

Frameworks Suicide Prevention Project



An SPRC/AFSP Best Practice Program



Individual and Community Healing A Community Response After A Death From Suicide

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Public Private Partnership:

- Suicide Prevention Partnership
- Endowment For Health
- The Substance Abuse and Mental Health Services Administration (SAMHSA)
- New Hampshire Charitable Foundation
- The Geoffrey E. Clark and Martha Fuller Clark Fund
- French Foundation
- The Neil and Louise Tillotson Fund
- Massachusetts Dept. of Public Health

Introductions

- **Participant Introductions**
- **Schedule for Today's Training, to cover:**
 - Intro
 - Suicide Data and Concepts
 - Frameworks Overview
 - Community Response
 - Individual Response
 - Outcomes
 - Questions and Answers

The Loss From A Suicide

- All of us have been touched by loss at some point in our lives.
- If you are a survivor grieving a suicide, you are not alone. There are many people who have experienced a loss from suicide and there are resources for survivors.
- If you find that the following information brings up painful emotional memories, take care of yourself and seek the support that would be helpful.

10 Leading Causes of Death, United States 2000 - 2005, All Races, Both Sexes

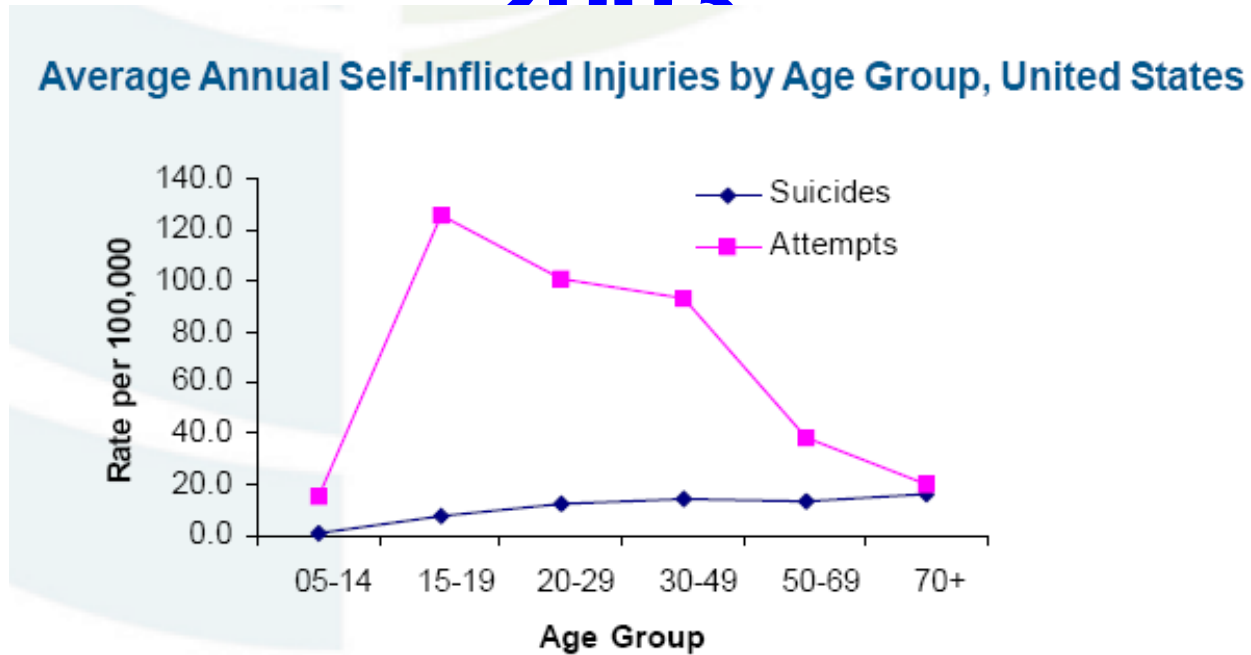
Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 33,674	Unintentional Injury 10,203	Unintentional Injury 7,144	Unintentional Injury 9,088	Unintentional Injury 90,410	Unintentional Injury 75,747	Unintentional Injury 98,224	Malignant Neoplasms 297,001	Malignant Neoplasms 564,507	Heart Disease 3,380,356	Heart Disease 4,097,515
2	Short Gestation 27,649	Congenital Anomalies 3,214	Malignant Neoplasms 3,046	Malignant Neoplasms 3,143	Homicide 31,374	Suicide 30,037	Malignant Neoplasms 93,972	Heart Disease 222,840	Heart Disease 384,000	Malignant Neoplasms 2,336,661	Malignant Neoplasms 3,334,232
3	SIDS 13,690	Malignant Neoplasms 2,410	Congenital Anomalies 1,160	Suicide 1,629	Suicide 24,491	Homicide 27,620	Heart Disease 79,408	Unintentional Injury 91,415	Chronic Low. Respiratory Disease 69,763	Cerebro-vascular 828,377	Cerebro-vascular 945,213
4	Maternal Pregnancy Comp. 9,812	Homicide 2,322	Homicide 782	Homicide 1,265	Malignant Neoplasms 10,224	Malignant Neoplasms 22,757	Suicide 39,838	Liver Disease 43,608	Diabetes Mellitus 61,590	Chronic Low. Respiratory Disease 648,644	Chronic Low. Respiratory Disease 749,140
5	Placenta Cord Membranes 6,359	Heart Disease 1,095	Heart Disease 589	Congenital Anomalies 1,203	Heart Disease 6,342	Heart Disease 18,945	HIV 32,022	Suicide 38,065	Cerebro-vascular 59,401	Alzheimer's Disease 359,512	Unintentional Injury 645,277
6	Unintentional Injury 5,883	Influenza & Pneumonia 717	Influenza & Pneumonia 290	Heart Disease 970	Congenital Anomalies 2,876	HIV 10,751	Homicide 19,929	Cerebro-vascular 36,665	Unintentional Injury 53,182	Influenza & Pneumonia 338,784	Diabetes Mellitus 436,398
7	Respiratory Distress 5,519	Septicemia 540	Benign Neoplasms 277	Chronic Low. Respiratory Disease 468	Cerebro-vascular 1,194	Diabetes Mellitus 3,733	Liver Disease 18,368	Diabetes Mellitus 32,709	Liver Disease 37,744	Diabetes Mellitus 324,933	Influenza & Pneumonia 380,856
8	Bacterial Sepsis 4,646	Perinatal Period 414	Chronic Low. Respiratory Disease 263	Influenza & Pneumonia 315	Influenza & Pneumonia 1,118	Cerebro-vascular 3,466	Cerebro-vascular 14,596	HIV 26,116	Suicide 21,944	Nephritis 205,437	Alzheimer's Disease 363,297
9	Circulatory System Disease 3,665	Benign Neoplasms 327	Septicemia 222	Cerebro-vascular 277	HIV 1,110	Congenital Anomalies 2,692	Diabetes Mellitus 12,168	Chronic Low. Respiratory Disease 21,075	Nephritis 21,749	Unintentional Injury 203,470	Nephritis 246,539
10	Intrauterine Hypoxia 3,364	Chronic Low. Respiratory Disease 318	Cerebro-vascular 211	Benign Neoplasms 255	Chronic Low. Respiratory Disease 1,071	Liver Disease 2,154	Influenza & Pneumonia 5,839	Viral Hepatitis 13,084	Septicemia 20,678	Septicemia 155,206	Septicemia 198,905

