

POSTVENTION PROTOCOL

The communications, supports and activities that follow a suicide are termed postvention. These elements are designed to decrease risk and promote healing for students and others

TABLE OF CONTENTS

WHY THIS PROTOCOL MATTERS	1
WHAT'S IMPORTANT: MENTAL HEALTH ISSUES & PREVENTATIVE STEPS	2
ADVANCE PLANNING	2
FIRST 24 HOURS	4
48 – 72 HOURS	6
FIRST TWO WEEKS	8
FIRST MONTH	9
LONG-TERM	10
MEMORIALS	10
RESOURCES & TEMPLATES	11

WHY THIS PROTOCOL MATTERS

Postvention is designed to acknowledge a suicide loss, minimize suffering, and potentially save lives – during a period when your institution is dealing with intense emotion and uncertainty. Every community needs help in processing a suicide, which may be the most challenging form of death to comprehend. Postvention is also key to starting your institution's return to safety and normalcy.¹

Postvention is prevention. This may sound counter-intuitive but the field of suicide prevention uses this saying with regard to the tragic circumstance in which one suicide triggers another. Done thoroughly and with sensitivity, postvention can prevent such a chain reaction.

Effective postvention also helps your campus to avoid 'institutionalizing' grief. This risk can be present if multiple suicides occur, or a student leader or otherwise widely known student, or other member of the campus community, has died. Careful planning will help prevent the trauma of a tragic event from becoming ingrained into campus life so that it becomes difficult to remember a time of safety and normalcy.

The true measure of a college is not how its leaders act in a moment of triumph but rather how they act in a time of tragedy.

WHAT'S IMPORTANT: MENTAL HEALTH ISSUES & PREVENTATIVE STEPS

Suicide contagion results in suicidal thinking or behavior that occurs in one location or region in reaction to an earlier suicide.²

The first communications after a suicide must navigate between competing concerns:

- » If an institution unduly obscures the fact that a student death was a suicide, there is potential for students to generate anxiety, believing that accurate information is unavailable.
- » On the other hand, details about the suicide, particularly regarding the method used, will raise the risk of further suicidal behavior.
- » Immediate transparency – yes, it was a suicide – is almost generally best, with permission/concurrence of the family. Information on details and/or method is unwarranted unless the death took place in an unusually public setting.

Postvention Protocols Should:²

- Quickly **mobilize** and **organize** resources
- Provide both **immediate** and **long-term** plans
- Set up **communication** channels on campus and with relevant off-campus offices
- Secure campus **safety**
- Establish **clear procedures** and be specific enough to be useful
- Be **flexible** enough to apply to different circumstances
- Be sustainable
- Be **free of bias** (consider ethnic, racial, cultural and spiritual, sexual orientation/identity, different abilities, and other diversity factors)
- Address complex mental health issues for individuals and groups
- **Avoid jargon** and be understandable to diverse groups who are involved in postvention plans

PHASES OF POSTVENTION

1. Advance Planning
2. First 24 Hours
3. 48 to 72 Hours
4. First Two Weeks
5. First Month
6. Long-Term
7. Resources & Templates

ADVANCE PLANNING

Suicide often happens without recognized forewarning. Your institution will handle the challenging work of postvention more effectively, more calmly, and with less confusion if you have completed early planning.

Your postvention protocol will take time to create and update through successive evaluations. While your institution likely has a CARE Team or Behavioral Intervention Team, postvention deserves its own advocates – a Postvention Team. There may be overlap among these groups and they will work together at times.

Postvention Team Roles

- » Senior administrative leader who is trusted by the campus community - ensure the postvention work is given full support by the institution
- » Student Affairs leader - communicate with the family and oversee the postvention process
- » Mental Health Counseling Leader – organize and offer grief and mental health support for affected students
- » Campus Safety - help to model a return to normalcy, to identify students not initially recognized as being in distress.
- » Housing administrator - oversee support for staff and students occupying the residence hall where the deceased lived.
- » Faculty - support colleagues and speak for faculty needs.
- » Academic Advising - identify students at risk.
- » Registrar’s Office - withdraw the student and watch for students at risk throughout the first year.
- » Public Relations to draft statements and communicate with media.

Other Roles Handled by your Postvention Team

- » Recognizing the family’s needs, which may include ongoing dialogue
- » Offering clarity for students, faculty, and staff in a time of high emotion
- » Giving the surrounding town clear and accurate information, with limits as noted above
- » Initiating and overseeing planned support for affected students and others
- » Monitoring the need for behavioral health expertise in days, weeks and months ahead
- » Documenting communications and services provided throughout the postvention period.

