



Alaska Suicide Postvention Guide

*Preparing to Heal*

## *A letter from a survivor*

My son joined the 1997 era of suicide statistics. He was 23 and Alaska Native. He used a firearm. There were no drugs in his body, so he was not included in that category. I am not a data person, but I had someone figure out how many months since my son completed his suicide: 13 years and two months or 158 months. And then some days, it feels like it was yesterday.

My first reaction to the idea of a postvention resource guide was excitement. I looked at my invisible badge titled "survivor," remembering the long and difficult journey, a journey I pray no one else ever takes. I am glad to see work is being done on the postvention piece of suicide prevention – on what happens after the suicide.

With surviving any suicide, things do not happen overnight. There are no quick fixes. I found out for myself, the choices I make to help me on the journey to healing are my own. Each person's crisis is personal, no two are alike, and there should be no comparison from one to the other.

Each healing journey has its own timetable, and each person grieves in her own special way. As I have discovered, even that person who completed his suicide had his own reason. All those unanswered questions we ask ourselves remain out there, in their own cosmic zone. It is not an easy road. I would be lying if I said that. Each day is a learning experience for me. Am I a Veteran Survivor? No, because there are days that see me limp on the sofa, unable to move from the grief. But there are long periods of time between one of those days and the next.

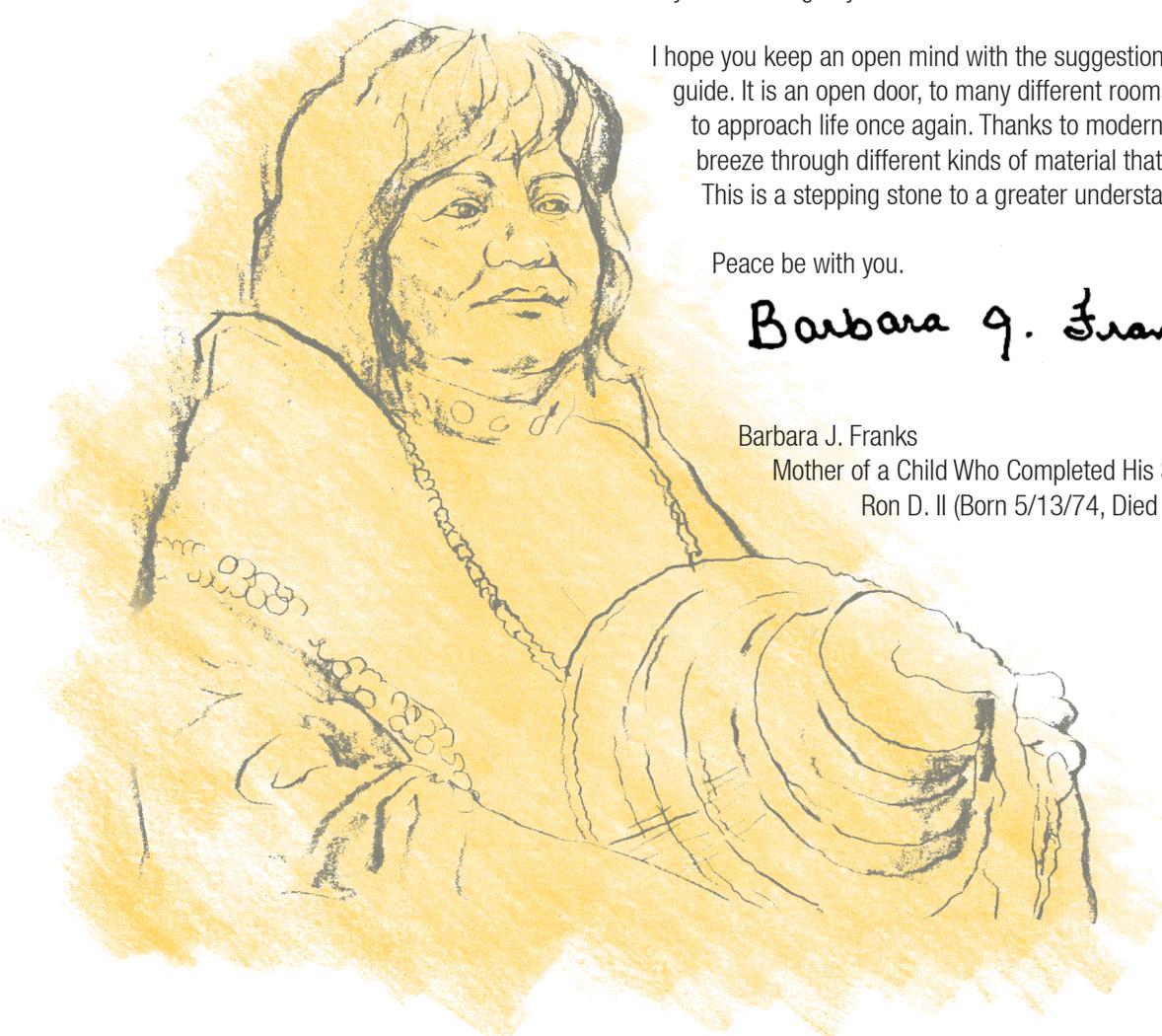
What I discovered the hard way is that, to try to keep your head above water without bringing those you love down, it is difficult to ask for help. Even though they do not know "how" to talk to you, remember they are just an arm's length away, willing and ready to help. That big boulder set on your heart will become lighter and then one day, you'll awake to look at the calendar and count your surviving days.

I hope you keep an open mind with the suggestions in this resource guide. It is an open door, to many different rooms that hold ideas of how to approach life once again. Thanks to modern technology, we can breeze through different kinds of material that might meet our needs. This is a stepping stone to a greater understanding.

Peace be with you.

*Barbara J. Franks*

Barbara J. Franks  
Mother of a Child Who Completed His Suicide  
Ron D. II (Born 5/13/74, Died by Suicide 12/14/97)



# *Preparing to Heal*

## **The Alaska Postvention Resource Guide**



How communities can prepare to heal in case a suicide happens.

2020

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# Introduction

There is no 100-percent-effective approach to suicide prevention or response, so this guide does not try give a one-size-fits-all “best” model.

Instead, it gives information communities can use to prepare an action plan in case of a suicide, so they can reduce the risk of more suicides, and help community members heal.

The guide:

- 1) explains what is usual to expect after a suicide,
- 2) lists some common mistakes to avoid and some steps to take, and
- 3) asks who will take those steps.

This is a planning tool. It will be up to the people who live in each community to make a plan, and act on that plan.

— The Alaska Department of Health and Social Services, the Statewide Suicide Prevention Council and the Alaska Mental Health Trust Authority

## What is postvention?

Basically, postvention is what communities do to respond to a disaster when the disaster is a suicide instead of an earthquake or flood.