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

The Extent Of Loss

- Nationally, there are **over 32,000 confirmed** suicide deaths each year.
- Someone attempts suicide every minute in the United States. Someone dies by suicide every 16 minutes.
- For every suicide, there are at least 6 people left behind whose lives are profoundly impacted.
- **(Source: National Center for Health Statistics, 2003)**

Self Inflicted Injuries 1999-2002*

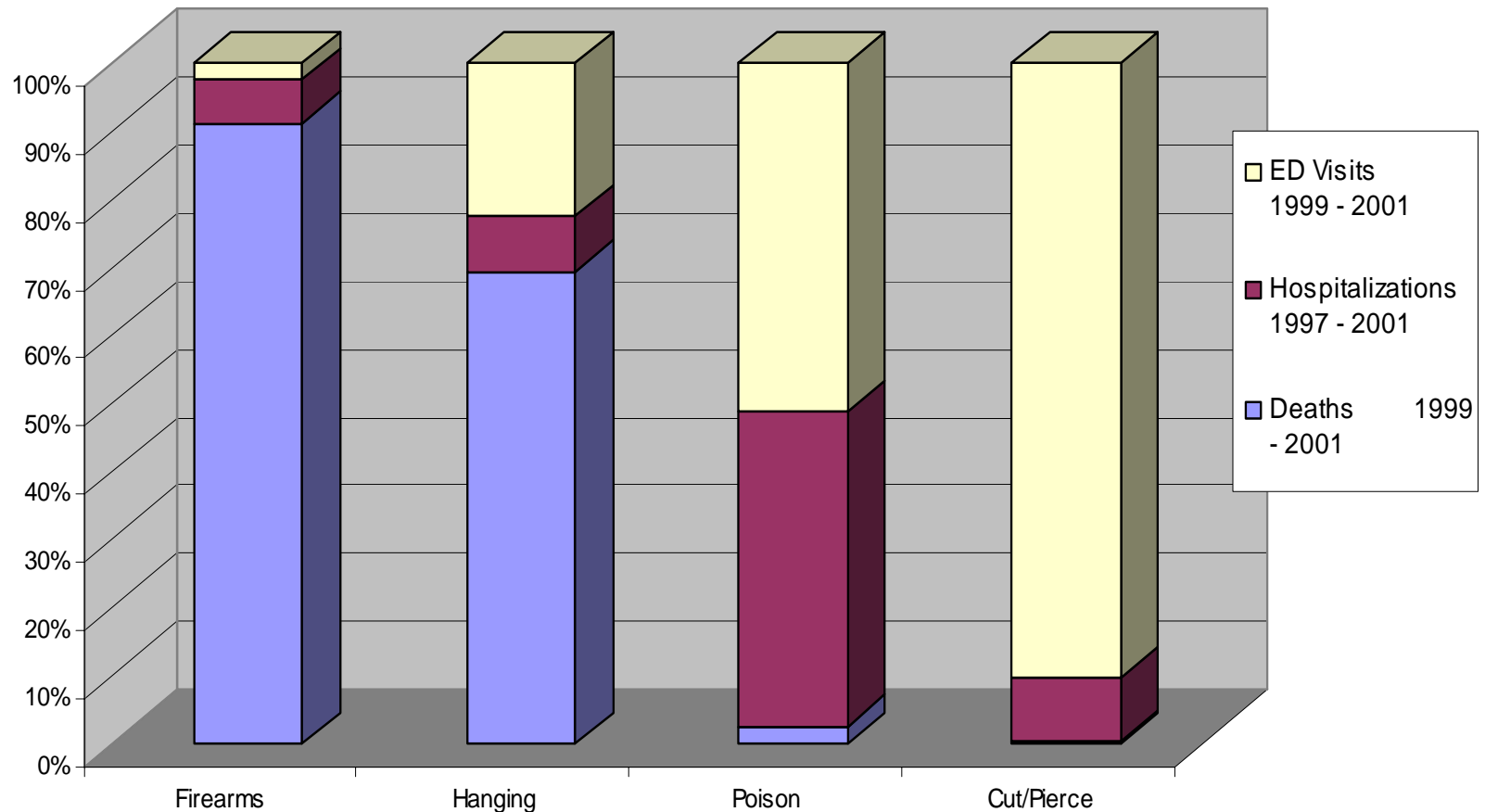


Average work-loss cost per death: \$1,186,359
(\$38 billion annually)