Other Attributes and Actions:

- » Whenever possible, include someone on the Postvention Team with experience in the complex issues surrounding suicide.
- » If your campus does not offer mental health counseling, consider developing a relationship with one or more community behavioral health partners.
- » Consider running an annual postvention tabletop exercise to refresh knowledge of the risks, strategies and uses of your plan.

Templates

- » Script for initial family call
- » Identifying affected students
- » Announcement of a student death
- » Statement of your institution's core values in a time of loss

Recommendations

1. At minimum, create a small team that agrees upon essential priorities and roles.
2. Choose a few established postvention resources to keep close at hand.

FIRST 24 HOURS

The days and weeks after a student suicide are a time of heightened risk for:

- » Students who were emotionally close to or spent regular time with deceased
- » Emotionally fragile students who, without connection to the deceased, may already be at risk for suicide.

Discovering and reporting a suicide

- » What is the first action taken after discovery of a suicide?
- » In your institution, who should first receive the report of a student's suicide?
- » Who calls the authorities?
- » How will you ensure that no other student is in immediate danger?
- » How will you support a student who discovers the suicide and faces considerable trauma?

Talking with Parents/Family: Concerns & Questions

- » Who informs the family of the death?
 - In some jurisdictions, local law enforcement will assume this role. There are benefits to this: A law enforcement chaplain is accustomed to informing families of a death.
 - In other cases, the institution will handle this.
 - Clarifying notification expectations with local authorities in advance will be of value in a crisis.

Regardless of how the family is informed, senior leadership should reach out with a call.

- » Acknowledge the family’s heartbreak and anguish
- » Make every effort to understand and work with the family’s religious and cultural concerns
- » Identify or introduce the family to the liaison who will continue communications with them.
- » Ask if the family is willing to have the death announced as a suicide.
 - If not, are they willing to characterize it as a ‘sudden death’?
- » Other questions include:
 - Who will speak for the family?
 - Will family travel to campus? If so, consider hosting their stay in nearby accommodations.

If the family asks for a misstatement of the cause, it’s helpful to explain the impact on other students of using misinformation. Your institution should prioritize transparency, but not detail.

Best Practice

Prioritize announcing the death.

It is nearly impossible to get ahead of students’ use of social media. Your goal is to communicate as quickly as possible. If the family is not yet ready to share information about the cause of death, that should be announced.

Initial Communication & Connection with Students

- » Do you have a template for the initial communication?
- » How will you communicate as broadly as possible?
- » Who needs to know?
 - The breadth of your announcement will depend on the size and culture of your institution.
- » Which students need individual or small-group attention immediately?
- » What is your strategy for locating students of concern, i.e. those who are affected by the death, either through a current or past connection – or due to their own emotional distress and suicidal thinking.
 - Include any students who recently communicated with the deceased via social media.

Details of the death and the method used should not appear in communications or discussions. This is an important way to reduce the chance of suicide contagion.

Communicating with Roommates

Ensure that roommates are among those receiving early support. Let them know when and how the belongings of the deceased will be collected. In some cases, roommates may desire a change of room and/or residence hall.

Preparing for Faculty and Staff support

Inform your institution's EAP so that its counselors will be prepared for calls from faculty and staff.

Best Practice

Small Student Groups, Not Large

Either individual settings or very small groups of students who were close to the deceased are key for initial debriefing and other gatherings. This allows those supporting students present to focus on individual student reactions – and affords a sense of privacy.

Recommendations

1. It is important to balance the need for grief and mourning while avoiding the appearance of glamorizing the death.
2. Focus on the student's life more than on their death.

48 – 72 HOURS

Priorities

- » Continue a broad effort to identify students who may be affected by this death
- » Announce debriefing sessions for affected students
- » With family's approval, announce plans for memorial gatherings

Templates

Templates should be created to address the following:

- » Language for communications regarding the suicide
 - A message of condolence and acknowledgement of difficult emotions
 - A statement of institutional solidarity,
 - Available resources
 - Encouragement to support one another
- » Agenda for small-group meetings with students most likely to be affected
 - See References (Meilman)³ for more information and refer to box 1.

- » Warning signs of suicide risk and links to resources

Actions Needed

- » Announce memorial information after you have learned the family’s plans.
 - Follow the family’s wishes regarding students and others attending.
- » Give faculty and staff information on the warning signs of suicide and a widely understood method of reporting concerns for a student.
- » Schedule small debriefing sessions to help affected students begin to process the death.
 - Decide the maximum number of students and be ready to hold more than one session.
 - Small numbers of students allow for observation and immediate support for undue distress.
- » Communicate with campus and community media to emphasize the need for responsible coverage of suicide.
 - Media outlets have a role in preserving their community without further loss of life.
 - Resources for responsible reporting are widely available. However, many journalists are not well educated in this facet of their work. Consider ways to remedy this.
- » Consider having the Postvention Team meet regularly during this time to check in, brain storm and start assessment of the effectiveness of the efforts.