The questions residents will ask themselves are the same:

- What can we do to prevent or reduce harm?
- Once we’ve decided what we want to do, who will be ready to do each task?
- What will we need to help us cope?
- Do we have it? If not, where can we get it?

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 and training is available and how to request it.

## Who is this guide for?

This guide is for anyone in a community who is willing and able to help lay the groundwork for postvention. Whether you are a school or village official, health aide or concerned parent, if you want to be ready to act in case of a suicide, and help your community be ready to act, this is for you. We have tried to make this easy to use in pieces so you can do a little postvention preparation or a lot, depending on how much time you have.

## How to use this guide

You can skip around to find the information you most need at the moment.

If you have time to start at the beginning, we recommend that you:

- 1) Read the first section, Basic Postvention.
- 2) Look at the tab “The first 72 hours.” Ask community leaders to come together to fill out the to-do checklist.
- 3) Together, add phone numbers and names so your community is ready to do the immediate response steps on the to-do list.

You may want to have more than one person ready to respond to each item, in case the first person on the list isn’t available.

One task is to contact law enforcement; law enforcement may call in the state medical examiner’s office.

We have given you information on these agencies that respond when a death is or might be a suicide so you understand what their jobs are.

We hope that if you know what to expect, you can help agencies do their jobs so the process goes smoothly, and you can better help community members who are affected by a death and have to interact with the responders.

We also have custom information for you to share with different people, like pastors, reporters or parents. You can find what you need by looking at the table of contents.

- 4) After the checklist is done, your community might think about forming a more formal response team. Team members might get training, develop a more comprehensive postvention plan, and reach out to different community groups.

The team might share information about postvention with school officials, funeral homes and church staff before a suicide, for example, instead of after.

- 5) Over the long term, the community can build on its response plan, and if desired, develop formal Memoranda of Understanding with different agencies.



# 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

**... becomes prevention**

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## Before a suicide

### Actions to Take

- **Assemble a care support team**, made up of anyone in the community or village 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

- **Have the care support team respond:** Contact the local or regional clinic or health corporation to request a Critical Incident Stress Management Team, if one is available and part of your plan.
- **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 house for youth.
- **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; a vulnerable person might see death as a way to get positive attention, especially if they do not get it in life. (See the “actions to avoid” column to the right.)
- **Give media the “Recommendations for reporting on suicide”** on pgs. 53-54.
- **Seek spiritual guidance,** clergy, and other cultural practices that honor traditional healing.

\*Gatekeepers are: 1) people who are well-known in a community or group and likely to know if someone is depressed and vulnerable; 2) people who have gone through Gatekeeper or other suicide prevention training. To find a training to take, visit [StopSuicideAlaska.org](http://StopSuicideAlaska.org).

### Actions to Avoid

- **Public announcements,** such as messages on VHF or Facebook 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. How the death occurred should only be discussed once the facts and details are known.
- **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.
- **Talking with the media, newspapers or radio about the details that surround the death,** such as the method of death, where the death happened, or speculation that it was the result of a single event like a breakup, family fight or drinking home brew. 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. (See below.)
- **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. Information released to the media or in public should acknowledge that fact to avoid normalizing the event.



## Speaking safely about suicide

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.

Here are basic guidelines from the national **Suicide Prevention Resource Center** on how to make things better, not worse.

### DO:

- **Do acknowledge the person was having difficulties** so people understand that suicide doesn't come out of nowhere, but avoid gossip about the causes. 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 only around someone who is prepared to hear them — maybe to a pastor or someone who was not as close to the deceased, to spare the feelings of those who are feeling fragile.
- **Give the Careline number, 877-266-HELP (4357)** as a resource for people who are grieving, people looking for ideas on how to support those who are grieving, and for people who are in crisis. The Fairbanks-based nonprofit is Alaska's suicide prevention and resilience support line. Young people may be more comfortable texting. Careline does have text-based help available during much of the week; text *4help* to 839863.
- **Share that suicide is preventable** (but be careful not to make anyone feel responsible for previous suicides. While people who commit suicide may not be in their right minds, 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. These are treatable conditions.

You may also want to share the warning signs of suicide, in case in the days, weeks or months after a suicide another vulnerable community member starts feeling suicidal and shows some of these signs.



## 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 more 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 explain it as a result of stress only.**

Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person 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 of suicide victims or 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. Clinicians believe the danger is even greater if there is a detailed description of the method.

If vulnerable individuals can identify with the means and method of 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 the national Suicide Prevention Resource Center, [www.sprc.org](http://www.sprc.org), or call the statewide suicide prevention coordinator at 907-465-3370.*





## 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 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 or 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 a lot of wood, filling the freezer with food, arranging pet care, making a will, etc.

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.

- If someone shows these warning signs, it's OK to ask directly if he or she is thinking of ending his or her life: "Are you thinking of killing yourself?", or less directly, "Do you wish you could fall asleep and never wake up?"
- Offer the person the Careline number (877-266-4357).
- Try not to leave the person alone.
- Remove guns, knives and other weapons that could be used in a suicide attempt.
- Call Careline for suggestions on what else to do.
- Go with the person to a health professional, if possible.

You may also want to share things to do that can protect against suicide:

- Getting exercise and sleep, eating well and staying connected to people. Volunteering can be a great way to connect with others.



# The first 72 hours after a death





## *Preparing for the first 72 hours*

When a suicide occurs, those who witnessed the event or responded will likely be overpowered by 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 people plus trained professionals (often from outside the community.) For outside help, you can request a critical incident team, typically trained in Critical Incident Stress Management (CISM).

### **How to request a critical incident team**

Call your regional health care corporation or the local community behavioral health center. If you have trouble finding the right person to talk to, you can call Careline, 877-266-HELP (4357).

You can also call the statewide suicide prevention coordinator, 907-465-3370. The statewide coordinator is only available during normal business hours, so you may want to find a 24-hour-a-day, seven-day-a-week number for your local or regional critical incident team ahead of time. Also, Careline is available 24 hours a day, 365 days a year.

Local members of the care support team can line up support resources in schools, churches, city or tribal offices, health clinics, youth centers and other community settings.

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.

Also, the closest suicide prevention group may be a good resource. Not sure how to find it? Call the statewide suicide prevention coordinator, 907-465-3370, or your closest health center.

If your community doesn't have a suicide prevention group, or belong to a regional one, you can contact the Statewide Suicide Prevention Council, 907-465-6518, for information on creating one or joining an existing one.



## 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? \_\_\_\_\_
  
- ▶ Who will talk to a reporter if a reporter calls? \_\_\_\_\_  
Does this person have the media guide handy to share with reporters? (See pg. 52)
  
- ▶ 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? \_\_\_\_\_
  - ▶ Is the person who monitors social media and other places familiar with suicide risk factors and signs? If not, give her or him the list on pg. 14.
  