*From SPRC/CDC data

Lethality of Means

Lethality of Means Used for Suicidal Behavior in NH
for all ages



Race/Ethnicity US 2000-2004

Race/Ethnicity	Percent of Deaths	Rate per 100,000
White Non- Hispanic (NH)	84%	14.0
Hispanic	6%	5.8
Black NH	6%	5.8%
Other NH	4%	8.1

*From SPRC-US Fact Sheet

Suicide Notes

- 35% of people who die by suicide leave a note (NVISS data set)
- 29% For Youth (under 18)
- Notes rarely answer the question “why”
- Many ask for forgiveness, express love or give instructions
- Some are angry, blaming, caustic
- Law enforcement takes notes as part of the investigative process

Suicide is Not An Equal Opportunity Destroyer

- 80% of suicide deaths in the US are white men
- Highest rates are among older adult males
- Males die at a rate 3x higher than women; women attempt 4x higher than men
- Nationally approximately 450 law enforcement die by suicide annually
- High rates for soldiers/veterans (current military is 85% male)
- High rates for Doctors

Suicide and Alcohol/Drugs

- 25% of individuals who die by suicide were intoxicated at the time of their death
- (Alcohol involved in 64% of attempts)
- Drug overdose deaths are typically ruled accidental in the absence of information confirming suicide

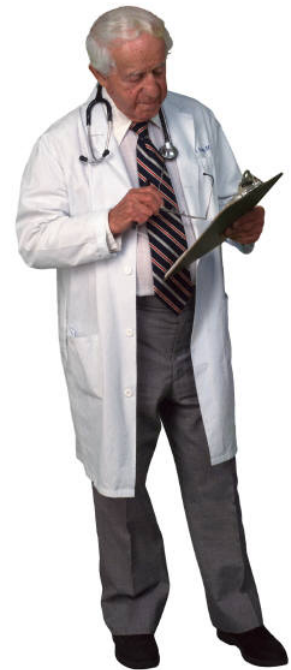


MENTAL ILLNESS AND SUICIDE

Major Depression	15% die by suicide; 30% attempt (Source: American Foundation for Suicide Prevention)
Bipolar Disorder	10% die by suicide; 25-50% attempt (Source: AFSP)
Schizophrenia	10% die by suicide; 20-40% attempt (Source: AFSP)
Alcoholism	7% die by suicide (Source: AFSP)
Anxiety Disorders incl. PTSD	Over 50% attempt (Source: Molnar et al, 2001)

Health Care and Suicide Deaths

Location	Within 1 Year	Within 1 day of discharge
Psychiatric Inpatient Care	41%	9%
Community Based Mental Health Care	11%	4%
Primary Care Provider	83%	20%



(Pirkis & Burgess, 1998).

POSTVENTION

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 Becomes Prevention

Contagion

- Exposure to a suicide may influence others (who may already be at risk) to take their life or attempt suicide.
- Having known someone who dies by suicide is one of the most significant risk factors for suicide
- Though a rare event, research has established the phenomenon of contagion.
- Teens and young adults are particularly prone to contagion.
- Sensational media reports and inappropriate memorial services may contribute to contagion

COPY-CAT

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

CLUSTER

- Consecutive suicides in the same area among a demographically similar group
- Note: If a community feels a sense of anxiety/trauma over a group of suicides and seeks intervention, CDC would qualify this as “cluster” even if it is not statistically significant.

Stigma

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

- Stigma as it relates to suicide is complex
- Stigma is positive if it prevents people from acting on suicidal impulses
- Negative stigma prevents people from seeking help, or it isolates family members following a suicide death

Survivors Of Suicide

- The term survivor is used for family, friends and colleagues who have lost a loved one to suicide
- 20% of all United States citizens will have experienced the suicide death of a family member
- 60% of all United States citizens will have experienced the suicide death of someone they know

-American Foundation for Suicide Prevention, AFSP

Language

Some terms are preferred and/or more comfortable for survivors

- **Terms to Avoid:**
- Committed suicide
- Successful suicide
- Chose to kill himself
- **Terms to Use:**
- Took his/her own life
- Suicided
- Died as a result of a self-inflicted injury
- Died by suicide
- Died by own hand

A person dying of suicide dies as does the victim of physical illness or accident against his or her will. People die from physical heart attacks, AIDs and accidents. Death by suicide is the same except that we are dealing with an emotional heart attack, emotional stroke, emotional aids, emotional cancer and an emotional fatality.

Rev. Ron Rolheiser (1998)

The Implications of Not Addressing Suicide

- Survivors feel isolated, blamed.
- People who were impacted may not seek help and counseling that would be beneficial.
- People who are vulnerable, such as youth, may be at greater risk.
- Facts may be replaced by rumor and innuendo
- The stigma of suicide reinforces the silence around suicide.

