents/caregivers at a minimum.
   - » Provide parents/caregivers with warning signs for children and adolescents who may be suicidal.
   - » Provide information about supportive services available to students at the school.
   - » Provide information about community resources, services, and family support organizations they may wish to utilize.
   - » Provide information about how to respond to their child's questions about suicide.
   - » Remind parents/caregivers of their child's special needs during this time.
   - » Communicate with other students' parents/caregivers through telephone or written notice.
   - » In a letter to parents or at a meeting, alert parents that their child and other students may choose to use social media and other online venues to communicate about the suicide, and encourage them to monitor their child's Internet use periodically following the death.

9. **Meet with all students in small groups** (classrooms).
   - » Notify students as early as possible following the staff meeting.
   - » If parents/family of the deceased student give permission, make sure all teachers announce the death of the student to their first class of the day. It is preferable to describe the deceased as "having died by suicide," rather than as "a suicide," or having "committed suicide." The latter two expressions reduce the person to the mode of death, or connote criminal or sinful behavior.
   - » Disclose only relevant facts pertaining to the student's death. Do not provide details, such as method or exact time and location of suicide.

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- » Allow students an opportunity to express their feelings. "What are your feelings and how can I help?" should be the mantra behind the structure of discussion.
- » Explain and predict what students can anticipate as they grieve (e.g., feeling angry, guilty, shocked, anxious, lonely, sad, numb, or experiencing physical pain). Express to students there is no one right way to grieve. What is important is to recognize feelings and communicate them. Below are some age-appropriate signs of grief reactions in children (25):
  - Very young children may respond to a death or traumatic experience by reverting to earlier behavioral stages, and begin thumb sucking, wetting the bed, and clinging to parents again.
  - Children ages five through approximately eleven may withdraw from playgroups, compete for more attention from parents and teachers, become aggressive, and/or fear things they didn't use to. Their behavior may also revert to earlier stages.
  - Adolescents may complain about vague physical symptoms. They may become more disruptive at school and at home, and may become at risk for drug and alcohol use.
- » Inform students of the available support services in the school (and outside the school, including family and peer support groups) and encourage them to use them.
- » Re-orient students to ongoing classroom activities.
- » Avoid assemblies for notification and do not use impersonal announcements over the public address system. Notify students in small, individual classrooms through faculty members or crisis team members.

10. Provide additional survivor support services, such as suicide bereavement support groups (see http://www.afsp.org). A school may want to invite friends of the deceased to join a support group so they can be counseled separately with more focused attention. Provide individual counseling to all students identified as at-risk.

11. Members of the school's crisis team should follow the victim's classes throughout the day providing counseling and discussion to assist students and teachers. This could also help to identify and refer students who may be at-risk.

12. Establish support stations or counseling rooms in the school and make sure that everyone including faculty, students, and other school staff members know where these are located. There should be more than one location and should be set up in small to mid-size rooms. Provide water, kleenex, fruit and information about follow-up contacts.

13. De-brief staff (including members of the crisis team) at the end of the day for approximately five days following the suicidal crisis. Provide post-action staff support to school staff involved in student support during the crisis. The staff included could be teachers, bus drivers, monitors, cafeteria staff, etc.

14. Reschedule any immediate stressful academic exercises or tests if at all possible, however, avoid changing the school day's regular schedule.

15. Avoid flying the school flag at half-mast in order to avoid glamorizing the death. Memorialization should be consistent with other types of deaths of students.

16. Memorialization should focus on prevention, education, and living. Encourage staff and students to memorialize the deceased through contributions to prevention organizations such as Mothers Against Drunk Driving, a suicide hotline, or a suicide survivors group.