- ▶ What information can be shared about the death? What details should not be shared? See the "Speaking safely: Safe messaging guidelines" on pg. 12, 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 Careline, 1-907-452-2771 or 1-877-266-4357, or the statewide suicide prevention coordinator, 1-907-465-3370.

Sample statement: Bob died this morning. Troopers are investigating; we will share more information as soon as we can. His sister is with his wife; right now his niece Sarah is taking calls for the family if anyone wants to check in. We will post news on Bob's Facebook page, including when and where a memorial service will be held.



- ▶ 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. 12 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. 12 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 (pg. 14) and is comfortable reaching out to people if they show any of the signs and referring them to help (Careline, if nothing else: 877-266-HELP (4357)).

- ▶ 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.
- ▶ Once law enforcement officers have finished with their work (see **Responding to the scene** on pg. 20), who will clean up where the death occurred? In Fairbanks, you can call Tanana Chiefs Conference, 907-322-0098; they may know cleaners who will help.
- ▶ Have first responders/law enforcement taken a moment to be human? Are they sleeping, eating?



## Roles of responders

### Law Enforcement and the State Medical Examiner's Office

Law enforcement agencies include Alaska State Troopers, Village Public Safety Officers and local city police departments.

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.

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

### Responding to the 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, 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. (Emergency responders sometimes do this, too.)

The 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.



## Contact information

### Alaska State Medical Examiner's Office

907-334-2200

5455 Dr. Martin Luther King Jr. Ave.  
Anchorage, AK 99507

<http://dhss.alaska.gov/dph/MedicalExaminer>

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### Alaska State Troopers Regional Offices

- |               |              |              |              |
|---------------|--------------|--------------|--------------|
| • Aniak       | 800-675-4398 | • Kotzebue   | 800-789-3222 |
| • Bethel      | 800-478-9112 | • Mat-Su     | 907-373-8300 |
| • Dillingham  | 866-742-5641 | • McGrath    | 855-524-3052 |
| • Emmonak     | 866-949-1303 | • Nome       | 800-443-2835 |
| • Fairbanks   | 800-811-0911 | • Palmer     | 907-745-2131 |
| • Glenallen   | 907-822-3263 | • Soldotna   | 907-262-4453 |
| • Juneau      | 907-465-4000 | • St. Mary's | 800-240-2019 |
| • Ketchikan   | 907-225-5118 | • Unalakleet | 888-624-3073 |
| • King Salmon | 866-646-3464 |              |              |
| • Kodiak      | 877-486-4121 |              |              |
- 

### Anchorage Police Department

#### Emergencies: 911

907-786-8500, [wwapd@ci.anchorage.ak.us](mailto:wwapd@ci.anchorage.ak.us)

[www.muni.org/apd](http://www.muni.org/apd)

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### Juneau Police Department

#### Emergencies: 911

907-586-0600

[www.juneau.org/police/staff-new.php](http://www.juneau.org/police/staff-new.php)

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### Fairbanks Police Department

#### Emergencies: 911

907-450-6500

[www.fairbanksalaska.us/police](http://www.fairbanksalaska.us/police)

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# Comprehensive postvention: Next steps





## *Building a basic response plan and team*

We know that

- ripples of pain, sorrow and grief from a suicide affect many people.
- one person's suicide may put others at risk of thoughts of suicide.
- how a community reacts to a suicide affects the overall well-being and health of community members and others who knew the person who died.

That is why it is so important for a community to heal together.

How can we promote healing and reduce the risk of more suicides?

We can **build a postvention plan**, and put together a team to carry out the plan in our community. Many communities throughout Alaska have created suicide prevention coalitions, task forces and work groups. In some areas, groups are regional.



It makes sense to coordinate suicide prevention and postvention efforts since the two blend together. Be sure to contact your closest suicide prevention group when you start postvention planning. Not sure how to find it? Call the statewide suicide prevention coordinator, 907-465-3370, or your closest health center.

If your community doesn't have a suicide prevention group or belong to a regional one you can contact the Statewide Suicide Prevention Council, 907-465-6518, for information on creating one or joining one nearby.

### **Who does postvention?**

Everyone can (and should) be involved in postvention — including community members in mental health, education and social services, and faith groups. They need to be engaged in postvention over time to ensure that grieving community members' needs are met.

Include youth. The Alaska Association of Student Governments, which is a group of high school leaders from around the state, has passed a resolution saying they want suicide prevention programs in all high schools statewide. Our young people want to talk about suicide because it affects them, and they want it to stop.



## Goals of a community postvention plan

The idea is to help survivors, especially those who might be at risk for depression and/or suicide, through the grief process.

The plan should include ways to:

- identify vulnerable individuals at risk of suicide contagion and connect them to needed services;
- give accurate information about suicide;
- provide ongoing healing activities;
- help people:
  - frame their thoughts about the suicide so they see suicide as NOT normal or acceptable, but something they CAN talk about.
  - feel comfortable talking about their feelings and seeking help.

A postvention plan might include healing activities such as:

- offering grief counseling for families and close friends;
- debriefing with first responders such as health aides and police;
- teaching people how to talk about suicide safely;
- coordinating support from local faith communities, and
- organizing talking circles at schools, churches or community centers **with a moderator who understands how to talk about suicide safely.**

These can happen at work, school, church... anywhere people gather.

Such activities could give people a safe space to share their feelings, or just give them information about places they can turn for help and to talk. Be sure everyone knows how to reach Careline, Alaska's toll-free statewide suicide prevention line that people can call or text if they're in crisis, grieving, or concerned about someone: 877-266-HELP (4357), or text *4help* to 839863.

Healing is not an easy road, and it can be longer and more difficult for some than for others. Some individuals, families and communities will need long-term counseling, support and care.

## Creating a community postvention plan

An easy way to start the plan is by listing answers to the "First 72 hours" questions.

Beyond that, questions to ask are:

- Who in the community has had training?
- What kind of training would your community like to have?
- Who would it make sense to train?
- Who will speak to the media?

You may want to have more than one person for each role, in case the first person on the list isn't available.



Understanding how to speak safely about suicide (see pgs. 14 and 48) is an important step. Teaching people how to talk about a suicide death safely is key to changing how people perceive suicide.

- Could someone give a safe messaging training in the community?
- Who should attend?

Consider the following suggestions when creating a community postvention plan:

Assemble the right people. First, identify mental health professionals and community and youth leaders who are willing and able to be part of a postvention response team. Identify a community coordinator who can lead the postvention efforts when they are needed.

Gatekeepers are an important part of postvention efforts, and can serve on an emergency response team. A gatekeeper is anyone in the community who has been trained to identify a person at risk of suicide and connect that person to immediate help or resources.

