
 **Connect Suicide
Prevention Project**

☆ **A National Best Practice Program** ☆

**Reducing Risk and Promoting
Healing For Individuals, Family
and Communities After Suicide**

GLS Grantee Conference 2010

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The “S” Word:
*Why Don't We Talk About
It?*

Postvention Prevention



Activities and response following a suicide death

Goals of postvention include:

- To promote healing
- To reduce risk of contagion
- To identify those at risk and connect them to help

Postvention planning should occur prior to a suicide death

Postvention Becomes Prevention!

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CONTAGION

- Exposure to a suicide death may influence someone (already at risk) to take their life or attempt suicide

CLUSTER

- Consecutive suicides in the same area among a demographically similar group (note impact /reaction of community).

COPY-CAT

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

PACT

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

Suicide Hot Spots



Estimated 75% of suicides occur at home or in primary residence



Stigma

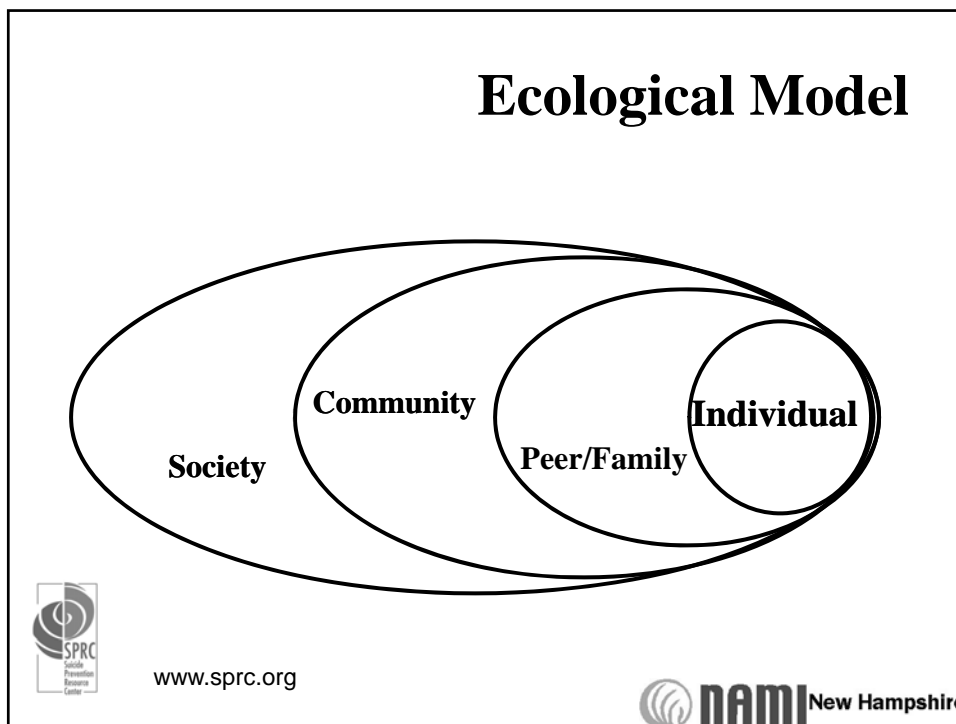
(the shame or disgrace attached to something regarded as socially unacceptable)

Stigma as it relates to suicide is complex.

- Positive stigma prevents people from acting on suicidal impulses.
- Negative stigma prevents people from seeking help, or it can isolate family members and fellow Soldiers following a suicide death.

Positive Action: Encourage help-seeking and support for people impacted by suicide.

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CONNECT A COMPREHENSIVE PUBLIC HEALTH PROGRAM

- Prevention- education about early recognition
- Intervention- skills for responding to attempts and threats
- Postvention- appropriate response after a suicide. Postvention is prevention!



Postvention Core Principles

- **Postvention becomes Prevention: Appropriate response** after a suicide can be prevention for future suicides.
- Postvention training should be integrated with suicide prevention efforts
- **Suicide prevention extends across** all ages.
- Helping those left behind **deal with the loss and grief in an appropriate way** is important for reducing risk and promoting resilience.
- **Cultural factors** are important in suicide postvention.
- **Education and linkages** between systems will help in postvention and prevention efforts.