Box 1: How to help students begin to process their grief?³

This model for Student Community Meetings was developed at Cornell University.

Key elements of the meetings include these:

- **Sharing stories:** The facilitator opens the discussion this way: *“We feel sad about what has happened, but we did not know (name of the deceased). We would like to understand that he/she was like in order to be helpful. Can you tell us about him/her so that we can share a common understanding about him/her with you?”*
 - This begins the heart of the process – stories told with grief and laughter, a community together starting into grief.
- **Grieving process:** the facilitator makes brief comments on grieving as a process that involves many emotions and takes time.
- **The “what ifs”:** Students are given the chance to describe their regrets at not having done more. *“If only I had done _____, he would still be alive.”* This offers the opportunity to look at perceptions of guilt, which can impede grieving. The process allows students to see how widespread such wishes are. The facilitator emphasizes the complexity of suicide, and points out that none of the ‘what ifs’ would likely have changed the outcome.
- **Helpful suggestions:** “Suggestions for Survivors” by Iris Bolton includes 25 brief ideas for suicide loss survivors to consider. This phase of the meeting includes reading and discussing several of those concepts. Bolton’s list is considered a foundational document for those newly bereaved by suicide loss.

More on Family Interactions

- » Discuss plans for collecting the student’s belongings.

- » When possible, offer the family a meeting now or in the future with the university president.
- » Consider offering a posthumous diploma.
 - Some institutions also offer a refund of the last quarter or semester’s tuition.

FIRST TWO WEEKS

The entire campus community should receive information on suicide loss and grief, even when the family is not yet willing to announce the death as a suicide.

For deeply affected students, consider announcing a clear process that allows a short break from classes. Faculty’s generous attitude toward the completion of work will help to buoy deeply affected students. Waves of grief will emerge, sometimes unexpectedly. In coming weeks, there will be good days and bad days.

Staff and faculty should receive information about supporting students, each other, and their own emotional needs. They should gently guide students toward their studies and the resumption of normal life, while knowing that this is a balancing act for affected students.

Administrators should resist the impulse to ban faculty discussion with students on the topic of suicide. Support for faculty and staff who wish to take this step should emphasize concluding these conversations on notes of supporting each other, recovery from loss, hope, and resilience.

Talking about one’s emotional response to trauma is a healthy step toward healing. Some individuals, however, choose other ways to process their grief. Researchers have found no significant difference in healing for those who process trauma differently. For more information on trauma-informed care see the SAMHSA briefing paper [Trauma Informed Care in Behavioral Health](#) (2014).

Best Practice

Prevent student access to methods of and locations for self-inflicted death

- Medications
- Firearms
- Unprotected roof tops, atriums, bridges
- Lethal chemicals that should be in locked storage.
- Install breakaway closet rods, shower rods

Other Actions

Start to prepare for debriefing your postvention work. Consider how you track student suicides. In 2019, Washington institutions of postsecondary education were asked to start reporting suicides and suicide attempts requiring hospitalization. This process involved aggregation of de-identified data, so that suicides are reported by educational sector only. This data may be helpful in determining future investments into statewide resources.

Recommendations

1. Conduct small meetings for students who were emotionally close to the deceased, offering the opportunity to share memories of the deceased and to share something of their emotions.
2. Time management should be flexible, but clear.
3. Keeping these groups allows clinicians and others in support roles to observe student reactions and follow up as needed. This communal chance to honor their friend affords these students a valuable chance to be heard and to share in their loss.

FIRST MONTH

Check in with affected faculty and staff regarding their mental health needs. Schedule a debriefing process. The results of this may lead to changes in your protocol. If you lack the band-width for a detailed, formal evaluation, think about ways to create a simple one. Collect information broadly from students, faculty and staff.

Protective Factors

Begin to consider improving the protective factors on your campus – including trainings for students, faculty, and staff in recognizing and referring students at risk for suicide. No best practice currently exists for what proportion of faculty, staff, and students should be trained. One aspiration goal would be universal training over a four-year cycle.

- » Also consider adding or revamping any messaging that promotes the use of behavioral health resources on your websites and in other campus locations, digital and physical.
- » Add mental health resources, as well as opportunities to build life skills and coping skills.
- » Grow your institution’s culture of mentoring and social connectedness for students, as well as transparency around mental health.
- » Consider planning a series of events to help educate faculty and staff about the roles they can take in helping to build positive mental health among your students.

Milestones may prompt a resurgence of grief for those deeply affected by the suicide. Offer advance communication and support to help these individuals.