Alaska gatekeepers have learned the risk factors and warning signs for suicide, as well as factors that protect a person against suicide.

Gatekeeper trainings include Gatekeeper, through the Alaska Department of Health and Social Services; Mental Health First Aid, through Denali Family Services; and Applied Suicide Intervention Skills Training (ASIST) and SafeTalk (for youth), both through the Alaska Native Tribal Health Consortium (ANTHC).

Gatekeepers can provide unique insight and information (as members of the wider community) to the other team members. They can also help survivors and community members reduce access to lethal means after a suicide by educating community members about the need to secure firearms, weapons, pills, etc.

Communicate effectively. Set up a way to reach team members quickly if a suicide occurs. You'll want to meet within 24 hours of a death, so pick a place to meet ahead of time.

Provide safe and accurate information. Your postvention response team will need a protocol — basically, a set of rules or an action plan of how you're going to do something (in this case, communicate with the people and agencies involved in responding to a suicide) to request and receive accurate information about the suicide. This may require formal memoranda of





understanding/agreement with local law enforcement and health officials, to ensure that all legal and privacy protections are observed.

If you have specific questions about how to build these action plans and relationships, feel free to call the statewide suicide prevention coordinator, 907-465-3370.

Decide on a protocol for how the postvention response team will communicate with the general public if a suicide occurs, to reduce the risk of contagion.

If the death is being covered by the news, you may want to contact the media to let them know your postvention team exists and what healing events you have planned, and to share the media guidelines with them.

**Be ready.** What services are available to survivors of a loss to suicide and wider community members? How can you connect people to those services? Alaska 2-1-1, the Alaska Mental Health Board, RurAL Cap, and other agencies can help you develop a list. Once your team knows what is available, take time to talk to the service providers on your list and discuss how best to connect community members to services, and what follow-up might be needed. With these partners, identify what needs to happen automatically after a suicide, versus what can be activated as needed.

**Be careful.** Postvention response teams aim to make things better, not cause new problems. Call the statewide suicide prevention coordinator (907-465-3370) or the Statewide Suicide Prevention Council (907-465-6518) to make sure your plan follows the most current knowledge of how best to respond. You might look into Connect postvention training ([www.theconnectproject.org](http://www.theconnectproject.org)). The state has offered Connect training, and some groups and individuals from rural and urban Alaska have taken it and found it helpful.

**Be thoughtful.** Create a protocol for how — and when — to interact with the family and friends of the deceased. Decide who will contact the survivors of the loss to suicide and how. Discuss how the team members will react when help is declined, and how to provide appropriate and helpful services when help is requested.

**Communicate.** Once the postvention response plan is created, you can make it public so that everyone in the community understands what will happen, when and how. Your local media may be able to help you with this. You may give contact information in case people are interested in volunteering.

## Putting a community postvention plan into action

Act fast, be steady. Postvention needs to be timely and consistent to be effective. The team coordinator should call the team to meet within 24 hours to discuss how the plan will be followed and if any changes to the plan are needed to appropriately respond to the specific suicide.



**Focus on facts.** After a suicide occurs it is vital to ensure that misinformation is not circulating around the community, because this could lead to a greater risk of contagion. To make sure that rumors are squashed, the team should ask law enforcement for accurate information about what happened as quickly as possible. (See the section “Provide safe and accurate information” on the previous page.) Then decide whether to respond to any misinformation in the community. Be sure to follow your protocols carefully, so that every postvention response is consistent and fair.

**Reach out.** Reach out to family, friends, and other survivors in a coordinated way (rather than team members reaching out in an independent way without talking to each other. Imagine if one family gets contacted by five people and another doesn't hear from anyone). Make sure that resources and services are provided if requested.

Identify potentially vulnerable individuals in the community — people who are connected with the person who died by suicide, maybe through school, work, church, etc. — and provide resources and services where needed. Determine if a community meeting is needed to discuss the risk of contagion and warning signs that someone is at risk of suicide, as well as resources and services available to people and families in crisis.

**Even a small postvention effort after a suicide has the potential to significantly reduce the risk of suicide for vulnerable members of a community.**

**Communicate carefully.** Team members must be careful to follow their own communication rules to ensure safe and lawful communications about the suicide. Make sure team members do not give information to the media that the team has learned from law enforcement or health officials that cannot or should not be shared publicly. Do give safe messaging guidelines to the media.

**Follow up.** A suicide can have a long-lasting effect on a community. Grief can last for months and years. Postvention response teams should consider following up to ensure the community is grieving in healthy and productive ways. The group might consider follow-up meetings after a week or two, and another after a month or two. It is not only a benefit to the community to follow-up, but also to the response team.

Take care. Recognize that some of the people working on the postvention response team may also have a personal or other connection to the person who has died by suicide, and that working to prevent suicide is emotional and sometimes heartbreaking work. Be sure that team members themselves access support and counseling services, and have the opportunity to debrief. You may want your team members to be trained in Critical Incident Stress Management or another post-crisis debriefing model.

**Evaluate.** After the postvention, the response team should meet to evaluate their effectiveness. Talk over what went well, and what could have been done to make



other efforts go more smoothly. Review and update your plan and your protocols to reflect lessons learned. Review resources and providers and make any necessary changes to your directories or protocols. Major changes to your plan or protocols should be made public, so that your community has reasonable expectations for what will happen after a suicide.

Even a small postvention effort after a suicide has the potential to significantly reduce the risk of suicide for vulnerable members of a community.

## Training resources

You can find trainings at the Alaska Training Cooperative (AKTC). AKTC staff are certified in the NAMI Connect Postvention Model, and the agency offers postvention training and support. Contact: 907-265-6244, [support@akctlms.org](mailto:support@akctlms.org), [aktclms.org](http://aktclms.org).

Here is more information on the training options mentioned above:

### Mental Health First Aid

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

Mental Health First Aid is a public education program that helps people identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid USA is managed, operated, and disseminated in part by the National Council for Community Behavioral Healthcare. Training on Mental Health First Aid is available through Denali Family Services. Contact Chris Gunderson ([cgunderson@denalifs.org](mailto:cgunderson@denalifs.org)) for more information.

### ASIST and SafeTalk

[www.livingworks.net](http://www.livingworks.net)

[isafetalk.livingworks.net](http://isafetalk.livingworks.net)

ASIST is a model developed by Living Works. The Alaska Native Tribal Health Consortium (ANTHC) has been very active in developing prevention, intervention and postvention supports for tribal organizations and Native communities and has trained hundreds of people in ASIST. Visit the website for trainings available in Alaska.

SafeTalk is a similar model developed by Living Works, targeting youth as gatekeepers. At a LivingWorks safeTALK workshop, you'll learn how to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for further support. Visit the website for trainings available in Alaska.