FRAMEWORKS: 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 becomes Prevention)

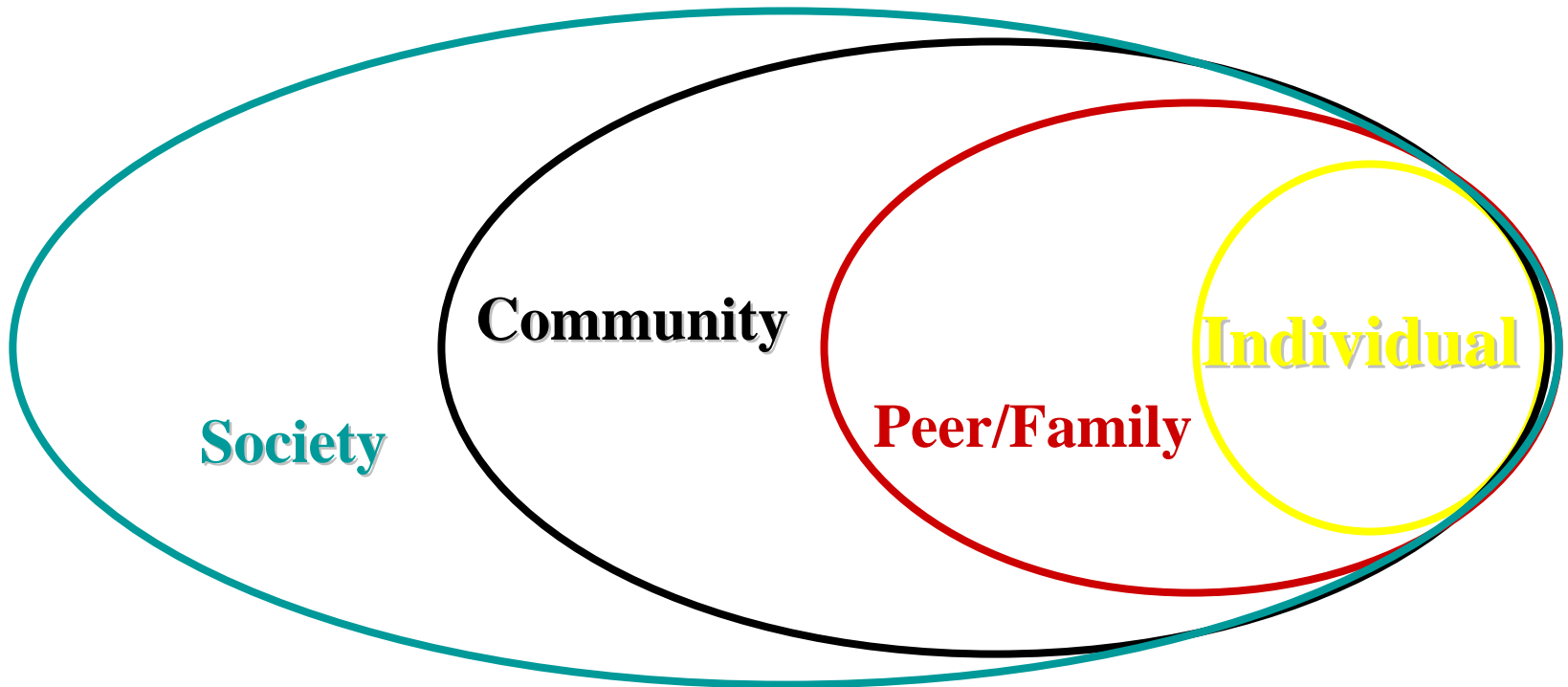
Underlying Assumptions

- Suicide is a **public health** problem.
- Helping survivors **deal with the loss and grief in an appropriate way** is important for everyone.
- Taking **the right action** after a suicide can be prevention for future suicides.
- **Suicide prevention extends far beyond youth**, into the entire lifespan.
- **Cultural factors** are important in suicide prevention and postvention.
- **Education and linkage** between individuals and systems will help in postvention and prevention efforts.

Suicide is Generally Preventable

- Most who die by suicide (about 2/3) communicate their plans in advance. (Source: Clark & Fawcett, 1992)
- Most people who contemplate suicide are ambivalent right until the end.
- Most people (90%) who die by suicide have some type of mental health and/or substance use problem. (Source: National Institute of Mental Health)
- There is effective treatment for mental health and substance use problems.
- Effective prevention/postvention requires working across systems

Ecological Model



Frameworks Postvention

- Utilizes evidence supported protocols to promote an integrated community based response
- Protocols developed after research of best/evidence supported practices
- Development involved input from key groups involved with postvention:
- Incorporated recommendations from National Suicide Prevention Strategy
- Postvention training developed for identified stakeholders and offered statewide and in Frameworks communities

Key Service Providers



FRAMEWORKS-KEY STAKEHOLDERS



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

Schools

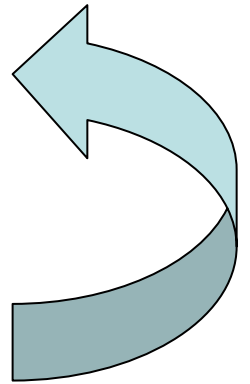
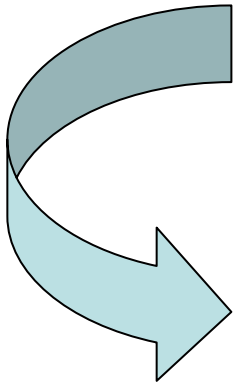