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CONNECT! - KEY SERVICE PROVIDERS



- Emergency Medical Services
- Law Enforcement
- Medical Examiner-Coroner
- Clergy/Faith Leaders
- Schools/Educators
- Mental Health and Substance Abuse Providers
- Social Service Agencies
- Primary Care Providers
- Community Coordinator
- Funeral Directors
- Emergency Departments
- Military


 Training Professionals & Communities in
 Suicide Prevention & Response

Medical Examiner - Coroner

- **Suicide Prevention Training**
 - Improve data collection efforts
 - Increased compassion for survivors
 - Improved communication re: postvention efforts
 - Interface with media/social networking sites
- **MOU's re: timely sharing of cause and manner of death**
- **Next of Kin packets for survivors**



Postvention Planning

- Bring together key stakeholders to plan a coordinated community response (Chaplains, CNO's, CAO's, Leadership, Family Program Staff etc)
- Establish communication links, including after hours contact information.
- Discuss roles and limitations in the event of a suicide death.
- Involve faith-based communities and funeral directors.
- Anticipate that key providers may be directly impacted by the death.



Implementing A Community Response Plan

- Get the Facts/Confirm the death
- Work with other providers to identify people with the **closest relationship** to the deceased.
- What information/support does family need?
- Offer **grief and trauma counseling to local schools, businesses etc.**
- Provide information on risk and Warning Signs to **identify high risk individuals.**
- Be sensitive to the needs of first responders and caregivers to grieve and utilize assistance.
- Provide information on memorial services



Research Shows An Increase In Suicide May Occur When:

- The number of stories about individual suicides increases.*
- A particular death is reported at length or in many stories.*
- The story of an individual death by suicide is placed on the front page or at the beginning of a broadcast.*
- The headlines about specific suicide deaths are dramatic (A recent example: "Boy, 10, Kills Himself Over Poor Grades").*

**Reporting on Suicide: Recommendations for the Media; US CDC; 2001



Safe Messaging/Reporting What To Do

- Encourage use of Media Recommendations
- Always include information on where/how to get help (local and national) 1 800-273-8255 (TALK)
- Emphasize recent advances in treating mental illness and substance abuse
- Include information about warning signs
- Report on local efforts to prevent suicide
- (No one is obligated to speak with media).
- Use care in language and terminology



Postvention Case Scenario

- Rural community of 5,000
- Mother of 3 teens suicides right before holidays. Very prominent/respected involved in church, school, work, civic activities.
- Community leaders personally “rocked” by grief, and bewilderment
- Contact from community members seeking assistance and indicating there were several other suicides this year

What next steps would you take to assist this community?

Case Scenario # 2

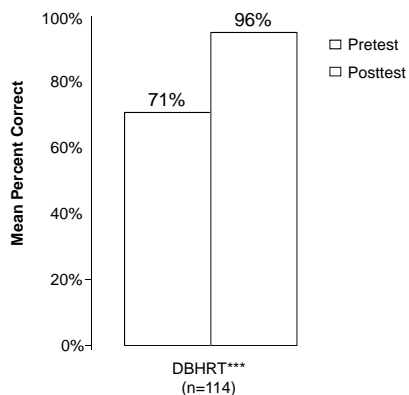
- 14 year old removed from home unconscious
- Transferred from local hospital to major metropolitan hospital
- Reportedly on life support
- First responders report (not public info) that he was found hanging
- Family refuses to disclose any info
- School/community wants assistance

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Positive Results

- Connect postvention trainings significantly increased both knowledge about youth suicide and understanding of appropriate responses to its occurrence.

Overall Knowledge of Factual Items Pre- and Posttest



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Websites

- American Association of Suicidology:
www.suicidology.org
- American Foundation for Suicide Prevention:
www.afsp.org
- Suicide Prevention Action Network:
www.span.org
- Suicide Prevention Resource Center:
www.sprc.org
- NAMI National Alliance On Mental Illness
www.nami.org

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Ken Norton LICSW
(603) 225-5359
knorton@naminh.org
www.theconnectproject.org