### Gatekeeper

The Department of Health and Social Services, Division of Behavioral Health provides Gatekeeper training. To learn more about how Alaskans trained as Gatekeepers can contribute to postvention efforts, contact the statewide suicide prevention coordinator, 907-465-3370.

### Connect

The state offers training in the Connect Suicide Prevention and Postvention program. The Connect program helps communities and individuals work together to develop a comprehensive safety net. Connect uses practices that have had solid results nationally. The state has trained people in several communities around Alaska in the Connect model, and gotten positive feedback from participants. For more information, see [www.theconnectprogram.org](http://www.theconnectprogram.org) and/or contact the statewide suicide prevention coordinator, 907-465-3370.

## Asking for help from the state or the IHS

### Asking the state for help with a local behavioral health emergency:

The State of Alaska Department of Health and Social Services, Division of Behavioral Health relies on local community behavioral health centers to provide the first behavioral health response to any local emergency or disaster.

If a local center is overwhelmed by an event, the center may ask the division for help. The center director should contact the division program manager who regularly works with the center. If that person isn't available, the center could contact Rick Calcote, the division's disaster services contact, 907-269-3617.

### Asking the Indian Health Service for help with a local behavioral health emergency:

The Indian Health Service (IHS) has designed an emergency response model for helping American Indian and Alaska Native communities when tragedy strikes. Through the IHS, communities can request help from the U.S. Public Health Service. The goal is to help the community reduce the impact of the immediate crisis so that community members can begin to develop long-term solutions.

### Contact:

Alaska Area Native Health Service  
4141 Ambassador Drive, Suite 300  
Anchorage, AK 99508-5928  
Telephone: 907-729-3686  
FAX: 907-729-3689





# Information and sources of help for communities and groups





## Resources

The next sections are information and resources to share with people in your community who have experienced, or are helping to respond to, a suicide death or attempt.

Some copies of the information on the following pages are mailed with this guide. To get more copies to share, you can:

- Photocopy the pages in this guide.
- Call 907-465-3370 and ask for copies to be mailed to you.

Everyone, including postvention planners, can use support, so keep these numbers handy.

*For everyone:*

### Crisis/help lines and support resources

#### *National*

##### Veterans Crisis Line

[veteranscrisisline.net](http://veteranscrisisline.net)

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

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

##### National Suicide Prevention Lifeline

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

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

Has options for deaf and hard-of-hearing from the website.

##### The Dougy Center

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

866-775-5683

This national center supports grieving children and families.





## Statewide

### Careline

**877-266-HELP (4357), toll-free statewide or text *4help* to 839863.**

Free, immediate and confidential help, 24 hours per day, 365 days per year by phone; text was available most afternoons and evenings when this guide went to print.

Careline supports people in crisis, but also people who are grieving, concerned for someone else, or just feeling depressed.

Professionals who support people in crisis, such as Troopers or clergy or friends and family, are encouraged to call Careline too.

### Hospice

Hospice agencies all around Alaska have grief groups.

For your local hospice phone number, you can contact Hospice of Anchorage: 907-561-5322, [www.HospiceOfAnchorage.org](http://www.HospiceOfAnchorage.org).

### Alaska Police and Fire Chaplains' Ministries

[alaskachaplain.org](http://alaskachaplain.org)

This group hosts a support group in Anchorage (7-9 p.m. the first and third Tuesday of the month) and is willing to help other communities set up a local support group.

Contact: 907-272-3100, [apcm@apcm.org](mailto:apcm@apcm.org).

### Statewide Suicide Prevention Council

[dhss.alaska.gov/suicideprevention](http://dhss.alaska.gov/suicideprevention)

The Statewide Suicide Prevention Council has a variety of resources and information available on its site.

### Life Alaska Donor Services

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

Some people find comfort knowing a loved one who is gone can still help save another life through organ donation. This agency is based at 235 E. Eighth Ave., Suite 100, Anchorage, AK 99501. Phone: 907-562-LIFE (5433), Fax: 907-562-5333.

## Regional

These are just a few regional resources. For more, visit the links to organizations and providers at the end of this section, or call 211.

### Northern Alaska

North Slope Borough Community Mental Health Center  
907-852-0260, after-hours crisis line: 907-852-0267

### Interior Alaska

Hospice through Fairbanks Memorial Hospital  
Main phone number: 907-452-8181

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## **Tanana Chiefs Conference Behavioral Health**

[www.tananachiefs.org/health-services/behavioral-health/](http://www.tananachiefs.org/health-services/behavioral-health/)

Emergency Pager: 907-496-1621

Phone: 907-452-8251 ext. 3800

800-478-4741

## **Western Alaska**

Yukon Kuskokwim Health Corp. behavioral health on call:

Call 800-478-3321 and ask for mental health on call.

### **Bethel:**

James Biela, Alaska survivor outreach coordinator, American Foundation for Suicide Prevention, 907-545-4675

## **Aleutians**

### **Eastern Aleutian Tribes**

A behavioral health emergency cope line is available 24 hours, all year:

800-478-2673

## **Southcentral**

### **Anchorage Community Mental Health Services:**

24-hour crisis hotline: 907-563-3200.

### **Hospice of Anchorage**

Hospice of Anchorage has several grief groups, including the Forget Me Not grief program for children and teens: 907-561-5322,

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

## **Southeast**

### **SEARHC Helpline: 877-294-0074**

A service from SouthEast Alaska Regional Health Corporation for personal or family crisis matters.

- For Southeast Alaska Residents
- Talk to a counselor 24/7
- Confidential
- Effective and compassionate



## Juneau Suicide Prevention Coalition

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

The Juneau Suicide Prevention Coalition is an active group of mental health care providers, educators, elected officials, clergy, law enforcement and criminal justice agencies, residents, community groups, and others working together to maintain community-wide suicide awareness in Juneau. The coalition is an all-volunteer group. Membership, involvement and participation are open to all residents, community groups, or others with a concern about suicide in Juneau. The website has many suicide prevention and treatment resources for people in crisis and for people with less urgent needs.

## Community behavioral health centers, clinics, hospitals and providers

For a list of community health centers and other health care providers that offer behavioral health services (behavioral health includes both mental health and substance use issues, like alcohol or drug abuse) visit this link online:

[dhss.alaska.gov/Documents/Pdfs/HC\\_Sites\\_Dir.pdf](http://dhss.alaska.gov/Documents/Pdfs/HC_Sites_Dir.pdf)

This list includes centers in communities small and large all over the state.

For a broader list of behavioral health providers around Alaska who offer prevention, treatment and recovery help, visit this link:

[dhss.alaska.gov/amhb/Documents/abada/200804resourceguide.pdf](http://dhss.alaska.gov/amhb/Documents/abada/200804resourceguide.pdf)

It is somewhat dated, but still helpful. For more up-to-date listings, call 211.