Postvention Protocols

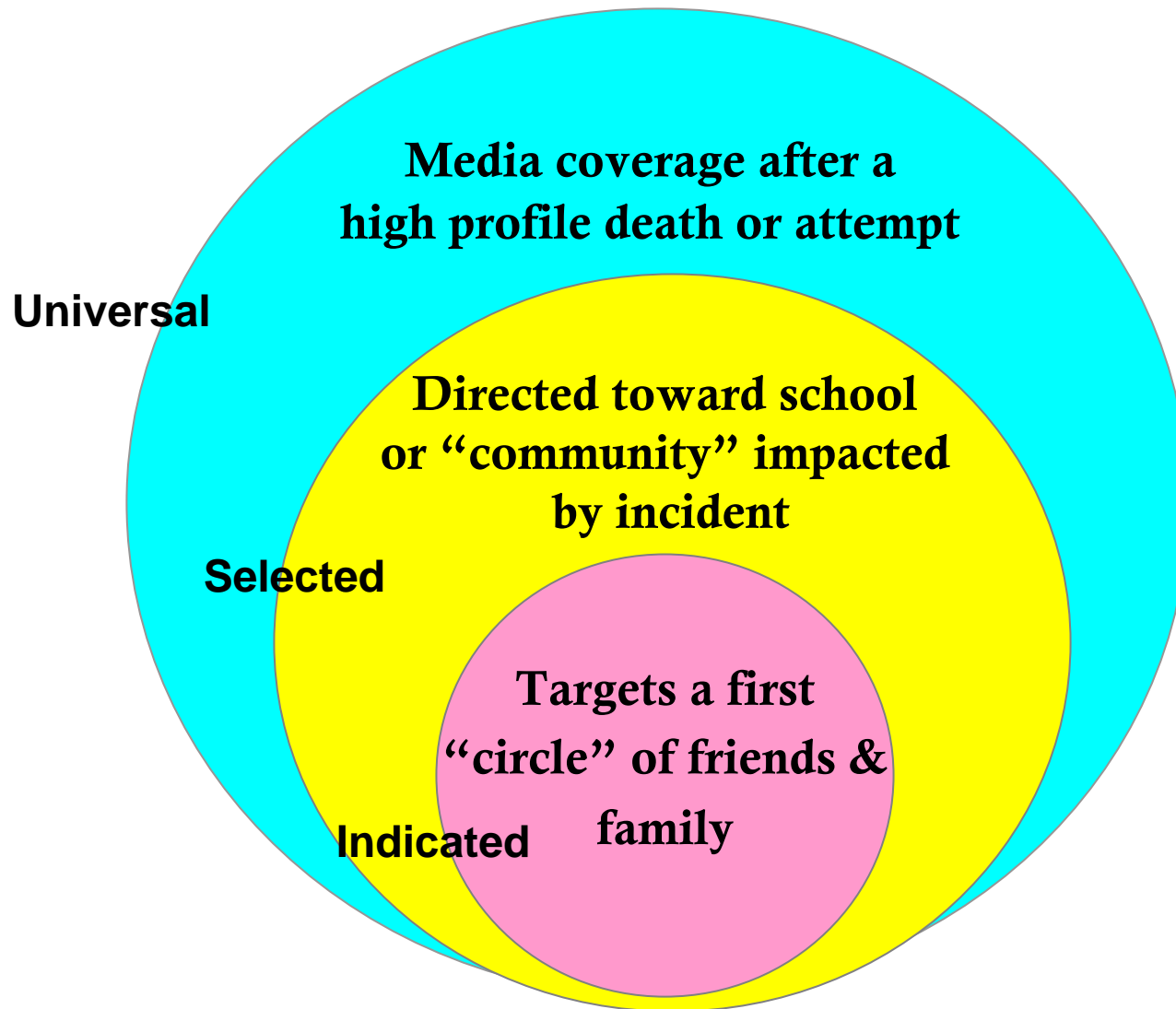
- Emotional turmoil, chaos, and confusion can impair decision-making
- Developing written protocols in advance grounds everyone in what to expect and do.
- Proactive procedures can alleviate pressure around memorial activities.

Postvention

Prevention



Types of Postvention



Community Response

Understanding contagion is essential.

Good networking and interface among agencies is key to appropriate response.

Many Factors Influence Reaction

- How well-known the deceased was
- How the community has dealt with past tragedies
- The level of leadership within a community
- How close-knit the or community is
- Media coverage of the event

Public Disclosure



- Most significant challenge to timely and appropriate postvention response
- Conflict between two important principles
 - Respect for family's right to privacy
 - Responding to suicide as a public health issue
- Frameworks protocols build in from the outset that the cause and manner of death is a matter of public record

Postvention Planning

- Bring together key stakeholders to plan a coordinated community response.
- 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.

Law Enforcement



Developing A Community Response Plan

- **Who** will coordinate the community response?
- **Identify and train counselors** to assist when needed.
- **Work with/train** school officials, social service agencies, law enforcement, faith leaders, etc.
- Discuss and educate people re: **contagion**.
- Review guidelines for **appropriate memorial services**.
- Review **media recommendations/safe messaging guidelines** with those who may have contact with media.

Emergency Medical Services



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

Inappropriate Memorial Activities

Avoid glorifying the individual or the act

- Flying the flag at half staff
- Special plaques or permanent markers
- Dedications
- Exclusive focus on the deceased's positive qualities without also identifying the mental health problem or poor decision that led to his/her death.
- Develop guidelines in advance to promote consistent response

Recommended Memorial Services

- Provide a time-limited service and place where remembrances can be placed.
- Inform participants that anything left will be turned over to family afterwards.
- Hold service at a time and place where adults can accompany youth.
- If a high profile death, be prepared for a large turnout
- Provide counselors during and after the service and encourage help-seeking.
- Provide information about suicide prevention/mental health services.