- End of the academic year, especially if the deceased would have graduated
- Start of the next academic year
- Birthday of the deceased
- Major holidays
- Anniversary of the death

Many in this generation of students are more open about mental health concerns. Consider annual events in which students share their stories of experiencing and learning to manage their own mental health. Recovery and restoring hope will be the essence of such events.

LONG-TERM

The impact of a suicide will continue for as long as there are students, faculty, or staff who were present on campus at the time of this student's death. Intense grief from a suicide loss takes far longer to integrate than most of us realize. Understanding this and taking measures to anticipate painful times of year is part of an effective postvention plan.

Ensure that new faculty and staff routinely learn about your institution's promotion of positive mental health and suicide prevention, including your postvention plan. Many of your faculty and staff will have a strong desire to see something positive emerge from the tragedy of suicide.

MEMORIALS

Consider the creation of a springtime annual memorial ceremony to acknowledge the passing during the current academic year of students, as well as faculty and staff.

Physical memorials and memorial scholarships should be discouraged until considerable time has passed after the suicide.² Institutions should include a clear stance on how they will handle memorials after the death of a student by suicide and should balance the needs of survivors while also acknowledging the risks of others. Some institutions do not hold memorials at all; however, this may be impractical for other institutions.

Recommendations

1. HEMHA's guide includes some considerations²
 - » Input from the family of the deceased is of great importance.
 - » Try to keep events as low-key as possible while maintaining sensitivity.
 - » A death by suicide should not be handled differently, but they do need to be managed carefully.

For more in depth information on how to handle memorials, refer to HEMHA's guide (page 23).

RESOURCES & TEMPLATES

Messaging Samples

Refer to the INSPIRE in Postsecondary Education website for the examples listed.

- » Stanford Announcement of Death
- » University of Washington Announcement of Suicide

Communication & Media Resources

See the HEMHA guide and the Active Minds guide (under Resources below) for more detail and examples regarding communication.

General Communication Considerations

- » It is important to consider who *actually* needs to be notified. For example, at a large institution it may only be necessary to inform the specific program that the student was enrolled, not the entire student enrollment.
 - Written statements are typically the most effective strategy for providing details.
- » All electronic communication should be shared with the assumption that other media will have access to it.
 - Vague information can increase community anxiety.

Considerations for Communicating with Media

Campus PR offices should work in coordination with counseling leadership to provide guidance to student and local media.

- » The postvention committee should develop guidelines for addressing social media.
- » HEMHA's guide has some resources about social media guidelines.
 - <http://www.eiconline.org/teamup/wp-content/files/teamup-mental-health-social-media-guidelines.pdf>
 - <http://www.sprc.org/sites/default/files/migrate/library/LifelineOnlinePostventionManual.pdf>

Postvention Guides, Toolkits and More

Higher Education Mental Health Alliance

"Postvention: A Guide for Response to Suicide on College Campuses"

<https://hemha.org/wp-content/uploads/2018/06/jed-hemha-postvention-guide.pdf>

Active Minds

“After a Campus Suicide: A Postvention Guide for Student-Led Responses”

<https://www.activeminds.org/programs/after-a-campus-suicide-postvention-guide/>

American Foundation for Suicide Prevention & Suicide Prevention Resource Center

“After a Suicide: A Toolkit for Schools”

<https://afsp.org/wp-content/uploads/2016/01/toolkit.pdf>

“When a Student Dies: Conventional Rules Don’t Apply When Communicating About Suicide”

<https://www.case.org/trending/when-student-dies>

“Guidelines to Assist in Responding to Attempted Suicide or Suicide by a Student”

<https://www.education.vic.gov.au/Documents/school/principals/health/suicideguidelines.pdf>

Examples of Campus Protocol

Appalachian State University: Student Death Protocol

<https://policy.appstate.edu/images/b/bc/Student-Death-Protocol.pdf>

Guidelines for Responding to Students in Crisis at the University at Albany

https://www.sprc.org/sites/default/files/migrate/Albany_CrisisProtocol_2009%202.pdf

References

1. Active Minds. *After a Campus Suicide: A Postvention Guide for Student-Led Responses.*; 2017.
2. Higher Education Mental Health Alliance. *Postvention: A guide for response to suicide on college campuses.* 2014.
3. Meilman, Philip W; Hall TM. *Aftermath of Tragic Events: The Development and Use of Community Support Meetings on a University Campus.* *J Am Coll Heal.* 2006;54(6).

THANK YOU for spending time with this content. The authors’ intent is to prepare you for engaging with issues outlined here, and to bring your colleagues into conversation regarding protocols that will work best for your institution and to benefit your students. You are welcome to use or adapt language from these protocols and from those that are referred here, through links. Please acknowledge the origins of any material you use.