### Another useful number: Alaska 2-1-1

Alaska 2-1-1 is a free and confidential line that connects people with community resources, like emergency food and shelter, disability services, counseling, senior services, healthcare, child care, drug and alcohol programs, legal assistance, transportation needs, educational opportunities, and much more.

Dialing 211 is your first step toward solving everyday problems or when you face difficult times.

The website, [www.alaska211.org](http://www.alaska211.org), is available 24/7; the call center is open 8:30 a.m.–5 p.m. Monday through Friday.

Alaska 2-1-1 is a service of the United Way of Alaska.

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## *For family members and close friends*

### **To think about when supporting close friends and family members:**

There is still a great deal of stigma related to suicide in Alaska. 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.



As Barbara Franks shared in her letter at the beginning of this resource guide, the road to recovery is long. No one ever really “gets over” a loved one’s suicide. People just learn to cope with the loss over time. Recovery will take different amounts of time for different people; there is no set time for grieving and healing. There will be good days and there will be bad days. Expect setbacks during the healing process and be prepared to support the survivor of the loss to suicide throughout the recovery process.

**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

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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.

### Children will need special help.

We have information for children and their families in a guide that looks like this:

Here are a few main points from the guide:

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.

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.

Being honest helps everyone heal.

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.

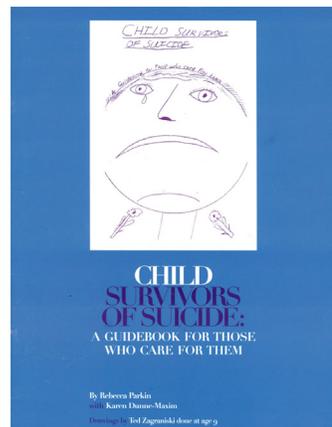
Make time to listen and just be with children, and reassure them that they are loved and supported. Children typically worry:

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

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.

## Resources for family and friends

The following pages are for you to share with survivors of suicide (people who are close to someone who has died by suicide).

We sent printed copies of this information with this guide. If you're out, feel free to ask for more. You can call the statewide suicide prevention coordinator at 907-465-3370 to request more brochures and resource lists for survivors.

Hopefully in the meantime you can photocopy the following pages to give them to survivors.

We also include the guide on helping children survivors and their loved ones when we mail out this postvention guide. If you need more copies, please call 907-465-3370.



## Coping with losing someone to suicide

**You are not alone.** If you live in Alaska and someone close to you has died by suicide, you are not alone. Alaska has long had a high rate of suicide, and many Alaska 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, maybe including mental illness, relief is 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. Survivors of a loss to suicide do not have to struggle with these feelings alone.

There are people and agencies throughout the state that are ready to provide help and reassurance after a suicide.

Please remember suicide is not a solution to pain and distress.

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.

## Steps Ahead

**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. 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 aide 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 Careline, 877-266-HELP (4357).

**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.

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## Survivor Resources

Please don't try to handle your grief alone. Help is available. Please call.

### Alaska Careline

877-266-HELP (4357), [www.carelinealaska.com](http://www.carelinealaska.com)

Available 24/7. Careline, Alaska's suicide prevention and someone-to-talk-to line, helps:

- Alaskans in crisis
- Alaskans who are grieving
- Alaskans who are concerned about someone possibly being suicidal, and
- Alaskans who feel down or alone and need someone to talk to.

### Hospice

Hospice groups all over Alaska offer grief support.

Hospice of Anchorage has phone numbers for the different hospice agencies statewide:

907-561-5322, [www.HospiceOfAnchorage.org](http://www.HospiceOfAnchorage.org)

### Veterans Crisis Line

800-273-8255 ext. 1, <http://veteranscrisisline.net> or text 838255.

Confidential support for military members and their families and friends, 24/7. Online chat, text or phone options. The website also has information about warning signs and how to help.

### Alaska Police and Fire Chaplains' Ministries

This group hosts a support group in Anchorage (7–9 p.m. the first and third Tuesday of the month) and is willing to help other communities set up a local support group.

907-272-3100, [www.alaskachaplain.org](http://www.alaskachaplain.org), or email [apcm@apcm.org](mailto:apcm@apcm.org)

### American Foundation for Suicide Prevention

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

This website has links to different support groups, as well as other information.

## Information for parents

*This information is from a guide on helping children survivors. If you would like a copy, please call 907-465-3370.*

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.

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. Being honest helps everyone heal.

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?

Reassure them that loving adults/family will continue to take care of them. Reassure them 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 you. Make sure you take time to grieve as an individual too. It's healthy to share your feelings of grief with children, but you will want to find time away from the children to be able to express very intense, difficult emotions that they may find scary.

You may all 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.

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## *For community behavioral health providers*

The information on the following pages is for you to share with community behavioral health providers.

Alaska's community behavioral health centers 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.





## Postvention information for community 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. Partnering with youth organizations, communities of faith, and other civic organizations to offer talking circles, or other safe places to talk and ask questions, helps make sure that people in need of behavioral health services after a suicide know who to go to and how to access services.

### **Asking the state for help with a local behavioral health emergency:**

The state Division of Behavioral Health relies on local community behavioral health centers to provide the first behavioral health response to any local emergency or disaster.

If a local center is overwhelmed by an event, the center may request state assistance. Contacts are the center's regular division program manager, or Rick Calcote, the division's primary point of contact for disaster services, 907-269-3617.

### **Asking the Indian Health Service for help with a local behavioral health emergency:**

The Indian Health Service (IHS) has designed an emergency response model for helping American Indian and Alaska Native communities when tragedy strikes. Through the IHS, communities can request help from the U.S. Public Health Service.

The goal is to help the community reduce the impact of the immediate crisis and to stabilize members so that they can begin to develop long-term solutions (i.e., planning, prevention and implementation plans).

Contact:  
Alaska Area Native Health Service  
4141 Ambassador Drive, Suite 300  
Anchorage, AK 99508.5928  
Telephone: 907.729.3686  
FAX: 907.729.3689

### **SAMHSA's practice guidelines: core elements in responding to mental health crises**

<http://store.samhsa.gov/home>, or <http://store.samhsa.gov/product/Core-elements-for-responding-to-mental-health-crises/SMA09-4427>

Behavioral health providers should consider the special needs of individuals experiencing mental illness and/or addiction in the aftermath of a suicide.

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For people experiencing serious mental illness, the loss of a loved one to suicide can significantly increase the risk of self-harm and suicide.

