
SUICIDE: POSTVENTION STRATEGIES FOR SCHOOL PERSONNEL

By Nicole Weekley, & Stephen E. Brock, PhD, NCSP
California State University, Sacramento



Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information. It has been suggested that the school setting is an optimal place to provide suicide postvention services. Because young people spend a significant amount of time in school, affected individuals can be monitored and treated in an efficient and timely manner.

This handout is designed to help guide the implementation of postvention services. It reviews basic facts about suicide victims and suicide survivors, describes the goals of suicide postvention, and reviews specific postvention procedures.

Suicide Facts

There were 1,921 suicides among youth between the ages of 10 and 19 in 2000. Only accidents and homicides took more young lives. Suicide is very rare among children under the age of 14: In 2000 there were 300 suicides in the 10–14 age group. Suicide did not rank as a leading cause of death under the age of 10. On average one young person commits suicide every 2 hours.

It has been estimated that for each suicide victim there are from 6 to 28 individuals (family and/or friends) directly affected by the death. These survivors of suicide are at increased risk for Post-Traumatic Stress Disorder (PTSD), depression, suicidal thoughts, substance abuse, and exacerbation of pre-existing conduct problems. Additionally, survivors of suicide report receiving less social support than they judged necessary to cope with the loss. Given this combination of reactions and lack of support, postvention services are essential.

Suicide Postvention Goals

Reduce suicide contagion. Suicide contagion occurs when suicidal behavior is imitated. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides, and is a phenomenon unique to teenagers and young adults. Studies estimate that 1–5% of all suicides within this age group are due to contagion. Suicide postvention strategies, designed to minimize contagion, include avoiding sensationalism or giving unnecessary attention to the suicide, avoiding glorifying or vilifying of suicide victims, and minimizing the amount of detail about the suicide shared with students.

Provide support. It is important that emotional support be available to survivors. Those who were closest to the suicide victim may have difficulty coping with their feelings of guilt, anger, sadness, rejection, or isolation. For suicide postvention to be effective, individuals must be aware that emotional support is available and encouraged to take advantage of such assistance. School personnel should be aware of siblings of the suicide victim who may be enrolled in the same school or elsewhere in the district and ensure support is available to them.

Address social stigma. Suicide is surrounded by stigma and taboo. This contributes to the myth that discussing suicide leads to suicidal behavior. As a result, there is sometimes a reluctance to provide support to survivors. Postvention strives to overcome this stigma and give survivors the social support they need to cope with a suicide death.

Provide information. Following a suicide death, it is easy for rumors to spiral out of control; therefore it is essential that a suicide postvention provide appropriate and accurate information. Information regarding suicidal behavior should be presented systematically and carefully. In addition, even though the information should be provided sympathetically, it should also refrain from glorifying or vilifying the suicide victim.

Suicide Postvention Procedures

The most important components of suicide postvention are a set of written procedures that has been prepared in advanced and a postvention team that has been trained and tested (through, for example, table-top drills, which involve team members discussing how they would address a specific suicide postvention situation). What follows are specific suicide postvention procedures:

1. *Verifying the death:* It is imperative that a coroner's office, local hospital, or police department officially confirm the death, and determine whether it was a suicide. Cause of death classifications are complex and are typically made by a medical examiner. Even the most obvious of suicides should not be labeled a suicide until after a cause of death ruling has been made. (See below regarding response when there is a delay in the official ruling of suicide.)

2. *Mobilizing the crisis response team:* A telephone tree is often necessary to quickly notify the postvention team of the need for their services. Within a postvention team, it will be important to have specific crisis response duties (e.g., crisis response coordinator, crisis intervention coordinator, media liaison, medical liaison, and a security liaison) assigned to specific team members.

3. *Assessing suicide's impact and the level of response:* Underestimating the impact of a suicide can result in failure to provide needed coping assistance. Conversely, overestimating impact, and providing unnecessary postvention services, may serve to sensationalize the death. Thus, a first step in determining the impact of a suicide is to determine if it is likely that students will become aware of the death. If not, postvention is not indicated. However, if it is judged likely that students will be aware of the suicide, the next step is to consider the probability that the death will create coping challenges. Such challenges are especially likely among those who were physically (i.e., witnessed the suicide or discovered the body) and/or emotionally (i.e., close friends or those who identify with the victim) proximal to the death. Other issues to consider include the recency of other traumatic events (especially other suicides) and the time of year the suicide occurred (if it occurred during a school vacation the need for postvention may be reduced).

4. *Identification and referral:* From the information gained as a part of procedure 3, the postvention team should identify students who are most likely to be significantly affected by the death. Students in close physical and emotional contact to the suicide victim (including siblings), students who may identify with the victim, and students who had been considered at-risk prior to the suicide (i.e., those with pre-existing mental

illness and who lack naturally occurring social supports) are considered at high risk for experiencing coping challenges. These individuals should be referred for postvention services.