Response Depends on the Organizations Resources and Role

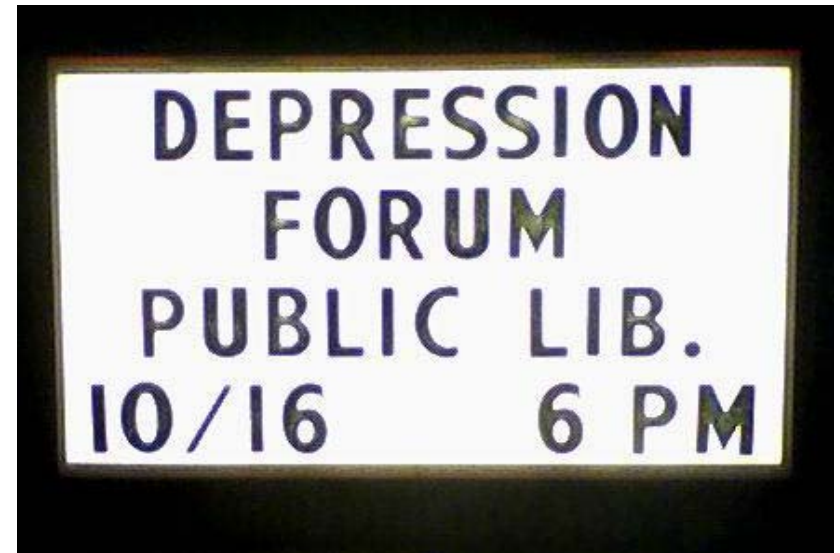
- Therapists: grief counseling or crisis intervention on-site
- Youth drop in-centers: extended hours
- Day care centers: staff or space during the memorial service
- Health and wellness programs: promote self-care skills
- Hospice programs: information about grief and bereavement
- Businesses: EAP other supports

Community Forums

- **Can provide opportunity for education, sharing, and general positive outcomes.**
- **Agenda should focus on the future:**
 - Grief issues related to suicide
 - How to support survivors
 - Information on self-care skills
 - Information on risk factors and warning signs for suicide
 - Brief overview of suicide contagion and how to prevent it
 - Where to get help if someone is suicidal
 - How community can work together to strengthen protective factors

Community Forums Can Strengthen Protective Factors & Reduce Risk Factors

- Have a clear focus and organized agenda.
- Choose a neutral comfortable location
- Select a facilitator who is well-known and respected in the community.
- Have grief counselors available as needed.



Community Forums: A Note of Caution

- Is the community ready?
- Community forums have the potential to polarize and fracture a community.
- Community members and survivors may be left with many unresolved issues.
- Be aware what your community risk factors are.
- Be sensitive to the cultural dynamics in the community

Promoting Safe Messaging



Research Shows An Increase In Suicide 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").*

*American Foundation For Suicide Prevention (For The Media)

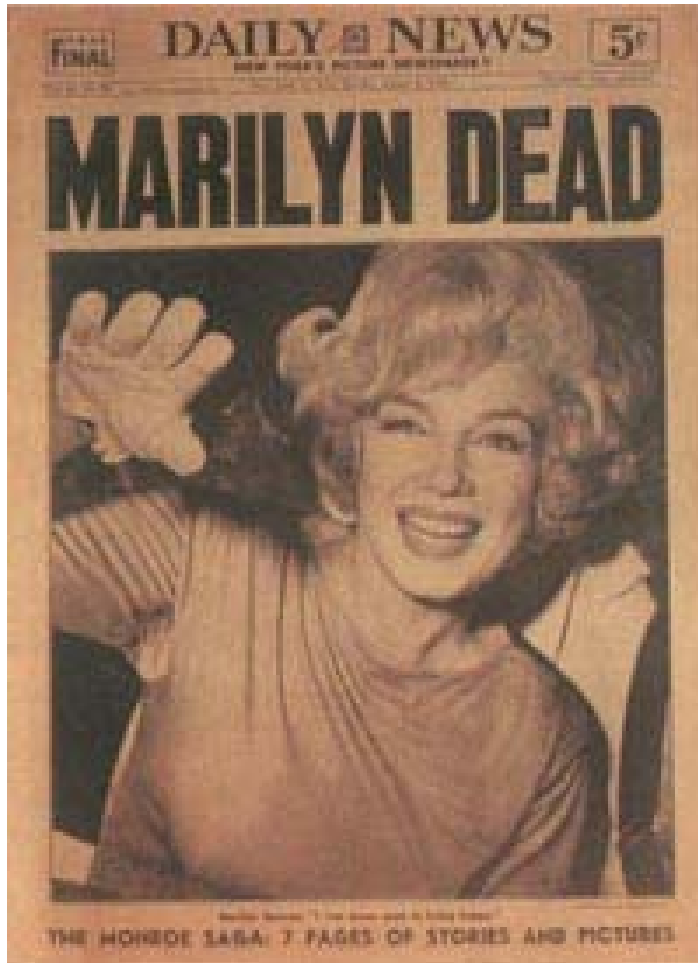
Safe Reporting -What to Avoid:

- Detailed descriptions of the suicide
- Romanticizing or Glamorizing person/death
- Oversimplifying causes
- Overstating the frequency of suicide
- Using terms like committed/failed/successful
- Using suicide in the headline
- Giving prominent placement to the story

Safe Reporting What To Do

- Provide Media with copy of Media Guidelines
- Always include information on where/how to get help (local and national) 800-273 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).