Situations involving mental health crises may include intense feelings of personal distress (anxiety, depression, anger, panic, or hopelessness), obvious changes in functioning (neglect of personal hygiene), or catastrophic life events.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) resource Practice Guidelines: Core Elements for Responding to Mental Health Crises defines appropriate responses to mental health crises. Developed by a diverse expert panel that included mental health professionals, consumers and others, it promotes two essential goals: 1) take a recovery-and-resilience approach to mental health crisis interventions, and 2) replace reactive and cyclical approaches to mental health crises with treatment services designed to reduce the likelihood of future emergencies and produce better outcomes.

### Community Action Plans

[www.hss.state.ak.us/dbh/PDF/Community\\_Planning\\_Service\\_Areas\\_Policy\\_04-05-10.pdf](http://www.hss.state.ak.us/dbh/PDF/Community_Planning_Service_Areas_Policy_04-05-10.pdf)

The Alaska Community Service Planning Area Policy includes the communities that all community mental health center agencies serve.

### Suicide Prevention Resource Center

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

The Suicide Prevention Resource Center is the national center for excellence for the field of suicide prevention. The SPRC website includes postvention resources for both 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.

## Community Gatekeepers

Gatekeepers are an important part of postvention efforts, and can serve as part of an emergency response team. A gatekeeper is anyone in the community who has been trained to identify a person at risk of suicide and connect the person to immediate help or resources.

Gatekeepers can provide unique insight and information (as members of the wider community) to the other team members. They can also help survivors and community members reduce access to lethal means after a suicide by educating community members about the need to secure firearms, weapons, pills, etc.

This guide contains a handout of postvention information for community gatekeepers you can share.

## Postvention information for community Gatekeepers

**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 to commit 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 civic organizations to offer 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.

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## *For members of the media:*

Journalists and members of the media play an important role in preventing suicide. If a reporter covers a suicide properly and ethically, the story can help a community come together, heal, and learn from the tragedy. If a reporter covers a suicide in a sensational, oversimplified way, the story could result in subsequent suicides.<sup>1</sup>

The information on the next several pages is to share with members of the media.

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<sup>1</sup> American Association of Suicidology, [www.reportingonsuicide.org](http://www.reportingonsuicide.org)

# RECOMMENDATIONS FOR REPORTING ON SUICIDE

Developed in collaboration with: American Association of Suicidology, American Foundation for Suicide Prevention, Annenberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafely.org, Emotion Technology, International Association for Suicide Prevention Task Force on Media and Suicide, Medical University of Vienna, National Alliance on Mental Illness, National Institute of Mental Health, National Press Photographers Association, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences.



## 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, even briefly, can change public misperceptions 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 cover 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](http://www.ReportingOnSuicide.org).

### INSTEAD OF THIS:



- Big or sensationalistic headlines, or prominent placement (e.g., “Kurt Cobain Used Shotgun to Commit 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.”

**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 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.



**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 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.

**MORE INFORMATION AND RESOURCES AT:**

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



## *For schools:*

Schools have an important role in preventing suicide, both in terms of specifically supporting youth and children who may be at risk from their own stress, or who have experienced a loss to suicide, and in terms of generally educating young people that suicide is preventable, and showing how communities can be healthy and supportive.

The information on the next several pages is to share with school administrators.





## 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.)

Here's a link to one:

### **After a suicide: A toolkit for schools**

[tinyurl.com/school-postvention](http://tinyurl.com/school-postvention)

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 in Alaska. 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.

The state of Maine makes this suggestion: 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.

Alaska schools are required to have a Crisis Response Plan which includes responding to a suicide. For more information online, visit: [education.alaska.gov/tls/schoolsafety/](http://education.alaska.gov/tls/schoolsafety/)

Alaska's Department of Education and Early Development also has an online eLearning module on this topic at [education.alaska.gov/ELearning](http://education.alaska.gov/ELearning).



AFSP and SPRC explain the underlying principles for school-based postvention:

**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 training on SafeTALK or other suicide intervention models is a way of building student resilience against suicide contagion.

**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 others to address the needs of the students.

Teachers and school staff also 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.

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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 has died without risking suicide contagion among surviving students who may themselves be at risk. This is why it is so important that schools strive to treat all deaths in the same way.

## Resources

### Alaska Department of Education & Early Development

[education.alaska.gov/tls/suicide](http://education.alaska.gov/tls/suicide)

This link is to the suicide awareness, prevention and postvention page that the department has on its Safe, Supportive & Successful Schools website, [education.alaska.gov/tls/schoolhealth](http://education.alaska.gov/tls/schoolhealth). There is a contact link on the page.



### After a Suicide: A Toolkit for Schools

[tinyurl.com/school-postvention](http://tinyurl.com/school-postvention)

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, a sample media statement. It also gives brief tips on how to talk about suicide and address blaming and scapegoating.

The kit was compiled by the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center.

### Maine Department of Disease Control

The checklist "Is your school prepared to manage suicidal behavior?" is on the following pages.

Here is a link to a report Maine did on postvention in its schools:

[www.maine.gov/suicide/docs/postvention\\_report\\_finalb.pdf](http://www.maine.gov/suicide/docs/postvention_report_finalb.pdf)

### 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](http://www.cdc.gov/mmwr/preview/mmwrhtml/00001755.htm)

### Statewide Suicide Prevention Council

[dhss.alaska.gov/suicideprevention](http://dhss.alaska.gov/suicideprevention)

The Statewide Suicide Prevention Council has a variety of resources and information.



## Is your school prepared to manage suicidal behavior?

Suicidal behavior (fatal and non-fatal) is one of the most traumatic occurrences with which school personnel may be faced. Advanced planning to prevent youth suicide and to intervene in a crisis can significantly improve the ability of school personnel to respond quickly and effectively — with the least disruption to school routines — when suicidal behavior becomes an issue.

While the following is not an exhaustive list, these questions from the Maine Center for Disease Control, with a few additions from the Alaska Department of Health and Social Services, will help guide you to develop necessary school protocols suggested to address suicide prevention, intervention and postvention.

If you'd like to download this in a 10-page check-box format, you can find it on the Postvention page on [StopSuicideAlaska.org](http://StopSuicideAlaska.org).