5. *Determine what, and how to share, information about the death:* Before the death is officially classified as a suicide by the coroner's office, the death should be reported to staff, students, and parents with an acknowledgement that its cause is unknown. Words of sympathy should also be provided. Once the death has been classified a suicide, a postvention team should meet to determine how to share this fact. If the suicide occurred during non-school hours, staff should be notified through a telephone network system of the suicide and that there will be a mandatory meeting prior to school the next morning. If the suicide occurs during school hours, the staff should be notified of a mandatory staff meeting scheduled for the end of the school day. At the meeting the postvention team should inform the staff of the suicide and provide them with written list of procedures for announcing the suicide to their classes and for identifying students in need of support. As indicated, information about the death should be shared simultaneously with students in their classrooms. Public address system announcements and school-wide assemblies should be avoided. It is important that the information provided be accurate, but that it avoids giving excessive detail about the method of the suicide. Information about the death will also need to be provided to caregivers. This is done by sending home a letter that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal thinking, and a list of resources available to families.

6. *Dealing with the media:* Unless the suicide is completed in public, or the victim is a public figure, many news media outlets will not cover suicide as a news story. However, if a suicide is reported by news media, reporters should be encouraged not to make it a front-page story, not to use pictures of the suicide victim, and not to use the word *suicide* in the caption of the story. On the other hand, they should be encouraged to portray the suicide act as a poor choice, as a permanent solution to temporary problems, and to offer the community helpful information (such as suicide risk factors and warning signs, and community mental health referral options).

7. *Intervention services:* Suicide postvention services should be initiated within the first 24 hours after confirmation of a death. Students already identified as being at high risk should be screened by a trained counselor to determine the level of support needed. A referral system should be activated to allow

parents, teachers, staff, and students to refer individuals or themselves for services. Other interventions include classroom walkthroughs and ongoing drop-in counseling. Once referrals are received, individual meetings, group crisis interventions, classroom activities and/or presentations, parent meetings, staff meetings, and referrals to community agencies can be initiated. As indicated during these initial interventions, school personnel may need to refer some students for long-term psychotherapeutic support.

8. *Memorials and funerals*: On-campus physical memorials, funeral services, or flying the flag at half mast are discouraged because it may sensationalize the death and glorify the suicide victim. It is recommended that school not be canceled for the funeral. However, with parental permission, all affected individuals may be encouraged to attend. It is suggested that memorials focus on how to prevent future suicides.

9. *Debriefing*: It is essential that the postvention team be provided with opportunity to debrief. Doing so allows team members to learn from their experiences and as a result improve future postventions. In addition, team members should also be given an opportunity to process their own reactions and feelings. Because suicide postvention is extremely stressful, emotional support needs to be made available to all staff and team members involved.

Concluding Comments

School systems are not only responsible for the intellectual needs of students but also for their emotional, social, and physical well-being. Given the fact that survivors frequently report not receiving the social support they need to cope with a suicide death and that suicide contagion appears to be a possibility among adolescent populations, it is imperative that schools be prepared to provide postvention services to students.

Resources

- American Association of Suicidology. (n.d.). *About suicide*. Available: www.suicidology.org
- Brock, S. E. (2003). Suicide postvention. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), *Best practices in school crisis prevention and intervention* (pp. 553–576). Bethesda, MD: National Association of School Psychologists. ISBN: 0-932955-84-3.
- Brock, S. E., Sandoval, J., & Lewis, S. (2001). *Preparing for crises in the schools: A manual for building school crisis response teams* (2nd ed.). New York: Wiley. ISBN: 0471384232.
- Capuzzi, D. (2002). Legal and ethical challenges in counseling suicidal students. *Professional School Counseling*, 6, 36–46.

Celotta, B. (1995). The aftermath of suicide: Postvention in a school setting. *Journal of Mental Health Counseling*, 17, 397–413.

Center for Disease Control (1988). *CDC recommendations for a community plan for the prevention and containment of suicide clusters*. Available: www.cdc.gov/mmwr/preview/mmwrhtml/00001755.htm

Hazell, P., & Lewin, T. (1993). An evaluation of postvention following adolescent suicide. *Suicide & Life-Threatening Behavior*, 23, 101–109.

Petersen, S., & Straub R. L. (1992). *School crisis survival guide: Management techniques and materials for counselors and administrators*. San Francisco: Jossey-Bass. ISBN: 0-87628-806-9.

Websites and Organizations

- American Association of Suicidology—
www.Suicidology.org
- National Hopeline Network—1-800-SUICIDE (24-7 access to trained telephone counselors)
- National Institute of Mental Health—
www.nimh.nih.gov/publicat/depsuicideemenu.cfm
- Suicide Awareness Voices of Education (SA\VE)—
www.save.org
- Suicide Information and Education Center—www.siec.ca
- Yellow Ribbon Suicide Prevention Program—
www.yellowribbon.org

Nicole Weekley is a graduate student in the School Psychology program at California State University, Sacramento, CA. Stephen E. Brock, PhD, NCSP, is a professor in the School Psychology program at California State University, Sacramento and is a member of the National Emergency Assistance Team (NEAT) of the National Association of School Psychologists.

© 2004 National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814—(301) 657-0270.