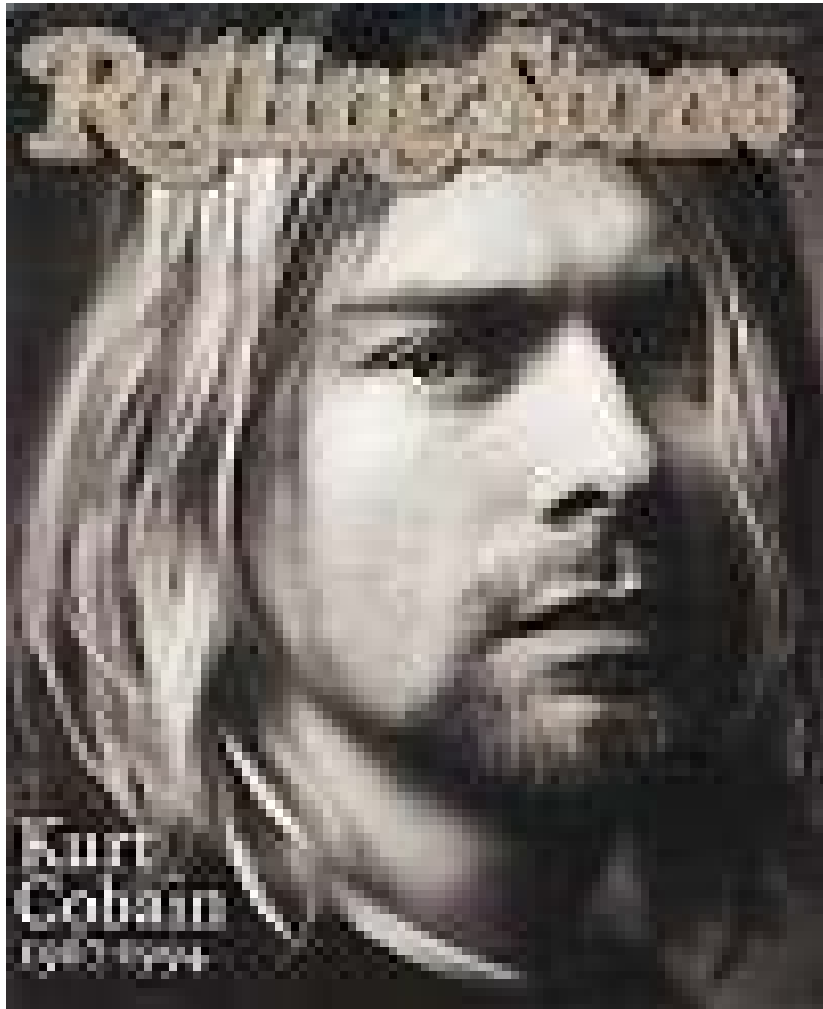
Sensational Media Coverage?



- Media Icon
- Highly glamorized
- Sensational Death
- 12% increase in suicides across US in 30 days after death*
- Equivalent of approximately 200 people*
- <http://www.youtube.com/watch?v=R7EPv8EeFPg&NR=1>

*American Psychiatric Association On September 21, 2001 (Volume 36 Number 18).

Balanced Media Coverage?



- Rock and Roll Icon
- Extensive media coverage of suicide
- Wife/mother publicly condemn his actions/death
- No known statistically significant increase in suicide
- http://www.youtube.com/watch?v=dN_7bfiBmDQ&feature=related

Electronic Media

- Most major media outlets have websites.
- Increased time pressures to get stories on to website.
- Trend is for less editorial oversight.
- Comments section often are not monitored and articles on suicide frequently contain inappropriate and potentially harmful comments .
- Recommend that comments sections to be edited or restricted for suicide related stories.

Social Networking Sites/Internet

- Look for postings related to the person (including friends) Monitor for risk/warning signs
- A friend or family member of the deceased may be able to assist in locating or gaining access to the profile.
- **Many social networking websites are willing to deactivate the profiles of deceased individuals, or change them to “memorial status” when requested by next of kin.**
- Posts often continue after a death. This may include healthy grieving and/or identify other at-risk individuals.

Media Summary

- Educate media about contagion
- Provide copies of media recommendations
- Offer real time feedback of reports/coverage
- Offer training to journalism students
- Provide annual award for responsible reporting

Promoting Healing by Providing Support To Survivors

- Community Response Begins with Individuals
- Make sure family has support and helpful information (eg
- Identify immediate circle of friends, neighbors and colleagues
- Identify others who are impacted

Grief is A Complex Process

- The length and expression of grief may vary by individual.
- Grief responses may be different depending on the age of the person experiencing the grief.
- The response that society or a community gives can help or hinder the healing process.
- It is important to acknowledge cross-cultural considerations when looking at grief.

WHY?????

- For Survivors of Suicide, the grief is often combined with a relentless search for an explanation or answer.
- Grieving a suicide can include intense feelings of:
 - **Shame**
 - **Anger**
 - **Guilt**
 - **Regret**
 - **Self-Blame**

Talking With Survivors

- Use the deceased person's **name**.
- Use the word **suicide**.
- **Avoid trite responses:** “I know how you feel.”
- **Don't** feel like you need to respond or **provide an answer**.

Providing Support

- Accept the **intensity and duration** of their emotion.
- Let the individual go at their **own pace**.
- Allow the person to speak freely and **tell their story over and over** again.
- **LISTEN** with your heart.
- Don't just offer to help. **Step forward and initiate** assistance.

Grief in Younger Children

- Afraid to go to sleep/afraid of the dark
- Afraid to be separated from family
- May feel they are to blame for the death
- Do not understand the permanency of death
- May be sad one moment, playing the next

How Do We Explain Suicide To A Child?

- “ He had an illness in his brain (or mind) and he died”.
- “Her brain got very sick and she died”.
- “The brain is an organ in the body just like the heart, liver, and kidneys. Sometimes it can get sick, just like other organs”.
- “She had an illness called depression. Like most illnesses, people can get treatment and stay well. But sometimes, people either don’t get help or they might not get better. It is always important to ask for help when we need it.”