### Preparedness checklist Administrative Questions:

#### Prevention

1. Does the school have an up-to-date crisis response plan?
  2. Does the crisis response plan have solid administrative support?
  3. Does the crisis plan have written protocols on how to manage suicidal (student and/or staff) behavior? Attempt on campus? Attempt off campus?
  4. Have crisis team members been identified? Are individuals from both the school and the community involved on the crisis team?
  5. Are crisis team members provided with training?
  6. Are substitute crisis team members identified in case regular members are not available due to absence, conference attendance, vacation, etc.?
  7. Would the crisis team be able to support multiple schools in the event of a murder/suicide situation? (e.g., father murders siblings attending several schools and then takes his own life)
  8. Do crisis team members have copies of school floor plans for their use and/or to provide to local law enforcement, if needed?
  9. Does the crisis team meet and practice on a regular basis?
  10. Are copies of the school crisis plan readily accessible to all school personnel?
  11. 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?
  12. Has school administration provided clear direction about the legal rights and obligations of administrators, faculty and staff in assisting with a suicidal student?
-



13. Is someone designated to track the number of suicides, suicide attempts, and/or referrals for suicidal behavior?
14. Has a policy for maintaining confidentiality of sensitive student information been created and disseminated to all school personnel?
15. Does the school have a formal Memorandum of Agreement (MOA) with the local crisis service 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?
16. Does the MOA include guidelines on how the school receives feedback on the outcome of the referrals that are made?
17. Have school administrators, faculty and staff received education and training in suicide prevention (including safe messaging)?
18. 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, MOAs are in place, staff education has occurred and key staff identified as those who can help with suicidal behavior.)
19. Has a discussion with law enforcement occurred so that you know what to expect from the local law enforcement agency in the event of a crisis in school buildings or on school grounds?
20. Has the traffic pattern to and from the school been reviewed with emergency response personnel?
21. Has a communication plan been developed in case all incoming phone lines are jammed by parent calls about the safety of their children?

### Intervention

22. Are key people identified within each building as contacts to help when suicidal behavior occurs?
23. 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?
24. Have procedures been developed if the parent/guardian is unreachable?
25. Have steps been developed to encourage parents to get help for their children, including the removal of lethal means? If the parent refuses?
26. Does the school have a system to alert staff of an emergency while school is in session?
27. Are there protocols concerning how to help a student re-enter school after an absence or hospitalization for mental illness including suicidal behavior?



28. 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

29. Do the protocols include a section about working with the media? Has a spokesperson been designated? (See page 53 for a handout to share with the media.)
30. 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?
31. Has a plan been developed that explicitly details what to do following a suicidal crisis to avoid copycat behaviors?
32. 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:*

The next few pages hold information you can share with spiritual leaders about postvention.

Some points to think about when reaching out to spiritual leaders for help with postvention:

### **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 do not belong to any faith, or who may not want to go to a place of worship because they're hurting so much they feel angry with God. They may need time to come around, and a secular meeting place for some healing activities may be the first step.

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## 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.

Here is some information from suicide prevention groups that may help you in your role.



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 do not belong to any faith, or who may not want to go to a place of worship because they're hurting so much they feel angry

with God. They may need time to come around, and a secular meeting place for some healing activities may be the first step.

Close friends and immediate family are at a much greater risk of harming themselves after the suicide of a loved one.<sup>2</sup> 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.”<sup>3</sup>

Beliefs about suicide vary according to different traditions of faith. Communities of faith will handle a death by suicide in different ways. The different cultures of Alaska have also developed unique ways of coping with a loss to their community by suicide. 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

<sup>2</sup> Centers for Disease Control and Prevention

<sup>3</sup> Suicide Prevention Resource Center. (2004). After a suicide: Recommendations for religious services and other public memorial observances. Newton, MA: Education Development Center, Inc.



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 committed 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.

**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 heard by emotionally vulnerable people as a way of easing pain and distress.**

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.

**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 additional suicide (or suicide contagion).

**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 Careline (877-266-HELP (4357)).

**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.** Many communities throughout Alaska have created suicide prevention task forces/coalitions to help promote suicide prevention, intervention and postvention. Clergy members and religious leaders have been an important part of many of those groups. Join a local or regional task force/coalition, or, if there is

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not a suicide prevention group to join, work with other local leaders to create a task force, coalition or working group.

**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 Alaska Careline or the national crisis intervention telephone numbers (create your own or call the Statewide Suicide Prevention Council at 907-465-6518 for materials).

**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. This is true for the recovery process for people who have survived an attempt to commit suicide. Some will find stability and recover quickly, while others will struggle to find it. 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 an attempt to commit suicide 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 commits suicide, there will be a physical void left as well. The survivor or survivors of that loss may need help with simple tasks like chopping wood, picking up kids from school, cooking dinner or helping with homework. Lending a hand — and encouraging the members of your congregation to lend a hand — with basic chores can help 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 to commit suicide as a way to be acknowledged by the community.<sup>4</sup>

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. Encourage congregational events that focus on the importance of living a long, healthy, productive, honorable and fulfilling life to honor the person who died.

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<sup>4</sup> There have been cases in the past where people or communities have created public memorials to honor someone who died by suicide that people believe contributed to other suicides, according to the Centers for Disease Control and Prevention.



## *For funeral directors and 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.

It is important that funerals or memorials services “foster an atmosphere that will help survivors understand, heal, and move forward in as healthy a manner as possible.”<sup>5</sup>

The information on the following pages is to share with funeral directors and anyone who will speak at a memorial service.

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<sup>5</sup> Suicide Prevention Resource Center. (2004). *After a suicide: Recommendations for religious services and other public memorial observances*. Newton, MA: Education Development Center, Inc

## Postvention information for funeral directors/speakers at funerals or memorials

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.<sup>6</sup>

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 committed 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.<sup>7</sup> 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 — angry for committing suicide, for causing grief or shame, or for leaving them alone.

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 in Alaska. 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 loss by suicide. 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 — so 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 towns and villages, and how they could be of help to others feeling the same pain and distress their loved one felt.

**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.

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

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 as “successful” if they die by suicide.<sup>8</sup> It can be difficult to find the correct words when talking about suicide, particularly at a memorial service, so it is best to always try to 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 focus on the means of suicide, because it may cause emotionally vulnerable people to mull over those details in their minds.<sup>9</sup>

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, “cool” 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

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<sup>8</sup> American Association of Suicidology, [www.reportingonsuicide.org](http://www.reportingonsuicide.org).

<sup>9</sup> Suicide Prevention Resource Center. (2004). After a suicide: Recommendations for religious services and other public memorial observances. Newton, MA: Education Development Center, Inc.



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 Careline or speak to an adult. Be sure to share the contact information for Careline with everyone attending: 877-266-HELP (4357), or text *4help* to 839863.

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 commit suicide as a way to be acknowledged by the community.<sup>10</sup> 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.

## More resources for more information

### Statewide Suicide Prevention Council

[dhss.alaska.gov/suicideprevention](https://dhss.alaska.gov/suicideprevention)

The Statewide Suicide Prevention Council has a variety of resources and information available on its site.

### American Association of Suicidology

[www.suicidology.org](https://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](https://www.afsp.org)

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

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<sup>10</sup> There have been cases in the past where people or communities have created public memorials to honor someone who died by suicide that people believe contributed to other suicides, according to the Centers for Disease Control and Prevention.

### **Suicide Prevention Resource Center**

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

The Suicide Prevention Resource Center 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](http://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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