17. Collaborate with students to utilize social media effectively to disseminate information and promote suicide prevention efforts. Social media can be used to disseminate important and accurate information to the school community, identify students who may be in need of additional support or further intervention, share resources for grief support and mental health care, and promote safe messages that emphasize suicide prevention and minimize the risk of suicide contagion. Some schools (with the permission and support of the deceased student's family) may choose to establish a memorial page on the school website or on a social networking site. Such pages should not glamorize the death in ways that may lead other at-risk students to identify with the person who died. Memorial pages should utilize safe messaging, include resources, be monitored by an adult, and be time-limited, remaining active for up to 30 to 60 days after the death, at which time they should be taken down and replaced with a statement acknowledging the supportive messages that had been posted and encouraging students who wish to further honor

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their friend to consider other creative expressions. School personnel should also join any student-initiated memorial pages so that they can monitor and respond as appropriate.

18. **Inform local crisis telephone lines and local mental health agencies about the death** so that they can prepare to meet the needs of students and staff.

19. **Provide information about visiting hours and funeral arrangements to staff, students, parents, and community members.** Funeral attendance should be in accordance with the procedures for other deaths of students.

20. **The family of the deceased should be encouraged to schedule the funeral after school hours** to facilitate the attendance of students.

21. **Arrange for students, faculty, and staff to be excused from school to attend the funeral,** if necessary.

22. **Follow up with students who are identified as at-risk** and provide on-going assessment and monitoring, including Internet use, of these students following the death. Follow-up should be maintained as long as possible.

Major Resources

Nine major sources were utilized and synthesized into developing the preceding list for responding to a suicidal crisis, steps for schools:

- American Association of Suicidology guidelines for postvention actions. (2003). In L. Davidson & M. Marshall (Eds.), *School-based suicide prevention: A guide for schools and the students, families, and communities they serve* (pp. 13-17). The Task Force for Child Survival and Development.
- American Foundation for Suicide Prevention and Suicide Prevention Resource Center. (2011). *After a Suicide: A toolkit for schools.* Newton, MA: Education Development Center, Inc., available at http://www.sprc.org/library/AfteraSuicideToolkitforSchools.pdf or http://www.afsp.org/index.cfm?page_id=7749A976-E193-E246-7DD0A086583342A1
- The Maine Youth Suicide Prevention Program available at http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf (9).
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- Underwood, M.M., & Dunne-Maxim, K. (1997). *Managing sudden traumatic loss in the schools: New Jersey adolescent suicide prevention project (revised edition).* Piscataway, New Jersey: University of Medicine and Dentistry of New Jersey-University Behavioral Healthcare.
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- The Oregon Plan for Youth Suicide Prevention. (2010). *Oregon Department of Human Services* is available at http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Documents/YSuicide.pdf
- National Suicide Prevention Lifeline. (2011). *Lifeline Online Postvention Manual.* Retrieved from http://www.sprc.org/library/LifelineOnlinePostventionManual.pdf

Other Resources

In addition, comprehensive training programs, such as the **American Association of Suicidology**'s (AAS) School Suicide Prevention Accreditation Program (18), can help school staff to become more knowledgeable about youth suicide and youth suicide prevention. Additional information is available at http://www.suicidology.org/web/guest/school-accreditation.

Center for Disease Control and Prevention. *Youth suicide prevention programs: A resource guide* (22). Atlanta: US Department of Health and Human Services, Public Health Service. Retrieved from http://www.cdc.gov/ncipc/dvp/Chapter%201.PDF

An example of how one community came together in response to the tragedy of teen suicide is **Project Safety Net** (PSN), Palo Alto, California (21). The PSN report provides a comprehensive plan that includes 22 best known practices for community-based mental health and suicide prevention. In addition, PSN uses the Questions, Persuade, Refer (QPR) gatekeeper training

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(14) and endorses the 40 Developmental Assets (13) model identifying external assets (such as family support, community values and activities) and internal supports (such as social competency and positive identity) as building blocks of healthy child development that help young people grow up healthy and productive adults.

The *Youth Suicide Prevention School-Based Guide: —Checklist 7a: Preparing for and Responding to a Suicidal Crisis*, presents a brief overview of some of the necessary components of a postvention plan. It must be noted that the checklist is flexible and should be used in a way that is complementary to the school's needs and abilities.

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Notes

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