Grief in Teens & Young Adults

- Immortalize the person through themselves or other objects
- Glorify the person
- Fantasize about their own death
- Intensify each other's feelings
- Higher risk for suicide

Grief in Parents

- Nature of death increases the intensity and grief
- Can't sleep or function
- Immeasurable anguish
- Overwhelming guilt and/or anger
- Overprotective of siblings

Staying Connected

- Recognize **anniversaries** and other key dates .
- If the person is interested, help him/her connect with a **suicide survivors** group or other bereavement group.
- Remember that he/she may be at risk for suicide due to the loss; **watch for Warning Signs.**

Key Points To Remember If a Suicide Occurs

- Be gentle to yourself and others; we all grieve differently.
- Stress importance of self care skills/asking for help
- Watch out for who is not doing well and get the additional support needed.
- Take any threat of suicide seriously.
- Help others understand how to prevent contagion.

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?

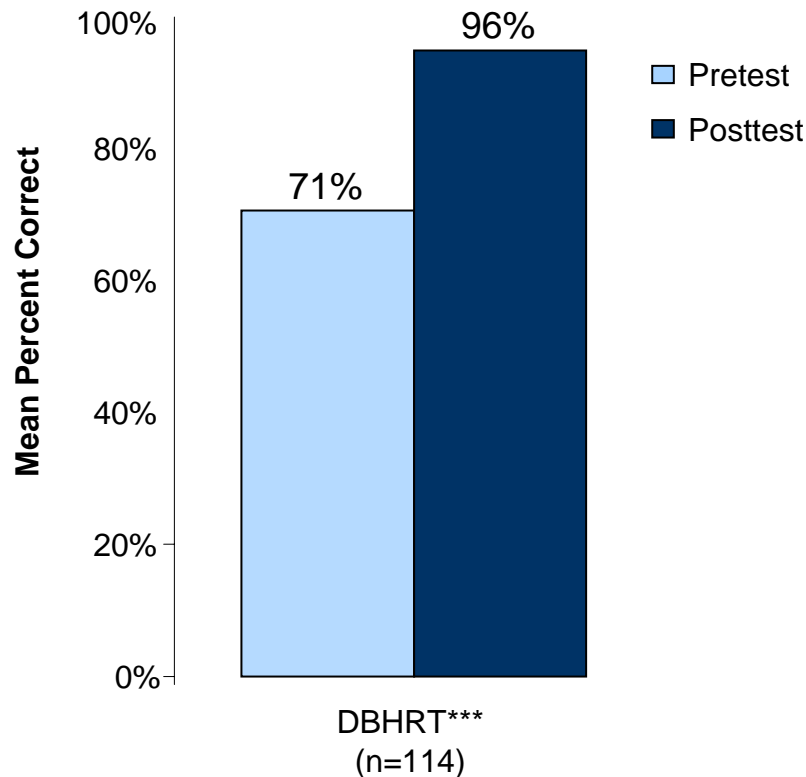
Postvention Action Steps

- Provided support and guidance to callers
- Immediately provided postvention protocols with particular attention to immediate family and memorial services
- Searched state data and confirmed 6 suicides ages 25-82 during calendar year
- Does this constitute contagion or a cluster?
- Ongoing technical assistance and consultation
- Worked with interested community members to identify potential leaders/key stakeholders
- Encouraged meeting of key community leaders to discuss next steps

Preliminary Results

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

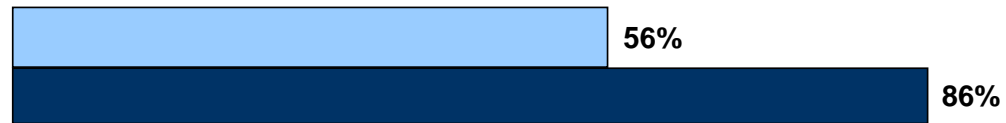
Overall Knowledge of Factual Items Pre- and Posttest



■ The Frameworks trainings increased participants' confidence in their ability to effectively respond to a youth suicide in a way that would reduce suicide contagion.

■ There was evidence that the trainings also increased participants' belief that they had the knowledge to both recognize the warning signs of a youth who was contemplating suicide and respond to survivors after a suicide.

I believe I could respond to a youth suicide in a way that would reduce the likelihood of suicide contagion.***



I am confident in my ability to recognize the warning signs of someone who is contemplating suicide.***



I believe I have adequate knowledge about how to appropriately respond to survivors after a suicide.***



Mean Percent Agreement with Statement

*** Significant at $p < .001$ level

■ Pretest
■ Posttest

Everyone Plays A Part In Preventing Suicide.

Recognize The Warning Signs and Connect the Person to Help.

- Many people who die by suicide communicate their plans in advance.
- Warning Signs for suicide include: talking about death or suicide, hopelessness, anger, increasing alcohol or drug use, isolation, and mood changes.
- If you or someone you know is in crisis or emotional distress, call the Suicide Lifeline (24/7): 1-800-273-TALK (8255)

Recognize, Connect!

Practice Self Care Skills

- Ask for help



- Talk to others

- Get plenty of rest



- Drink plenty of water, avoid caffeine



- Avoid (increased) use alcohol and other drugs



- Exercise



- Use relaxation skills



Websites for More Information

- American Association of Suicidology:
www.suicidology.org
- American Foundation for Suicide Prevention: www.afsp.org
- Suicide Prevention Action Networks:
www.span.org
- Suicide Prevention Resource Center:
www.sprc.org

Contact Information

www.naminh.org

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